



## Root Cause Analysis Workshop (2 Day)

### Workshop Outline:

This workshop provides attendees with an in-depth understanding of how to analyze problems in order to identify the root causes. It will also provide an opportunity to conduct practical work activities that provide opportunities to use the concepts and techniques of problem solving. Upon completion of this workshop participants will have a working knowledge of effective root cause analysis.

### Workshop Goals:

- Understand problem definition
- Learn short term strategies to isolate and contain the problem
- Understand and utilize the main problem solving tools
- Choose the correct problem evaluation method
- Discuss error proofing to prevent problem recurrence
- Discuss implementation and verification of actions
- Understand how to monitor effectiveness

### Recommended Training and/or Experience:

None

**Date:** April 18 - 19  
**Location:** 16 Forest Road, Suite 301 (Old Queen's College Building)  
**Time:** 9:00 am to 5:00 pm  
**Fee:** \$800.00 plus HST/ admin fee  
*(Meals and materials will be provided)*  
All workshop fees must be paid at the time of registration.

### Cancellation Policy:

Cancellation requests received more than 7 calendar days before the start date of the workshop will receive a refund of the workshop fee minus a \$100 administration fee. Cancellation requests received within the 7 calendar days before the start date of the workshop will be non-refundable. Quality Matters Inc. reserves the right to cancel any workshop; full refunds will be granted.

### Substitution Policy:

Substitutions of participants will be permitted at any time prior to the start of the workshop.

For more information or to register, contact Quality Matters Inc. at (709) 722-7860, or email us at [training@qualitymatters.net](mailto:training@qualitymatters.net) or visit our web site @ [www.qualitymatters.net](http://www.qualitymatters.net).



## WORKSHOP REGISTRATION FORM

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### Root Cause Analysis Workshop (2 Day)

Please fax to: **Quality Matters Inc.**  
16 Forest Road, Suite 301  
St. John's, NL A1E 0A5  
Fax: 709-739-4864

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Workshop Date: \_\_\_\_\_

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**IMPORTANT NOTE:** For the Internal Auditor and Lead Auditor workshops, there is a prerequisite that the registrant must have an adequate knowledge and understanding of the applicable standard or specification, gained through training and/or experience. If you are registering for any of these workshops, have you met the specified prerequisite?  Yes  No

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**Method of Payment:**  Cheque enclosed (payable to Quality Matters Inc.)  
 Invoice me

Signature: \_\_\_\_\_

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**How did you hear about this workshop?**

Brochure  Website  Email  
 Referral  Other  Sales Call

Is your company registered to ISO 9001, ISO 14001 or OHSAS 18001? Yes  No

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