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QUALITY POLICY STATEMENT

GULF TECHNICAL INSPECTION SERVICES L.L.C:

- Is committed to providing non-destructive testing inspection services that meets customer's requirements and conforms to good professional practices recognized by the industry.

- Provides adequately qualified personnel according to recognized industrial standard, using of suitable and acceptable equipment and recognized techniques in performing work. Staff shall be adequately trained and their skills are reviewed periodically to ensure continuing relevance and suitability.

- Is committed to keeping up with changes in the industry and updating staff on the changes and new developments.

- Requires all staff to understand and implement the policies, procedures, standards and instructions of the company's quality system.

- Is committed to all adherences to ISO/IEC 17025 and SAC-SINGLAS requirements. The top management shall periodically review the system and ensure that the system is audited in order to determine and ensure continuing effectiveness and suitability for the company.

- Sets the objectives of the company's quality system as follows:

    a. To continually maintain the quality system's accreditation
    b. Zero deviation from practices defined by the company that will affect the confidence of our testing results
    c. Less than five non-conformances during each audit after accreditation

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CONFIDENTIALITY POLICY

1. Any information in the possession of employees during the course of their employment with the Company is confidential and must not be disclosed or divulged to any person(s) outside the Company. All customer's information shall be filed with project file and additional copies returned to the company and destroyed.

2. The test results and/or test reports shall not be discussed, revealed or disclosed to anybody except the authorized client representative(s) and the authorized person (s) of GULF TECHNICAL INSPECTION SERVICES L.L.C

3. Test results/reports shall not be sent by electronic transmission such as e-mail or fax, unless requested by the authorized client representative(s). Sending shall only be done at the requested time made by the customer or its representative.

4. No part of the test report may be reproduced or transmitted, in any form or by any means, without the prior written permission of Managers or above. No reproduction of a finalized official report shall be made without the consent of the customer and shall only be made for the customer.

5. No staff shall retrieve any reports once they are being sent to customer without the permission of the Managers or above.

NO WORK POLICY

1. All employees of GULF TECHNICAL INSPECTION SERVICES L.L.C shall perform their respective duties without any financial or mental pressure.

2. Any employee, who is under any kind of pressure or problem, excessively tired or has any health problem or finds the working conditions unsafe, shall not proceed with the work and shall inform his superior.

3. All employees shall not perform any jobs for the company or outside that are in conflict of interest with the company, themselves or the company's client. They shall declare to the company the moment they take on other jobs outside.

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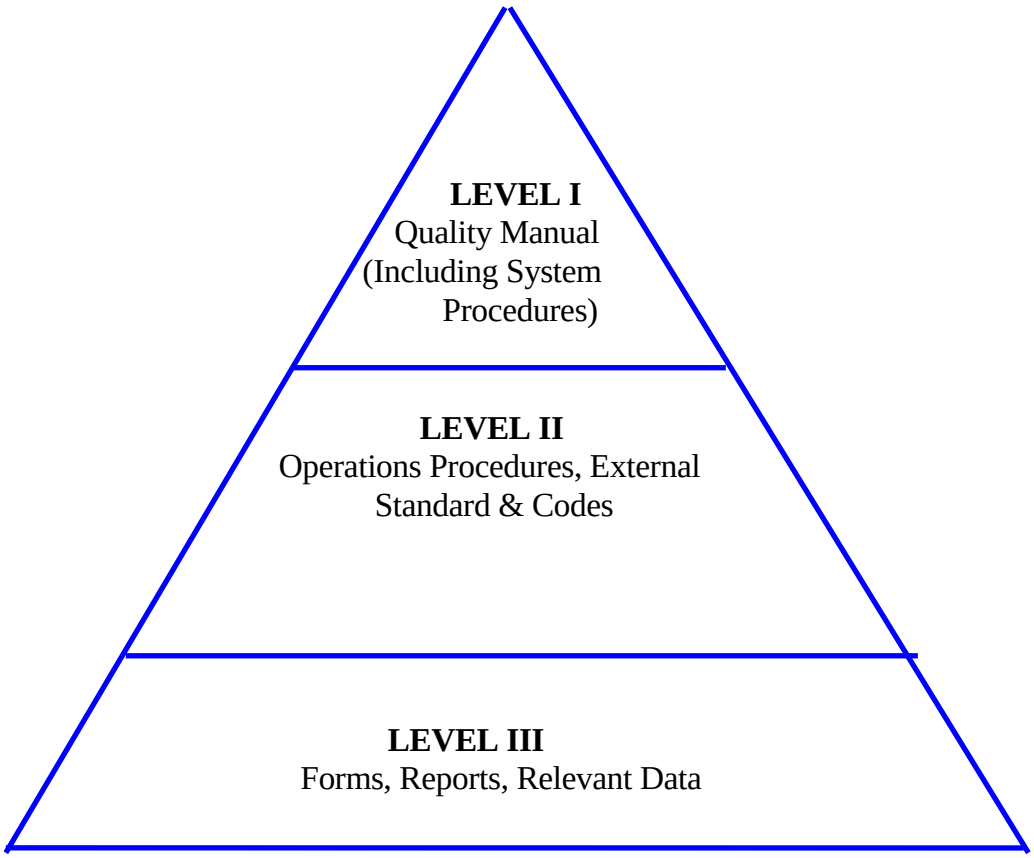

The Quality System Documentation Structure

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LIST OF REFERENCE DOCUMENTS

S/N	DESCRIPTION	Reference No.
1.	Company Written Practice	HT-WP-001
2.	Training Guide	HT-TG-01
3.	Operations Procedure - Ultrasonic Testing (General) - Ultrasonic Testing (ASME / ASNI) - Ultrasonic Testing (AWS – NON – TUBULAR STRUCTURES) - Ultrasonic Testing (AWS – TUBULAR STRUCTURES)	HT-UT-01 HT-UT-ASME-01 HT-UT-AWS-01 HT-UT-AWS-02
4.	Operations Procedure - Liquid Penetrant Testing (General) - Liquid Penetrant Testing (ASME / ANSI) - Liquid Penetrant Testing (AWS D1.1)	HT-PT-01 HT-PT-ASME- 01 HT-PT-AWS-01
5.	Operations Procedure - Radiographic Testing (General) - Radiographic Testing (ASME / ANSI) - Radiographic Testing (AWS D1.1)	HT-RT-01 HT-RT-ASME- 01 HT-RT- AWS- 01
6.	Operations Procedure – Magnetic Particle Testing (General) - Magnetic Particle Testing (ASME / ANSI) - Magnetic Particle Testing (AWS D1.1)	HT-MT-01 HT-MT-ASME- 01 HT-MT- AWS -01
7.	Radiographic Safety Handbook	HT/SH/001

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LIST OF STANDARDS / SPECIFICATIONS / CODES

1. LIQUID PENETRANT TEST	
ASME	Sec.V, Article1,6& 24 (2004 edition) Sec. VIII, Div. 1&2 (2004 edition), Sec IX (2004 edition), ASME/ANSI B31.1 (2001 edition) & 31.3 (2002 edition)
AWS	D1-1 (2004)
BS EN	1289:1998 / A2:2002
API	1104 (1999)
2. MAGNETIC PARTICLE TEST	
ASME	Sec V, Article 1,7 & 25 (2004 edition) Sec. VIII, Div. 1&2 (2004 edition), Sec IX (2004 edition), ASME/ANSI B31.1 (2001 edition) & 31.3 (2002 edition)
AWS	D1-1(2004)
BS EN	1290:1998 / A2:2003 & 1291:1998 / A2:2003
API	1104(1999)
3. RADIOGRAPHIC TEST	
ASME	Sec V. Article 1,2,& 22(2004 edition) Sec. VIII, Div. 1&2 (2004 edition), Sec IX (2004 edition), ASME/ANSI B31.1 (2001 edition) & 31.3 (2002 edition)
AWS	D1-1(2004)
BS EN	1435:1997 / A2:2003 & 12517:1998 / A2:2003
API	1104(1999)
4. ULTRASONIC TEST	
ASME	Sec. V, Article 1,4,5 &23 (2004 edition) Sec. VIII, Div. 1&2 (2004 edition), Sec IX (2004 edition), ASME/ANSI B31.1 (2001 edition) & 31.3 (2002 edition)
AWS	D 1-1(2004)
BS EN	1714:1998 / A2:2003 & 1712:1997 / A2:2003
API	1104(1999)

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MANAGEMENT RESPONSIBILITY

1. INTRODUCTION

This procedure defines the company's management & organisation of its laboratory, which includes the responsibility, authority and interrelation of personnel performing work related to inspection & testing, organisation structure and policies.

2. SCOPE

This procedure describes the general organisation and management of all activities that are to be accredited by ISO/IEC 17025.

3. REFERENCE DOCUMENTS

Job Description & responsibilities – Refer Annexure 1

4. RESPONSIBILITY

The Managing Director is responsible for the effective implementation of this procedure.

5. ORGANISATION

The company presents the organisation structure and layout of the laboratory area within this quality manual. These documents describe the physical resources, human resource, and line of authority and responsibility of personnel, including management & support services.

In addition, job descriptions shall define in detail the roles and responsibilities of individual positions and their limitations. All personnel shall be given a copy and their immediate supervisor shall review the job descriptions with them and ensure that they are understood.

5.1 Management & Supervisory Staff

A. A Technical Manager shall be appointed and be responsible for the technical operations and management of the company. This person shall be qualified in performing work independently, accordance with acceptable qualification defined in SAC-SNGLAS & ISO/IEC 17025 and its related technical notes. He shall work with the Quality Manager on all quality system matters.

B. The Technical Manager shall also look into changes in technical requirements in work, improvements in techniques and ensure that the technical competency of the company is kept up to date as required in accordance to changes in technical requirements and advancement in technology in the industry.

C. A Quality Manager shall be appointed. This person shall be responsible for the quality system establishment, maintenance and its implementation, and shall report directly to the Managing Director on all matters related to the laboratory quality system activities and will communicate and work with the Technical Manager on

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these matters as well. The Quality Manager is also Designated as Management Representative and shall liase with ISO/IEC 17025 on all matters related to the accreditation.

D. Deputy to Quality Manager and Technical Manager shall also be appointed to take over the role and responsibilities of these personnel in their absence.

E. Qualification of personnel for inspection and testing work shall be in accordance with relevant technical notes and industrial practices defined by ISO/IEC 17025. The Quality Manager shall maintain a list of qualified personnel. Qualified independent personnel can supervise other workers during the inspection and testing work. The qualified independent personnel shall supervise not more than five workers at any one time.

F. The Quality Manager, together with the Technical Manager shall ensure that all personnel in the company understands the quality system and implements the system in accordance with the requirements.

G. All Managers and above shall ensure that the policies of the company are consistently practised.

H. The Quality Manager shall ensure that the quality manual and all relevant documents are accessible to staff who needs them for the effective functioning of the quality system.

I. The role and responsibilities of all staff shall be defined in their relevant job descriptions, maintained by the Technical Manager.

J. The company appointed the following personnel as the technical management that would review technical problems when the need arise. They are:

- Managing Director
- Technical Manager
- Quality Manager
- Operations Manager

MANAGEMENT REVIEW PROCEDURE

1. INTRODUCTION

This procedure describes the management review activities in the company and ensures that the review is conducted as per requirement.

2. SCOPE

This procedure covers the review of documented quality system, its implementation and continuing effectiveness and suitability.

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3. REFERENCE DOCUMENTS

Internal Audit Reports
Non-Conformance Reports (HT-NCR-F1)
External Audit Reports

4. RESPONSIBILITY

The Managing Director is responsible for the effective implementation of this procedure.

5. PROCEDURE

A. The Managing Director with the assistance of the Quality Manager shall organize this Management Review.

B. The management review team shall at least consists of the following:

i. Managing Director
ii. Quality Manager
iii. Technical Manager
iv. Managers

C. The Management Review meeting shall be conducted at least once yearly. The Managing Director shall inform the management team at least 2 weeks prior to the intended review.

D. The agenda for the review will cover, where applicable and necessary, the following:

i. Internal and external audit reports
ii. Non-conformance Reports & Corrective Actions (including customer complaints and feedback)
iii. Preventive Actions & Plans for Improvement
iv. New changes in company's work scope and volume of work.
v. Results of inter laboratory comparisons and proficiency tests.
vi. Review of current quality system
vii. Review of quality policy
viii. Training Plan and resource requirements
ix. Previous Management Review Minutes of Meeting

E. Minutes of meeting will be taken as designated by the person chairing the meeting. All necessary actions, plans and implementation identified during the meeting shall be carried out by respective person concerned. The Quality Manager will inform them on the necessary actions and requirements.

F. The Quality Manager shall monitor the implementation and effectiveness of all actions and plans and endorse on the Minutes of Meeting to indicate completion. The Managing Director shall be informed on the outcome.

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CONTRACT REVIEW PROCEDURE

1. INTRODUCTION

This procedure describes the process of contract review established between the company and its customers, the co-ordination of these activities and ensuring that the company has the appropriate resources and facilities to carry out the work.

2. SCOPE

This procedure is applicable to all enquiries and repeated orders initiated by the customer and all contracts awarded to the company.

3. REFERENCE DOCUMENT

Relevant Contract/ Purchase Order/ Enquiry documents.

4. RESPONSIBILITY

The Managers and above are responsible for contract review & dissemination of information to relevant functions.

5. PROCEDURE

5.1 Processing of Sales Enquiries

A. Sales enquiries/confirmation can be verbal or written, local or overseas.

B. The Managers and above who receive enquiries shall review to ensure that :

i. The company is capable of meeting all defined requirements, including test methods used.
ii. All requirements and information are adequately and clearly defined, which can include technical specifications and delivery time
iii. The company has sufficient manpower, equipment, skills & knowledge in handling the work

C. If the company is unable to meet all requirements, the person reviewing & handling the enquiry will contact the customer & discuss the possibility of accepting alternatives and/or making adjustments.

D. Regardless whether the enquiries are verbal or written, when the company is able to meet all agreed requirements; a written quotation will be given to the customers. The quotations shall clearly and adequately define :

i. Details of all agreed and necessary requirements and specifications or carry cross-reference(s) to the source of these requirements & specifications
ii. The cost, terms & conditions

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iii. Quotation reference number from a quotation record book
iv. Indication on areas that are sub-contracted
v. Test methods and any non standard method used
vi. Any subcontracted work (to be reviewed by technical management)

E. Acceptance of quotation or incoming confirmed order by customer shall be in written or verbal form. Written acceptance can come in the form of purchase order, letter of credit/acceptance or endorsement on company's quotation or equivalent.

F. All incoming written acceptance or confirmed order by customer shall be reviewed by the Managers or above. They are to ensure that all requirements, terms & conditions etc. are as per original quotation and/or the company is able to meet all requirements, in particular, the company has sufficient manpower, equipment, skills & knowledge in handling the work. Otherwise, a suitable sub-contractor will be engaged based on the company's purchasing requirements (see QM-4: Purchasing Procedure).

G. Records of all contract reviews will be maintained for at least three years.

5.2 Dissemination of Contract Requirements

A. After reviewing the incoming acceptance from customer and the company is able to meet all requirements (as per paragraph 5.1 F above), the Managers and above will issue a **Job Requisition Record** for the job to be carried out.

B. For each confirmed job, a reference work order/job order number will be issued.

5.3 Review of New Work

A. The Managing Director, Quality Manager and Managers shall discuss and review the requirements and scope of the new work.

B. Paragraph 5.1 & 5.2 shall apply.

5.4 Review of Work Involving Obsolete or Out-dated Procedures

For work involving obsolete or outdated standards/specifications when the need arises, the following procedures shall apply:

A. The Managing Director, Quality Manager and Managers shall discuss and review the requirements and scope of the work.

B. The company shall keep a copy of these procedures detailing all standards/codes/specifications and these procedures shall carry the customer's endorsement in the form of a company stamp and signatory or a letter of acceptance. This copy shall be filed into the respective project/client file.

C. Paragraph 5.1 & 5.2 shall apply.

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5.5 Review of Work Involving Procedures Departing from Documented Standards

For work involving procedures that depart from documented standards/specifications, the following procedures shall apply:

A. The Managing Director, Quality Manager and Managers shall discuss and review the requirements and scope of the new work.

B. Any departure/deviation from documented standards and specifications shall (whenever possible) be traceable and referenced to established industry standards/specifications/codes.

C. The company shall keep a copy of these departing/deviating procedures detailing all requirements and these procedures shall carry the customer's endorsement in the form of a company stamp and signatory or a letter of acceptance. This copy shall be filed into the respective project/client file.

D. Paragraph 5.1 & 5.2 shall apply.

Amendments/Variations to Contract

A. Any variations or amendments to contract or work requirements initiated by either the customer or the company shall be discussed between the company and the customer and come to an agreement on all aspect as per para. 5.1 B. The person responsible for each project, or the manager or director may do this. The person doing the discussion shall document this in a facsimile to the customer or revised quotation as appropriate. This person agreeing to the amendments / variations shall inform all related personnel of the amendments/variations.

B. All facsimile shall be attached to original quotation and all revised quotation shall be filed accordingly.

6. QUALITY RECORDS

Quotations
Quotation Records
Job Requisition Records
Facsimile/revised quotation on amendments/variations
Copies of Obsolete Procedures/Specifications/Codes
Copies of Customer Procedures/Specifications/Codes

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DOCUMENT AND DATA CONTROL PROCEDURE

1. INTRODUCTION

This procedure describes the process of controlling quality system documents and data.

2. SCOPE

This procedure covers all documents generated, reference documents, and where applicable, documents from external origin and transmission of data to customer.

3. REFERENCE DOCUMENTS

Quality Manual

4. RESPONSIBILITY

The Quality Manager, Technical Manager and Managing Director shall be responsible for the effective implementation of this procedure.

5. PROCEDURE

5.1 Document Control Listing

A. Listings are generated to ensure that current revision status is known, so that invalid and/or obsolete documents are not used. The following table shows the master lists generated by the company :

Description of Document Control Listing	Issued & Maintained By
Quality Manual (QM), System and Operations Procedures & Forms (Master List)	Quality Manager
External Standards & Specifications and Manuals (Master List)	Quality Manager

B. A Master Copy of these documents shall be kept by the above-mentioned personnel. The Master copies shall be original hard copies and kept in the **Documents Master List** & **Forms Master List** files respectively.

C. The Quality Manager shall maintain all external standards and shall check with relevant bodies at least once a year to ensure that the most updated versions of the standards are acquired as necessary. The Quality Manager shall inform all operational personnel once there are any changes in the standard.

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5.2 Controlled Documents

A. All controlled documents issued shall be recorded in the **Document Distribution List**, indicating the names of recipients with acknowledgement of receipt by a signatory. All controlled copies shall carry a stamped status on the cover page indicating the name of the recipient of the controlled copy and the date of issue.

Total Pages : 4

B. The personnel responsible for issuing, retrieval and maintenance of these documents are defined in the table of paragraph 5.1.

5.3 Uncontrolled Documents

A. For uncontrolled copies of documents, a recording shall be made on the Document Distribution List. All uncontrolled copies shall carry a stamped status indicating the name of the recipient of the uncontrolled copy and the date of issue.

B. The personnel responsible for issuing of these documents are defined in the table in paragraph 5.1.

5.4 Preparation of Documents

A. The Managing Director shall assign a suitably qualified person (hereafter known as initiator) to prepare or revise documents related to the quality system.

B. All documents and forms shall carry a revision status in the following format: **" Revision X.Y "** or **" Rev. X.Y "** where X indicates the revision number and Y indicates amendment number. All new documents and forms shall carry the initial revision status of " Revision 1 " or " Rev. 1 ".

C. The approval of the documents shall be in accordance with this procedure.

5.5 Approval of Documents

A. Upon completion of any new or revised documents, the initiator shall submit the completed document for review and approval by authorized personnel. The following are authorized for the approval of quality system documents.

Type of Documents	Approving Authority
Quality Manual (QM)	Managing Director
Operations Procedures (OP) & Forms	Technical Manager/Quality Manager
Use of External Standards & Specifications, Manuals	Technical Manager/Quality Manager

B. Approval of QM, OP shall come in the form of a signatory. External standards and external specifications will be updated in the respective Master List after they are reviewed.

C. For new revisions, the approval authority will sign on the page of the QM, OP as an indication of approval. If amendments are to be made, paragraph 5.8 shall apply.

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D. For the first revision, approval of QM and OP would include the concurrent approval of the forms and their format of the quality records defined in these documents. Subsequently, the forms and other standardized quality records are considered approved once they are updated onto the master list.

E. Review & approval is done by original function or person that did the original approval. If this is not possible, the Managing Director will decide on a suitable person and provide the person with adequate background knowledge to do the approval task.

5.6 Document Control & Revision Status

A. When the document has been approved, the initiator shall forward the document to the respective person responsible for maintaining the documents for action on the following:

i. Generating Document
ii. Issue Document Number
iii. Revision Status
iv. Effective Date (date of approval)
v. Updating of Document Master & Distribution List

B. A change of revision shall be accompanied with a change in the revision number, example: Revision 1.0 to Revision 2.0. In this case, a whole new document will be issued.

C. For amendments, it will be reflected by a change in the digit after the revision number and decimal notation, for example: Revision 1.0 to Revision 1.1. The page where amendments are made shall carry the updated revision status and the amended areas shall be underlined or an asterisk shall be placed beside the sentence if underline is not possible.

D. A new revision will be issued when a significant amount of amendments/ changes have been made, with the underlines extracted.

5.7 Issue & Retrieval of Documents

A. Registered new or revised documents will at least be issued to personnel holding **"controlled"** status of the documents, as defined in this procedure.

B. Obsolete controlled copies will be collected for disposition. Obsolete copies retained for reference purpose shall be marked **"Obsolete – Legal / Knowledge"**

C. All issued documents will be reflected on the **Document Distribution List**. The person issuing the revised documents shall retrieve the obsolete documents and dispose them immediately prior to issuing the new document.

D. Documents will be issued in a manner and sufficiently to allow all personnel who need the document to do work has access to relevant documents.

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5.8 Amendments/Changes to Documents

A. All personnel wishing to make changes in the existing document shall discuss with the relevant personnel maintaining and approving the quality documents. When necessary, consultation with affected personnel shall be made.

B. Suggested changes shall be subjected to approval from the original personnel that did the initial review and approval, unless otherwise specifically designated by the Managing Director. The changes shall be made and approving authority shall sign and date on the updated document to indicate approval of changes.

C. Designated personnel/functions for approving documents shall have access to all related background information.

D. Paragraph 5.6 shall apply.

5.9 Forms For Quality System

A. All forms for quality system shall carry a **Forms Master List** to show the current revision of the forms. (See Appendix B for samples of forms)

B. For application purpose, copies of the forms may be made. Personnel making copies of the forms are responsible to destroy them when new revision is released.

C. Paragraph 5.8 shall apply except 5.6C & 5.6D as forms shall only be upgraded by revision numbers only.

6. QUALITY RECORDS

Document Master List
Forms Master List
Document Distribution List

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PURCHASING PROCEDURE

POLICY: ***"Suppliers of materials and services shall be selected on their ability to meet the company's requirements, giving due consideration to the quality, statutory obligations, time and cost".***

1. INTRODUCTION

This procedure describes the process of carrying out purchasing in order to ensure that the purchased products and services conform to specified requirements.

2. SCOPE

It is applicable to the purchasing of products & services that are to be incorporated into the service provided by the company to its customers.

3. REFERENCE DOCUMENT

Nil

4. RESPONSIBILITY

The Managers and above are responsible for the implementation of this procedure.

5. PROCEDURE

5.1 General

A. All purchases that have specified requirements shall be made from approved vendors only. Approved vendor shall be documented on the **Approved Vendor List**. The company shall maintain an Approved Vendor List containing the following :

i. Name and Contact of Vendor
ii. Products/Services Provided
iii. Quality System of Vendor

5.2 Execution of Purchase

A. Managers or above making purchase shall detail all necessary purchasing data on a purchase order to the vendor.

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B. They shall check to ensure that all necessary purchasing data are defined adequately and clearly before signing on the purchase order and issuing to the vendor.

5.3 Purchasing Data

A. All necessary relevant information pertaining to the purchase shall be clearly defined in the purchasing documents or cross-reference to them. The purchasing data, where applicable, will include:

i. Description of product/services, scope and purpose
ii. Type/grade of material, quantity and colour
iii. Technical specifications, including qualification of personnel, personnel and processes.
iv. Packaging & preservation requirements
v. Requirements for Certificate of Conformance/Test certificates or equivalent for personnel, equipment and products when required
vi. Delivery Date and requirements for expiry dates

5.4 Qualification of Vendors

A. Vendors are qualified (depending on the products or services to be acquired) on the basis of one or more of the following criteria:

i. Established quality assurance system like ISO 9000 , ISO/IEC 17025.
ii. On site survey or obtaining information on the company's process capability. This can include the qualification of personnel, control of equipment, processes and work capability, storage capability & traceability.
iii. Reputable and established manufacturer.
iv. Suppliers or sub-contractors that have been supplying to the company before 1/3/2001 and have been found to be satisfactory.
v. Compliance with criteria of ISO/IEC 17025 on relevant areas of sub-contract work.

B. All other things equal, preference will be given to the vendor that has a certified/accredited quality system. For ISO/IEC 17025 accredited work, wherever possible and available, sub-contract shall be given to accredited laboratory.

C. All new vendors shall be evaluated by the knowledgeable personnel, and approved by the Manager or above with details of qualification recorded in the **Vendor Evaluation Form**.

D. For one-off purchase of items that has important specified requirements that will affect quality of products, the vendor shall be evaluated on the spot as per paragraph 5.4A above. Recording of results on vendor evaluation form will not be necessary. If facsimile is issued, the basis of acceptance of the vendor or its product is defined on it. Otherwise, if it is a cash purchase on the vendor receipt / delivery order or equivalent.

E. For purchase that does not affect quality of products, evaluation is not necessary.

F. All sub-contracted work under ISO/IEC 17025 accreditation shall be recorded in the **Register Of Sub-Contracted Work**, detailing the job reference number, work done and name of sub-contractor. This register shall be maintained by the Quality Manager.

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G. All sub-contracted work under ISO/IEC 17025 accreditation shall be supervised by a qualified personnel from the company. Before the commencement of project/work, the subcontractor's inspector shall be tested by the supervising personnel for competency in the relevant of work. This is to ensure the sub-contracted work are performed in accordance to the customer's requirements and are in line with the company's quality policies.

H. For hiring of manpower for testing work to be part of the company's testing team, the company shall ensure that those personnel are qualified and shall test them before commencement of work and will use them only when they are found to be acceptable. These personnel will be supervised during work.

5.5 Inspection and Storage of Purchased Products

A. All incoming products including consumables and equipment shall be checked for acceptable condition, relevant certificate of conformance and expiry dates where applicable. This can be done by any qualified operators

B. Only acceptable products shall be accepted into the company. Otherwise they will be rejected

6. QUALITY RECORDS

Approved Vendor List
Vendor Evaluation Form (HT-VEF-F3)
Purchase Order
Register of Sub-Contracted Work (HT-SCW-F9)

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MEASUREMENT IDENTIFICATION AND TRACEABILITY PROCEDURE

1. INTRODUCTION

This procedure describes the method of suitable measurement identification and traceability of work done by the company.

2. SCOPE

This procedure covers identification & traceability of work and measurements during all stages of work and processes until delivery.

3. RESPONSIBILITY

All Managers and Operations Personnel are responsible to ensure that product identification and traceability is carried out as per this procedure.

4. PROCEDURE

4.1 General

A. All jobs done by the company shall be given a Report Number.

4.2 Incoming, In-Process, Packaging & Delivery

A. The Report Number shall be stated in all reports, records and site records that follow the job.

B. The Report Number may also be marked on the job itself.

4.3 Measurement Identification & Traceability

A. Where possible and meaningful, the equipment used for work shall be documented on site records and reports. This includes any serial number on the equipment. This is to facilitate traceability of measurements.

B. In addition, if any site calibration "master/gauge" is used, the serial number of this "master/gauge" will be recorded in the site records as well.

4.4 Filing indexing and storage

All test reports will be filed chronologically and method wise and calibration reports will be filed chronologically and equipment wise.

4.5 Retention of Reports

All test reports will be retained for a minimum period of three years and calibration reports for two years.

5. QUALITY RECORDS

Test Reports and Calibration Certificates

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WORK CONTROL, REPORTING AND INTERNAL VERIFICATION PROCEDURE

1. INTRODUCTION

This procedure outlines the control of inspection work, safety, environment, reporting and recording of results and verification activities that directly affects quality of the services to ensure that quality requirements are met.

2. SCOPE

This procedure is applicable to all inspection work carried out by the company.

3. REFERENCE DOCUMENT

Corrective & Preventive Action Procedure (QM-8)
Operations procedures
Equipment Manuals

4. RESPONSIBILITY

The Managing Director, Managers and Operations Personnel shall be responsible for the execution of this procedure.

5. PROCEDURE

5.1 Job Initiation

A. Job requirements are defined on the Job Requisition Records given to qualified personnel. A listing of qualified personnel will be prepared and maintained by the Quality Manager.

B. Preparation for work shall be based on **Operations Procedures (OP)**, which includes safety requirements and work requirements.

5.2 Control of Work

A. All personnel performing work must be suitably qualified, trained and experienced in the work. The qualifications will be based on ISO/IEC 17025 requirements.

B. Work shall be carried out based on industrial specifications, operations procedures, operations/equipment manual and customer's specifications. These typically include :

i. Method of inspection (approved methods, where possible in accordance with published international or national standards, or reputable technical publications)
ii. Preparation of component to be inspected and conditions whereby inspection can be carried out, and handling of components

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iii. Safety Requirements
iv. Acceptance Criteria
v. Calibration of equipment before use or use of standard indicators to show accuracy and precision
vi. Precautions to ensure accuracy of inspection work.

C. If acceptance criteria and variations in test method, requirements or specifications is requested from customer and these are within acceptable limits of any well recognized codes, standards and specifications, such variations are permitted departures from the company's normal working standards. (See **QM-2: Contract Review Procedure**).

5.2.1 Processing of Radiographic Films

A. Film processing shall be carried out in accordance with manufacturers recommended practices. All radiographic films processed shall be recorded in the **Processed Radiographic Films Record**.

B. Temperature control of processing chemicals shall be checked before use. This shall be recorded in the **Dark Room Temperature Record**.

C. All films and processing chemicals shall be stored in accordance to the manufacturer's recommended practice.

5.3 Internal Quality Control and Verification

A. The company will participate in relevant proficiency testing programs and inter-laboratory comparisons organized by SAC, according to frequency required by SAC.

B. The company will also verify the company's ability to perform inspection using the established inspection methods by performing them on known test samples. The company will maintain a record if the company successfully perform the inspection work.

C. All qualified staff will be tested on their knowledge and skills once a year by the Quality Manager. This is to ensure that all staff maintains an acceptable level of skills and knowledge. The company will also ensure that the relevant personnel have their eyes tested yearly and other health and safety requirements are complied in accordance with regulations and ISO/IEC 17025 requirements.

D. For radiography, another qualified staff shall check the calculation requirements and set up and sign on the report if it is concurred. If there is a disagreement, the checking staff shall write his results on the site records and circle the adopted results used on site. Under these conditions, the person of authorized signatory shall verify the results and sign on the records if he agrees with the adopted set up and results.

E. All reports shall be checked and verified by the laboratory's authorized personnel to ensure that the results are logical and reasonable. All radiographic films shall be reviewed by the authorized personnel before acceptance of interpretation and reports.

5.4 Access Control and Housekeeping

A. All visitors shall be accompanied by a management/ supervisory staff at all times.

B. Access to the company's Darkroom, Viewing Room and Storeroom shall be restricted to authorized personnel on a work-related basis.

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C. The Radiation Storage Pit shall only be accessed by RPI (Radiation Protection Inspectorate of Singapore) registered radiation workers and licence holders.

D. The premises of the company and its laboratory shall be maintained through periodic housekeeping activities.

E. All technical equipment shall be maintained in accordance to the **Control of Equipment & Reference Materials Procedure** defined in this quality manual (see **QM-7**).

5.5 Sampling & Handling of Inspection Items

A. For the company's nature of work, sampling is not required.

B. Handling of components and preparation of inspection items are defined in relevant operations procedures

5.6 Reporting

A. All work requirements shall be recorded on Job Requisition Form.

B. All results on site shall be recorded on relevant **Site Records** and information transferred to Test Reports. The site records include:

i. Description of item inspected
ii. Definition of method used
iii. Location of inspected item
iv. Equipment and method used
v. Condition of test item and any abnormalities
vi. Deviation of inspection condition from standard condition
vii. Results and observations
viii. Person performing the inspection
ix. Calibration of equipment

C. All recordings shall be made in ink, and all errors shall be cancelled and signed in ink and not "blanko" or erasing of data and results. The person doing the alterations shall sign next to alterations.

D. The formal report, in addition to those information on site records shall have

i. Title of report
ii. Name of project
iii. Name of company (laboratory)
iv. Page numbering system and a page number
v. Report number
vi. Date of inspection
vii. Deviations and abnormalities observed for standard conditions and method
viii. Results (including sketches, pictures etc)
ix. Signature and title of reviewing and approving authority and date of issue
x. Identification of sub-contracted work
xi. Statement on reproduction of report
xii. Shall contain statement on acceptance of product/component, i.e. stating that the product quality is acceptable.

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E. All test reports shall be recorded in the **Document Register - Test Reports** and an internal copy shall be filed in the respective test report files.

F. All test reports shall be kept for five (5) years and all other records shall be kept for three (3) years. Disposal of quality records shall be done by the Quality Manager by shredding or tearing into pieces.

5.7 Verification, Inspection & Non-Conformity

A. Any non-conformance found during inspection, verification and reporting shall be dealt with in accordance with the **Corrective & Preventive Action Procedure** (see **QM-8)**.

B. All necessary corrective action and/or preventive action shall be carried out in accordance with the **Corrective & Preventive Action Procedure** (see **QM-8)**.

C. All amendments or changes to reports once they are issued shall be done with a supplement to report only.

D. All re-work or re-written reports shall be verified again.

6. QUALITY RECORDS

Operations procedures
Site Records
Test Reports
Dark Room Temperature Records
Processed Radiographic Film Records
Document Register - Test Reports

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CONTROL OF EQUIPMENT & REFERENCE MATERIAL – PROCEDURE

1. INTRODUCTION

This procedure has been established to ensure that the test / technical equipment is capable of performing its verification and inspection functions through control, maintenance and checking of the equipment.

2. SCOPE

It is applicable to inspection, measuring and test equipment and reference materials used in inspection activities.

3. REFERENCE DOCUMENTS

Equipment Operations Manual
Operations/ Testing procedures

4. RESPONSIBILITY

The Technical Manager and all qualified operators are responsible for the effective implementation of this procedure.

5. PROCEDURE

5.1 General

A. Equipment and master/reference materials used in the company for measuring and testing parameters that have specific tolerance, range or accuracy that needs to be achieved shall be calibrated, unless without calibration, the equipment is capable of determining and measuring the required parameters within the tolerance and range specified.

B. Equipment that does not require calibration will be checked for wear and tear and functionality at least once a year.

C. Regardless whether calibration is done, all equipment shall be handled and preserved in a manner that prevents damage or deterioration, taking the manufacturer's guidelines into consideration.

D. The Technical Manager shall maintain a **Technical Equipment Master List** that provide information of the equipment and master/reference materials and the calibration status and needs of the equipment and master/reference materials. In addition, a **Technical Equipment History** shall be maintained and filed in the respective **Equipment Records**. The Technical Equipment History shall contain the following :

i. Name/description of equipment
ii. Manufacturer/brand name, type and model
iii. Serial number
iv. Date in service
v. Condition when received
vi. Maintenance and Calibration work done, with dates and results

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vii. History of damage, malfunction, modification and/or repair
viii. In house checks and their frequency
ix. Date of last calibration and next calibration

E. Manufacturer's operations manual shall be maintained to ensure that equipment are operated and handled in a proper manner and maintained in a manner that prevents damage, deterioration or damage. In the absence of sufficient information, operations procedures shall supplement the manufacturer's operations manual. This operations manual and operations procedures shall be maintained by the Technical Manger and available for reference by all personnel operating the equipment.

5.2 Equipment Usage and Maintenance

A. All movement of equipment shall be recorded in their respective **Equipment Movement Record,** defining the equipment, the job and location of equipment. Any operations manual and/or operations procedures borrowed for reference shall also be recorded in the **Library Loan Record**. All radioactive source movement shall be recorded in the **Source Movement Record**.

B. Equipment shall be operated by staff qualified to do work or by trainees under the supervision of qualified staff.

C. All equipment shall be maintained by operators in accordance to relevant operations manual or operations procedures during normal work. Periodic maintenance/calibration shall be done by external sub-contractor or by the company. Maintenance by the company shall be documented in relevant **Maintenance Checklist**. All maintenance records / checklists shall be recorded in the respective Technical Equipment History and filed in the respective Equipment Records files.

5.3 Faulty Equipment, Master and Reference Materials

A. The person using the equipment and/or master / reference materials shall constantly pay attention to the equipment and / or master/reference materials he is handling and verify the condition of the equipment and/or master/reference materials. If in the event the equipment and/or master/reference materials have been subjected to overload or mishandling and gives questionable results or has been shown to be inaccurate through calibration or found defective, the equipment and/or master/reference materials shall not be used.

B. Any equipment and/or master/reference materials that is found / suspected to be faulty or inaccurate shall not be used and shall be recorded in the **Faulty Equipment Record** and shall carry the wordings **"DO NOT USE"** immediately.

C. All faulty or inaccurate equipment to be repaired shall be sent for repair and shall be calibrated after repair, otherwise it shall be thrown away. The Technical Manager will decide this.

D. Data that are suspected to be invalid resulting from the use of faulty or inaccurate equipment and/or master/reference materials shall be reviewed and inspection will be conducted again if this is practical. The customer will be informed of the situation through a facsimile transmission if results are suspected to be invalid after they are submitted.

E. All equipment that are loaned to other party shall be rechecked for acceptable condition by Technical Manager / Quality Manager or his designate once they are returned. The results shall be recorded in equipment history record.

5.4 Maintenance & Storage of Equipment

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A. Used equipment and master/reference materials shall be cleaned before storage. If the equipment will not be used the subsequent day, wherever appropriate, protective grease/coatings shall be applied to prevent deterioration.

B. Where original storage protective casing is available, they shall be used for storage purpose. Equipment and master/reference materials that are portable shall be kept on shelves to safeguard its accuracy and protect from damage.

5.5 Calibration of Equipment

A. Equipment to be calibrated shall be calibrated at frequency defined on the Technical Equipment Master List and Technical Equipment History. The equipment shall be sent out to suitably approved laboratory namely the ISO/IEC 17025 accredited laboratory or PSB or any laboratory accepted by ISO/IEC 17025.

B. The Technical Manager shall be responsible for sending equipment for calibration when they are due.

C. Upon receipt of calibration report from laboratory, the Technical Manager shall review the results of the calibration and update the Technical Equipment Master List and Technical Equipment History if these results are acceptable. The Technical Manager shall at least check for accuracy of equipment, traceable to National or International standards of measurements, and method of calibration done. If the results are not acceptable, the Technical Manager shall decide on the disposition. Section 5.3 shall apply and the decision shall be recorded on the calibration report.

5.6 Status of Equipment

A. All calibrated equipment shall at least have indicated on them the next due dates for calibration.

B. All faulty and not calibrated equipment shall be marked **"DO NOT USE"**.

5.7 Masters & Reference Standards

A. All master or reference gauge/block used in the company shall be labelled with an **"M"** and shall not be used for any other purposes other than calibration. All equipment shall have their own identification number.

B. Master or Reference gauges/blocks shall be replaced or sent to a ISO/IEC 17025 accredited laboratory or PSB or any laboratory accepted by ISO/IEC 17025 for calibration.

6. QUALITY RECORDS

Technical Equipment Master List
Technical Equipment History
Faulty Equipment Record
Source Movement Record
Equipment Movement Book
Library Loan Book
External Calibration Reports
Maintenance/Service Chits/Reports from Sub-contractors/Service Centres

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CORRECTIVE AND PREVENTIVE ACTION PROCEDURE

POLICIES ON

CUSTOMER COMPLAINTS: ***"All customer complaints shall be documented, reviewed and rectified to the satisfaction of customers by the nominated personnel".***

CONTROL OF NON-CONFORMANCE: ***"All non-conformances reported shall be documented, reviewed, rectified and areas for improvement shall be identified by the nominated personnel.***

CORRECTIVE ACTION: ***"Appropriate corrective action shall be taken after identifying the cause for all the non-conformances and customer complaints received".***

1. INTRODUCTION

This procedure describes the corrective & preventive actions taken to eliminate the causes of actual or potential non-conformities.

2. SCOPE

This procedure cover all corrective & preventive actions required for non-conformities encountered in the course of inspection work, processing, reporting, delivery of reports, including internal or external audits and customers' complaints.

3. REFERENCE DOCUMENTS

Document & Data Control Procedure (QM-3)
Purchasing Procedure (QM-4)
Quality Audit Procedure (QM-9)

4. RESPONSIBILITY

The Quality Manager, Managing Director and Technical Manager are responsible for the effective implementation of this procedure

5. PROCEDURE

5.1 Identification of Non-Conformity

A. Testing & Reporting Non-Conformance.

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All non-conformance found during testing, verification and reporting shall be brought to the attention of the Technical Manager or Quality Manager. An evaluation of the situation shall be made and if necessary, the Technical Manager or Quality Manager shall halt all work until the situation is satisfactorily rectified. Immediate rectification work shall be decided, which can include one or more of the following:

1. Rework or rewrite report
2. Engage external specialist
3. Change of testing personnel
4. Make other arrangements to ensure that work can be done correctly

The client will be notified on all situations that will affect them. The Quality Manager or Technical Manager will authorise the resumption of work in appropriate time once rectification is decided and if applicable customer approval will be sought.

B. Internal Non-Conformity (Quality System)

All employees are responsible to report any non-conformity to the Quality Manager accordingly.

C. Customer Feedback/Complaints

All customer complaints received by any employee shall be brought to the attention of the Quality Manager, whom shall take necessary actions as defined in this procedure. This includes issuing, where appropriate, the **Non-Conformance Report (NCR)**, proposal and agreement on corrective & preventive actions and follow-up verification.

The Quality Manager shall inform the Managing Director on all customer's complaints and report to him on all findings, actions and outcomes. The Quality Manager or Managing Director shall inform the customer the outcome of the investigations and the status of the problems.

5.2 Investigation

A. The Quality Manager or Technical Manager with the personnel concerned shall investigate all non-conformities to determine the root cause(s) and the Quality Manager or Technical Manager shall issue in each relevant case a NCR.

B. For non-conformities uncovered during internal audit exercise, the auditors themselves shall issue the NCR and agree on the corrective actions and possible preventive action.

C. For non-conforming products/services, the Technical Manager shall investigate and determine the necessary corrective actions needed.

5.3 Proposal for Corrective Action

A. On receipt of an NCR, the respective personnel concerned shall respond to the Quality Manager, Technical Manager or auditors (for internal quality audit) with proposed corrective actions and time period for complete implementation. Where possible and necessary, preventive action(s) will also be proposed.

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B. For non-conformities arising from the course of work, the person concern shall propose corrective actions and this shall be agreed and approved by either the Technical Manager or his deputy. Where possible and necessary preventive action will also be proposed. This action shall include where applicable, prevention of re-occurance of non-conformances.

C. The corrective actions shall be appropriate to the seriousness of the problem and the level of risk involved and shall address the cause(s) of the non-conformity.

5.4 Response and Monitoring of Corrective Action

A. The respective personnel are responsible to ensure the timely implementation of corrective actions to prevent reoccurrence of the non-conformities.

B. The Quality Manager, Technical Manager or Internal Quality Auditors (for Internal audit) shall verify that corrective actions and preventive actions have been satisfactorily implemented and effective before signing-off on each NCR to indicate closure.

C. For product non-conformity, the Technical Manager / Quality Manager or above shall carry out the follow-up action to verify completion effectiveness and implementation of corrective actions and/or preventive actions.

5.5 Preventive Action

A. Preventive actions, where possible and appropriate, will be implemented once any non-conformity is found.

B. The Technical Management shall review all NCRs (for quality system and internal audit) and other relevant data and information (e.g. External audit reports, customers feedback) minimum once yearly to detect any potential areas that can give rise to non-conformities and also to brainstorm any potential problems. The Technical Management, when necessary, shall discuss with related personnel on the potential areas of non-conformities and initiate improvement actions.

C. The Technical Management Team shall assign the personnel responsible for the potential problem areas to investigate and initiate preventive action and improvement actions. All actions initiated will be reported in the NCR.

D. The Quality Manager shall verify that the actions taken are effective to prevent potential non-conformities.

E. The Quality Manager shall summarize the preventive actions taken for management review.

5.4 Improvement

A. At Hi-Tech the improvement process is a way of life. The objectives for improvement will be established based on the key measures established by the management team.

B. Customer satisfaction, internal audit, employees performance data will be collected and analysed to set objectives and identify opportunities for improvement. Customer perception survey will be carried out once in a year to assess the customer satisfaction

C. The effectiveness of corrective and preventive actions taken as well as the overall progress towards achieving Improvement objectives is assessed every year in the management review meeting and new/changed improvement objectives will be established

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5.7 Doubts in Inspection & Testing Results

A. At any time, if a customer complaint or rejected work or any circumstances cast doubts on the reliability of the testing and inspection work or non compliance with requirement of the company's documented quality system and/or ISO/IEC 17025, an internal audit will be carried out on those doubtful areas. This shall be done in accordance with the **Quality Audit Procedure (QM-9)**.

5.8 Changes in Procedures and Quality documents

A. Where corrective & preventive actions requires changes to procedure and other quality documents, the person proposing the changes shall initiate the changes.

B. The procedure to effect the changes shall be in accordance with **Document & Data Control Procedures (QM-3)**.

6. QUALITY RECORDS

Non-Conformance Report (HT-NCR-F1)

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QUALITY AUDIT PROCEDURE

1. INTRODUCTION

This procedure describes the process of performing internal quality audits on the established quality system to ensure conformance, as well as to seek improvements.

2. SCOPE

This procedure covers the Internal Quality Audit (IQA) activities for all departments performing quality-related functions. It also covers the follow-up actions for quality system audits including those performed by external bodies.

3. REFERENCE DOCUMENTS

Internal Audit Checklist
Corrective & Preventive Action Procedure (QM-8)
ISO/IEC 17025

4. RESPONSIBILITY

The Managing Director and Quality Manager are responsible for the effective implementation of this procedure.

5. PROCEDURE

5.1 Internal Audits

A. Audit Objective(s) & Schedule

The Managing Director with the assistance of the Quality Manager and when necessary, other management staffs, shall decide on the objective(s) and scope of the IQA.

Audits will typically be performed before external audits and once a year. Audits shall cover all quality system requirements.

In addition, at any time, if a customer complaint or rejected work or any circumstances cast doubts on the reliability of the testing and inspection work or non compliance with requirement of the company's quality system and/or ISO/IEC 17025, an internal audit will be carried out on those doubtful areas.

B. Audit Resources

The Quality Manager together with the Managing Director shall select auditors and Lead Auditor for performing the IQA. All auditors shall be trained in performing Internal Audits. They can be Internal Auditors or hired external professionals.

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Audit Preparation

The IQA schedule will be prepared by the Lead Auditor. More important activities shall be given priority. This schedule will be distributed to all departments/areas concerned . An internal quality audit checklist shall be prepared by the auditors.

The nominated auditors shall be responsible to inform the relevant personnel / department about the scheduled audit, scope & objective(s) at least 3 days prior to commencement of audit. Any postponement made will not exceed 2 weeks from the original schedule. Auditors shall familiarise themselves with the objective, scope, checklist, relevant procedures & standards and the activities of the department.

C. Audit Execution

Auditors shall advise the responsible personnel on the scope and objective(s) of the audit before starting the audit. The auditors shall review all quality activities according to established procedures to ensure compliance.

On completion of reviewing the department's activities, the auditors shall verbally feedback to the responsible personnel on any findings uncovered during the audit.

D. Non-conformity & Corrective Actions

Any non-conformity identified during the audit will be recorded in the Non-Conformance Report (NCR) form by the auditors, for corrective actions to be initiated by the responsible personnel.

Corrective actions taken shall be timely and not exceed 4 weeks unless an acceptable reason is given and approved by Managing Director.

E. Audit Reporting

All auditors shall prepare the necessary NCR for non-conformity found and audit summary report of the audit performed by them. The NCR and Audit Summary Report shall be submitted to the management and auditees at the time defined in the audit schedule.

F. Follow-Up Actions

The auditor responsible for generating the NCR will conduct a follow-up check to verify that the corrective actions are taken and effective. If corrective actions are not acceptable, another NCR will be issued for corrective actions together with an arrangement for another follow-up verification until the auditor is satisfied with the corrections. If corrective actions are still not satisfactory and effective, the matter shall be reported to the Lead Auditor and the Managing Director for review and decision.

Upon satisfactory completion of corrective action, the auditors shall close-up the audit exercise and submit all reports (See F above), checklists to the Quality Manager for filing. The Quality Manager shall report the status of the IQA to the Managing Director, after the completion of the IQA and the closing of all corrective actions.

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5.2 External Audits

A. For audits conducted by external bodies, the Quality Manager shall be responsible for the follow-up actions to ensure that all necessary corrective actions are taken and effective. The Quality Manager shall inform the Managing Director upon completion of all corrective actions.

5.3 Doubts

A. If it is found during the internal audit that there are doubts to reliability of the testing and inspection results, corrective actions shall be taken immediately and if the results of the inspection and testing work are unacceptable the customer shall be informed immediately.

6. QUALITY RECORDS

External Audit Report
Audit Summary Report (HT-ASR-F7)
Non-conformance Report (HT-NCR-F1)

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TRAINING PROCEDURE

POLICIY: "*Al personnel shall be trained to the extent necessary to undertake their assigned activities and responsibilities effectively.*

1. INTRODUCTION

This procedure describes the process of identifying training needs and providing knowledge and skills to all employees through training activities.

2. SCOPE

It covers the training and development activities of employees, particularly personnel who perform activities that affect quality.

3. REFERENCE DOCUMENTS

Management Review Procedure (QM-1)
Company's written practice (HT-WP-001)

4. RESPONSIBILITY

The Managing Director, Quality Manager and Technical Manager are responsible for the effective implementation of this procedure**.**

5. PROCEDURE

5.1 General

A. The Administration will be responsible for the arrangement of all training activities.

B. The company aims to have at least 70% of its technical and testing staff qualified to ASNT level II for one method at all times.

5.2 Qualifications of Personnel

A. Personnel performing work that affects quality shall be qualified based on one or more of the following:

i. Relevant and appropriate academic or professional qualifications
ii. On the job training in the company for one year

B. Personnel performing inspection & testing activities shall be qualified based on the requirements stipulated by the Technical Notes from ISO/IEC 17025 and other physical and health requirements as well. Evaluation of personnel shall be done yearly in accordance with the relevant requirements.

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5.3 Orientation

A. All new employees will undergo an orientation program covering the following areas where applicable:

i. Introduction to the Company
ii. Quality Policy & Objectives
iii. Relevant Quality & Operational Procedures
iv. Safety Policy & No Work Policy
v. Confidentiality Requirements
vi. Review of Job Description

B. The Quality Manager is responsible for ensuring that this is carried out.

5.4 On the Job Training

A. Upon completion of the orientation program, all new employees follow on job training period of up to one year. Each employee will be placed on the job training by the respective supervisors, based on training requirements defined by the company.

B. For personnel performing technical functions, at any time the new employee is deemed to be competent by the Management or his immediate supervisor, he will be sent for relevant professional qualification tests.

5.5 Identification of Training Needs

A. Training needs of new employees will be identified by the respective supervisors, Managers or the Managing Director, depending on the employee's education and previous working experience. The identification shall be done at the start of the employment and upon completion of the employee's probation. This is to ensure that the employee is competent in performing his work.

B. The company shall plan for the training of its employees based on the company's future direction. This shall be discussed during the company's Management Review meeting and documented in the Minutes of Meeting. Before the meeting, respective superiors shall determine the training needs of their subordinates and inform the Managing Director of those needs.

C. The Administration shall arrange for all approved training and make necessary arrangements to ensure that they are carried out.

D. During the year, where there are any training needs that arises, the immediate supervisor shall propose external training program to the Managing Director.

E. External training courses shall be approved by the Managing Director.

F. All completed training shall be recorded in the **Personal Training History** and filed in the respective **Training File**, together with any certificates, testimonials and/or results.

6. QUALITY RECORDS

Personal Training History (HT-PTH-F6)
Appropriate copies of training certificates/records

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CONTINUAL IMPROVEMENT PROCEDURE

1. INTRODUCTION

This procedure describes the process needed to assure Continual Improvement in all spheres of operation. These activities include assessment of customer satisfaction, conduct of internal audit, monitoring and measurement of process and employee contribution

2. SCOPE

This procedure covers the measurement, analysis and improvement activities carried out to ensure customer satisfaction and continual improvement

3. REFERENCE DOCUMENTS

Management Review Procedure (QM-1)

4. RESPONSIBILITY

The Managing Director, Quality Manager and Technical Manager are responsible for the effective implementation of this procedure**.**

5. PROCEDURE

5.1 Customer Satisfaction.

A. Customer are the reason we exist and drive our Quality policy towards meeting the customer satisfaction. Quality manager has the overall responsibility for identifying and reviewing customer requirements , monitoring and measuring customer satisfaction.

B. Quality Manager will conduct customer perception survey to get the feedback and to find the level of customer satisfaction. The results of the customer perception survey will be reviewed and analysed in the Management review meetings twice a year and actions for improvement will be initiated wherever required.

5.2 Internal audit :

A. Internal audit results are critical inputs to aid in assessing the effectiveness of our QMS and identifying opportunities for improvement.

B. Internal audits are conducted in accordance with Quality Audit Procedure QM 9. Internal audit results are used to determine the scope, nature and frequency of future internal audit. Accordingly, the internal audit process is one of the method for communicating with and involving employees in continual improvement. Internal audit are also a primary method for monitoring and measurement of all key QMS .

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5.3 Monitoring and measurement of process:

A. A process is effective if desired results are achieved. Effectiveness can be measured in terms of product quality, process accuracy, delivery/schedule performance, employee/function performance against established objectives, and/or customer satisfaction.

B. A process is efficient when resource utilization is optimal. Efficiency can be measured in terms of total resource utilization, productivity indicators and or waste/ retesting costs or hours.

5.4 Employee contributions.

A. We ensure that our employees are aware of the relevance and importance of their activities and how they contribute to the achievement of our quality objectives. This is achieved through awareness training , employee suggestion scheme. Awareness training about our Quality policy, Quality management system in addition to regular training in the Non-Destructive testing methods.

B. Employees are motivated to actively involve in employee suggestion scheme. All the employee suggestions are reviewed and the suggestions which leads to improvement of the operation/Quality will be implemented. Once in three months a suggestion meeting chaired by Technical Manager will be convened and all the suggestions will be analysed and actions will be initiated.

6. QUALITY RECORDS

Customer perception survey data analysis.
Internal Audit reports
Employee suggestions