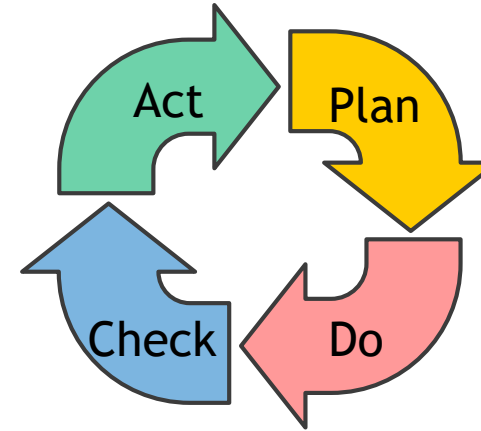


Corrective Action at Bay Area AQMD

Kate Hoag, BAAQMD
PQAO Training, June 2019

What is corrective action for?

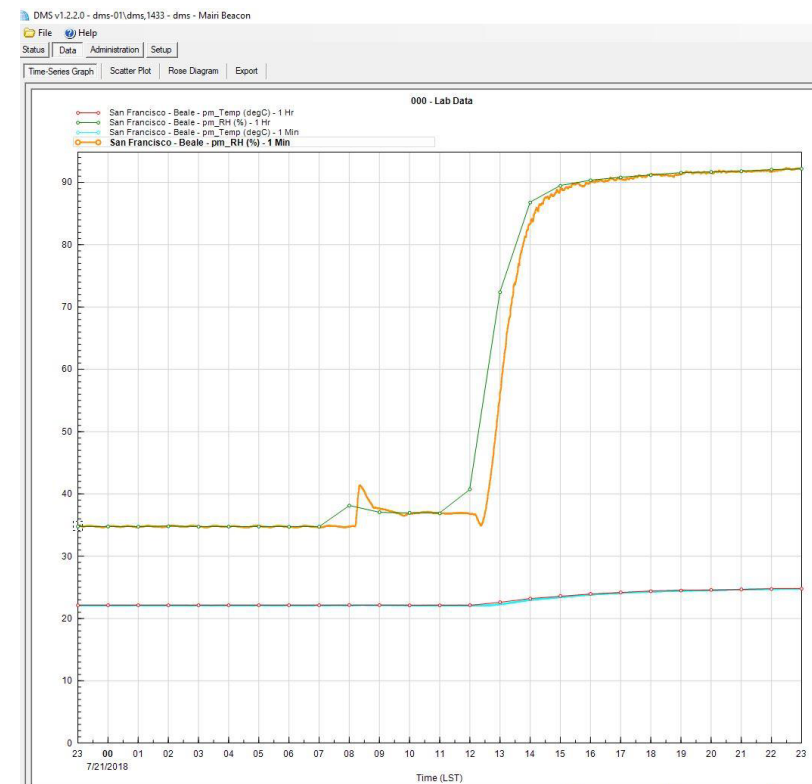


▶ Objective

- ▶ Timely notification of potentially systemic problems so that solutions can be put in place to resolve the issue throughout the program

▶ Bay Area has two paths for issue notification and resolution

- ▶ Official Data Action Management Notification (ODAMN)
- ▶ Corrective Action Report (CAR)



ODAMNs

- ▶ Initiated by Performance Evaluation Group
- ▶ Specific to performance audit failures
- ▶ Chain of notification and investigation
- ▶ Documents data validation decision and resulting actions



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

Meteorology and Measurements Division Operations Data Action Monitoring Notification

Site Name/#:

Audit Date/QA Auditor:

To:		From:	

Instrument:

Instr. ID#

Reason for Operations Data Action Monitoring Notification

Air-Monitoring Section Response/Assessment
AM Supervisor:

Air-Monitoring Manager Response + Action(s) Taken to prevent problem(s) from reoccurring
AM Manager:

Performance Evaluation Section Manager Response
PE Section Manager:

QA Officer Response
QA Officer:

The instrumentation was audited a 2nd time to confirm that the problem was corrected. The audit was performed on by . Pass re-audit Fail re-audit

CARs

- ▶ Can be initiated by anyone
- ▶ Investigate and document evaluation of issue that may or may not affect data quality
- ▶ Example: PM lab humidity excursion



Bay Area Air Quality Management District Meteorology and Measurements Division Corrective Action Report

This form is used to identify concerns that have been observed within the Division's quality system that require investigation, and to solicit staff innovation

To: QA Officer
From:
Subject:

Date:

Reason for initiation of Corrective Action Report (please report concern):	
QA Officer Action	Date:
<input type="checkbox"/> I have read the original observation. I have passed this report on to the appropriate manager(s): <input type="checkbox"/> AM Manager <input type="checkbox"/> PE Manager <input type="checkbox"/> Lab Manager <input type="checkbox"/> Division Director	
Section Manager response: <input type="checkbox"/> AM Manager <input type="checkbox"/> PE Manager <input type="checkbox"/> Lab Manager	Date:
Actions taken to prevent problem from reoccurring:	Date:
Section Manager response: <input type="checkbox"/> AM Manager <input type="checkbox"/> PE Manager <input type="checkbox"/> Lab Manager	Date:
Actions taken to prevent problem from reoccurring:	Date:
QA Officer Assessment: <input type="checkbox"/> Resolved <input type="checkbox"/> Sent to Director for Resolution	Date:
Division Director Comments:	Date:
<input type="checkbox"/> QA Officer Records Final Resolution and sends copy to Originator & Managers	Date:

Challenges

- ▶ Confusion about intent, scope of what is covered
- ▶ Can be viewed as punitive, be aware of tone
- ▶ Unclear roles and authorities
- ▶ Lack of communication can lead to unnecessary iteration
- ▶ Varying levels of expertise and experience in different groups



Potential Improvements

- ▶ Unify system to reduce confusion
- ▶ Clarify roles and responsibilities (especially with respect to data validation determinations)
- ▶ Revise process to be designed around the goal of facilitating evaluations of issues and to improve data quality



Questions and Discussion

- ▶ How many agencies are planning to design and implement your own corrective action process?
- ▶ What are the barriers to designing or implementing corrective action procedures?
- ▶ What are some corrective action successes?

