EPATHUSA

PROCESS MANUAL - MR

Issue No: 01 Date: September 15, 2017

Revision/Version: 1.0 Date: September 15, 2017

Approval Details

	Prepared By	Issued & Controlled By	Approved By
Designation	Process expert team	Hari	Anitha

Copy Holders / File Access Authority

Copy No	**Designation**
1	Management Representative (Master Copy)
2	Director
3	Solution Delivery Head
4	Network & System Administrator
5	Manager – HR
6	Manager – Purchase

CONTENTS

REVISION HISTORY

DCR No	Date	Nature of Change	Brief Reason for Change	Page / Section Where Changes Made	New Revision No

❖ **Definitions and Acronyms**

ACRONYM/ TERM	DEFINITION/ DESCRIPTION
MR	Management Representative
MD	Director
QSM	Quality System Manual
QSP	Quality System Procedure
QF	Quality Format
IA	Internal Audit
MRM	Management Review Meeting
NCR	Non Conformity Report
CAPA	Corrective Action & Preventive Action

❖ **Activity / Responsibility Matrix**

NO	ACTIVITY	MD	MR
01	Document Changes	I	R
02	Internal Audit Plan & Scheduling		R
03	Conducting MRM	R	I
04	Closing of NCRs		R

R – Responsible; I - Involved

QSP for Control of Documents

- **Purpose**

  To control all documents and data to ensure their availability of pertinent issues, at removal of obsolete documents, from all locations

- **Scope**

  This procedure covers all internal & external documents.

  Internal Documents

  1st Level: Quality System Manual (QSM)
  2nd Level: Process Manual
  3rd Level: Records

  External Documents

  a) Information Technology Act
  b) STPI Guidelines
  c) Requirements from Clients
  d) Client Information or Data
  e) Reference Documents or User Manuals used in project execution
  f) ISO 9001:2008

- **Responsibility**

  Management Representative (MR) is responsible to ensure that this procedure is implemented & maintained

- **Action & Method**

  - **Identification**

Document Name	Identification	Version Indicator	Issue No
Quality System Manual &Process Manual depts.	By Unique No in (QSM/EPATHUSA/SL NO) format	On each page after 15 Revisions Issue no is incremented and Revision is set to ZERO	On cover page of the manual, after 15 revisions in any one page of manual issue no is incremented by one number
Quality System Procedures	By Unique No in (QSP/EPATHUSA/DEPT/SL NO) format	On Each page	Not Applicable
Documents/ Work Instructions / Guide lines	By Unique No in (DOC/EPATHUSA/DEPT/SL NO/ Rev no) format	On Each page	Not Applicable
Forms / Templates	By Unique No in (QF/EPATHUSA/DEPT/SL NO/Rev No) format	By Effective Date given in Master List of Records	Not Applicable
External Documents	Identified by document owner given no/ name	Identified with number given by authority and organization ensures latest revision is under usage	NA

Approval & Issue

Document Name	Approved By	Issued & Controlled By
Quality System Manual	Director	Management Representative
Process Manual	Director	Management Representative
Project Documents	Director	Management Representative
Forms / Templates	Director	Management Representative

*** Besides above rules, respective approving authority can authorize in writing any position / executive of the organization to approve any document

- **Control and Issue of Documents**

Documents are maintained and controlled in 2 ways i.e. one is by Soft copy and second is Hard copy (Optional)

Soft Copy Control

- All approved documents are placed in a server with a folder name EPATHUSA QMS.
- As per given list of copyholders on cover page of each document, the system admin personals are configured the folder for access.
- Except MR, all the copyholders are allowed to access the document in read only format
- Documents available in EPATHUSA QMS folder are only valid and this procedure is applicable.

Hard Copy Control

- All approved documents shall be stamped as "MASTER COPY' (normally in Blue Color) on the back side of each page.
- Copied are allowed only from Master Copy and the same copies are issued as per distribution list given in manuals or as per requirement and stamped as "CONTROLLED COPY" in Red on the front side each page
- Document Issue Register is maintained for Hard copy issues

- **Document and Data Change**

Any Department Head can request for a change in Document through Document Change Request (DCR) – QF/EPATHUSA/MR/01 and it can be forwarded to MR by email or hard copy

Once DCR is received, MR reviews the request and ensures that changes are not affecting integrity of quality management system.

Take approval from approving authority of respective document (Refer Approval & Issue table)

Once DCR is approved, Change the respective document as requested and update version number & effective date of respective document.

Method of Version number increment

Quality System Manual

Version number is changed only of respective page in which changes are made

Documents in Process Manual

Version number of all pages in entire document will be changed even if changes are made in one page

Also update the version status and effective date of document in other relevant documents where the modified document is referred. Ex.: Master List of Documents, Master List of Records etc.

For Soft Copies, latest version documents shall be placed in the QMSDOC folder and old version documents are moved to Obsolete Documents folder.

For Hard Copies, Issue the modified document to all copy holders through Document Issue Register (QF/EPATHUSA/MR/01) and take back the old copies and file them in obsolete documents file after stamping as "OBSOLETE DOCUMENT" in Red

- **External Documents**

  MR identifies specific documents of external origin and maintains a list in Master List of External Documents (DOC/EPATHUSA/MR/02) identifying version/release or issue date/period information and issue records if more than one copy of the same document is in circulation.

  Solution Delivery Head (SDH) is the custodian of External documents

  MR controls the distribution and applicable version information to ensure that updates when available can be circulated to all points of use.

- **Obsolete Documents**

  To prevent the unintended use of obsolete documents, MR / Approving Authority collects the obsolete documents from copyholders and dispose them as per disposal action given in table below.

Document Name	**Disposal Action for Controlled Copy**	**Retention Time of Master Copy**
Quality System Manual	Destroy by Tear off or by fire	One Year
Quality System Procedures	Destroy by Tear off or by fire Or can retain as SUPERCEEDED COPY	One Year
Work Instructions / Guide lines/ Specifications	Destroy by Tear off or by fire Or can retain as SUPERCEEDED COPY	One Year
Forms / Templates	Destroy by Tear off or by Burning	One Year

- **References**

  Nil

- **Documents**

  - Master List of Documents - Internal – DOC/EPATHUSA/MR/01
  - Master List of Documents - External– DOC/EPATHUSA/MR/02

- **Formats and Records**

  - Document Change Request – QF/EPATHUSA/MR/01
  - Document Issue Register – QF/EPATHUSA/MR/02

QSP for Control of Records

- **Purpose**

  To control quality records in order to demonstrate conformance to specified requirement and effective operation of quality management system

- **Scope**

  This procedure covers the records relating to quality management system.

- **Responsibility**

  Management Representative and all HoDs are responsible to ensure that this procedure is implemented & maintained

- **Action & Method**

  Quality records essential for the operation of quality system have been identified and listed in various procedures. The record formats are given unique identification code called form number

  All Quality records are controlled in two ways, i.e. soft copy and hard copy (if any record maintained in hard copy mode then soft copy of that record holds no value)

  Procedure for Soft copy control

  Identification, Storage, Protection and Retrieval

  Directory structure along with naming conventions is the methodology used for identification of individual components/ files.

  The directory folder names and organisation of folders is left to the discretion of the Function Heads with the condition that any file can be retrieved at any point of time without delay. The directory structure should specify RW, RO permissions and to whom it is made access.

  Access is restricted in the directory where such records are maintained.

  Completeness of Records

  All the sections of the records are to be completed in all respects and legible. In case of a section not applicable, the same is to be indicated as "Not applicable".

  Procedure for Hard copy control

  All files (except floppies/CDs's) have a label in prescribed format, which shows identification (by name and file number), retention period and storage location. The identification as on the labels can be checked with the file List Register

  Storage & Protection

  The files are stored in closets after use (filing cabinets, steel/wooden almirhas, side racks, table drawers' etc.) The closets are located in dry place and preserved from damaging influences such as termites, dust or excessive heat. This is usually verified during internal audits.

  Retrieval

  Access to hard file location is through file list, which identifies location. From storage location the file can be retrieved quickly through a system of storage location numbering. The ease of access is practically verified during audits.

Retention Period & Disposition

The period from the "time of creation" to moving a document/ quality record to "time of archival" status is known as "retention period till Archival". All the documents/ Quality records are to be maintained till the Project closure and subsequently will be archived.

The retention period of the records (soft copy or hard copy) vary and depends mostly on the type, period of the project, legal requirements (if any) and any contractual requirements with the customer or internal policy requirements. The suggested minimum retention period after archival for all the documents/ records is for a minimum period of 6 months. The archived documents/ records are retained for the specified minimum retention period and later Functional heads may suitably decides either to retain them or dispose / (destroy) them depending on the need/contractual obligation.

Each project documents the retention period is maintained as mentioned in the respective Master List or List of Records. (DOC/EPATHUSA/MR/03)

Disposition

After the retention period is over, MD / SDH / HoD take decision for disposal of the record files. Pending such decisions the files are stored in archives.

- **References**

  Nil

- **Documents**
  - Master List of Records – DOC/EPATHUSA/MR/03

- **Formats and Records**
  - File Labels
  - Files List in each department

QSP for Management Review

- **Purpose**

  To Review the implementation and effectiveness of QMS in regular intervals by top management

- **Scope**

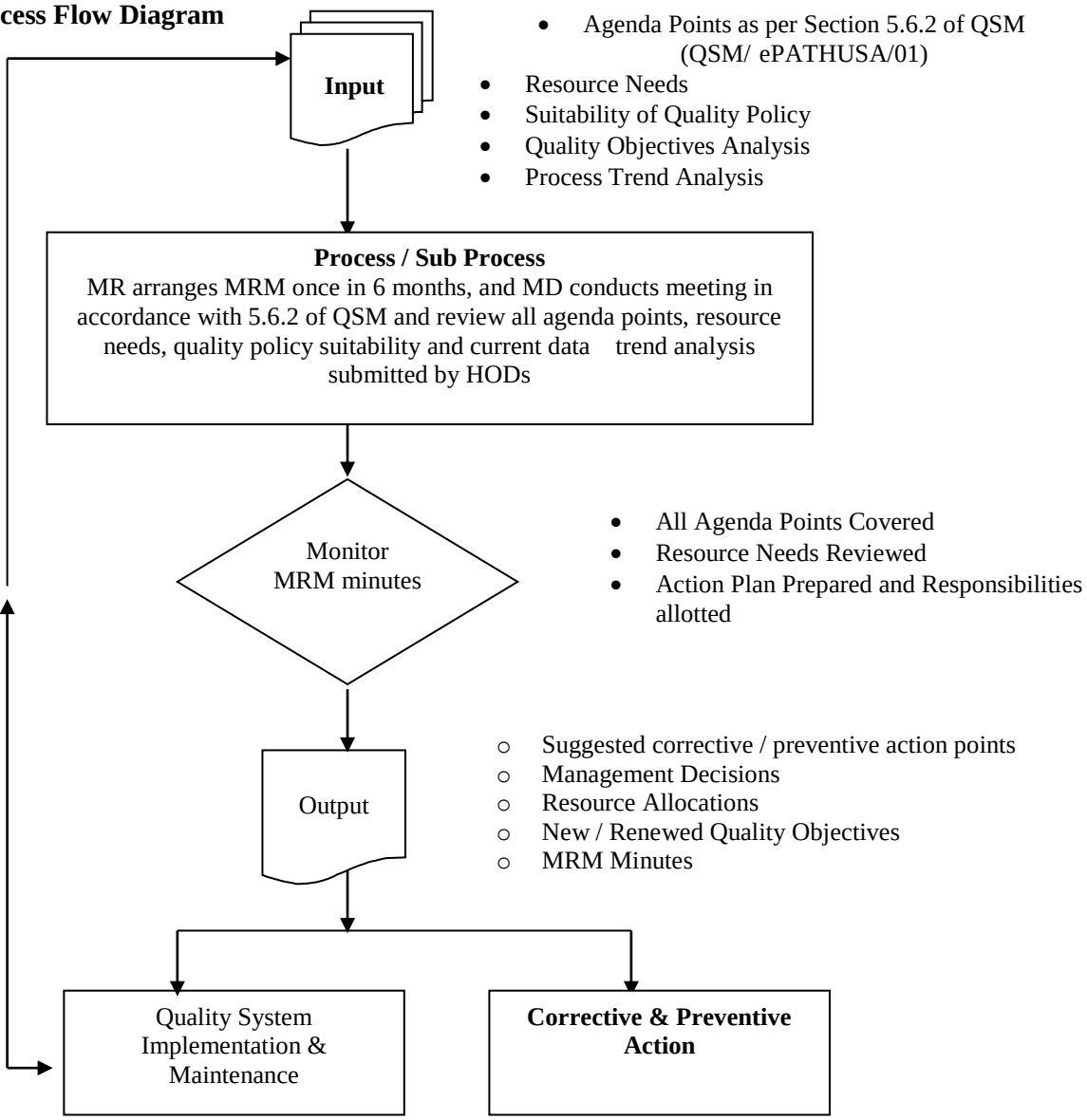
  This procedure covers all the activities covered under quality management system

- **Responsibility**

  MR is responsible to plan and organize the management review meeting and maintain the minutes

- **Action Method**

Process Flow Diagram



❖ **Process Description**

➢ **Frequency**
Management review meeting will be carryout once in 6 months (normally after each round of internal audit) or more frequently as required by the Director

➢ **Intimation**
MR communicates to all the department heads about meeting date and time through Inter Office Memo or by internal mail along with agenda points at least 3-4 days before the planned date.

➢ **Conducting Meeting**
Director chairs the meeting and conduct meeting as per input / agenda given below.

➢ **Participants**
- MR
- Manager Business Development
- Solution Delivery Head
- System Administrator
- Manager - HR
- Manager – Admin
- Other Team As required by MD or Functional heads

➢ **Agenda / Input for MRM**

1. **Follow-up actions from previous management reviews.**
   Review the status of Points discussed and planned corrective actions in last MRM
2. **Results of internal/external audits. *Data to be submitted by MR***
   Non-conformities (NCs) raised in last internal audit and also external audit held before this MRM to be reviewed as per data submitted by MR. During review comparison of current NCs with last audit NCs are recommended
3. **Customer feedback (including grievances/complaints)**
   Customer complaints/ queries received against projects developed during last 6 months are reviewed to minimize or eliminate the complaints in future.
   Customer Satisfaction / Feedback data collected through customer satisfaction survey is reviewed
   Other issues related to customers observed during interaction by organization personal are also reviewed
4. **Project Status**
   Status of projects under developed / completed during last 3 months shall be reviewed as per data submitted by SDH .
5. **Process performance and product conformity**
   All HoDs should submit the data of their individual departmental objectives (Current status) in graphical or tabular format for review.
   The points regarding process such as project compliance, technical issues, resource problems shall be discussed
6. **Status of corrective and preventive actions**
   Status of following shall be reviewed
   a) Corrective / Preventive actions initiated against internal audit / External audit NCRs and based on MRM discussions and should be reviewed.
   b) Bug Report of each project and its corrective action shall be reviewed
7. **Changes that could affect the quality management system**
   Any changes which affects the QMS documentation or implementation flow like change of departmental heads, adding new products / services are to be discussed here and decisions are taken.

8. **Recommendations for improvement**.

Any recommendations by committee to improve the effectiveness of QMS implementation shall be discussed here

9. Any other agenda with the consent of the Director / Participants

Apart from QMS, any points related to organization activities can be discussed here, like expansion planning's, participation in exhibitions or events etc.

10. Resource Needs

Resource needs like staff requirements or any infrastructure requirements are to be discussed here.

11. Quality Policy Suitability

Quality policy of the company should be reviewed for its awareness among the staff and its suitability to the organization's activity.

12. Quality Objective Analysis

MR submits the current stand of quality objectives for review, the committees reviews the data and take decision on goals whether to continue with same goals or modify them

13. Trainings Records

Manager HR submits the trainings conducted during last 3 months and their effectiveness on the participants. New trainings shall also be identified here.

- **Recording Minutes**

  MR records review meeting minutes in Management review meeting minutes. Minutes are recorded agenda point wise discussions and suggestions accepted by committee. The responsibility and target date to implement action plan also recorded in minutes.

- **Follow up for Action points**

  MR will follow up with departmental heads (who ever assigned responsibility to implement the action points) for action initiated and status. Once point is implemented, MRM minutes are updated with action taken date and close the status of respective document.

❖ **References**

- Quality System Manual – QSM/EPATHUSA/01
- QSP for Corrective and preventive Action – QSP/EPATHUSA/MR/05

❖ **Documents**

- Nil

❖ **Formats and Records**

- Inter Office Memo / Internal Mails
- Management Review Meeting Minutes – (QF/EPATHUSA/MR/03)

QSP for Internal Audit

- **Purpose**

  To carry out audit periodically, to verify whether quality activities and related results comply with planned arrangement and to determine effectiveness of the quality management system.

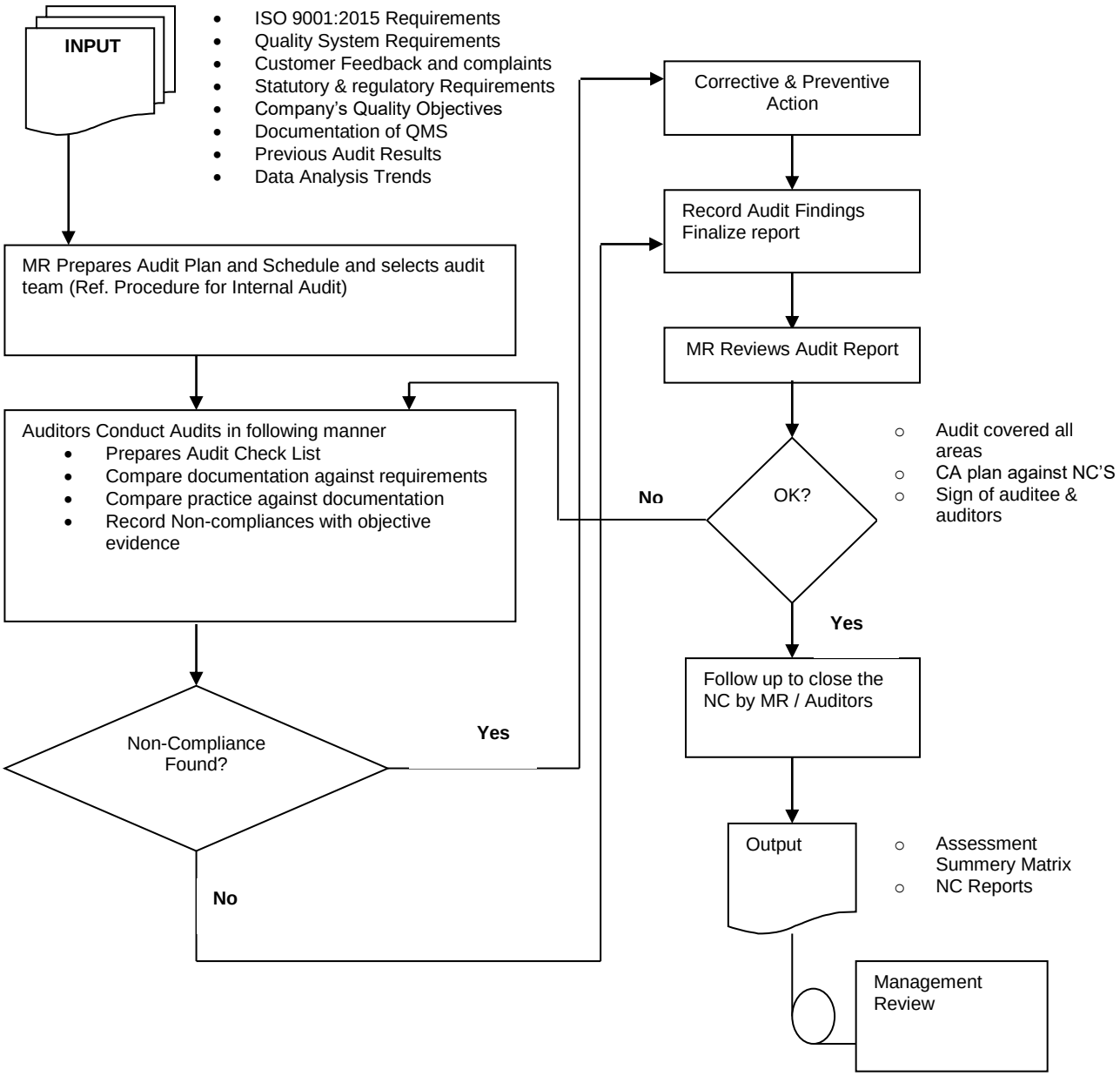
- **Scope**

  This procedure covers all functions in comprising the quality management system.

- **Responsibility**

  MR is Responsible is to ensure that this procedure is implemented and maintained.

- **Action & Method**
  Process Flow Diagram



❖ **Process Description**

➢ **Audit Plan**

MR Prepares Internal audit plan (QF/EPATHUSA/MR/04) for every calendar year, Internal Audit Schedule (QF/EPATHUSA/MR/05) is issued before each round of audit. Each function is audited at least once in 6 months. While scheduling, MR considers last audit findings, corrective action status and importance of activities of respective department. Apart from scheduled audits, certain functions are selected for more frequent auditing, depending on their status, importance and past compliance history

➢ **Audit Team**

Personal assigned to carry out audits are independent of those having direct responsibility for the audited department. Audit activity can be out sourced to proven competent people. On such audits company people also participate.

➢ **Preparing for Audit**

Auditors prepare for an audit by fully familiarizing themselves with the ISO 9001 standard, refreshing their knowledge of the quality system manual and relevant procedures, reviewing nonconformity reports of last audit and corrective action files and preparing questions/check lists.

➢ **Conducting and Reporting the Audit**

MR is responsible for the distribution of prepared audit scheduled to auditee at least one week / or in advance. The acknowledgement from auditee is also taken.

The audit is conducted against the requirements of ISO-9001: 2008 as addressed by the company along with all associated documents including customer and statutory requirements where applicable.

Audit is conducted on a sampling basis by following internal audit check list (QF/EPATHUSA/MR/06) and evidence of implementation is checked by assessment of objective evidence.

The audits findings are recorded in Audit Non-conformity Report (QF/EPATHUSA/MR/07) The Auditee write the proposed corrective actions (in consultation with the internal auditor to avoid subsequent conflict of understanding).

MR reviews audit reports and inform the results of internal audits through internal audit summary report (QF/EPATHUSA/MR/08) for management review.

➢ **Corrective Action and Follow Up**

Once nonconformity is identified and documented, the responsible auditee investigates the cause of the nonconformity, proposes a corrective action to be taken and indicates the date by which the corrective action will be fully implemented. The auditor reviews and approves the proposed action.

On or immediately after the due date for the implementation of corrective action, the auditor follow up with an inquiry or an audit to determine if the corrective action has been implemented and if it is effective, the nonconformity report is closed. If more work needed to fully implement the action, a new follow-up date is agreed upon and the same is recorded on report

❖ **References**

- Quality System Documentation
- ISO 9001 : 2015 Standard
- ISO 19001 – Standard for Internal Audit

❖ **Documents**

- List of Qualified Internal Auditors – DOC/EPATHUSA/MR/04

❖ **Formats and Records**

- Internal Audit Plan (QF/EPATHUSA/MR/04)
- Internal Audit Schedule (QF/EPATHUSA/MR/05)
- Internal Audit Check List (QF/EPATHUSA/MR/06)
- Audit Non-Conformity Report (QF/EPATHUSA/MR/07)
- Internal Audit Summary Report (QF/EPATHUSA/MR08)

QSP for Corrective & Preventive Action

- **Purpose**

  To carry out corrective action for eliminating the causes of actual and potential non-conformities and prevent occurrence / reoccurrence of non-conformities

- **Scope**

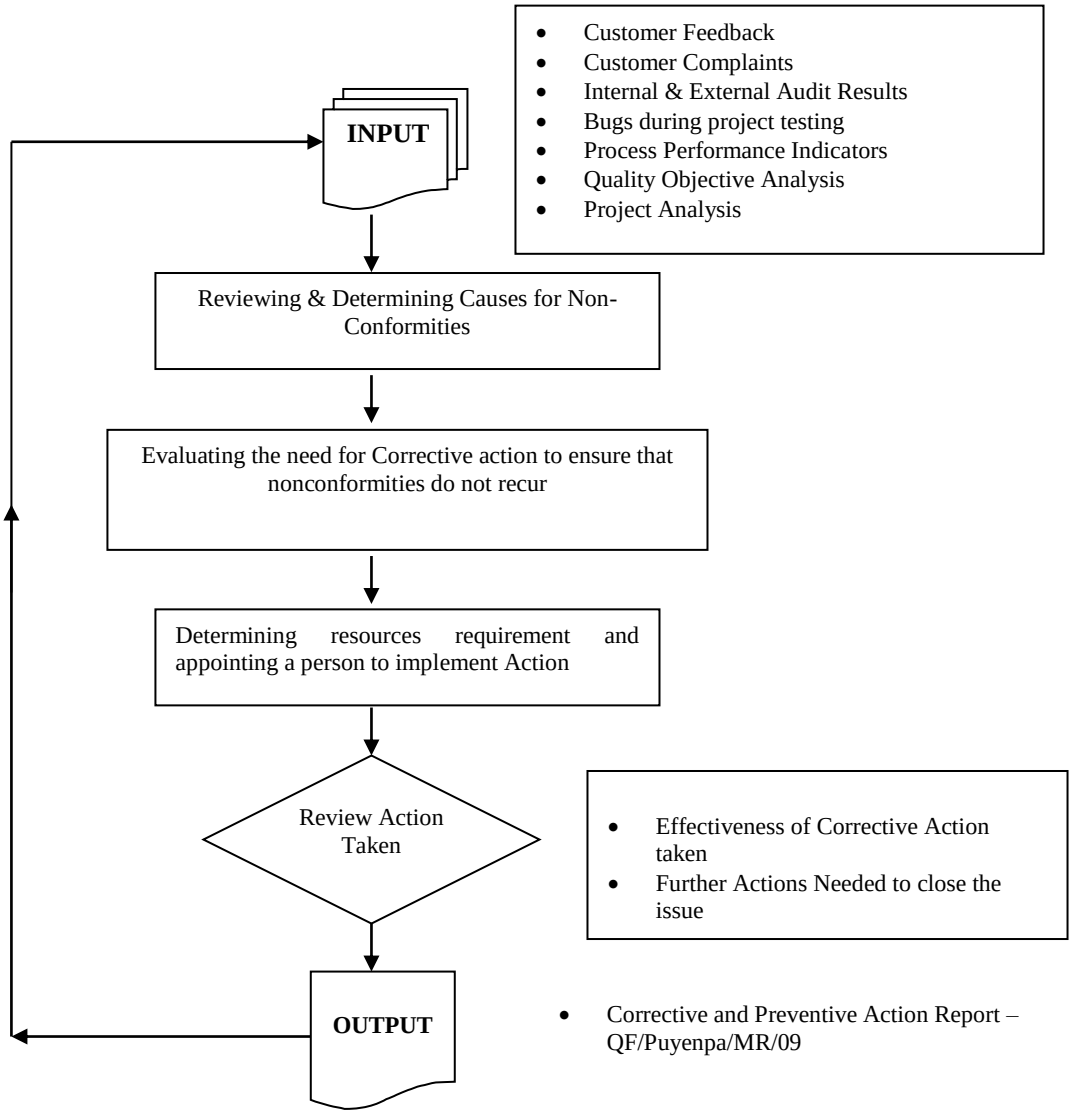
  This procedure covers system and product related non-conformities found in entire process and quality system.

- **Responsibility**

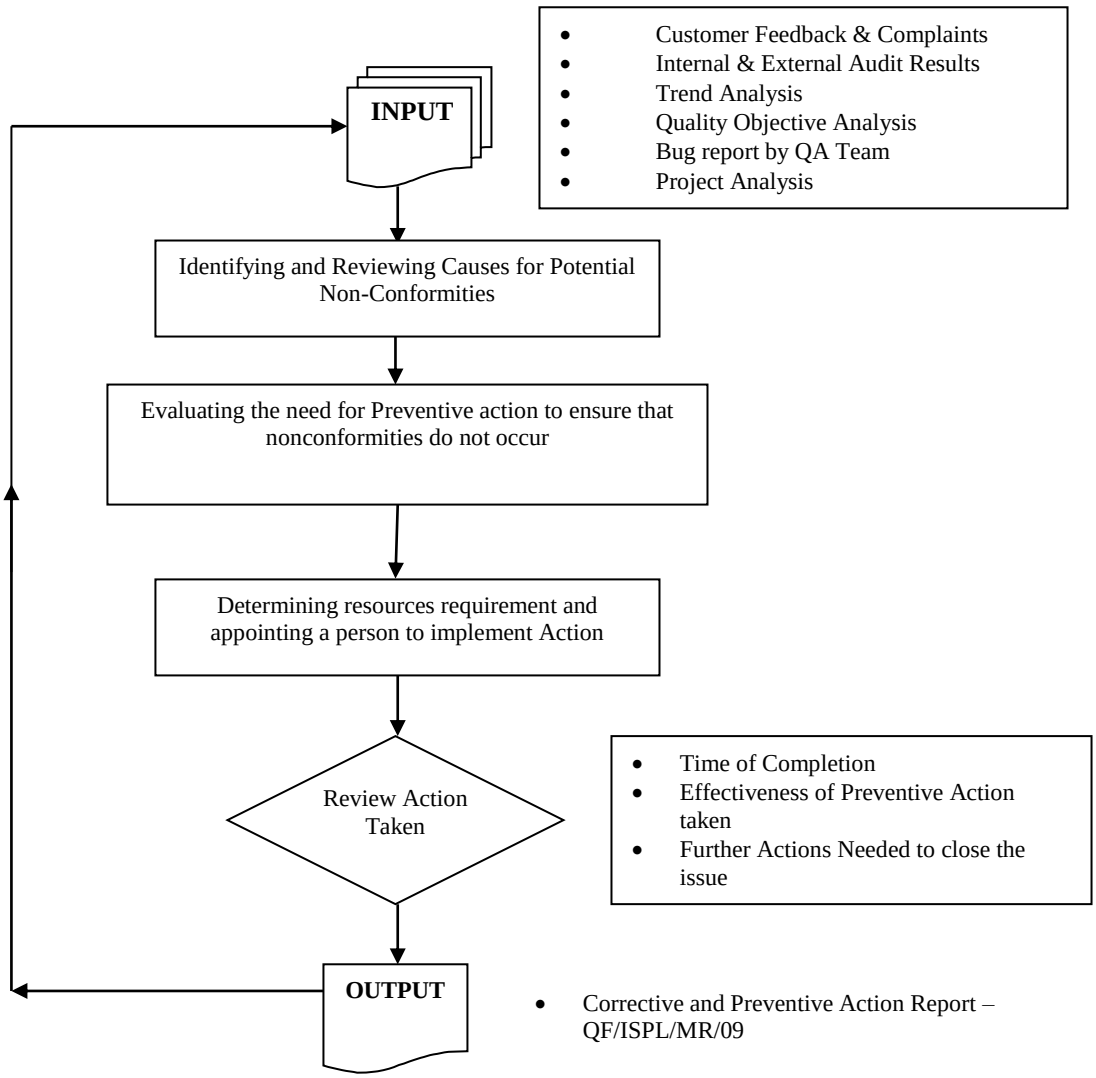
  All HoDs, and MR are responsible to ensure that this procedure is implemented and maintained.

- **Action & Method**

  Process Flow for Corrective Action



Process Flow for Preventive Action



❖ **References**

- Nil

❖ **Documents**

- Nil

❖ **Formats and Records**

- Corrective and Preventive Action Report – QF/EPATHUSA/MR/09