DEPARTMENTAL PROCEDURES
QUALITY ASSURANCE (QP 01)

Issue No.	**:00**	**Issue Date**	**: 06.01.2016**
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Amendment Sheet

Doc No.	Name of the Document	Page No.	Rev no. and date before amendment	Details of the amendment	Rev no. and date after amendment	Approved by
QP 01, Annexure QP01A to QP01E Forms QA 01 to QA 09	Departmental Procedures-QA and formats as per index	All pages	--	Original release	Issue no. 00, revision no.00, revision date 06.01.2016	 Principal

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Amendment Sheet

Doc No.	Name of the Document	Page No.	Rev no. and date before amendment	Details of the amendment	Rev no. and date after amendment	Approved by
QP 01B	Risk Assessment	2 of 2	Rev. 00 dt. 6-1-16	Rating for occurrence revised	Issue no. 00, revision no.01, revision date 18.2.2016	 Principal

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Amendment Sheet

Doc No.	Name of the Document	Page No.	Rev no. and date before amendment	Details of the amendment	Rev no. and date after amendment	Approved by
QP 01 QA 10	Quality Assurance NC output status form	Page No. 9,10, 11 1 Pages	Rev. 00 dt. 6-1-16 New Release	Monitoring of corrective actions and status of NC through form no QA10 in para 4.6 & doc sl. No. 11 Inclusion of Non-conforming output status form QA10	Issue no. 00, revision no.01, revision date 25.7.2017 revision no.00, revision date 25-7-17	

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Amendment Sheet

Doc No.	Name of the Document	Page No.	Rev no. and date before amendment	Details of the amendment	Rev no. and date after amendment	Approved by
QP 01	Quality Assurance Quality Assurance	Page No. 8 Page No. 9	Rev. 00 dt. 6-1-16 Rev. 01 dt. 25.7.17	Term change VAC to IRC (Industry Readiness course)	revision no.01, revision date 20.6.2018 revision no.02, revision date 20.6.2018	

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List of Abbreviations

Abbreviation	Expansion
AC	Academic
AMC	Annual Maintenance Contract
CEC	Continuing Education Cell
DTE	Director of Technical Education
DP	Departmental Procedures
ECE	Electronics and Communication Engineering
EEE	Electrical and Electronics Engineering
HODs	Heads of the Department
HR	Human resource
i/ c	In charge
ISO	International Organization for Standardisation
JIT	Jansons Institute of Technology
max	Maximum
MN	Maintenance
Nos	Numbers
PR	Purchase
QM	Quality Manual
QS	Quality System
Rev	Revision
ST	Stores
TC	Transfer Certificate
UPS	Un-interrupted Power Supply

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List of Controlled Copy Holders

Copy No:	Copy Holder
01	MR
Soft copy available in PDF format with write and print protected except for forms in https://sites.google.com/a/jit.ac.in/qms for HoDs and the Process Heads.	

1.0 PURPOSE

a) To control the documented information (both documents and records) that relate to the requirements of the quality management system in order to ensure the retrievability of these documented information

b) For planning and implementing internal audits to verify the implementation and effectiveness of the quality management system.

c) To review the performance of the quality management system through Management Review

d) To define the procedure for carrying out risk assessment and to carry out the risk assessment of the QA Processes

2.0 REFERENCE

a) ISO 9001:2015 Clauses 4 to 10

b) Apex Manual AM04 to AM10

3.0 RESPONSIBILITY :

Primary : Management Representative

Secondary : Deputy Management Representatives

3.1 RESPONSIBILITY AND AUTHORITY:

The individual responsibility and authority of different functions related to quality management system are given below:

Function	Responsibility and Authority
Principal	• Refer QM 05 Para No.5.5.1
Management Representative	• Issue of Apex Manual and Procedures • Planning and scheduling internal audits • Organising Management Review Meetings (MRM) • Distribution of Minutes of Management Review
DMR(s)	• Carryout risk assessment of QA Process • Distribution of Apex Manual and Procedures (including revisions) • Review of changes in Apex Manual and Procedures received from departments in to order to ensure the integrity of QMS • Maintenance of obsolete copies of Apex Manual, Procedures and Formats

Function	Responsibility and Authority
DMR(s)	• Preparation and release of notice on MRM dates in co-ordination with Principal and MR • Preparation of Minutes of MRM and circulation of the of the minutes • Maintenance of records related to QA processes (such as control of documented information, internal audit and Management review

4.0 DESCRIPTION

The process module related to QA process detailing the input, output, interaction, monitoring requirements and resources identified and provided are given in QP01A.

4.1 RISK ASSESSMENT:

The Procedure on risk assessment is included in QP01B. Accordingly the details of risk assessment of QA processes are included in QP01C.

4.2 CONTROL OF DOCUMENTED INFORMATION:

a) Documented information required for QMS consists of:

1) Apex Manual detailing the application of individual clauses of the ISO 9001:2015 in the institution (along with documents maintained to support the Management Process)

2) Quality Procedures for individual Major Processes identified along with relevant forms

3) In addition to the above, Laboratory Manuals are also identified to support the Academic Process whose control is included in QP03.

b) These documented information to support the QMS processes are including both required by ISO 9001 standard and those identified by the Institute to support the individual Processes. These broadly classified as:

i) Documents (those which are required to be maintained to support specific processes) and

ii) Records (those which are required to be retained as evidence that processes have been carried out as per the requirements specified in the identified documented information maintained to support the processes).

c) These Documents and Records are controlled as detailed below.

4.2.1 CONTROL OF DOCUMENTS:

A) IDENTIFICATION OF MANUAL, PROCEDURES AND FORMATS:

a) Identification of Apex Manual, Procedures and formats are through name of the document and document number as detailed here under:

b) Apex Manual sections are given document number “AM” followed by ISO clause number (from 4 to 10), Quality procedures are given number “QP” followed by serial number of procedure. Formats are given alpha numeric numbers representing activity (or process) code and serial number of the format.

B) APPROVAL AND ISSUE:

a) Both Apex Manual and Quality Procedures (including formats) are reviewed and approved by Principal. These are issued by MR to the identified controlled copy holders (as included in each of these Manual / Procedures)

b) The front pages of these Manual & Procedures contain issue number, issue date, copy number and copyholder. Issue 00 is the original and whenever new issues are released, issue number is incremented by one and with new issue date.

c) Each page of these Manual and Procedures contain its revision number, revision date, document number and page number. (For formats, page number is given only in case a particular format is more than 1 page).

d) Revision 00 is the original and whenever any page is revised, the revision number of that particular page is incremented by one with the new date of revision. In the case of formats, based on a particular change, revision number of all the pages of that format is incremented by one.

e) New issues of these Manuals and Procedures are released as decided by MR, when there are many changes already incorporated in these Manuals and Procedures or based on revisions in ISO 9001 standard.

f) When new issues are released, the revision number of individual page starts from 00 except formats. For formats, latest revision number is retained.

g) Controlled copies of these Manual and Procedures are marked with "**Controlled Copy"** in red and only controlled copies are subjected to changes. List of controlled copy holders are also provided at the front of each of these Manuals and Procedures.

h) Amendment sheet is attached at the front of these Manual and Procedures. Index is also provided for these Manual and Procedures at their front. A list of abbreviations along with corresponding expansion is also provided at the front of these Manuals and Procedures.

i) Master copies these Manuals and Procedures are identified by the original signature (in the amendment signature) and are maintained by Management Representative as copy No.1. Soft copies of these procedures made available in JIT server and are all accessible to all faculty members and staff. Any revisions in these documents are updated in the server only by the DMR(s) (once revisions are approved and updated in the copy No 1 of these procedures and apex manual maintained by the MR office). Users can copy these documents but protected from any alterations (additions or deletions). The soft copies in all locations other than the server are all uncontrolled ones and one has to refer only the copies available in the server only.

j) If required, customers (industries who are coming for placement, etc.) are given only uncontrolled copies of these Manual and/or Procedures, if asked for.

k) Formats used for maintaining records are given format number, revision number and Revision date.

C) INCORPORATION OF CHANGES:

a) Changes to these Manual and Procedures are suggested by any faculty/staff of the institution through document change requisition slip as per QA01. These are received by DMR(s) and verified for the reason for the change as well as the impact of these changes to other procedures or forms in order to ensure integrity of the QMS (if required in consolation with the MR, other Process Owners, HODs and /or Principal).

b) Once agreed to incorporate the changes, the Manual/ Procedures / Forms are amended (with revision no. incremented to the next number along with a new revision date) and the details of changes incorporated are also updated in the amendment sheet.

c) These changed documents, amendment sheet and change requisition (with other relevant documents to support the changes required) are submitted to the Principal for his review and approval. In the absence of Principal (for a longer period), the changes are approved by one of the senior professors authorized by the Principal (record of authorization is maintained by the MR office).

d) On approval, the revised documents are updated in the controlled copies by DMR after withdrawal of the obsolete copies. One obsolete copy is retained along with CD01 for reference purpose. All other copies are destroyed. Update of soft copies in the server by DMRs is done as detailed in para 4.2.1(B)(i) above and only the latest revisions are maintained in the server.

D) CONTROL ON ISO 9001 STANDARD:

a) Through LB01, DMR requests Library to procure the ISO 9001 standard copy (authorized copy) and on procurement, these are maintained in the library as detailed in QP05. These are accessible to MR, DMRs or any other users.

b) As and when information on revisions are known, library is advised to procure the revised standard and also to identify the previous revision as “Obsolete copy” stamping as detailed in QP05.

4.2.2 CONTROL OF RECORDS

a) The record number (same as the format number wherever forms are defined for maintaining records), Name of the record (or Name of the format), Location, Responsibility, Retention period, File number and Type of Record (i.e. whether maintained as Hard or Soft copy) are given at the end of individual procedure.

b) Wherever documents (those which require update) are also identified as part of implementation of particular procedures, they are identified with a retention period “current” and additional retention period for maintaining the old documents as applicable are also given.

c) It is ensured that records are written legibly and are stored in cupboards or almirah or filing cabinet or racks to avoid any damage during their retention period. After the retention period, records are either destroyed or kept separate. File numbers provided as above for each of the record facilitates easy retrievability of record during their retention period.

d) Wherever formats are defined, records are maintained as per approved formats identified by format number and revision number. Records are subjected to customer's verification if required.

e) In case of soft records, additional controls such as functions having "Write" access, frequency of taking printout out, method of back up and frequency of update of back up is maintained as per QA02 by the respective process owners.

4.3 Internal Audit

a) All the departments are audited at least once in 6 months. Trained and independent auditors carry out internal audits. Before every audit, an internal audit plan as per QA03 is released by MR at least 2 days in advance and is informed to all auditors and auditees. MR maintains the list of trained auditors.

b) Prior to the audit, an opening meeting is conducted by the MR/DMR between auditors and auditees to finalize the audit plan after incorporating any changes required.

c) During the audit, deviations if any identified are recorded in Audit observation form (QA04). Those deviations which require corrective actions by way of system improvement (other than deviations due to human lapses in update of records(but system requirement complied with), absence of date/ signature, mismatch of data between records (after verifying the true data) etc.) i.e. corrective action by way of procedure or format change, provision of additional resources or training are considered as non conformity and recorded in QA05. Other deviations are considered as observations and for these, only corrections are mainly required (in the sample identified for the deviation and also in other similar samples).

d) A closing meeting is conducted by MR/DMR to discuss, the status of the quality system at the end of each audit among the auditors and auditees. During this meeting, further follow up actions such as preparation of NCRs and Issue to Auditees, proposal of corrective actions by Auditee and plan for verification of these corrective actions are decided.

e) For observations, auditees generally propose corrections (and recorded in QS04)and for NCRs both corrections and corrective actions are planned and recorded in QS05. While proposing corrective actions, those NCRs which require Management's support for the corrective actions are reviewed with the Principal (through the respective HODs). If required, based on the corrective actions, necessary update of documents (procedure, forms or laboratory manuals) are also taken up by the auditee (through MR office for procedure/. Forms revisions and at the department level for laboratory manual revisions). Results of audits are reviewed at Management Review as detailed below.

4.4 Management Review:

a) Management review is done through a meeting among the following members atleast once in 6 months.

b) Following are the members of the Management Review Committee:

a) Principal
b) Management Representative /Deputy Management Representatives
c) HODs
d) AO
e) Exam Cell Coordinator
f) Librarian
g) Placement Officer
h) Physical Director

In addition to the above members, other members are also invited (by the members of meeting) to attend particular meeting based on the agenda to be discussed at the meeting.

c) The Principal chairs the meeting and in the absence of the Principal, Principal in-charge is the Chairman of the meeting. Following points are being discussed in every meeting:

Input for the Management Review	Details of the Input required
i. Status of actions from previous reviews	Pending points of previous Management Review Meetings along with actions planned
ii. Changes in External and Internal Issues	Changes in rules and regulations, curriculum/ regulations, introduction of new course, increase in strength etc.
iii) Information on the performance and effectiveness of QMS along with the trend in the following	
1) Customer satisfaction & Feedback from interested parties	I)Course feedback from students (courses having feed back below the limit with actions planned) II) Industry feed back (to be given by Placement) III) Feedback other relevant interested parties – From AICTE/ DOTE/ University, Feedback from UR/ Examination squad (major feed back if any)
2) Extent to which Objectives are met	Status of different objectives, target, current level of performance, actions if any planned for the deviations from the target
3) Non conformities and corrective actions (including customer complaints)	I) Major grievance from students / parents if any (needs a review at Management Review) II) Internal / University examination failure rates (not within the target) III) Deviations in industry readiness course offered if any IV) Deviations in Pre-placement training
4) Monitoring and Measurement Results	Any other parameters (to be highlighted as identified by members) which are not covered in iii(2) & iii(3).
5) Audit Results	Both internal and external audit results- Department wise NCRs identified and NCRs pending as well as any problem in closing identified NCRs if any

Input for the Management Review	Details of the Input required
6) Performance of External providers	Any major non conformities at Purchase of Equipments/ consumables/ Books or Periodicals and Performance of pre-placement training agencies/ IR course providers etc. (high light the strengths of these agencies and plan to retain them for further services)
iv) Adequacy of resources	Need for additional resources if any
v) Effectiveness of actions taken to risks and opportunities	Any additional actions required towards risks and opportunities
vi) Opportunities for Improvement	Areas of improvements identified and actions planned
vii) Any other relevant points which requires review at MRM (identified by Members	

d) Dates of meeting is planned by the Deputy Management Representative with Principal and MR and releases a notice at least a week in advance and circulates to all members (or communicated through mail). Feedback on effectiveness of QMS as monitored by the individual departments are received from the departments based on the same, overall effectiveness of QMS is consolidated as per QA06

e) Minutes of the meeting is prepared by DMR as per QA07 and circulated to all members with the approval of Chairman of the meeting. If the meeting is conducted in the absence of Principal, draft minutes are submitted to him and minutes are finalized with his feedback if any. It is ensured that minutes of meeting includes actions and decisions related to:

1) Opportunities for Improvement
2) Any need for changes to QMS and
3) Resource needs

4.5 Objective Monitoring:

Against departmental objectives defined for the identified processes, status of performance against these objectives against target is monitored as per the monitoring frequency indicated against these objectives as per QA08.

4.6 Corrective actions:

Against deviations identified through monitoring and measurement identified through the respective procedures, corrective actions are initiated as detailed in those procedures and recorded as per QA09. The status of the corrective actions initiated against deviations/non conforming outputs and the review on the effectiveness of corrective actions will be recorded periodicallly as per QA10.

4.7 QA Process Knowledge:

QP01D details the QA process knowledge required to be maintained and the method of retaining these knowledge. When there is a change in QA processes, need for additional knowledge requirements are identified by MR and accordingly actions are initiated to acquire the required knowledge through training or through any other suitable means.

4.7 Communication Requirements for QA process:

The communication requirements for the QA process are identified and included in QP01. The salient communication requirements are also consolidated and included in QP01E.

5.0 DOCUMENTS/RECORDS

Sl. No.	Name of the Document/ Record	Format No.	Responsibility	Location	Retention Period*	File No.	Type of record (Hard/soft)
1	Document Change Requisition Slip	QA01	DMR	MR office	1 year	101	Hard
2	Obsolete Documents		DMR	MR office	1 year	101	Hard
3	List of soft copy records	QA02	HODs (or Process Heads)	Respective departments	Current + 1 year	Respective dept.files	Hard
4	Internal Audit Schedule	QA03	DMR	MR office	1 year	102	Hard
5	Audit Observation Report	QA04	HODs (or Process Heads) / DMR	Respective departments & MR Office	Till next audit	102	Hard
6	Non-Conformity Report	QA05	DMR	MR office	3 years	102	Hard
7	List of Trained Auditors		DMR	MR office	Current + 1year	102	Hard
8	QMS Effectiveness Review Record	QA06	DMR	MR office	3 years	103	Hard
9	Minutes of the Meeting -MRM	QA07	DMR	MR office	3 years	103	Hard
10	Notice Regarding MR/HODs Meetings		DMR	MR office	1year	103	Hard
11	Non-conforming output status	QA10	HOD/Process Heads/DMR	MR office	3year	102	Hard

Note (*) - Retention period defined is the minimum period for which the records to be maintained. QA08 and QA 09 format included in this Procedures and are added as records in the respective procedures with respective process owners as responsible for.

Input	Output	Sequence and Interaction	Critera	Method of Monitoring	Resources	Responsibility
I. Control of Manuals (Documented information to be maintained as included in Apex Manual and Procedure Manuals)						
1. ISO 9001 standard 2. Existing practices which needs to be retained	Maintenance of Documented information supporting the QMS processes meeting the standard and internal requirements	As detailed in QP01 para 4.2.1	Maintaining integrity of QMS when changes are incorporated	Every change requisition to Manuals is reveiwed by DMRs in order to ensure that the changes requested for is not affecting integirty of QMS	MR & a team of DMRs and Documetned information on QMS maintained through Manuals	1.MR & 2. Department HODs to identify the changes required in the manuals
3. Need for revisions received from departments through QA01.	Update of Manuals based on requisitions received from departments					
4. External Standards and information of revisions	Maintenance (or accessing) of external standards of relevant versions or revisions		Review with issuing authority atleast once in six months	whether reviewed as per the frequency and whether the external documents maintained are of relevant versions		

Input	Output	Sequence and Interaction	Critera	Method of Monitoring	Resources	Responsibility
II. Control of Records						
1. ISO 9001 standard identifing documented information to be retained 2. External/ Internal audit Frequency (to decide retnetion period) 3. Legal / Intersted parties requirements if any on rettention period	Retaining documented information (to ensure process meets the requirements specified) – both required by ISO 9001 standard and internally identified for the retention period and ensure that they are retrievable when needed	As detailed in QP 01 para 4.2.2	Maintaining records for the retention period defined	Through Internal audit	1.Departments heads and functions at incharge levels 2. Documetned information on QMS maintained through Manuals 3.Systems and Pheripherals	Respective Department HODs (process owners)

Input	Output	Sequence and Interaction	Critera	Method of Monitoring	Resources	Responsibility
III. Internal Audit						
1. ISO 9001 standard 2.Documented information (both Documents and records) 3. Training for the auditors	1. Level of conformance of system to requirements 2. System improvement opporutnities identified	As detailed in QP 01 para 4.3	1. Internal Audit once in 6 months 2.Audit by independent & trained auditors 3.Timely corrective actions on Noncofnrmities identified	Review at MRM on the conduct of audits and audit results	1.MR & DMRs for planning and conducting audits at defined frequency 2. Trained and independent auditors 3. Financial resource for arranging training	DMRs for conducting audits and Respective HODs for taking corrective actions on deviations identified in any
IV. Management Review						
Review input as per 4.4c of QP01	Review input as per 4.4e	As detailed in QP 01 para 4.4	Management Reveiw once in 6 months and maintaining minutes of meeting	Through Audit and subsequentMRM	1.System for preparation of minutes	MR & DMRs

1. PURPOSE:

To define the risk assessment procedure for carrying out the risk assessment of individual QMS Processes

2. RESPONSIBILITY:

i) Defining the risk assessment procedure : MR
ii) Risk assessment of individual Processes : Respective HODs

3. REFERENCE: ISO 9001:2015, Clause 6.1

Apex Manual AM06

4. DESCRIPTION:

4.1 RISK ASSESSMENT:

a) Risk assessment is carried out for individual processes. For carrying out risk assessment, the context of the organizaiton (both issues and opportunities identified) and needs and expectations are also considered.

b) For each of the processes, both opportunities and issues are identified based on the past experience by the respective HODs through a discussion among the department personnel and recorded as annexure to their department procedures. For these opportunities, cause (or circumstances supporting the opportunities) are also identified and recorded in the annexure.

c) For these Opportunities / issues (i.e., both +ve and –ve impacts related to opportunities and issues identified) and possible frequency of occurance (Likelihood) is also identified and they are given points on a 1-3 scales as follows:

d) Evaluation of Impact is done as follows:

Type of Impact (-ve Impact)	Rating
Affecting Students' / Parents' requirements (on Academic Performance/ Placement) and violation to rules and regulations	3 (High)
Affecting Industries' (offering placement), Management's and Employees' needs and Expectations as well as Students/ Parents expectations on support processes	2 (Medium)
Affecting External Service Providers' / Society's Expectations	1 (Low)

Type of Impact (+ve Impact)	Rating
Supports Students' / Parents' requirements (on Academic Performance/ Placement) and violation to rules and regulations	3(High)
Supports Industries' (offering placement), Management's and Employees' needs and Expectations as well as Students/ Parents expectations on support processes	2 (Medium)
Supports External Service Providers' / Society's Expectations	1 (Low)

c) Evaluation of Occurrence is done as follows:

Frequency of Occurrence (Likelihood)			Rating
Pass %	**Overall Attendance % below the limit**	**Probability**	
Below (Target-10%)	More than 1student	More than 70%	3 (Highly Frequent)
With in (Target -10%)	1 student	40% to 70%	2 (Moderately frequent)
With in the target	NIL attendance shortage	Less than 40%	1 (Low Frequent)

d) Based on the rating of Impact and Likelihood, risk is assessed as follows:

Impact	Occurrence		
	Highly frequent (3)	**Moderately Frequent (2)**	**Low Frequent (1)**
High(3)	(3,3) - High	(3,2) - High	(3,1) - Medium
Medium(2)	(2,3) - High	(2,2) - Medium	(2,1) - Low
Low (1)	(1,3) - Medium	(1,2) - Low	(1,1) - Low

i.e., through the above assessment, impact is assessed as per the table given above and classified as High, Medium and Low (for +ve-oppurtunities and –ve-issues) and included in the respective procedures. For the High and Medium along with existing controls additional controls if any required is also identified and included (along with objectives and targets if any)

Type of failure (or Strengths)	Cause of the failure	Impact (Consequence or Supports)		Likelihood(L)		Risk (I,L)		Risk Control Methods being Followed or additionally planned	Plan of action
		Affects	Score	Typical occurence frequency	Score	Score	Factor		
Preparation of QMS documents in line with ISO 9001:2015 (+ve)	---	Customer (through identification of potential risks and control on risks identified)	3	More than 70%	3	(3,3)	Highly supporting	Already incorporated and update documentaiton based on internal audit/ MRM or corrective action – MR/DMRs- On going	
Delay in udpate of documents based on changes identified by Departments	MR/DMRs occupied with other responsibilities	Customer (Not update of system can lead to continuance of old practice and can lead to customer dissatisfaction)	3	Less than 40%	1	(3,1)	Medium	1.Responsibility to ensure timely update of documentation is now given to individual HODs and is being monitored as part of individual process effectiveness 2.Joint repsonsibility of MR/ DMRs take care of non availability of time	

Type of failure (or Strengths)	Cause of the failure	Impact (Consequence or Supports)		Likelihood(L)		Risk (I,L)		Risk Control Methods being Followed or additionally planned	Plan of action
		Affects	Score	Typical occurence frequency	Score	Score	Factor		
Integrity of the system is not maintained when changes are incorporated	Need for revision of inter-related processes not confirmed	Customer – adverse impact on other processes can affect customer	3	Less than 40%	1	(3,1)	Medium	1.MR coordiantor is given the responsibility to reveiw of the changes to documents 2. QA01 format is having provision to verify the need for changes to other documetns	
Internal audit not done as per the frequency defined	Priority given to other routine activities	Customer – can lead to system deviations and affecting customer satisfaction	3	Less than 40%	1	(3,1)	Medium	Monitoring timely compleiton of internal audit is now defined one of the prarameters to monitor QA process effectiveness	
Delay in closure of NCRs identified	Auditees preoccupied with other routine activities	Customer- Delay in implementation of corrective actions can lead to system lapses not rectified and can affects customer	3	Less than 40%	1	(3,1)	Medium	Timely implementation of corrective actions is now defined as a paramter to monitor individual department's QMS effectiveness	

Type of failure (or Strengths)	Cause of the failure	Impact (Consequence or Supports)		Likelihood(L)		Risk (1,L)		Risk Control Methods being Followed or additionally planned	Plan of action
		Affects	Score	Typical occurence frequency	Score	Score	Factor		
Audit by trained auditors (+ve)	---	Customer – Effective aduit can identifiy system lapses and there by facilitate corrective actions which supports meeting customer requirements	3	More than 70%	3	(3,3)	Highly supporting	1.List of trained auditors maintained and is used for identifying auditors for each department. 2. Additional training planned and provided when new persons to be inducted as auditors	
MRM not done as per the frequency defined	All the members were not available due to other schedules and meeting may have to be postponed	Customer – opportunities for system improvements not identified for implementation and can lead to customer dissatisfaction	3	Less than 40%	1	(3,1)	Medium	Monitoring timely compleiton of MRM audit is now defined one of the prarameters to monitor QA process effectiveness	
Delay in closure of decvisions taken at MRM	Concerned responsible functions could not complete the implementation as planned	Customer- Delay in implementation of some of the decisions (such those on cusotmer complaints etc) can lead to custoemr dissatisfaction	3	Less than 40%	1	(3,1)	Medium	Timely implementation of MRM decisios is now defined as a paramter to montor individual department's QMS effectiveness	

Following table details the knowledge requirement for QA processes addressed in QP01 and methods of retaining the knowledge.

Process	Knowledge requirement	Methods to acquire the knowledge	Methods to maintain the knowledge
Control of Manuals	1. Awareness of the QMS standard requirements and documentation of the process meeting standard requirements & 2. System Knowledge	1.Training, working with consultants and experience 2. Thorough Education and /or on the job experience	1. Work as a team of DMRs along with MR 2. Documentation of step by step activities of the Process 3. Through Consultant & Training 4. Maintaining and accessing to ISO 9001 standard
Control of Records	1. Awareness of the QMS standard requirements and documentation of the process meeting standard requirements 2. Knowledge for retaining soft records	1. Training, working with consultants and experience	1.Work as a team DMRs along with MR 2. Documentation of step by step activities of the Process 3. Through Consultant & Training 4. Maintaining and accessing to ISO 9001 standard 5. Working as a team in each department
Internal audit	1. Awareness of the QMS standard requirements and documentation of the process meeting standard requirements 2. Competence to do internal audit (for the auditors)	Training, working with consultants, practical experience doing audits and being an observer for external audits	1.Work as a team DMRs along with MR 2. Documentation of step by step activities of the Process 3. Through Consultant & Training 4. Maintaining and accessing to ISO 9001 standard 5. Maintaining a team of internal auditors (to take care of employee turnover) 5. Doing audits with experience auditors (for new auditors who have been given training)

Details of Communication to be maintained (What)	Time of communication (When)	To Whom	Method of communication	Responsibility (Who)
A) Internal				
Manuals	On approval and release (not later than the date of release)	Copy holders	Distribution of manuals	DMR
Changes required in Manuals	As and when changes are identified	DMR	Through QA01	Dept HODs or Process owners
Details of changes approved	On approval – on the revision date	Copy holders	Through update of manuals (replacement of pages revised) along with amendment sheet capturing details of changes	DMR
Detials of requirements in the manuals prior to the revisions	As and when previous details required	Auditors and user department	By giving access to obsolote documents maintained by DMR	DMR
Details of retention period of records related to QA process	Once the priod is finalised	Auditors / DMR (other departments)	As incuded in QP01	MR
Internal audit plan	Atleast 2 days prior to the date of audit	Audtors and Auditees	Through cicrulation of audit plan and review at Opening meeting	DMR
Non conformities identified during audit	Prior to closure of audit	Auditees	Verbally communicated and subsequently through CAR	Auditors
Corrective action on NCRs	Once the CAR reports are received	DMR	Through CAR format	Auditees
Status of system based on internal audit	On completion of audit (during Management Review)	Memnbers of MRM	As input to MRM	Department HODs/ DMRs
Dates of MRM	Prior to the MRM date on finalization of the date	Members of MRM	Verbally	DMR
Decisions and actions taken at MRM	On completion of MRM and finalizaiton of minutes	Members of MRM (or others having responsibiity)	Issue of Minutes of MRM	DMR
Training requirements on QMS	As and when taining requirements are identified	HODs & AO	Through SD01	MR

Details of Communication to be maintained (What)	Time of communication (When)	To Whom	Method of communication	Responsibility (Who)
B) Communication with Interested parties (Certifying body)				
To plan survelliance audit	At least one prior to the due date	Certifying body	Verbally/ through mail	MR
Proposal for recertification	On receipt of communication from certification body	Principal /CEO	Personal discussion with the Proposal	MR
Placement of order for recertification	On finlaization of the proposal but prior to recertificatin audit date	Certification body	By mail / through order acceptance format of the certification body	MR
Date of Survelliance / recertification audit	Prior to the audit (on receipt from certification body)	To department Heads / Principal	Circulation of the schedule and verbally	DMR
Audit findings	On receipt from the certification body after the audit	To the respective dept. Heads	Discussion with the audit report received and finalizatin of corrective acitons	DMR
Corrective action on the audit observations	As per the time limit specified by the certifying body	Certification body	By mail through their format	MR/ DMR
Requriement of consultancy services on QMS (Training, documentation and implementation support)	As and when the need for the services are identified	QMS consultant	Verbally or through mail	MR
Payment to certifcation body/ QMS consultant	On receipt of invoice	Institute office/ Accounts	By forwarding the invoice copy	MR