Where corrective action is required, participants are advised to start as soon as possible. CB scheme and accredited laboratories are expected to register any required action items in their internal quality management system in accordance with the requirements of ISO/IEC 17025:2005.
Participants are referred to IFM's website for policies relating to participant appeal of assessments and IFM's role in monitoring corrective actions (http://www.ifmqs.com.au/ifm_terms_and_conditions.htm).
IFM Quality Services will monitor the completion of corrective actions for a period of 3 months from the date of issue of this report. After this time, IFM will refer any remaining open items for CB scheme laboratories to the IECEE secretariat for continuation of this monitoring activity and possible issue of a General Non-Conformity Report.

Please note that corrective actions will only be accepted where evidence is submitted that demonstrates compliance with all items in ISO/IEC 17025:2005 §4.9 - 4.12, including registration of the items in the company's quality management system, however named.
Complete and submit the PTP Outlier corrective action checklist together with the objective evidence requested.
http://www.ifmqs.com.au/proficiency/ProgramInformation/PTP-Outlier_Corrective-Action-Checklist.docx

Actions will be closed by IFM only after all required items have been satisfied, namely:

- Indication that review of the results has occurred (17025:2005 §4.9, 4.10 and 4.11.1),
- Corrective action registration reference/code in the laboratory's quality management system is provided,
- Determination of root cause has been conducted (17025:2005 §4.11.2). Hints and tips relating to acceptance of root cause can be found on: http://www.ifmqs.com.au/proficiency/references/QRD003-02_From_Direct_to_Root_Cause.pdf
- The selection and conduct of corrective actions has been undertaken (17025:2005 §4.11.3),
- The success of corrective actions has been confirmed (17025:2005 §4.11.4) and
- Preventive actions have been developed and implemented (17025:2005 §4.12)
- It is the laboratory's responsibility to ensure they maintain (on-site) accurate records of the conduct of their corrective actions and copies of the reports. As is the case with all non-conformities, these reports and information should be reviewed by the laboratory's management, internal and external assessors.
- It is the responsibility of the relevant NCB and/or accreditation body to review the corrective action reports during on-site assessments to confirm the technical relevance of any findings and actions.

Corrective action forms together with the corrective action checklist are to be submitted via email to QA@ifmqs.com.au