St. Joseph's Teachers' College

QUALITY MANAGEMENT SYSTEM PROCEDURES MANUAL

Manual Issue Date: June 1, 2015

ST. JOSEPH'S TEACHERS' COLLEGE

QUALITY MANAGEMENT SYSTEM

PROCEDURES MANUAL

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1.0 Purpose

Senior Management reviews the Quality Management Systems (QMS) quarterly and annually to ensure that the goals are being achieved and to seek ways to improve the QMS.

Management review of the QMS system is carried out to ensure the QMS's:

a. Continued Suitability / Adequacy;

a. Effectiveness in satisfying the stated and unstated requirements;

b. Effectiveness in satisfying St. Joseph's Teachers' College's policies and objectives;

c. Assessment of opportunities for improvement and needed changes.

2.0 Responsibility

The Quality Assurance Manager (Management Representative) has the ongoing operational responsibility for the QMS.

The duties of the Quality Assurance Manager include:

i. Ensuring that the processes needed for the QMS are established, implemented and maintained.

ii. Reporting on the performance of the QMS and any improvements needed.

iii. Promoting awareness of customer requirements throughout the organization.

3.0 Procedures

Formal reviews of the QMS shall be convened by the Principal annually and whenever possible, completed prior to the first quarter of each year. Such reviews may be held over several smaller meetings spread over many weeks, each meeting dealing with a different topic or an agenda and is attended by the Department Heads, Deans, Human Resource Staff, and other personnel as deemed appropriate.

Additional reviews may be carried out whenever there is evidence to justify such reviews. The focus of the review will be on "trends, objective evidence, and data-based decisions," and not on daily operations.

An agenda for the Review shall be prepared and circulated to all necessary managers prior to the Review.

Every Management Review shall be conducted in a manner which properly records the agendas for discussion, decisions taken, and follow-up action as required. The results of Management Reviews are brought to the attention of appropriate personnel.

Review Input

The meeting must at a minimum, address the following areas:

i. Policies, objectives and targets;

ii. Consideration for updating the Quality Management System in relation to changes in regulations, market demands, etc.

iii. Internal & External audit results;

iv. Status of preventive and corrective actions;

v. Customer feedback - Feedback from customers, students, authorities, and other interested parties;

vi. Process performance and conformity of training;

vii. Review of regulations;

viii. Status of previously identified problems;

ix. Follow up actions from previous Management Reviews;

x. Recommendations for the improvement generated through the operation of the QMS;

xi. Review of the effectiveness of all QMS documentation and their suitability for ongoing effectiveness;

xii. Performance of subcontractors;

xiii. Incident trends or quality problems;

xiv. Budget documentation review;

xv. Customer Complaints – Summary of complaints for trending of issues and resulting actions;

xvi. Upcoming courses and status of ongoing courses;

xvii. Resources: people and training, facility, and equipment.

Review Output

These reviews result in decisions and actions related to:

i. Improvement of the effectiveness of the Quality Management System and its processes;

ii. Improvement of teaching, curriculum, equipment, and facilities related to trainees and statutory requirements;

iii. The need for additional resources including human resources.

Record Keeping

At a minimum, the following will be documented:

a. Agenda – must include at a minimum, all points as listed in the Review Input.

b. Date of Review

c. Who performed the review (list of attendees)?

d. What was reviewed

e. Result of Review

f. Action Points

g. Assignment of Action Points – together with target completion date

h. Status of Previous Actions

i. Conclusion.

4.0 Purpose

To establish and maintain documented procedures to control all SJTC generated documents and data including certain documents of external origin which are essential to the Quality Management System.

5.0 Responsibility

- Principal
- Directors
- Department Heads
- Quality Assurance Officer
- Deans
- Coordinators

6.0 Procedures

SJTC's records are stored so that they are readily identifiable, accessible, and easily retrieved. They are protected from loss, damage, or deterioration by those charged with their safekeeping.

Quality records are analyzed from time to time as per documented procedures for analysis of data. Necessary corrective and preventive actions are taken as per documented procedures. Quality records also form the basis for verification of solutions implemented in line with documented procedures for continual improvement.

Quality records may also be computerized and may be treated as hard data. Adequate precaution relative to software testing, data back up and access control through password protection is provided to ensure data discipline and integrity, where applicable.

All the Quality records pertaining to student registration, student examination, student records, student training, course records, examination papers and customer communication are identified, and some are maintained by each Division Customer communication and Employee Evaluation forms are identified and are maintained by each Division\ Department. These records are maintained at the respective locations or when impractical are kept at locations from where they can be easily accessed.

Personnel training records such as prior learning experience; previous experience and qualifications; personal details; qualifications and courses attended are maintained by the Human Resources Department and made accessible to authorized personnel only.

All guidance documents from External Regulatory Bodies will be maintained as a part of the Quality Records Systems.

All such records should be made available to all Process Owners.

All quality records will be retained according to the retention schedule.

7.0 Purpose

To establish and maintain documented procedures to control all SJTC generated documents and data, including certain documents of external origin, which are essential to the Quality Management System.

8.0 Responsibility

- Principal
- Department Heads
- Quality Assurance Officer
- Deans
- Coordinators

9.0 Procedures

All document and data reviews will be coordinated by the Quality Assurance Officer and approved by the Principal for adequacy prior to issue.

The SJTC Master List of Controlled Documents identifies those documents which have been given controlled status, as deemed appropriate by the Principal. The Master List identifies the current revision status and distribution of each document.

The proper handling of all documents is undertaken to ensure that obsolete or invalid documents are promptly removed from points of issue or use and ensure that obsolete documents are retained as records and/or for reference are suitably identified.

The document and data control of SJTC at a minimum ensures that:

i. Pertinent issues of appropriate documents / data are available at all relevant locations;

ii. Invalid and/or obsolete documents / data are promptly removed from all points of issue or use, or otherwise assured against unintended use by marking "uncontrolled document".

iii. Changes to documents and data shall be reviewed and approved by the same function that performed the original review and approval, unless designated otherwise by the Principal.

iv. Up-to-date documents are available as necessary to meet requirements.

v. Documents of external origin are identified, and their distribution controlled.

vi. Documents remain legible and identifiable.

Review and Approval of New and Amended Documents:

All requests for new and/or amendments to existing controlled documents shall be made verbally during office management meetings or in writing where appropriate, and may include:

i. Reasons for the changes or the need for new documents.

ii. New wording / content in draft form.

iii. Reference to the existing documentation that is to be amended, if approved.

The request shall be reviewed by the Quality Assurance Officer, the Department Heads, and other key personnel and managers as appropriate, to establish that:

i. The need for the changes / additions is valid.

ii. The content / wording is compatible with SJTC's policy, and is clear, unambiguous, and suitable for inclusion in the QMS.

iii. The format is in accordance with QMS documentation requirements.

iv. Input from all personnel has been obtained, where appropriate.

v. The key points of the request shall be forwarded to the Principal for review and approval.

vi. If the request is approved by the Principal, the Quality Assurance Officer shall ensure that the appropriate section(s) is/are updated and circulated to all designated document holders (owners), and that the Master Controlled Document List is updated.

vii. The review shall be documented and filed, where appropriate.

viii. Notification of rejected requests shall be given to the originator with the reason for rejection.

Amendments to existing QMS documents:

i. All changes to QMS documents are recorded on corrections log or to the Index as applicable. When appropriate, a completely new edition shall be issued.

ii. Affected page(s) and the corrections log are re-issued and the updated revision in order to make changes obvious and for ease of reference.

iii. Text changes shall be indicated, where practicable, by a vertical line in the right-hand side of the margin, adjacent to the revision.

iv. It is acceptable for small changes, e.g. telephone numbers, to be temporarily entered by hand until the section is officially amended.

Control of Documents of External Origin

i. SJTC has no control over changes or amendments to documents of external (third party) origin but shall ensure that when they are made by the publishers or distributors, they are to be obtained and distributed without delay.

ii. The Quality Assurance Officer is responsible for ensuring that all documents of external origin, such as regulations, codes, rules, guidelines, and technical publications, are received and distributed and obsolete documents are handled as per the above guidelines.

iii. All third-party documentation in use which shows no indication of cancellation shall, therefore, be deemed to be current.

iv. Manufacturer's instruction manuals are not updated unless a technical amendment notice is issued. Such notices shall be incorporated in a similar manner to other amendments.

4.0 Records

Master List of Controlled Documents

QMS Manuals

Applicable Records as per Index of Company Forms

1.0 Purpose

To establish and maintain documented procedures to ensure that customer property while in SJTC's control, is properly cared for.

2.0 Responsibility

- Department Heads
- Quality Assurance Officer

3.0 Procedures

All customer supplied property, equipment and materials are suitably identified, protected, stored and where required, analyzed for quality control purposes.

Customer documents property received from customers, Process Owner he/she shall control and monitor the proper use, storage and maintenance of such documents. The identity and status of the documents are to be maintained.

Where damage does occur, this is identified and conveyed to the owner by SJTC, and a non-conformance report raised, followed by the required corrective action.

The following are examples of customer property:

a. Students, Documents / Certificates
b. Sensitive information about courses

4.0 Records

Non-Conformance Reports

List of Customer Supplied Products

1.0 Purpose

To establish and maintain documented procedures to ensure that the quality of services performed by the SJTC and its suppliers and agents meet the requirements of the Contracts and Agreements currently in place, thereby ensuring that the expectations and needs of our customers are met.

This procedure applies to all Contracts and Agreements currently in force which includes but is not limited to:

- Equipment Maintenance Contracts
- Supplier agreements
- Employee agreements

2.0 Responsibility

- Principal
- Heads of Departments
- Deans
- Coordinators

3.0 Procedures

The Contract Review may be held in conjunction with the Annual Management Review of the QMS, or separately by the Bursar/ Director of Finance in conjunction with individual Department Heads.

1. The Review shall determine that:
   a) Services as provided in the past meet with SJTC's expectations and contract extension is recommended, and changes, if any, which need to be brought in a revised contract.
   b) Alternate sources are to be determined for services, where appropriate.
   c) Adequate resources remain available for the requirements of the contract.
   d) The scope of the management has not changed.

e) No ambiguity exists between the services being provided and the stipulated requirements.

f) The terms of the contract remain valid and are still acceptable to both parties. Verbal agreements, where they exist, are reviewed, agreed to where needed, and properly documented for acceptance and compliance.

g) All applicable regulations, codes and standards are complied with.

h) Any differences or non-conformances which may arise are adequately addressed and rectified.

i) Financial or liability exposures to SJTC are understood, and safeguards provided.

2. All contracts and agreements shall be reviewed by the Principal and or designate.

3. A record of the Review shall be maintained.

4. Amendments to Contracts and Agreements shall be documented, and upon mutual agreement of the changes being reached, either a new contract shall be drawn up, or the faxed or emailed amendment signed by both parties shall be attached to the original.

4.0 Records

- Record of Review
- List of Contracts and Agreements subject to Annual Review

1.0 Purpose

To establish and maintain documented procedures to ensure that services, products, materials, equipment, procedures and unintentional events that do not conform to the specified requirements of the Quality Management System or customer requirements, are identified, corrective and preventive actions put in place to prevent a similar re-occurrence.

This procedure applies to all activities and controls required to maintain the on-going quality performance of SJTC.

2.0 Responsibility

- All members of staff
- Quality Officer for the Division
- Quality Assurance Officer

3.0 Definitions

Incident

An incident is an undesired event that could or does result in loss. Incidents include accidents, non-conformities, damages and near misses.

Near Miss:

An unplanned event that did not result in accident, injury, illness or damage, but had the potential to do so

Non-Conformance

A non-conformance is defined as being a non-fulfillment of a specified requirement which is outlined in the Quality Management Manual or other QMS documentation, and/or Customer complaints.

Major Non-Conformity

Major Non-Conformity is an identifiable finding where a total absence of a required ISO system element or function is observed, or where a system is in place, but a significant number of non-conformities are present within it.

Observation

This is not treated as "non-conformity" but is a comment on the QMS for reference and guidance only. It will be issued on a non-conformity form to assist in the development and continuous improvement of the Quality Management System.

Procedures

All SJTC personnel are responsible for identifying and reporting incidents including personal injury, fatalities etc. The Heads of Departments/ Deans/Coordinators are responsible for monitoring areas under their responsibility in order to:

a. Identify incidents

b. Report Incidents

c. Analyze and initiate corrective actions when required.

The Quality Assurance Officer is responsible for ensuring that quality related problems and Customer complaints are resolved, and for allocating a serial number to each incident report. The Quality Assurance Officer will keep the Principal informed of major Non-Conformances and associated proposed corrective and preventive actions.

Each incident report is controlled and:

a. Identified
b. Recorded
c. Analyzed – root cause analysis - statistics
d. Evaluated – to prevent recurrences
e. Corrected

Incident Reviews / Corrective Action Effectiveness Verification:

Monthly reviews and analysis of incidents and associated Corrective Actions are made by the Quality Assurance Officer and concerned Heads of Departments/ Deans/ Coordinators, to identify trends. These are discussed during Management Reviews.

The responsibility for ensuring the follow-up to verify the effectiveness of the corrective action or preventive action lies with the concerned Heads of Departments/ Deans/ Coordinators.

Each identified Non-Conformance may comprise of the action mentioned below, depending on the severity:

a. Actions taken for each recorded Non-conformance;

b. Investigation of client's complaints and corrective action taken, where investigation finds that service was nonconforming;

c. Investigating the root cause of nonconformance;

d. Evaluation and determination of actions to be taken to eliminate the cause of non-conformances;

e. Control of nonconforming product to prevent unintended use;

f. Applying controls to ensure that corrective actions are taken and are effective;

g. Taking action to mitigate any environmental impact caused;

h. Analyzing all procedures, practices, records, audit results, and customer complaints of non-conformances;

i. Implementing and recording changes in procedures resulting from corrective and preventive actions; and

j. Target date for implementation of identified corrective action(s) or preventive action(s).

4.0 Records

Incident Reports – QMS-FORM-001

Incident Logs – QMS-FORM-002

Monthly Meeting Review Records

1.0 Purpose

To initiate corrective / preventive action to prevent recurrence of non-conformances in the Quality Management System and to provide for the analysis of non-conformances and monitor any trends that may become evident.

This procedure covers all incidents where non-conformances are detected during the student registration, examination, certification, administration and purchasing processes included in the SJTC's Quality Management System.

2.0 Responsibility

- Quality Assurance Officer
- Heads of Departments
- Deans
- Coordinators

The Quality Assurance Officer is responsible to the Principal for examining and analyzing non-conformances, monitoring corrective actions, and where appropriate, reviewing existing systems for any necessary improvements.

3.0 Procedures

The Quality Assurance Officer records all complaints from customers, vendors and staff. All identified non-conformities and / or potential non-conformities are investigated to identify the root cause of non-conformities and / or of potential non-conformities.
The Quality records, generated as a result of measurement and monitoring of SJTC's services, are analyzed and corrective and preventive actions are initiated to improve the same, in line with the Quality Policy.

Corrective actions are initiated in coordination with the concerned Process Owners to eliminate the root cause of non-conformity, based on the priority as determined by the

magnitude of the severity of non-conformance, the potential risk of customer dissatisfaction and the required level of resources.

All such corrective actions are regularly monitored to ensure that solutions are positively implemented and the same are effective. Changes brought in the procedures and systems as a result are incorporated in the Quality Management Manual as per documented procedure for control of documents.

All critical issues identified for corrective and preventive actions and the subsequent resolution of them are reviewed in the Management Review meetings.
A structured approach that may include problem definition, process mapping, data collection, analysis of root causes, working out countermeasures and checking the effectiveness is followed by SJTC to ensure a long-term solution to the identified problem. The records, as applicable of preventive actions are also maintained.
The Process Owners undertake to identify system failures and to correct these as quickly as possible in order to prevent, where possible, any adverse effects upon the services provided by SJTC.

The Quality Assurance Officer, when satisfied that the corrective action taken is effective, signs and closes out the NCR. The closed-out NCR is copied to the originator and all affected parties by the Quality Assurance Officer, who keeps all NCR's on file and monitors that the corrective action taken remains effective.
Where the corrective or preventive action involves the amendment of a procedure or work instruction, the NCR can be considered closed out when the proposed changes have been agreed between the appropriate Process Owner and procedures modified and put in place.

Appropriate corrective actions may take the form of:

- Revision of a company procedure or form
- Issue of a new procedure and/or work instruction
- Removal of a supplier / sub-contractor from the Company's Approved List
- Ensuring that personnel adhere to company procedures
- Further training or education
- Dismissal of personnel
- Review of Management Agreement

4.0 Records

Corrective and Preventive Action records

Non-Conformance Reports

Management Review Meeting Records

1.0 Purpose

The purpose of this procedure is to:

i. Ensure that Internal audits are verification activities performed by SJTC trained auditors;

ii. Ensure that audits address conformity with the requirements of ISO 9001-2008 and the effectiveness of its implementation.

The auditor's purpose is to:

i. determine how well the procedures that make up the QMS are being followed. ISO 9001:2008 requires internal audits to be carried out regularly on areas covered by the QMS.

2.0 Responsibility

- Quality Assurance Officer
- SJTC trained Internal Auditors

The internal audit system for Quality Management System is the responsibility of the Quality Assurance Officer who reports directly to the Principal.

3.0 Procedures

Auditing demands objective evidence of meeting SJTC's Quality Management Systems specified requirements, verifying that we are doing what we say we are doing. Auditing identifies non-conformances with specified requirements and leads to action being taken to correct deficiencies and prevent their recurrence

Audit types determined by SJTC are as follows:

Internal Audit:

An audit carried out by SJTC to evaluate its own performance.

Where practicable, at least seven (7) days written notice is given of the intention to conduct an audit. Initially, the auditor may informally contact the Auditee to agree a mutually convenient date and to discuss the audit scope. Confirmation of all such discussions should be made in writing, giving details of the proposed agenda or itinerary and the dates and times of the audit.

The Quality Assurance Officer plans the audits taking into consideration the importance and status of activities and results of previous audits. The audit schedule is prepared before the Management Review Meeting and approved at the meeting. Audits are carried out by the Quality Assurance Officer and the outcome is reported directly to relevant Process Owners and ultimately to the Principal.

All areas of SJTC's activities that fall within the scope of certification are audited at least once per year as a minimum. The frequency of audits can be increased as deemed necessary by the Quality Assurance Officer to verify conformance with prescribed standards. An Internal Audit Checklist may be used to help with the audit. The Audit Checklist can be modified to suit the auditor's needs.

Additional or random audits may be carried out by the Quality Assurance Officer when found necessary as a result of a Quality Management Systems Review -, or in response to an undesirable occurrence or adverse trend identified within SJTC.

The Quality Assurance Officer maintains records of all internal audits. These records contain the, audit plan and non-conformance reports, including verification of corrective actions. The Quality Assurance Officer, providing there are no non-conformances raised, will retain these audit reports for analysis and reporting at the Management Review Meetings.

Audit results are to be reported and recorded. All follow up actions are to be verified.

The Lead Auditor:

- Is in charge of the audit and issues an audit summary report at the conclusion of the audit.
- Conducts opening and closing meetings.
- Performs the audit in accordance with the internal audit schedule.
- Uses audit checklists with items applicable to the element being audited from the following documents:
  - The Quality Management Manual (QMM)
  - Quality Management System Procedures (QMSP)
  - The Work Processes (W.P.)
  - Audit of areas that interface with the area that you will audit
  - Customer Specific requirements
- Records any non-conformance on the Non-Conformance Form.
- Reviews any resulting corrective actions with the auditee during the closing meeting.

- Performs follow up audit to verify implementation of the corrective and preventive action.

The Auditee:

- Is to be available to the auditor during the audit.
- Is to respond to the corrective action requests in a positive manner and agree a date for completion & verification.
- Is to ensure that action is implemented, effective and sustained to prevent reoccurrence of the non-conformity.

External Audit:

Is an audit carried out, by a recognized organization to evaluate the activities of SJTC's QMS? The Quality Assurance Officer will liaise with the auditing body, giving staff sufficient notice of the proposed audit.

4.0 Records

Audit schedule

Internal Audit Report

Divisional/ Departmental Response

Auditor Training Record

1.0 Purpose

The purpose of these procedures is to enhance SJTC's Quality Policy objectives for ensuring that customer requirements are determined and met, with the aim of enhancing customer satisfaction. SJTC personnel are in constant communication with clients throughout each job, obtaining continual feedback. At the end of each job a verbal debriefing is held with the client. This feedback and other information is consolidated into a 'lessons learned' document for future reference.

2.0 Responsibility

- Quality Assurance Officer
- Heads of Departments
- Deans
- Coordinators

3.0 Procedures

Determination of Customer Requirements

Client meetings shall be undertaken at least on an annual basis, whenever possible to review the level of service provided and to assess the degree to which Customer requirements are being met.

Existing customer requirements shall be reviewed as to the effectiveness of the service provided where additional requirements are needed, such may be implemented as additional services where appropriate and further resources may be allocated.

Customer requirements may also be reviewed informally during telephone conversations and email exchanges. Such reviews shall be written down (where verbal). Prior to implementing any changes to customer requirements, the Principal shall approve the same.

Meeting Customer Requirements

Prompt, professional and complete responses to existing customer requirements shall be maintained.

In accordance with the SJTC Quality Policy:

- All Registration, Certification, Surveying, Purchasing and Accounting matters must be well documented, and controls and procedures shall be professionally audited by outside auditors at regular intervals.
- The Quality Management System is reviewed annually to assess whether Customer requirements are being met.
- Procedures for handling customer complaints and non-conformances are evaluated during reviews and corrective action undertaken where appropriate.
- SJTC effectively measures customers' satisfaction of services provided that it can have an immediate impact on the direction of the organization. Knowing and understanding customer's' perceptions allows SJTC the ability to make knowledgeable improvements or expand on areas in which it excels.

Customer Feedback and Communication

Feedback from customers and others with regards to their level of satisfaction with the services provided by SJTC, shall be actively sought by Heads of Departments, to continually enhance customer satisfaction.

4.0 Records

- Client Survey Records
- Client Feedback

1.0 Purpose

The purpose of this procedure is to provide a standard procedure for developing, revising and communicating objectives and targets. Implementation of this procedure will ensure that the appropriate quality objectives and targets are developed and that the objectives and targets are consistent with the Quality Policy Statement.

Responsibility

This procedure applies to all employees who have responsibility for managing any of the SJTC's processes, activities or services, which may present significant impacts on the quality of the product.

Definitions

Objectives and Targets are when we shift from identifying our quality aspects and impacts to developing a plan to improve them.

Objectives and targets are established to meet the goals of the organization's Quality policy.

Objectives and targets are developed from within the scope of the Quality Policy and should quantify the organization's commitment to quality improvement to the management system.

2.0 Responsibility

Heads of Departments are responsible for recording the Quality Objectives and Targets for their departments.

3.0 Procedure

Objectives are set by Heads of Departments to establish overall and often long-term concerns of SJTC about their quality performance. Numerous objectives may be set which may or may not have specific; measurable targets associated with each of them. It is important to remember that these objectives and targets must be measurable.

Example: An objective of the organization may be to have their processes ensure 100% success in student attendance; reduce electrical consumption and energy use. A target associated with that objective could be set by the organization by stating that they will reduce electrical consumption by 8% over the next three years in specific processes. As you can see, the target is measurable, but the objective doesn't have to be.

Targets and Objectives may include some or all of the following concerns:

- Reduction of waste generation.
- Quality impacts of suppliers and subcontractor's activities.
- Reducing Rework.

Most operational Targets should be identified at the divisional head, by the Directors and be included within the framework of the annual budgetary/planning process already in place namely the Management Review Meeting.

An evaluation and modification of Objectives and Targets is carried out annually.

Objectives and Targets for Quality should be reviewed as a portion of Departmental Performance Reviews.

The results of these reviews should be included in the information supplied to management for the Management Review Meeting.

Decisions are then made concerning the scope and intent of the original targets and objectives, as well as the key performance indicators about how the targets and objectives were met.

Department heads while setting objectives and targets should keep the following in mind:

- Objectives should be consistent with the Policy; Compliance and Continual Improvement Philosophy of the Policy driving them.
- Make objectives flexible; Make a statement of the results desired and allow staff members to define the "How" portion wherever possible.
- Make Objectives simple; at first then build on them.
- Make Objectives understood to all members of the team.
- Make realistic Objectives and Targets.

REMINDER: Don't forget the existing opportunities for our suppliers and subcontractors to assist us in conformance with the Standard.

Examples of areas where an organization can have internal performance criteria might include:

- Management Systems

- Employee responsibilities
- Suppliers
- Contractors
- Student Registration
- Waste management
- Transportation
- Process Control
- Maintenance
- Employee Safety

4.0 Records

Objectives and Targets File

1.0 Purpose

The purpose of this procedure is to define the roles, responsibilities and activities for identifying, documenting and fulfilling the SJTC's quality training needs.

Implementation of this procedure will ensure that all personnel at SJTC have received appropriate training as required by rank.

This procedure covers all of the activities, products and services of the SJTC. This procedure requires that all employees be trained to minimum standard of competence to carry out their work within SJTC.

Definition

Quality Impact - any work that has an effect on the quality of the finished product or services.

2.0 Responsibility and Authority

Human Resource Manager / Principal: For the safe keeping of training records in the employees' files.

Heads of Departments: For identifying the training needs of the employee and submitting the same to Human Resource Department.

Quality Assurance Officer: For checking that the quality training has been carried out.

3.0 Procedure

When a new employee joins SJTC, the Heads of Departments determine the training required for the new employee.

Any training requirements identified are documented and submitted to the Human Resource Department/ Principal. The Human Resource Department/ Principal organize the required training. All work is to be carried out under the supervision of a competent employee.

As the training is completed, the employee's file is updated by the Human Resource Department/ Principal. This continues until all the training required has been completed by the employee and competence is demonstrated.

Basic ISO 9001:2008 Quality Management System training is carried out for new employees by the Quality Assurance Officer. The Human Resource Department/ Principal induct new employees concerning the Safety and Environmental aspects of SJTC. The induction course is completed within the probationary period of employment. It is mandatory for all employees to go through these induction courses.

4.0 Records

Training Needs Analysis

Employee Files

Annual Appraisal Document

QUALITY MANAGEMENT SYSTEM PROCEDURES MANUAL FORMS

Amendments to this manual will be issued on a page by page basis and is authorized by the Principal.

Each amendment will be accompanied by an update of this sheet which will detail all previous amendments.

All amendments below were taken into consideration when the procedures were evaluated / rewritten 1st June 2015.

AMENDMENT NUMBER	DATE	PAGE(S) CHANGED	AUTHORISED BY

Document No.	Title	Number of Pages	Date	Revision Number	Amended Date
SJTC/QMSP/FORM/ 001	NON-CONFORMANCE REPORT	1	22 January 2014	01	-
SJTC/QMSP/FORM/ 002	NON-CONFORMANCE LOG	1	22 January 2014	01	-
SJTC/QMSP/FORM/ 003	CHANGE REQUEST FORM	1	22 January 2014	01	-
SJTC/QMSP/FORM/ 004	CUSTOMER COMPLAINT TRACKING FORM	1	22 January 2014	01	-
SJTC/QMSP/FORM/ 005	CUSTOMER COMPLAINT LOG	1	22 January 2014	01	-
SJTC/QMSP/FORM/ 006	PROCEDURE CHANGE REQUEST TRACKING	1	22 January 2014	01	-

Department NCR No.	**Date:**	**Fr:**
Ref QMM:	**Section (s):**	

Details of Non-Conformance:

Proposed Corrective Action for NC:

Root Cause:

Preventative Action:

Originator's Signature:	Signature of H.O.D:

FOR OFFICIAL USE

Corrective Action Completed: ☐ Yes ☐ No Date: _____Signature of Quality Assurance Officer ----------

Effectiveness Verified: ☐ Yes ☐ No Date: _____Signature of Quality Assurance Officer ----------

Non-conformance Report Closed: Date: _____Signature of Quality Assurance Officer ----------

No.	**NCR No.**	**Detail of Nonconformance**	**Date Opened**	**Date Closed**	**Date Corrective Action Plan Verified**	**Remarks**
1						
2						
3						
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5						

Procedure Change Request	Department:
	Request No:

The following Quality Systems change is requested.
Reference :

QMM/ Rev. Pages : Paragraphs :

Proposed Change Details

Proposed Text

Reasons for Proposed Change

Change Originator's Name / Position: Date:

HOD Name: Date:

For Quality Assurance Officer's Use Only

Pending ☐ Accepted ☐ Declined ☐

Date _____ Date _____ Date _____

If PCR declined, give reason:

If PCR accepted, insert revised text:

To be included in QMM review, revision number: **Scheduled:** / /

Approved by Principal: **Date:**

ST. JOSEPH'S TEACHERS' COLLEGE

Date	Name of Complainant	Responding Division/Department	Brief Summary of Complaint	Method of Complaint	Action Taken	Status of Complaint

Complaint Number	**Details**	**Department Responsible**	**Date Sent to Department**	**Follow-up Dates**	**Comments**	**Signature**

PROCEDURE CHANGE REQUEST TRACKING

DOCUMENT NUMBER FOR PROCEDURE CHANGE REQUEST	DATE RECEIVED	ACTION TO BE TAKEN	DATE OF COMPELETION	REMARKS