DAIRY FARMER ◂ -- ▸ FRIENDLY ◂ -- ▸ CONSUMER

DAIRY BUSINESS MANAGEMENT SYSTEMS

QUALITY SYSTEM DOCUMENTATION
(ISO–9001:2000)

MODULE-XIII

MANAGEMENT REPRESENTAITIVE'S MANUAL

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" WHITE REVOLUTION THROUGH QUIET EVOLUTION"

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2. LIST OF REVISIONS

SR NO	DCN NO	NATURE OF CHANGE	AFFECTED CLAUSE	PAGE NO	REVISION NO.

2. SCOPE

The procedures of Management Representative office cover the following

i) Establishment, implementation and maintenance of Quality System and its documentation in the company in line with ISO-9001: 2000 Standards.

ii) Reporting on the performance of the quality system to the Management for review and improvement through internal quality audits.

3. RESPONSIBILITY AND AUTHORITY

3.1 Management Representative (M R) is responsible for controlling the review, approval and issue of complete quality system, documentation and amendments.

3.2 He ensures that the latest issue and revision of documents are available at all points of use.

3.3 He is formally appointed by the CEO and is supported by alternate M R.

3.4 He reports directly to the CEO for all matters relating to the Quality system.

3.5 He is authorised to take all actions for the development, implementation and maintenance of an effective quality system in the organisation.

4. PROCEDURES FOR DOCUMENTATION CONTROL

4.1 QUALITY MANUAL

4.1.1 Each page of the Quality Manual is prepared and reviewed for adequacy by M R in line with the Quality Policy and ISO-9001: 2000 requirements and is got approved from the CEO.

4.1.2 After approval each page is stamped as 'Master Copy' at the reverse side.

4.1.3 Further copies are prepared from the master copy and are stamped as controlled copies.

4.1.4 Each copy shall bear a copy number and distributed only to the authorised persons.

4.1.5 Each page of the manual indicates the latest issue no. And date, latest revision number and date.

4.1.6 The first issue will have issue No. 1 and revision number zero.

4.1.7 In case of minor change on a particular page, the issue number shall remain the same but the revision number shall be changed to next revision number.

4.1.8 After a suitable No. Of revisions, the issue no shall be changed to next issue number.

4.1.9 The record of distribution of the copies of 'Quality Manual' is kept in M R office.

4.1.10 The distribution of 'Quality System Documentation' is controlled by M R and controlled copies are issued only to the Authorised Persons (HOD).

4.2 DEPARTMENTAL PROCEDURES

4.2.1 The Head of department (HOD) in consultation with his departmental colleagues prepares the procedures for his department and forwards to the M R with his recommendations /comments who gets the same approved from the CEO.

4.2.2 After approval each page is stamped as 'Master Copy' on its reverse side.

4.2.3 The Xerox copy of the master copy is stamped as controlled copy and is issued to the concerned department.

4.2.4 The record of issue of the departmental procedures to the concerned department is maintained in the M R office.

4.2.5 Each page of the departmental procedure indicates the latest issue No. And date, latest revision number and date.

4.2.6 In case of minor change on a particular page, the issue number shall remain the same but the revision number shall be changed to next revision number.

4.2.7 After a suitable number of revisions, the issue number shall be changed to next issue number.

4.3 WORK INSTRUCTIONS AND FORMAT

4.3.1 The HOD in consultation with his departmental colleagues shall prepare the work instructions wherever necessary and relevant formats and submit to the M R who shall get the same approved from the CEO.

4.3.2 The originals of these work instructions and formats are kept as 'Master Copies' with M R.

4.3.3 The Xerox copies of these are stamped as controlled copies and are given to the concerned HOD.

4.3.4 The records of these copies are maintained in the M R office.

4.3.5 The issue and revision status of work instructions is controlled by M R according to the procedure followed for departmental procedures.

4.3.6 In case of revision in a format, a new format is attested by M R office.

4.4 AMENDMENT PROCEDURE FOR ALL DOCUMENTS

4.4.1 In case of any change / amendment in any document, the concerned HOD will prepare a proposal and forward to M R on a 'Document Change Note' (MRO-02).

4.4.2 M R would review DCN and get the same approved from CEO.

4.4.3 The approved change / amendment will be incorporated in the document and controlled copies shall be released according to the issue procedure.

4.4.4 The nature of change will be incorporated in the amendment list of the relevant document.

4.4.5 The Xerox copy of the above called controlled copy would be given to concerned HOD against acknowledgment and old controlled copy shall be withdrawn.

4.5 DISPOSAL OF OBSOLETE DOCUMENTS

4.5.1 The controlled copy of revised document shall be given to concerned HOD.

4.5.2 The obsolete copy shall be withdrawn.

4.5.3 The obsolete copy shall be stamped as obsolete and kept in M R office as record till the next issue is released.

4.5.4 Whenever a new issue is to be released, master copy of the previous issue with latest revision is kept as reference and all other obsolete documents shall be destroyed.

4.6 CONTROL OF QUALITY RECORDS

4.6.1 Quality records in the department are maintained as per common procedure issued by MR office.

4.6.2 Quality records of the department are maintained by respective department head. He will present the record/ document as and when required by M R/Internal Auditor/ External Auditor for verification.

4.6.3 A common procedure for codification of records & location for keeping quality record has been prepared and shall be applicable to all departments.

4.6.4 List of record is to be attached at the end of all Departmental Manual Procedure. Detailed procedure is at 4.6.10 & 4.6.11.

4.6.5 Each record would be got approved from the M R and CEO by HOD.

4.6.6 The HOD will store the records at a safe place to avoid damage or loss.

4.6.7 The HOD will identify the location of the records so that these are easily retrievable.

4.6.8 The HOD will fix the retention period of record and thereafter record will be destroyed.

4.6.9 The HOD will properly file and keep all records up to date.

4.6.10 CODIFICATION OF RECORDS AND LOCATIONS FOR KEEPING THE QUALITY RECORDS

Codification of form & formats as per the requirements of Quality System under ISO-9001 : 2000, the uniform codification for all records and storage items for Quality Records have been defined as under.

A. All Almirahs, File Cabinets, Books Cabinets, Tables and side-racks in every department shall be marked as per the system mentioned below.

1) First 3 letters 'IBI' in capital indicating the name of the company (owner of property) followed by / mark.

2) Second 2 or 3 letter indicating the name of department to which the items belongs. (As per department short abbreviation list enclosed) followed by / mark.

3) Third 2 or 3 letter indicating the name of item (as per abbreviation list enclosed) followed by - mark.

4) Fourth 1 or 2 numbers indicating the particular item in the department starting from 01 onward.

5) Two or one letter followed by the single number for each shelve or cabin, starting from 01 onward.

Marking is to be made with white paint on the right top corner of each item.

Example IBI/PNL/ALM-01

IBI/PNL/ALM-01
SL - 01
SL – 02
SL – 03
SL – 04

4.6.11 All records of each department shall be codified as per the methodology explained thereunder.

1) First 3 letters 'IBI' in capital indicating the name of company (owner of record) followed by / mark.

2) Second 2 or 3 letters indicating the name of department to which the records belongs (As per AA) followed by / mark.

3) Third 1 or 2 letters indicating the nature of records like file, register etc. (As per AB) followed by /mark.

4) Fourth 2 or 3 letters indicating the subject of record in abbreviation * (decided by each HOD) followed by - mark.

5) Fifth 2 or 3 letter indicating the Sr. No. Of that particular record in that type starting from 01 to onward.

6) Below the codification mentioned on record the second line shall be indicating the location of record as per procedure 'A'.

* The codification Standardised by each HOD with respect to nature of record shall be communicated as per as shown in format Annexure (AB) to MR.

All codification shall be marked on the top - right corner of the records except floppy.

Example: IBI/PNL/F/ESI-01
IBI/PNL/ALM-01-SL-02

4.6.12 ABBREVIATION CODING OF DEPARTMENTS

SR No	Department	Code
1.	Production	PRD.
2.	Engineering	ENG.
3.	Estate & Security	ES.
4.	Purchase	PUR.
5.	Marketing	MKT.
6.	Quality Assurance	Q.
7.	Stores	STR.
8.	Personnel & HRD	PNL.
9.	Milk Procurement	MPR.
10.	Finance	FIN.
11.	M.R.Office	MRO.
12.	CEO Office	PO.
13.	Technical Audit	TA.
14.	HACCP	HAC.
15.	Quality Manual	

4.6.13 ABBREVIATION CODING OF RECORDS

S.No.	Record	Code
1.	File	'F'
2.	Index File	'IF'
3.	Register	'R'
4.	Folder	'FD'
5.	Ledger	'L'
6.	Floppy	'FP'
7.	Photographs	'PG'
8.	Manuals	'M'
9.	Kardex	'KD'

4.6.14 ABBREVIATION CODING OF STORING ITEMS

S.No.	Item Name	Code	S.No.	Item Name	Code
1.	Almirha	ALM	2.	Ah shelve =	SL
3.	File Cabinet	FC	4 .	File Cabinet Cabin =	C
5.	Table	TBL	6.	Drawer =	D - 01
7.	Side Rack	SR	8.	Side Rack Shelve =	SL-01
9.	Paper Tray	PT	10.	Fixed Rack =	FR

4.7 INTERNAL QUALITY AUDITS

4.7.1 Internal quality audits shall be conducted once in a months initially. When the system will be strengthed, the internal audit will be conducted once in 3 months.

4.7.2 The frequency of the audit can be changed according to the status and critique of activities of the concerned department.

4.7.3 Audits are carried out by Head of the Deptts. for various departments as per specified schedules circulated by MR office.

4.7.4 A schedule for the audit indicating the name of auditor, auditee, department and the date of audit is prepared and circulated in advance.

4.7.5 Any amendment to schedule shall also be circulated, to all concerned in advance.

4.7.6 The auditor shall record the non-conformance observed during the audit on 'Internal Audit Report Format' (MRO-01).

4.7.7 The auditee and the auditor shall agree for a time frame during which the corrective action shall be implemented by the auditee.

4.7.8 The auditor shall verify the implementation of the corrective action at the time of vacation of non-conformance.

4.7.9 The original report of internal audit duly signed by auditor and the auditee shall be submitted to M R office.

4.7.10 M R will verify the effectiveness of the corrective action before closing the 'Non Conformance Report'.

4.7.11 M R will prepare a summary of the internal audit reports which shall form a part of the 'Management Review Meeting'.

4.8 MANAGEMENT REVIEW MEETING

M R will arrange internal audit of all the departments as per specified schedule. M R shall prepare status report of internal audit for management review. Management review meeting shall be held once in 3 months. During management review meeting, following agenda shall be discussed.

1. Follow up action from previous management review.
2. Resource Requirement.
3. Process performance & product conformity
4. Audit Reports/finding.
5. Customer feed back/complaints.
6. Corrective and preventive action in respect of non-conformance of milk and milk products.
7. Effectiveness of Quality System and processes.
8. Recommendation for improvements.
9. Manpower training needs.
10. Review of HACCP & its effectiveness.
11. Technical improvements / changes that can bring positive improvements in quality system.

4.9 CONSUMER COMPLAINTS

Whenever any complaint regarding Quality of Milk & Milk products is received from consumer through Market Deptt. or directly, following actions are initiated. Complaint recieved is recorded in the complaint register QMQ-22. by Quality Assurance Deptt.

4.9.1 The history of finished products is ascertained by melt No./Batch No/date of Mfg. indicated on pack.

4.9.2 Matter is investigated to ascertain the reasons for complaints.

4.9.3 Preventive action is initiated to avoid reccurance.

4.9.4 Decision taken by technical committee is recorded in the complaint register QMQ-22 and the decision is communicated to marketing department for further communication to complainant.

4.10 PROCEDURES FOR RECEIPT AND DISPATCH OF DAK (INTERNAL AND EXTERNAL)

1. Post (internal and external is monitored by the PNL & HRD Deptt.
2. Dak is received from the post man and all official letters are opened and marked with the rubber stamp(Indicating the name of each deptt.) and recorded in the dak register (Refer to PNL & HRD Deptt. 7.15.2).
3. The dak is presented to the CEO in a dak folder including all external dak like all govt. office dak under the supervision of HOD(PNL & HRD).
4. CEO marks letters to the concerned HOD alongwith remarks if any.
5. The dak come back to HOD(PNL & HRD) through attendant. He sends the letter/dak to concerned HOD/Official through the attendant alongwith dak register to deliver the same under acknowledgment.
6. All the letters addressed to outside parties and intended to be sent through post/courier are received in PNL & HRD department alongwith the duly addressed envelop from all the deptt. at plant.

7. PNL & HRD deptt. enter outgoing letters in "Dak Dispatch Register" and send envelopes duly affixed with the requisite postal stamps to the post office or through courier services.

8. Details of postal response are maintained in the register through PNL & HRD deptt.

9. M R maintains personal liaison with the ISO-9001: 2000 authorities in respect of revision of standards and matter pertaining to quality management systems.

10. Following documents of external origin are in use in the plant

    i) PFA Books
    ii) Weights & Measures Book
    iii) BIS Standards
    iv) Agmark Standards

We will have six monthly liasion with the concerned deptts. to update above mentioned documents. Records of above said books are maintained in plant library.

4.11 HACCP SYSTEM,

Hazard Analysis critical control points system has been prepared to ensure that consistency in quality of milk & milk products & safety of the products. Committee comprising of GM (Works), Manager (Prod), HOD Quality Assurance and all technical officers of Production & Quality Assurance department has been formed to implement HACCP System on line with the IS: 15000 system. Committee will review the system on weekly basis & discuss preventive & corrective measures for the effective implementation of the system. (For details, please refer HACCP Manual)

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TITLE :- DEPARTMENTAL PROCEDURES OF M R OFFICE	DATE : 01.04.04

NON-CONFORMANCE REPORT [INTERNAL AUDIT]

DEPARTMENT : _____ NO : _____

CODE : _____ DATE : _____

NAME OF AUDITOR : _____ NAME OF AUDITEE : _____

Details of Non Conformity : -

Auditor _____ Date _____

Attribution (Procedure) ISO - 9001 Standards	Agreed Date of Correction by auditor

Recommened corrective action

Auditor _____ Date _____

Corrective action taken

Auditor _____ Date _____

Verification by Auditor

Signature_____ Date _____

Verification by M R

Signature_____ Date _____

Prepared by M R	Approved by CEO
Signature _____ Date 01.04.04	Signature _____ Date 01.04.04
Issue No. 01 Date 01.04.04	Revision No. 0 Date 01.04.04

[QMQ - 01]

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TITLE :- DEPARTMENTAL PROCEDURES OF M R OFFICE	DATE : 01.04.04

DOCUMENT CHANGE NOTE

Raised By : _____ To : M. R. Office

Department: _____ D. C. N. No. : _____

Code : _____ Date : _____

(To be filled in by M. R. Office)

Change sought in : -

Quality Manual ☐ Any Other ☐

(Please specify)

Departmental Procedure ☐

Details of Change (Additions and / or deletions)

Date _____ Signature of H O D _____

Reviewed by M. R.

Signature _____

Date : _____

Approved by President

Signature _____

Date : _____

Change Incorporated by

M R Office

Signature _____

Date : _____

Prepared by M R	Approved by CEO
Signature _____ Date 01.04.04	Signature _____ Date 01.04.04
Issue No. 01 Date 01.04.04	Revision No. 0 Date 01.04.04