MAGNUM CONSTRUCTION SERVICES INC.

CORRECTIVE AND PREVENTIVE ACTION LOG (CAPA)
Document Code: MCS-CI-R03 | **Revision:** 1.0 | **Effective Date:** November 1, 2025

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1. PURPOSE

To provide a standardized method for recording, investigating, and closing **Corrective Actions** and **Preventive Actions (CAPA)** arising from non-conformities, incidents, audits, or lessons learned.
This ensures continual improvement and full compliance with **ISO 9001 / 14001 / 45001** requirements.

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2. SCOPE

Applies to all departments and project sites under Magnum Construction Services Inc., covering:

- Quality non-conformities (materials, workmanship, documentation)
- Safety and environmental incidents or near-misses
- Regulatory or client audit findings
- Lessons learned requiring systemic prevention measures

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3. REFERENCES

- MCS-QM-01 Corporate Quality Manual
- MCS-EHS-01 Health, Safety & Environmental Manual
- MCS-CI-R02 Lessons Learned Register
- MCS-CL-F07 Legal Claims / Dispute Logs
- ISO 9001:2015 Clause 10.2 (Non-conformity and Corrective Action)

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4. RESPONSIBILITIES

Role	Responsibility
Executive Director	Approves corporate CAPA summary and allocates resources for implementation.
QA/QC Manager	Leads root-cause analysis, assigns corrective and preventive actions, verifies closure.
EHS Manager	Manages CAPA arising from safety or environmental incidents.
Project Managers	Ensure implementation and record closure evidence at site level.
Document Controller	Maintains the CAPA Log and tracks deadlines and verification status.

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5. CAPA PROCESS

1. Identify non-conformity or potential issue via audit, incident, inspection, or lesson learned.
2. Record in **CAPA Log (MCS-CI-R03-XLS)** and assign unique ID (CA-YYYY-### or PA-YYYY-###).
3. Perform root-cause analysis using 5-Why or Fishbone method.
4. Define Corrective Action (immediate and long-term fix) and Preventive Action (systemic improvement).
5. Assign responsible person and target completion date.
6. Verify implementation and record evidence (photos, reports, training records).
7. Close CAPA once verified effective by QA/QC or EHS Manager.

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6. CAPA REGISTER FIELDS

Field	Description
CAPA ID	Unique reference number (CA/PA-YYYY-XXX)
Date Raised	When non-conformity was identified
Source	Audit, Inspection, Incident, Client Feedback, Lesson Learned
Category	Quality / Safety / Environmental / Process / Administrative
Description of Issue	Summary of problem or risk
Root Cause	Underlying reason determined by analysis
Corrective Action	Action to eliminate root cause of existing issue
Preventive Action	Action to avoid future occurrence
Responsible Party	Assigned individual or department
Target Date	Completion deadline
Verification Date	Follow-up date for validation
Status	Open / In Progress / Closed / Overdue
Effectiveness Verification	Y/N – confirmed by QA/QC or EHS Manager
Comments / Evidence Ref.	Supporting documentation path or file ID

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7. MONITORING AND REVIEW

- CAPA Log reviewed monthly by QA/QC and EHS Managers.
- Quarterly summary presented in Management Review (MCS-CI-R01).
- KPI Targets: ≥ 95 % closure within deadline, 0 repeat non-conformities.

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8. RECORD RETENTION

All CAPA records retained for minimum 10 years and stored digitally within QMS → "/Continuous Improvement/CAPA_Log/".

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9. APPROVALS

Name	Title	Signature Date
Michael Gaya	Executive Director	
QA/QC Manager	Quality Management	
EHS Manager	Safety & Environment	
Document Controller	QMS Administration	

Companion Excel Workbook — MCS-CI-R03_CAPA_Log.xlsx

Tabs included:

1. **Master CAPA Log** – all entries with status and deadlines (auto-color by Open/In Progress/Closed/Overdue).
2. **Root Cause Analysis** – 5-Why table and Fishbone template for each CAPA.
3. **Verification Tracker** – closure evidence and follow-up results.
4. **Dashboard** – live KPI metrics and charts (closure rate, repeat issues, CAPA by category).