	JSC «Kazakh University of Technology and Business named after K. Kulazhano»
	QUALITY MANAGEMENT SYSTEM
	Documented procedure

APPROVED
Rector
JSC «KazUTB named after K. Kulazhanov»
_____L.K. Baibolova
«__» september 2026

NON - CONFORMITIES AND CORRECTIVE ACTIONS
KazUTB-DSD-DP-10.2-2026-10

Astana, 2026

Version: 2.0	CE: GMSD	Registration №_____ on EDM

PREFACE

This documented procedure (DP) was developed by the Department of Strategic Development of «KazUTB named after K. Kulazhanov» JSC.

This DP is approved by the Rector's personal signature on the title page.

This DP is mandatory for all structural departments of «KazUTB named after K. Kulazhanov» JSC insofar as their activities relate to the quality management system.

The Director of the Department of Strategic Development reviews this DP at least once every three years.

Amendments to this DP are made based on the results of its application at «KazUTB named after K. Kulazhanov» JSC or following changes to applicable document requirements.

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1. TERMS AND DEFINITIONS

The term	Definitions
Anti-corruption policy of JSC "KazUTB named after K. Kulazhanov"	Legal, administrative and organizational measures aimed at reducing corruption risks, fostering a culture of integrity and increasing public trust in the activities of «KazUTB named after K. Kulazhanov» JSC
Management Analysis	- Assessment of opportunities for improvement and the need for changes in the organization's quality management system
Audit	- A systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which agreed audit criteria are fulfilled.
Auditor	- A person who conducts an audit.
Internal audit	- An audit conducted by the organization itself or on its behalf; sometimes called a first-party audit.
External audits	- Audits conducted by parties interested in the University's activities, such as customers or persons acting on their behalf, as well as audits conducted by independent external organizations. Such organizations conduct certification or accreditation against applicable requirements, including those of standards and SS RK of ISO 9001, etc.
Top management of the University	- the President, Rector and Vice-Rectors for responsible for various areas of activity, directors of the Department, as well as heads of departments
State compulsory standard of education	- A document specifying the mandatory minimum content of core educational programmes, the maximum student workload and the requirements for graduates' level of preparation
Documented information	-Information that an organization is required to control and maintain, and the medium on which it is contained.
Documented procedure	- a document that establishes a uniform procedure for describing processes, the powers and responsibilities of officials, information flows, including the registration of data and records on quality
Audit report	– the result of the audit, formed after considering the objectives of the audit and all the conclusions of the audit
Stakeholder	- a person or organization that can influence the implementation of activities or decision-making
Recording	- A document containing the results achieved, or evidence of the activities carried out
Process Information Card -	- A document containing information about the main attributes of the process, namely the inputs and outputs of the process, including (process objectives, process measurement and analysis, activities to achieve process objectives, process interaction, process resources, process management documents)
Quality	- the degree to which the set of own characteristics fulfills the requirements
Correction	- Action to eliminate *the detected* discrepancy
Corrective action	- the action taken to eliminate the cause of the detected nonconformity or other undesirable situation
Inconsistency	- Failure to comply with the established requirement
Process Mismatch	- The process does not meet its requirements, including the product requirements of the process

Regulatory document	- A document establishing rules, general principles or characteristics relating to different activities or their results
Educational process	- the process of forming a new level of theoretical knowledge, practical skills, skills and competencies, carried out through the organization of active cognitive activity of students
Root Cause	- Alubin cause, the elimination of which prevents the recurrence of the non-conformity in similar or adjacent conditions.
Quality Policy	- the general intentions and direction of the organization's activities in the field of quality, officially formulated by the top management
Continuous improvement	- repetitive activities to increase the ability to meet requirements
Products	- the exit of the organization, which can be carried out without any interaction between the organization and the consumer
Process	- a set of interrelated and interacting types of activity, transforming inputs and outputs
CAPA Log Registry	- Taking into account non-conformities and corrective actions.
Effectiveness	- effectiveness – the degree to which the planned tasks are completed and the planned results are achieved
Risk	- the impact of uncertainty
Containment (Isolation)	- Prompt measures to prevent the further spread of non-conforming products or services to customers/related processes.
Standard	- a regulatory and technical document containing a set of norms, rules, requirements for the object of standardization and approved by the competent body
Compliance	- Compliance with the requirement
Quality objectives	- goals that are achieved or sought in the field of quality
Customer satisfaction	- consumers' perception of the degree of fulfillment of their requirements
Quality Improvement	- a part of quality management aimed at increasing the ability to meet quality requirements
Risk management	- the process of developing and implementing management decisions designed to minimize the possibility of a negative result and minimize possible losses associated with its implementation
Service	- the exit of the organization with at least one action, necessarily carried out under the influence of the organization and the consumer

2. ABBREVIATIONS AND NOTATIONS USED

Reduction	Full name
JSC «KazUTB named after K. Kulazhanov»	Kazakh University of Technology and Business named after K. Kulazhanov Joint-Stock Company
KazUTB-DSD-DP-7.5-2026-01	Documented Procedure «Documented Information»
KazUTB-DSD-DP-9.2-2026-08	Documented procedure «Internal Audit»
KazUTB-DSD -DP-6.1-2026-03	Documented Risk Management Procedure
IA	Internal audit

Reduction	Full name
SCESotRK	State Compulsory Education Standard of the Republic of Kazakhstan
DP	The procedure is documented
CA	Corrective action.
CED	Catalogue of Elective Disciplines
IS	International Standard
This DP	Documented Procedure «Nonconformities and Corrective Actions» KazUTB-DSD-DP-10.2-2026-10
R&D	Research work
SMC	Scientific and Methodological Council
QMSO	Quality Management System Office
Faculty	Faculty
QMS	Quality Management System
SD	Structural department
DSD	Strategic Development of Department
EaMC	Educational and methodological complex
LSaACD	Department of Legal Support and Anti-Corruption

3. GENERAL PROVISIONS AND DESCRIPTION OF THE PROCEDURE

3.1 This DP has been developed in accordance with the requirements of paragraph 10.2 of ISO 9001:2016 and establishes a unified procedure for identifying, registering, isolating nonconformities, analyzing the causes of their occurrence, as well as developing, implementing and evaluating the effectiveness of corrective actions within the QMS of «KazUTB named after K. Kulazhanov» JSC.

3.2 This DP is applied in all SDs and QMS processes of «KazUTB named after K. Kulazhanov» JSC, in the activities of which a non-compliance is detected, in order not to hide or correct a single error, to find its root cause and to make sure that such a thing does not happen again.

3.3 The process of nonconformance management and CA includes: [1. Identification] → [2. Containment (Correction)] → [3. Analysis of causes] → [4. CA development] → [5. Performance evaluation] → [6. Risk adjustment].

3.4 Documented information on the nature of nonconformities and any actions taken should be maintained in accordance with KazUTB-DSR-DP-7.5-2026-01 "Documented Information".

3.5 non-conformities as non-compliance with requirements should be identified and identified at all stages of processes, assessment of knowledge and certification of trainees, as well as in the implementation of managerial, auxiliary and support processes.

3.6 Inconsistencies in the implementation of educational, scientific, innovative and managerial activities at various levels include identified deviations from the requirements established in external and internal regulatory documented information, as well as with consumer complaints.

3.7 Any discrepancy found in the activities of «KazUTB named after K. Kulazhanov» JSC and requiring a CA shall be entered in the "Register of Discrepancies and CA" in the form **(F.DSD-10.2-2026-10-01)** of the relevant SD.

4. CLASSIFICATION OF NONCONFORMITIES

4.1 Classification is necessary in order to rationally distribute the resources of «KazUTB named after K. Kulazhanov» JSC.

4.2 Resources of «KazUTB named after K. Kulazhanov» JSC in the course of its activity are the provision of services to stakeholders, and various types of products:

4.2.1 results of all types of educational activities: basic educational programs (higher,

postgraduate education), programs of additional education) – graduates with competencies that meet the requirements of the State Educational Standards of the Republic of Kazakhstan and consumers;

4.2.2 Results of scientific and innovative activities – scientific, scientific and technical and scientific and production products;

4.2.3 intellectual product (software, information technology, methods, EDC, patents, etc.);

4.2.4 Results of the design of educational programs – curricula, QED, work programs, teaching materials for specialties and disciplines, methodological developments, etc.

4.3 The purpose of nonconformance management is:

4.3.1 providing assurance that non-conforming products/services are corrected in a timely manner;

4.3.2 Registration, analysis, correction and prevention of the appearance of similar non-conforming products/services in the future.

4.4 Management of non-conforming products/services in JSC "KazUTB named after K. Kulazhanov" and design documentation is carried out in the following ways:

4.4.1 by taking action to remedy the non-conformity found;

4.4.2 by taking steps to prevent its initial intended use or application;

4.4.3 by authorising its use, release or acceptance, if there is authorisation for derogation from the relevant authority and, where applicable, from the consumer;

4.4.4 taking actions adequate to the consequences or potential consequences of non-conformity, if non-conforming products/services are identified after their provision or use;

4.4.5 carrying out work to identify non-conformities of products / services for the purpose of their subsequent analysis and correction.

4.5 Documented information on the nature of non-conformities and any subsequent actions taken, including deviation authorizations obtained, are kept up to date. Once corrected, the non-conforming product/service is re-verified to demonstrate compliance.

4.6 The fact of non-conformities can be established on the basis of the following sources:

4.6.1 information (complaints) of consumers and other interested parties;

4.6.2 interaction with consumers of «KazUTB named after K. Kulazhanov» JSC and other interested parties;

4.6.3 internal audits;

4.6.4 based on the results of self-assessment of «KazUTB named after K. Kulazhanov» JSC;

4.6.5 based on the results of external audit of «KazUTB named after K. Kulazhanov» JSC in the course of certification, licensing, attestation and accreditation.

4.7 Classification of nonconformities is differentiated:

4.7.1 Critical nonconformities (Major) - deviations that directly affect the final product/service, financial stability, legal security of the company or the safety of life and health of people.

4.7.2 Significant non-conformities (Moderate) - deviations from established regulations, technologies or standards that did not reach the final stakeholder (intercepted internally), but created a local failure or risk.

4.7.3 Minor - minor one-time errors and errors that do not affect the quality and functionality of the final product/service.

4.8 Algorithm for making a decision by category (**Decision Tree**) - when a problem is detected, the responsible employee asks 3 consecutive questions:

4.8.1 Will stakeholders be affected in terms of human safety/laws/significant financial costs?
- Yes: Critical non-compliance
- No: go to question 2.

4.8.2 Does this affect the work of other joint ventures?

- Yes: significant discrepancy.
- No: Go to question 3.

4.8.3 Is this a one-time error (technical, in terms of JDv errors)?

- Yes: a minor discrepancy.

4.9 The responsibility for identifying non-conformities is borne by the head of the relevant joint venture, in the case of the IA procedure, this function is assigned to the auditor.

5. IDENTIFICATION OF INCONSISTENCIES ARISING IN EDUCATIONAL ACTIVITIES

5.1 Quality control of students' training at all stages of the educational process is carried out in order to prevent the graduation of specialists who do not meet the established requirements of the State Educational Standards of the Republic of Kazakhstan.

5.2 Identification of inconsistencies in the educational activities of JSC «KazUTB named after K. Kulazhanov» is carried out:

5.2.1 in the course of analysis of the results of the IA of the educational activities of the joint venture, which are carried out in accordance with KazUTB-DSD-DP-9.2-2026-08 "Internal Audit";

5.2.2 when measuring and analyzing the characteristics of educational services/products.

5.3 Bothmeasurement and analysis of the characteristics of educational services/products take place:

5.3.1 when assessing the quality of training sessions;

5.3.2 in the course of intermediate and final control of students' knowledge;

5.3.3 by collecting statistical information;

5.3.4 by testing students (control of residual knowledge of students);

5.3.5 by questioning students and graduates;

5.3.6 by questioning employers;

5.3.7 when analyzing curricula and work programs in accordance with the State Educational Standards of the Republic of Kazakhstan;

5.3.8 when considering complaints and claims received from consumers, teaching staff and employees of JSC «KazUTB named after K. Kulazhanov».

6. IDENTIFICATION OF INCONSISTENCIES ARISING IN RESEARCH ACTIVITIES

6.1 Inconsistencies in the research process may arise due to errors made in the formation of research programs, the allocation of necessary resources, as well as through the fault of the performers involved in the research process.

6.2 Inconsistencies in budget R&D may be identified during control by scientific supervisors of work, as well as ordering organizations.

6.3 Inconsistencies in contractual R&D can be identified during internal control by scientific supervisors, as well as during external control by the customer.

6.4 The analysis of the causes of inconsistencies in the research is carried out by its supervisor.

7. PROCEDURE FOR MANAGING NON-CONFORMING SERVICE/PRODUCTS

7.1 **The procedure for managing nonconformities** consists of the following stages:

7.1.1 [1. Detection] - detection, isolation and initial registration;

7.1.2 [2. Containment (Correction)] - operational correction (containment);

7.1.3 [3. Root Cause Analysis] - Root Cause Analysis

7.1.4 [4. Development of CA] - development and approval of the Corrective Action Plan;

7.1.5 [4. Development of CA] - Implementation of CA and deadline control;

7.1.6 [5. Effectiveness Evaluation] - Evaluation of the effectiveness of corrective actions;

7.1.7 [6. Risk Adjustment] - Review of risks and updating of documented information.

7.2 **Detection of inconsistencies.**

7.2.1 non-conformities may be identified during internal and external audits, other inspections, as a result of monitoring and analysis of processes at all stages of educational, research and innovation, educational and other activities in JSC «KazUTB named after K. Kulazhanov».

7.2.1 In order to identify inconsistencies, JSC «KazUTB named after K. Kulazhanov» uses the «**Decision Tree**» algorithm specified in this DP, paragraph 4.8.

7.2.2 The person directly involved in the area of the non-conformity is responsible for identifying potential problems.

7.3 Isolation and Initial Registration.

7.3.1 All cases of deviations, both established and potentially possible, are mandatorily registered by filling in the «Register of nonconformities and design documentation» **(form DSD-10.2-2026-10-01**) of the relevant SP.

7.3.2 Registration and identification of non-compliance identified during the IA is described in the DP KazUTB-DP-9.2-2025-20 «Internal Audit».

7.3.3 A product/service recognized as non-compliant with the requirements of regulatory documents should be separated from the product/service that complies with these requirements in order to exclude the possibility of its unintentional use or transfer to the next stages of the process. The method of separation (isolation) is determined by the head of the joint venture in which the non-compliance is identified. After correction, non-conforming products are subject to re-verification and approval to demonstrate compliance with the requirements.

7.4 Root Cause Analysis.

7.4.1 Analysis of nonconformities and their causes is carried out in order to assess the significance and degree of their impact on the quality of products/services, as well as to determine the costs necessary to eliminate them

7.4.2 For **critical** and **significant nonconformities,** the process owner forms a working group and analyzes the underlying cause of the deviation within *5 working days* using mandatory methods according to the established forms of this DP **F. DSD-10.2-2026-10-05**: «**Method» 5 Why?" (5 Whys)" -** sequential asking of the question «Why?» until a systemic, organizational or human cause is identified**;**

7.5 **Development and approval of the CA Plan**

7.6.1 Based on the identified root cause, a CA Plan is developed. Each CA must meet the SMART criteria (specific, measurable, achievable, relevant, time-limited).

7.6.2 The basis for the development of a CA is a documented deviation from the established requirements for services/products or processes in the form of a completed act of non-conformity (**F. DSD-9.2-2026-10-02**) or an entry in the «Register of non-conformities and CA» (**F.DSD-10.2-2026-10-01**).

7.6.3 If it is necessary to carry out CAs affecting other QMS processes, or if there is a lack of internal resources for the implementation of corrective measures, the issue is resolved with the top management of JSC «KazUTB named after K. Kulazhanov».

7.7 Implementation of CA and deadline control

7.7.1 Based on the results of the analysis of nonconformities and their causes, possible options for eliminating nonconformities are determined.

7.7.2 In case of detection of non-compliance of the product/service by the consumer in the process of its application and claims for quality, actions are taken to manage the consumer's complaints. At the same time, the claim received from the consumer is registered, the necessary information from the consumer is immediately obtained, the non-conformity is analyzed, the consumer is informed of the results of the analysis and the decision made and, if necessary, the product/service is replaced with the appropriate one.

7.7.3 All cases of deviations, both established and potential, must be registered by filling in the «Register of Nonconformities and Documentation Documents» **(F.DSD-10.2-2026-08-01) of** the corresponding SP.

7.7.4 The head of the joint venture establishes the cause of non-compliance and develops a CA plan/report, determines specific executors and deadlines for eliminating non-conformities **(F.DSD-10.2-2026-10-02).**

7.8 Assessing the effectiveness of corrective actions

7.8.1 After the elimination of non-conformity, the head of the SP checks the fact of its elimination with an entry in the ! «Register of non-conformities and CA» and puts a signature in the appropriate column of the log, confirming the implementation and date of verification.

7.8.2 The head of the SD analyzes the effectiveness of all the CAs undertaken:

- Has a similar discrepancy been repeated?
- Have the measures taken led to an improvement in the target indicators of the process?

7.8.3 Control over the implementation of the CA and the effectiveness of the completed CAs with a note in the log is carried out at the IA by the internal auditor. The internal auditor verifies the actual dates of elimination of nonconformities in the «Register of Nonconformities and Cas» and documented information (including minutes of meetings) confirming the implementation of the CA, a record is made in the appropriate column, a signature is affixed confirming the verification of implementation and date.

7.8.4 CAs are considered effective if as a result of their implementation there is no longer a similar non-conformity. The occurrence of non-compliance is reconsidered as the absence of the required effectiveness of the CA carried out. If the non-compliance is repeated, the analysis is recognized as incorrect, the Act is returned to 7.5 of this DP.

7.9 **Review of risks and updating of documented information**

7.9.1 After confirming the effectiveness of the CA, the process owner must:

- Update the Register of Risks and Opportunities of the QMS (section 6.1 of ISO 9001);
- Make changes to the process flowsheet, regulations, work instructions (section 8.1 / 10.3 ISO 9001);
- Conduct familiarization and retraining of personnel.

8. MANAGEMENT OF THE DOCUMENTED PROCEDURE

8.1 Management of the DP, as documented information of the QMS of «KazUTB named after K. Kulazhanov» JSC, is carried out in the manner established by DP **KazUTB-DSD-DP-7.5-2026-01** «Documented Information».

8.2 Documented information about the nature of the nonconformities and any subsequent action taken should be kept up to date.

8.3 The overall performance indicators of this AP are:

8.3.1 timeliness of non-conformity detection and elimination;

8.3.2 there are no cases of unintentional use of the non-conforming product/service or transfer to the next stage of the process;

8.3.3 Timeliness of submission of proposals for the launch of the design documentation.

8.4 In each SD JSC «KazUTB named after K. Kulazhanov» JSC the "Register of non-conformities and CA" (**F.DSD-10.2-2026-10-01**) shall be kept. When the non-conforming result is corrected, it shall be re-verified to confirm compliance with the requirements. If a non-conforming result is identified after the commencement of continuous actions, then it is necessary to take actions adequate to the consequences (or potential consequences) of the non-conformity and draw up the relevant documented information.

9. RESPONSIBILITIES AND AUTHORITY

JV / Officer	Credentials
Rector	- approval of this DP and new versions in case of changes; - decision-making based on nonconformance analysis data; - determination of the official responsible for the implementation of CA in case of systemic non-compliance; - efficiency of QMS processes of "KazUTB named after K. Kulazhanov" JSC and timely decision on the need for design documentation.

Vice-Rectors for Areas of Activity	- timely conduct of CA to eliminate identified and potential inconsistencies in the supervised processes.
Director of the DSR	- development and implementation of this DP; - general management and control of compliance with this procedure. - Providing reports on the functioning of the process to senior management. - organization and coordination of activities for the implementation of specific stages of the process, management of nonconformities; - Data analysis and preparation of a consolidated management report.
Head of OSMC	- updating this DP and new versions in case of changes; - verification of this DP for compliance with the requirements of quality standards; - methodological assistance in conducting root cause analysis. - organization and conduct of verification of the effectiveness of the completed design documents. - provision of all SPs with journal forms in the form **F. DSD-10.2-2025-10-01;** - archiving of documented QMS information.
JV Managers and Process Owners	- detection and prevention of non-conformities and high-quality performance of work to eliminate non-conformities; - Determination and implementation of the necessary design documents in full and within the specified time; - Conducting a non-conformity analysis in the JV/process; - Analysis of the effectiveness of the CAs undertaken; - Preparation of a report and proposals for improving the QMS; - maintenance and storage of documented information confirming the implementation of the procedure.

10. PERFORMANCE REPORTING

10.1 Based on the documented information on the CA, the head of the CMM summarizes the results of the CA and generates a report**.** The data of this report are included in the management analysis in the form **F. DSD-10.2-2025-10-03.**

11. RISKS ASSOCIATED WITH THE PROCESS AND RISK PREVENTION ACTIVITIES

11.1 Risks associated with:	**11.2Risk prevention activities:**
- incorrect identification of the causes of nonconformities, which may lead to the recurrence of nonconformities; - Improper management of documented process information - inappropriate communication, poorly functioning channels of internal and external exchange of documented information; - incompetence of personnel, for example, making a note on the implementation of CA when there is not full evidence proving its implementation.	- to provide advisory and practical assistance to the employees of the joint venture in identifying the causes of non-conformities; - pay attention to a more detailed analysis of possible actions to identify the causes of nonconformities; - to exercise additional control over the completion of the "Register of Discrepancies and CA" by the head of the joint venture; - determine and implement the necessary design documents in full and within the specified time; - to carry out additional informing of employees about the rules for documenting non-conformities and CA, timely registration of documented information on the process, to ensure access to this DP for all employees.

12. ANTI-CORRUPTION PROVISIONS

12.1 In order to comply with the requirements of the international standard MC ISO 37001:2016, the organization is obliged to identify and eliminate inconsistencies in the anti-corruption management system.

12.2 Detected violations and complaints are subject to analysis with the determination of causes and the development of corrective actions. The measures taken are recorded and monitored, and their effectiveness is used to improve the effectiveness of the anti-corruption policy.

13. CONFIDENTIALITY

13.1 This DP is an internal regulatory document of "KazUTB named after K. Kulazhanov" JSC and is not subject to submission to other parties, except for experts of certification bodies during the certification audit, of consumers-partners with the permission of the rector of «KazUTB named after K. Kulazhanov» JSC.

F. DSD -10.2-2026-10-01 (mandatory)

FORM OF THE "REGISTER OF NONCONFORMITIES AND DESIGN DOCUMENTS"

	JSC «Kazakh University of Technology and Business named after K. Kulazhanov»	
	QUALITY MANAGEMENT SYSTEM	
	Register of non-conformities and corrective actions"	**ISO 9000:2015; ISO 9001:2016**
	F.DSD-10.2-2026-10-01 (mandatory)	**Date of introduction: "____"_____ 20___**

"Register of non-conformities and corrective actions"

_____

_____

(Full name of the structural department)

THE BEGINNING _____20_____YEAR

THE END _____20_____YEAR

RESPONSIBLE_____

ASTANA, 20__

F. DSD-7.5-2026-10-01 (mandatory)

«REGISTER OF NONCONFORMITIES AND CORRECTIVE ACTIONS»

№ p/n	Content of nonconformity	Full name, position of the person who discovered the discrepancy	Measures to eliminate the causes of nonconformities (corrective actions)	Performers Full name	Estimated date of correction / date of correction	Effectiveness	Full name controlling the implementation of the CA / signature/ Date
1							
2							

F. DSD-10.2-2026-10-02 (mandatory)

CORRECTIVE ACTION PLAN/REPORT FORM
Corrective Action Plan/Report

Foundation_____
Structural subdivision _____

№	Identified non-compliance	Corrective action	Deadlines	Responsible Executor	Mark of completion (to be filled in by the head of the joint venture with an indication of the deadline)	Effectiveness
1						

Head (name of the structural department) _____ (signature and deciphering of the signature)

Date of preparation of the plan / report "_____" _____20____

F. DSD-10.2-2026-10-03

FORM «STATUS OF CORRECTIVE ACTIONS CARRIED OUT IN «KAZUTB NAMED AFTER K. KULAZHANOVA» JSC FOR _____ACADEMIC YEAR"

№	Inconsistency	Audited SD	Item ISO 9001:2016	Estimated deadlines for elimination	CA status and deadlines for elimination
1					
2					

Director of DSD_____ (signature and transcript of signature)

Date of preparation of the report "_____" _____20____

F. DSD-10.2-2026-10-04

FORM «PLAN OF CORRECTIVE ACTIONS BASED ON THE RESULTS OF INSTITUTIONAL/ SPECIALIZED ACCREDITATION OF JSC «KAZUTB NAMED AFTER K. KULAZHANOV»

APPROVED:
Rector of KazUTB JSC
named after K. Kulazhanov"

_____
(Name)
"___" _____ 2026

"PLAN OF CORRECTIVE ACTIONS BASED ON THE RESULTS OF INSTITUTIONAL/SPECIALIZED ACCREDITATION OF JSC "KAZUTB NAMED AFTER K. KULAZHANOV" K. KULAZHANOV

No	**Process Name**	**Name of the risk** *(recommendations)*	**Risk level** *(High risk level 15-25 points, medium risk level 5-12 points)*	**Risk mitigation measures** *(on the implementation of recommendations)*	**Responsible Full name**	**Implementation timeline**	**Supporting documented information containing information on the elimination of the risk**

Agreed:
Vice-Rector for AA
Name

_____
"___" _____ 2026

Vice-Rector for R&I
Name

_____
"___" _____ 2026

Vice-Rector for SaSA
Name

_____
"___" _____ 2026

F. DSD-10.2-2026-10-05

Method "5 Whys?"
Protocol "5 Why?":

1. ***Why did the discrepancy occur?*** **- _____**
2. ***Why?*** **- _____**
3. ***Why?*** **- _____**
4. ***Why?*** **- _____**
5. ***Why? (Deep Root Cause):*** **- _____**

F. DSD-7.5-2026-01-02 (mandatory)

APPROVAL SHEET

Position	Full name	Date	Signature
Vice-Rector for AA	Askarbekov E. B	08.08.2026	
Vice-Rector for R&I	Aibuldinov Y. K.	08.08.2026	
Vice-Rector for SA&SD	Berdigaliuly S.	08.08.2026	
Director of the DSD	Orazalina D. K.	08.08.2026	
Head of DQMS	Ernst A.	08.08.2026	

F. DSD-7.5-2026-01-03 (mandatory)

FAMILIARIZATION SHEET

Position	Full name	Date	Signature

F. DSD-7.5-2026-01-04 (mandatory)

CHANGE REGISTRATION SHEET

The number of the changed In the case of the	Change Notice Number	Number of sheets (pages)				Total sheets (after changes)	Date of submission	Full name of the person making the changes	Signature of the person who made the changes
		changed	replaced	new	cancelled				

F. DSD-7.5-2026-01-05 (mandatory)

PERIODIC INSPECTION RECORD SHEET

Verification Date	full name of the person, who performed the Verification	Signature of the person, who performed the check	Wording of comments