SOP Template: Procedures for Error Identification and Correction

This SOP describes the **procedures for error identification and correction**, including methods for detecting errors, steps for analyzing root causes, guidelines for documenting issues, and protocols for implementing corrective actions. The goal is to ensure accuracy, maintain quality standards, and minimize the impact of errors on operations through timely and effective resolution processes.

1. Purpose

To outline a standardized process for identifying, reporting, analyzing, documenting, and correcting errors in order to uphold quality standards and operational accuracy.

2. Scope

This procedure applies to all staff, departments, and operational processes where data, tasks, or products are subject to potential errors.

3. Definitions

- **Error:** Any deviation from expected procedure, outcome, or standard.
- **Corrective Action:** Steps taken to resolve or mitigate an identified error.
- **Root Cause Analysis:** Process for determining the underlying reason for an error.
- **Error Report:** Documented record of the detected error and relevant details.

4. Responsibilities

- **All Staff:** Promptly identify and report errors.
- **Supervisors/Managers:** Review reported errors, assign investigations, ensure timely correction.
- **Quality Assurance:** Monitor error trends, review root cause analyses, verify effectiveness of corrective actions.

5. Procedures

5.1 Error Detection

- Conduct regular audits and reviews of work/data/products.
- Encourage self-reporting by staff.
- Utilize automated systems (where available) for error flagging.
- Accept reports from customers or external stakeholders.

5.2 Reporting and Documentation

- Record detected errors using the **Error Report Form** (see Appendix A).
- Document the following:
    - Date and time of detection
    - Description of the error
    - Person(s) who identified the error
    - Potential impact
    - Immediate actions taken (if any)
- Submit error reports to the designated supervisor/manager within 24 hours.

5.3 Root Cause Analysis

- Supervisors/assigned staff conduct analysis within 3 business days of error report.
- Methods may include interviews, process/task review, or data analysis.
- Document findings in the **Root Cause Analysis Report**.

5.4 Corrective Actions

- Identify suitable solutions to address immediate and systemic issues.
- Implement changes (e.g., retraining, process modifications, repairs).
- Assign responsible person(s) and set timelines for action completion.
- Document actions taken and monitor for recurrence of error.

5.5 Review and Follow-up

- Managers/QA to verify completion and effectiveness of corrective actions.
- Track error trends and review procedures periodically for improvement.

6. Documentation & Records

- Error Report Forms
- Root Cause Analysis Reports
- Corrective Action Records
- Audit and Review Logs

All records must be retained for a minimum of 3 years or as specified by regulatory requirements.

7. References

- Quality Management Policy
- Continuous Improvement Procedures
- Industry/Regulatory Error Reporting Guidelines

Appendix A: Error Report Form (Sample)

Date/Time of Detection	
Description of Error	
Detected By	
Immediate Action Taken	
Potential Impact	
Reported To	