Xyz Company Proprietary Limited

Quality Management Plan

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1.3 Document Control

The QMP is a controlled document. All unauthorised copies, either electronic or printed, are considered uncontrolled copies. Copyholders and the version numbers are to be recorded in the distribution record.

All versions of the QMP will have a unique document number and version number.

All versions of the QMP will be kept as a record and noted in the *Document Register (10.16).*

1.3.1 Distribution Record

Copy	Issued to	Controlled Copy		Authorised by:	Recipient Signature	Issue Date
		Y	N			
1		☐	☐			
2		☐	☐			
3		☐	☐			
4		☐	☐			
5		☐	☐			

1.3.2 Amendment Record

ISSUE #: 1
ISSUE DATE:

Rev. #	Date	Details		Description of Changes	Approved By
		Section #	Para. #		
1					
2					
3					
4					
5					

1.4 Standards and Guidelines

AS/NZS ISO 9000:2016 Quality Management Systems – Fundamentals and vocabulary.
AS/NZS ISO 9001:2016 Quality Management System requirements.
AS/ISO 10005: 2018 Quality management—Guidelines for quality plans.
Insert any standards or guidelines applicable to your industry.

4.4 Identification of Non-conformances

It is the responsibility of all employees to bring suspected non-conformances to the attention of (enter nominated representative here). Non-conformances may be identified through the following methods:

- Audit findings (internal or external);
- Complaints (internal or external);
- Observation;
- Incidents/Near-misses.

4.5 Control of Non-conformances

When non-conformity occurs with one of our products or services, including where a customer is not satisfied with what they have received, we will:

- React to the nonconformity by way of acknowledging that we have not met the customer's requirements. A form for recording the nonconformity can be found at *Non-conformance Form (10.4)* and we will, as applicable;
- Take the appropriate actions to control the process and correct the issue;
- Do all possible to fix the relationship with the customer and provide assurance that the nonconformity does not occur again;
- Investigate and evaluate where the nonconformity occurred and develop actions to eliminate or mitigate the causes of the nonconformity so that reoccurrence should not happen again. We will do this by:
    1. Reviewing and analysing the nonconformity for the causes of the failure;
    2. Determining if similar nonconformities exist in our processes or if they could potentially occur;
    3. Attach the *Non-Conformance Form (10.4)* to detail the nature and scale of the non-conformance. Include proposals for corrective and preventive actions, as appropriate;
    4. Implement the actions needed to ensure that the nonconformity does not occur against within our processes;
    5. Review, monitor and measure the effectiveness of the new corrective actions;
    6. Use the analysis in the planning cycle and update our known risks and opportunities;
    7. Update the QMP as required.

The corrective action taken will be of appropriate magnitude to the effects of the nonconformities encountered. The corrective actions are risk assessed to ensure that the benefits of the change are forthcoming. *Corrective/Preventative Actions Form (10.15).*

Any nonconformity will be kept as a record to provide evidence of:

- What the nonconformity was;
- What the subsequent actions that were taken to fix the nonconformity; and
- The results of monitoring and measurement on the corrective actions.

6.3 Document Distribution

Project documents will be distributed by the following methods.

Document	Distribution Method

6.4 Records

Records will be established and maintained to provide evidence of conformity to requirements and of the effective operation of the quality management system. Records shall remain readable, accessible and maintainable:

- All archived records stored offsite will be maintained in a secure, suitable location;
- Discarded records are to be permanently destroyed after retention periods have elapsed;
- Records must be made available for easy retrieval in case of backup or requests for viewing by nominated parties.

All project records will be retained onsite at *(insert Location)* until completion, at which point they will archive at *(insert location).*

- All electronic forms will be maintained and backed up as per electronic document keeping procedure;
- All hardcopy records are to be protected from damage by storage in suitable compartments;

Record Name	Record Type	Record Location
E.g. Worker Training Records (10.5)	*Hard copy*	*Filing cabinet – Room B*

- Records subjected to regulated timeframes must be kept for the required period. All other records will be kept for a period of *(enter time here);*

Record Name	Retention period
E.g. Employee records	*Seven years*
E.g. WHS high-risk licence	*Two years*

- All archived records stored offsite will be maintained in a secure, suitable location;
- Discarded records will be permanently destroyed after retention periods have elapsed;
- Records must be made available for easy retrieval in case of a backup or, requests for viewing by nominated parties.

10.9 Quality Risk Assessment Form

This Risk Assessment Form must be completed when assessing risk and implementing control measures. Instructions for completing this template:

1. Consult with relevant workers the task that presents as a hazard, any associated hazards, risks and controls;
2. In column 1 'Hazards Involved', list the hazard/s identified;
3. For each hazard, work through the hierarchy of control (see list below, *One/combination of controls can be used*) and choose a control measure to reduce the risk. Add this to column 2 'Control Measure';

ELIMINATION → SUBSTITUTION → ISOLATION → ENGINEERING → ADMINISTRATION → PPE

4. Assess the risk using the risk matrix on this page, and then add this to column 3 'Risk Rating';

Step 1: Determine Likelihood: What is the possibility that the effect will occur?		**Step 2: Determine Consequence:** What will be the expected effect?	
	Criteria	**Description**	**Level of Effect:**	**Example of each level:**
Almost certain	Expected in most circumstances.	Effect is a common result.	**Insignificant/ Acceptable**	No effect – or so minor that effect is acceptable.
Likely	Will probably occur in most circumstances.	Effect is known to have occurred previously.	**Minor**	First Aid treatment only.
Possible	Might occur at some time.	Effect could occur or, I've heard of it happening.	**Moderate**	Serious injuries, medium business interruption, medium environmental impact.
Unlikely	Could occur at some time.	Effect is not likely to occur or, I have not heard of it happening before.	**Major**	Extensive injuries/Death; major business interruption, major loss of credibility, Environmental harm, prosecution.
Rare	May occur only in exceptional circumstances.	Effect is practically impossible.	**Catastrophic**	Multiple Permanent Total Disability injuries; multiple deaths. Business failure, substantial environmental harm, prosecution/imprisonment.

Step 3: Determine the risk score:	**Consequence**				**Step 4: Record risk score on worksheet:** (**Note** – Risk scores have no absolute value and should only be used for comparison and to engender discussion.)	
Likelihood	**Insignificant**	**Minor**	**Moderate**	**Major**	**Catastrophic**	**Score**	**Action**
Almost certain	3 High	3 High	4 Acute	4 Acute	4 Acute		
Likely	2 Mod.	3 High	3 High	4 Acute	4 Acute	4A: Acute	*Change or cease action immediately* Requires immediate attention. Introduce further high-level controls to lower the risk level. Re-assess before proceeding.
Possible	1 Low	2 Mod.	3 High	4 Acute	4 Acute	3H: High	*Review before commencing work.* Introduce new controls and/or maintain high-level controls to lower the risk level. Monitor frequently to ensure control measures are working.
Unlikely	1 Low	1 Low	2 Mod.	3 High	4 Acute	2M: Mod.	*Maintain control measures.* Proceed with work. Monitor and review regularly, and if any equipment/people/materials/work processes or procedures change.
Rare	1 Low	1 Low	2 Mod.	3 High	3 High	1L: Low	*Record and monitor.* Proceed with work. Review regularly, and if any equipment/people/materials/work processes or procedures change.

5. Provide a completed copy to the OHS Manager, so that it can be stored on the central register and retain a copy at the site;
6. Monitor and review effectiveness of control measures implemented.

10.10 Communications Program Schedule

Stakeholders	Matter	What do we want to communicate out?	What communications do we want to receive?	Communication Method	Communication Timings	Responsible Company Communicator
Workers	E.g. Health and Safety	Health and Safety Policies and procedures	Read receipts	Email Memo, bulletin board, HSE meetings,	Regular (2 months) updates	HSE representative
Workers	E.g. Personal/medical issues	Policy	Email requests for meetings/leave requests	Email, in person, telephone call	On request	Applicable Manager
Customers	E.g. Tender	Tender application from us	Information requests, clarification	Email, telephone, Parcel Post	Immediately on request	Tender Manager
Customers						
Regulatory Agency						
Regulatory Agency						
Contractors						
Contractors						
Other						
Other						
Other						
Other						
Other						
Other						

10.17 Inspection Test Plan (ITP)

Activity:		Process/Project Name:
Company Name:	ABN:	Project address:
Company address:		Process/Project Description:
Company Contact:	Phone #:	

	Name(s)	Job Title	Signature(s)	Date
Names of people consulted with during development of this ITP				
Person Responsible for ensuring compliance with ITP				
ITP Approved by				

Monitor & Review – Responsible person:

Review No.	1	2	3	4	5	6	7	8	9	10
Name										
Initial										
Date										