DOCUMENT REVISION RECORD

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<tr>
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APPROVAL

This document has been prepared, reviewed and approved as per company procedure QMS-PCD-51-002.
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1. ABOUT US

NISCHENTE is a fast growing and an emerging market leader in providing comprehensive and integrated rotating equipment solutions and services for new installation, retrofit, upgrade, life extension, operation, maintenance, overhaul, repair, performance assessment, condition monitoring, troubleshooting and spare parts sourcing and optimization. Our solutions and services are developed and customized focusing predominantly on meeting target reliability, optimizing performance, improving energy efficiency and maximizing overall life-cycle-value of rotating equipment.

We provide rotating equipment solutions and services to a wide range of customers including national and international oil, gas, petrochemical, chemical, fertilizer, metal, cement and power companies, suppliers and contractors.

2. OUR VISION

We endeavour to be recognized as a respected and preferred consulting, technology, asset and field services company delivering innovative, competitive and cost-effective solutions adding values to our customers and remain focused promoting a sustainable growth and long-lasting relationship with our customers and people.

3. QUALITY MANAGEMENT SYSTEM

NISCHENTE has developed and implemented a Quality Management System (QMS) as per requirements of International Standard ISO 9001:2015 as a framework that allows and guides us to document and improve our practices in order to better satisfy the needs and expectations of our customers, stakeholders and interested parties.

Our Quality Management System meets the requirements of ISO 9001:2015 and practices the “Plan, Do, Check and Act” approach to our business operations. Our Quality Management System addresses and supports our strategies for the engineering, consulting, technology and field services to our customers.

4. SCOPE

This Quality Manual describes the Quality Management System, delineates authorities, inter relationships and responsibilities of personnel operating within
the management system. This manual also provides references to processes, procedures and activities that also comprise our Quality Management System. The manual is used to familiarise our customers and other external organisations or individuals with the measures and controls that have been implemented by us and to assure them that the integrity of our Quality Management System is maintained and is focused on customer satisfaction and continual improvement.

5. REFERENCES

In addition to ISO 9001:2015, our organization also makes reference to following International Standards (as well as any other customer specifications as and when required or appropriate to our services and market).

<table>
<thead>
<tr>
<th>Standard</th>
<th>Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BS EN ISO 9000:2015</td>
<td>Quality Management System</td>
<td>Fundamentals and Vocabulary</td>
</tr>
<tr>
<td>BS EN ISO 9004:2000</td>
<td>Quality Management System</td>
<td>Guidelines for Performance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Improvements</td>
</tr>
<tr>
<td>BS EN ISO 19011:2011</td>
<td>Auditing Management Systems</td>
<td>Guidelines for Auditing</td>
</tr>
</tbody>
</table>

6. DEFINITIONS

This Quality Manual does not introduce any new definitions but rather relies on the following:

- Definitions typically used by our customers, suppliers, stakeholders or marketplace;

- Terms typically used in international standards and regulations as they relate to our Quality Management System or products and services;

- Standard business terminology;

- Terms and vocabulary commonly used in relevant industry quality practices.
7. ABOUT OUR ORGANIZATION

7.1 ORGANIZATIONAL CONTEXT

Our organization is committed to defining our position in the marketplace and understanding how relevant factors arising from legal, political, economic, social and technological issues influence our strategic direction and our organisational context.

Our organization identifies, analyses, monitors and reviews factors that may affect its ability to satisfy our customers and stakeholders, as well as; factors that may adversely affect the stability of our process, or our Quality Management System’s integrity.

To ensure that our Quality Management System is aligned with our strategy, whilst taking account of relevant internal and external factors; we initially collate and analyse pertinent information in order to determine potential impact on our context and subsequent business strategy. Our organization continuously monitors and reviews these factors to ensure that a continual understanding of requirements is derived and maintained. To facilitate the understanding of our context, we regularly consider issues that influence our context during management review meetings and are conveyed via minutes and business planning documents.

The output from this activity is evident as an input to the consideration of risks and opportunities, and the actions that we take to address them. (Refer to Section 6.1 for more information about our risk and opportunity management framework). Although it is acknowledged that ISO 9001:2015 does not require our organisational context to be maintained as documented information, however, we maintain and retain; in addition to this document, the following documented information to describe our organisational context:

- Analysis of business plans, strategies, and statutory and regulatory commitments;
- Analysis of technology and competitors;
- Economic reports from relevant business sectors;
- Technical reports from technical experts and consultants;
- Minutes of meetings (management and review minutes), process maps and reports, etc.

<table>
<thead>
<tr>
<th>INTERNAL ISSUES</th>
<th>EXTERNAL ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market Share</td>
<td>Customers and Suppliers</td>
</tr>
<tr>
<td>Employees</td>
<td>Market, Competition and Individual Growth</td>
</tr>
<tr>
<td>Performance</td>
<td>Customer Satisfaction, Regulatory and Statutory</td>
</tr>
<tr>
<td>Capacity</td>
<td>Economic Backdrop</td>
</tr>
<tr>
<td>Value and Culture</td>
<td>Technological and Industry Best Practices</td>
</tr>
<tr>
<td>Innovation and Knowledge</td>
<td>Cultural and Social</td>
</tr>
</tbody>
</table>

### 7.2 RELEVANT INTERESTED PARTIES

Our organization recognises that we have a unique set of interested parties whose needs and expectations change and develop over a period, and furthermore; that only a limited set of their respective needs and expectations are applicable to our operations or to our Quality Management System. Such needs and expectations broadly include those shown in the table below:

<table>
<thead>
<tr>
<th>INTERESTED PARTIES</th>
<th>NEEDS AND EXPECTATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customers</td>
<td>Price, Schedule, Reliability and Value</td>
</tr>
<tr>
<td>Owners / Shareholders</td>
<td>Profitability and Growth</td>
</tr>
<tr>
<td>Employees</td>
<td>Shared Values, Growth and Job Security</td>
</tr>
<tr>
<td>Suppliers</td>
<td>Beneficial Relationships</td>
</tr>
<tr>
<td>Value and Culture</td>
<td>Technological and Industry Best Practices</td>
</tr>
<tr>
<td>Regulatory and Statutory</td>
<td>Compliance and Reporting</td>
</tr>
</tbody>
</table>

To ensure that our product, services and processes continue to meet all relevant requirements, we identify and assess the potential impact of any relevant needs and expectations that may be elicited from the interested parties. Where appropriate, to ensure that our processes are aligned to deliver the requirements of our interested parties; we convert relevant needs and expectations into requirements which become inputs to our Quality Management System and to our product and service designs.
7.3 QUALITY MANAGEMENT SYSTEM

7.3.1 QUALITY MANAGEMENT SYSTEM SCOPE

Based on the analysis of the issues and requirements identified in Sections 4.1 and 4.2 of this Quality Manual, our organization has established the scope of our Quality Management System in order to implement our business objectives and our policies that are relevant to our context, products, services and any interested parties.

This document describes our Quality Management System, delineates authorities, inter-relationships and responsibilities of process owners and personnel that operate within the system. Although we recognise that ISO 9001:2015 does not require a Quality Manual, we have decided to develop and update our Quality Manual, as our employees, customers, suppliers and other stakeholders perceive it will add value to our operations. This Quality Manual also demonstrates the relationship between our Quality Management System and the sequence and interaction of our key processes.

7.3.2 MANAGEMENT SYSTEM PROCESSES

Our organization has implemented a Quality Management System that exists as part of a larger strategy that has established, documented and implemented our processes, quality policies and objectives, whilst satisfying the requirements of ISO 9001:2015.

To achieve this, our organization has adopted the process approach promoted by ISO 9001:2015. The top management has developed the processes required for achieving the intended outputs. By defining four key process-groups and by managing their inputs, activities, controls, outputs and interfaces; we ensure that system effectiveness is established maintained. These key process groups include:

- Leadership and planning processes;
- Customer and stakeholder processes;
- Product/service development processes;
- Evaluation and improvement processes.
These process groups are described using tools such as documented procedures, process maps, flow diagrams, matrices, schedules and charts etc.

Refer to the Sequence & Interaction of Processes in “Appendix - A.1” which shows the sequence and interaction of the process groups within our management system.

We recognize that defining, implementing and documenting our Quality Management System is only the first step towards fully implementing its requirements. The effectiveness of each process and its subsequent output is measured and evaluated through regular internal audits, quality inspections and data analysis.

Our organization uses key performance indicators (KPIs) that are linked to our objectives to control and monitor our processes, as well as assessments to determine the risks and opportunities inherent to each process. Our organization also uses trends and indicators relating to non-conformities, objectives and corrective action, as well as, monitoring and measurement results, audit results and customer satisfaction data, process performance and the conformity of our products.
7.3.3 OUTSOURCED PROCESSES

Where our organization identifies the requirement to outsource any process, or part thereof, which affects conformity with the stated requirements; it identifies control criteria such as; the competence of personnel, inspection regimes, the provision of product conformity certificates, adherence to specifications and specific job files, etc. (Refer to Section 8.4 of this manual).

The controls identified do not absolve us of the responsibility to conform to customers, statutory and regulatory requirements but instead they enhance our capacity to effectively manage our supply chain. The controls adopted are influenced by the potential impact of outsourcing on meeting customer or stakeholder requirements and the degree to which control of the process is shared.

Outsourced processes are controlled via purchasing and contractual agreements. They may also be assessed by 3rd party audits and performance data reviews where appropriate or required.

7.3.4 DOCUMENTED INFORMATION

7.3.4.1 QUALITY MANAGEMENT SYSTEM DOCUMENTS

Our organization ensures that our Quality Management System includes the documented information that is required to be maintained and retained by ISO 9001:2015, and additionally, any documented information identified by our organisation that demonstrates the effective operation of our Quality Management System. Our organization applies the following criteria to all types of documented information in order to assess whether the information is necessary for demonstrating the effectiveness of our Quality Management System and whether it should be formally controlled.

- Communicates a message internally or externally;
- Provides evidence of process and product conformity;
- Provides evidence that planned outputs were achieved;
- Provides knowledge sharing.
Should any of these criteria apply, we ensure that the information is retained and/or maintained in a form of ‘documented information’.

7.3.4.2 CREATING AND UPDATING

Our organization ensures that when we create documented information it is appropriately identified and described (e.g. title, date, author, reference number) and is available in an appropriate format (e.g. language, software version, graphics, etc.) and on appropriate media (e.g. paper, electronic). All documented information is reviewed and approved for suitability and adequacy.

7.3.4.3 CONTROLLING DOCUMENTED INFORMATION

Within our organization, documented information is retained to provide evidence of conformity to the requirements specified by ISO standards, customer requirements and of the effective operation of our management system. Our organization uses standard forms and templates that are accessed via controlled and web based cloud storage. An electronic document management system, which is backed up and updated as required, is used to retain documented information ensuring only the current versions are available to users. All management system documents are controlled according to the procedures which defines the process for:

- Approving documents for adequacy prior to issue;
- Reviewing and revising as necessary and re-approving documents;
- Ensuring that changes and current revision status of documents are identified;
- Ensuring that relevant versions of applicable documents are available at points of use;
- Ensuring that documents remain legible and readily identifiable;
- Ensuring that documents of external origin are identified and their distribution controlled;
- Preventing the unintended use of obsolete documents;
- Ensuring that documents of external origin are identified and their distribution controlled.

### APPLICABLE DOCUMENTS

<table>
<thead>
<tr>
<th>DOCUMENT TITLE</th>
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<tbody>
<tr>
<td>Document Numbering Procedure and Convention</td>
<td>QMS-PCD-51-001</td>
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<tr>
<td>Document Checking and Approving Procedure</td>
<td>QMS-PCD-51-002</td>
</tr>
<tr>
<td>Records Management and Archiving Procedure</td>
<td>QMS-PCD-51-008</td>
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8. LEADERSHIP AND GOVERNANCE

8.1 LEADERSHIP AND COMMITMENT

8.1.1 QUALITY MANAGEMENT

Our organization’s leadership is responsible for implementing the Quality Management System, which includes the development and deployment of the quality policy, the quality objectives, and product/project-specific plans that are customer focused. The top management provides the leadership and governance to all activities related to the lifecycle processes including defining the strategic direction, responsibility, authority, and communication to assure the safe and effective performance.

Our organization’s governance structure provides necessary support for creating and establishing appropriate processes that are important for maintaining and achieving our quality objectives and policies. In addition, governance activities include systematic verification of the effectiveness of our Quality Management System by undertaking internal audits and analysing performance data.

Regular management reviews ensure that our Quality Management System is adequate and effective, and that any necessary adjustments are made as a result. The top management is committed to implementing and developing the Quality Management System and this commitment is defined by our business policies and objectives.

Our organization ensures that our business policies are understood, implemented and maintained throughout at all levels of the organisation through printed distribution of our policy statements and through periodic management review of the policy statements and corporate level improvement objectives. We communicate our mission, vision, strategy, policies and processes to all employees in order to:

- Create and sustain shared values of fairness and ethical behaviour;
- Establish a culture of trust and integrity;
- Encourage commitment to quality;
- Provide people with the required resources, training and authority to act with accountability;

In addition, our business policies, objectives and targets are communicated and deployed throughout the business via individual performance objectives which are established and discussed during employee performance reviews.

**8.1.2 CUSTOMER FOCUS**

Our organization strives to identify current and future customer needs, to meet their requirements and to exceed their expectations. The top management ensures that the focus on improving customer satisfaction is maintained by setting and reviewing objectives related to customer satisfaction at management review meetings.

The top management also ensures that customer requirements are clearly understood and met. Once the customer's requirements are understood, these are translated into our internal requirements and communicated to appropriate department and employees within the organisation. Customer complaints and other customer feedback are continually monitored and measured to identify opportunities for improvement. We continually look for ways to interact directly with our customers to ensure that we always remained focused on their unique needs and expectations.
8.2 QUALITY POLICY

8.2.1 ESTABLISHING THE QUALITY POLICY

Our ‘Quality Policy’ acts as a compass by providing the direction and framework for establishing key corporate level performance measures, as well as related objectives and targets. The top management ensures that our business policies are established and documented, and that the policies are available to all interested parties via our website.

The top management has overall responsibility for defining, documenting, implementing and reviewing our ‘Quality Policy’ in consultation with the stakeholders and other personnel, or their representatives. The policy is reviewed at least annually, as part of the management review programme or at a frequency determined by:

- The changing needs and expectations of relevant interested parties (Section 4.2).
- The risks and opportunities that are presented through the risk management process (Section 6.1).

8.2.2 COMMUNICATING THE QUALITY POLICY

The ‘Quality Policy’ is communicated to all employees at all levels throughout our Organisation via training, regular internal communications and reinforcement during annual employee performance reviews. Employees’ understanding of our

QUALITY POLICY

NISCHENTE is committed to developing, implementing and maintaining a “Quality Management System” as per requirements of ISO 9001:2015 standard meeting customers’ requirements and exceeding their expectations in delivering engineering, consulting, technology and field Services of high quality and standard with an optimum and cost-effective approach.
“Quality Policies’ and objectives is determined during internal audits and other methods deemed appropriate.

8.3 ROLES, RESPONSIBILITIES AND AUTHORITIES

Our organisational structure is defined in ‘Appendix – A.2’. The organisation chart shows the interrelation of personnel within our organization, whilst job descriptions define the responsibilities and authorities of each role. Job descriptions and the organisational structure are reviewed and approved by the top management for adequacy as determined by the changing needs and expectations of the interested parties identified in Section 4.2, and any risk and opportunities presented through the risk management process, Section 6.1.

Members of the top management are ultimately responsible for the quality of our organization’s services since they control the resources, systems and processes by which conforming work is accomplished. The top management is also responsible for business planning, development and the communication of our business policies, Quality Management System planning, the establishment and deployment of objectives, the provision of resources needed to implement and improve the Quality Management System and for undertaking management reviews. The top management has further assigned the responsibility and authority to the middle management teams and departments to:

- Ensure that QMS processes are delivering their intended outcomes;
- Report on the operation of the QMS and identifying any opportunities;
- Ensure that improvement is taking place;
- Ensure that customer focus is promoted throughout the organisation;
- Ensure that whenever changes to the QMS are planned and implemented;
- Ensure the integrity of the system is maintained during changes;
- Ensure that responsibilities and authorities relating to the QMS are communicated and understood.
All employees demonstrate their commitment to the development and improvement of the Quality Management System through the provision of necessary resources, through their involvement in the internal audit process and through their proactive involvement in continual improvement activities. Emphasis is placed on improving both the effectiveness and efficiency of key system processes.

All members of top and middle management are responsible for execution of the business plan and the implementation of the business policies, processes and systems described in this manual. All members of top and middle management are also responsible for planning and controlling the management system processes within their area of responsibility, including the establishment and deployment of operational level objectives and the provision of resources needed to implement and improve these processes.

All employees are responsible for the quality of their work and implementation of the policies and procedures applicable to processes they perform. Employees are motivated and empowered to identify and report any known or potential problems and to recommend related solutions to aid the corrective and preventive action process.

**SUPPORTING DOCUMENTS**

<table>
<thead>
<tr>
<th>DOCUMENT TITLE</th>
<th>DOCUMENT NO.</th>
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<tbody>
<tr>
<td>Quality Policy and Objectives</td>
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</tr>
<tr>
<td>Customer Feedback Questionnaire</td>
<td>QMS-REF-51-001</td>
</tr>
</tbody>
</table>
9. QUALITY MANAGEMENT SYSTEM PLANNING

9.1 ADDRESSING RISKS AND OPPORTUNITIES

The overall aim of risk and opportunity management within our organization is to ensure that organisational capabilities and resources are employed in an efficient and effective manner to take advantage of opportunities and to mitigate risks. The top management are responsible for incorporating risk based thinking into our organisation's culture. This includes the establishment of risk management policies and targets to ensure effective implementation of risk and opportunity management principles and activities by:

- Providing sufficient resources to carry out risk and opportunity management activities;
- Assigning responsibilities and authorities for risk and opportunity management activities;
- Reviewing information and results from audits and risk and opportunity management activities.

The scope of the organization's risk and opportunity management process includes the assessment of the internal and external issues identified in Section 4.1, and the assessment of the needs and expectations of any interested parties identified in Section 4.2. Risk and opportunity management is undertaken as part of our organization's day-to-day operations and is captured at the following hierarchy:

- Strategic level;
- Programme level;
- Department level;
- Process level.

Establishing such a hierarchy for capturing risk and opportunity ensures that each is managed at the most appropriate level within our organisation. Typically, the following categories are assigned to each level in the hierarchy as shown in the table opposite.
Our organization has classified its ‘risk appetite’ as the amount of risk that we are willing to accept in pursuit of an opportunity or the avoidance of risk where each pertains to product and/or system conformity and which reflect the following considerations:

- Risk management philosophy per product or process;
- Capacity to take on or mitigate risk;
- Our objectives, business plans and respective stakeholder demands;
- Evolving industry and market conditions;
- Tolerance for failures.

Our organization uses registers to help record, assess, respond, review, report, monitor and plan for the risks and opportunities that we perceive to be relevant. The register allows our organisation to methodically assess each risk and to study each opportunity associated with our organisational context, and the needs and expectations of our interested parties. The register records the controls and treatments of risks and opportunities and preserves this knowledge as documented information.

### 9.2 QUALITY POLICY OBJECTIVES

Our organization sets out its objectives and targets on a regular basis within the management review minutes where details of program dates and responsibilities are defined. Improvements in quality and performance are incremental and are in keeping with the size and complexity of our organisation.

When setting objectives and targets, our organisation ensures that they are consistent with the needs and expectations of the interested parties, as defined in
Section 4.2, and to our policies. In addition, technological options, financial, operational and business requirements are considered.

In order to determine whether or not our objectives and targets are being met, they are measured and reported as a set of key performance indicators (KPI). This allows progress to be monitored as metrics are gathered and data is analysed. KPIs and objectives for our organisation include the following aspects:

- Turnover & profitability;
- Sales targets & production efficiency targets;
- Reject and rework & cost of quality targets;
- Staffing breakdown.

On the basis of the set quality policies and in connection with the application of the ISO 9001:2015 quality management principles, our organization sets quality objectives that are specified in the register of objectives. All employees are responsible for fulfilment of the quality policies and subsequent objectives. Managers of all departments are obliged to develop general objectives into objectives applicable to their departments and employees.

**QUALITY POLICY OBJECTIVES**

- Develop and implement an effective system of procedures and processes to plan, produce, implement and control activities throughout lifecycle of our services.
- Enable, perform and manage activities and deliverables ensuring that customers’ requirements and expectations are met or exceeded and remain focused on customers’ satisfaction above 95% of the work orders.
- Develop and implement enablers and control measures to ensure complete and accurate understanding of customers’ requirements and expectations and reduce customers’ rejects below 2% of the work orders.
Encourage employee engagement at all levels of the business activities in establishing, achieving and maintaining quality goals and to reduce internal rejects below 5% of the work produced.

Continually improve our procedures, work processes and services by means of simplification, lean approach and standardisation.

Observe and comply with health, safety, environment and regulatory requirements.

9.3 PLANNING FOR CHANGES

Our organization’s Quality Management System is planned and implemented in order to meet our business objectives and the requirements of ISO 9001:2015. The planning process involves establishing and communicating our policies, objectives and associated operational procedures.

This Quality Manual constitutes our overall plan for establishing, maintaining and improving the Quality Management System. For each instance of management system planning, the output is documented and retained accordingly and changes are conducted in a controlled manner. The management review and the internal audit processes ensure that the integrity of the Quality Management System is maintained when significant changes are planned which may affect key processes.

Whenever quality management system changes are planned, the top management ensures that all personnel are made aware of any changes which affect their process, and that subsequent monitoring is undertaken to ensure that the Quality Management System changes are effectively implemented.

SUPPORTING DOCUMENTS

<table>
<thead>
<tr>
<th>DOCUMENT TITLE</th>
<th>DOCUMENT NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk and Opportunity Management Procedure</td>
<td>QMS-PCD-51-013</td>
</tr>
<tr>
<td>Risk Register</td>
<td>QMS-RGL-51-003</td>
</tr>
</tbody>
</table>
10. SUPPORT

10.1 RESOURCES

10.1.1 GENERAL

Resources in our organization include people (specialised skills and knowledge), infrastructure, work environment and financial resources. The resource requirements for the implementation, management, control and continual improvement of the quality management system, and activities necessary to enhance customer satisfaction, are defined in our operational procedures, work instructions and the following sections of this Quality Manual:

- Planning; (Section 6.0)
- Management review; (Section 9.3)
- People; (Section 7.1.2)
- Infrastructure; (Section 7.1.3)
- Work environment; (Section 7.1.4)
- Planning of product realisation; (Section 8.1)
- Determination of customer requirements; (Section 8.2)

10.1.2 PEOPLE

To ensure competence of our employees, job descriptions have been prepared identifying the qualifications, experience and responsibilities that are required for each position that affects product and system conformity. Qualifications include desired requirements for education, skills and experience. Appropriate qualifications, along with the provision of any required training, provide the competence required for each position.

Qualifications are reviewed upon hire, when an employee changes positions or the requirements for a position change. The Human Resources Manager maintains records of employee qualifications. If any differences between the employee’s qualifications and the requirements for the job are found, training or other action is
taken to provide the employee with the necessary competence. The results of training are then evaluated to determine if it was effective.

All employees are made aware of the relevance and importance of their activities and how they contribute to the achievement of our policies and objectives. The company operates a formal system to ensure that all employees within the organisation are adequately trained to enable them to perform their assigned duties.

Staff training records are maintained to demonstrate competency and experience. The Human Resources Manager maintains and reviews the training records to ensure completeness and to identify possible future training needs. Training records are maintained and include as a minimum; copies of certificates for any training undertaken to date, current job description and curriculum vitae.

10.1.3 INFRASTRUCTURE

The top management is responsible for planning, providing and maintaining the resources needed to achieve product, services and process conformance, including buildings, workspace and associated utilities; process equipment (hardware and software); and supporting services. The Compliance Manager has overall responsibility for managing our infrastructure requirements.

10.1.4 OPERATIONAL ENVIRONMENT

Our organization ensures that our office complies with relevant health and safety regulations. The Compliance Manager carries out regular compliance audits to ensure that appropriate standards are maintained. The top management is committed to providing:

- A place of work that is safe, including all equipment and methods of work;
- Training, instruction, information and supervision for employees;
- A means of safe handling, storage, use and transportation of equipment, materials and hazardous substances;
- Safe working environment with good lighting, ventilation, safe passageways, stairs and corridors.
10.1.5 MONITORING AND MEASURING RESOURCES

Our organization is not involved in producing any hardware or physical product and therefore, no monitoring and measuring of our resources are applicable. However, our organization recognizes that monitoring and measuring may be applicable for our field services where our organization is involved in carrying out rotating machinery activities such as overhaul, retrofit, machine monitoring etc. where we may use tools and measuring devices. Therefore, wherever applicable, our organization ensures that:

- All used devises are calibrated at specified intervals, or prior to use, against measurement standards traceable to International Measurement Standards, and / or the basis of calibration or verification recorded;
- Adjusted or re-adjusted as necessary;
- Identified to enable the calibration status to be determined;
- Safeguarded from adjustments that would invalidate the measurement result;
- Protected from damage and deterioration at all times.

Our organization also ensures that if any 3rd party is involved, it has a process in place to assess and record the validity of previous results when any devise is found not to conform to requirements (e.g. out of calibration), and will take action on the equipment and any product that may be affected. Records of the results of calibration and verification are maintained.

10.1.6 ORGANIZATIONAL KNOWLEDGE

Our organization recognises that our organisational knowledge is a valuable resource that supports our quality management activities and ensures continual product and service conformity. There is a strong link between organisational knowledge and the competence of our people, the latter being peoples’ ability to apply knowledge to their work.

To ensure that organisational knowledge is retained and transferred appropriately, organisational knowledge is recorded in documented information, and is embedded
in our processes, products and services. Examples of organisational knowledge include:

- Documented information regarding a process, product or service;
- Previous specifications and work instructions;
- The experience of skilled people and their processes and operations;
- Knowledge of technologies and infrastructure relevant to our organisation.

Sources of internal knowledge also include our intellectual property; knowledge gained from experience and coaching; lessons learnt from failures and successes; capturing and sharing undocumented knowledge and experience; the results of improvements in processes, products and services.

Sources of external knowledge often include other ISO standards; research papers; webinars from conferences; or knowledge gathered from customers, suppliers, stakeholders or other external parties. Our organization determines and reviews internal and external sources of knowledge, such as:

- Lessons learnt from non-conformities, corrective actions, and the results of improvement;
- Gathering knowledge from customers, suppliers and partners, benchmarking against competitors;
- Capturing knowledge existing within the organisation, e.g. through mentoring/succession planning;
- Sharing knowledge with relevant interested parties to ensure sustainability of the organisation;
- Knowledge from conferences, attending trade fairs, networking seminars, or other external events.

10.2 COMPETENCE

The top management identifies emerging competency needs during management reviews. Emergent competency needs are converted into job descriptions for the
type and number of positions that need to be filled through internal or external recruitment.

Where required; competency training and monitoring is conducted in-house, although for more specialist skills, external courses are utilised. The effectiveness of training is evaluated and recorded. The organization induction includes an introduction to our policies and objectives. Future competency training needs are identified as part of the Management Review process.

10.3 AWARENESS

All employees are trained on the relevance and importance of their activities and how they contribute to the achievement of our policies and objectives. The organization operates a formal system to ensure that all employees within the organisation are adequately trained to enable them to perform their assigned duties.

Where required; awareness training and monitoring is conducted in-house, although for more specialist skills, external courses are utilised. The effectiveness of awareness training is evaluated and recorded. The organization induction includes an introduction to our organisation’s policy statements and objectives. Future training needs are identified as part of the management review process.

10.4 COMMUNICATION

10.4.1 INTERNAL COMMUNICATIONS

Our organization communicates information internally regarding our Quality Management System and its effectiveness, through documented training, internal audit reports and continual improvement processes. All members of top and middle management are responsible for establishing regular formal and informal communications as needed to convey to their employees the relevance and importance of their activities; typically, this information is conveyed through team meetings and cross-functional improvement projects.

Communications regarding how employees contribute to the achievement of objectives are also conveyed and reinforced during employee performance reviews.
Issues pertaining to our Quality Management System that may be communicated internally include:

- Day-to-day operations and general awareness;
- Quality policy;
- Information on achieving objectives and targets;
- Risk and opportunities.

The top management and their direct reports are responsible for communicating the business policies as well as the importance of meeting customer, statutory and regulatory requirements to employees within their respective departments. They ensure the ‘Quality Policy’ is clearly understood and applied to the daily work of the Organisation through the establishment of measurable goals and objectives. Internal communication occurs on an on-going basis and is achieved through various mechanisms as appropriate:

- Regular meetings and briefings;
- Training sessions and training material;
- Display boards, memorandums, letters;
- Website, intranet, internal e-mails;
- Product and process performance data analysis and audit results;
- Targets, objectives, scorecards, KPIs, management system manual and procedures;
- Corrective action and non-conformance reports;
- Minutes of ad-hoc and scheduled meetings.

10.4.2 EXTERNAL COMMUNICATION

Our organization determines the need to communicate information externally to our interested parties (as defined in Section 4.2), regarding the effectiveness of our Quality Management System. In most instances, external interested parties (such
as Customers, Suppliers, stockholders, neighbouring communities, etc.) are the main driving force for our organisation to implement our Quality Management System.

Our organization ensures that all external communications are authorised prior to release. Where required, advice appropriate to the context of the communication may be sought concerning the content and dissemination of certain external communications. Responses to external communications are recorded if they are transmitted by email or letter. In each case the response is retained and controlled in accordance with the requirements for documented information. The various processes or means of external communication may include as appropriate.

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<thead>
<tr>
<th>INTERESTED PARTIES</th>
<th>POSSIBLE MODES OF COMMUNICATION</th>
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<tbody>
<tr>
<td>Customers</td>
<td>Publications in our Web site, Media, Focus Group, Emails, Newsletters,</td>
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<tr>
<td>Owners / Shareholders</td>
<td>Annual Report and Newsletters</td>
</tr>
<tr>
<td>Suppliers</td>
<td>Meetings, Emails, Questionnaires</td>
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<tr>
<td>Value and Culture</td>
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<tr>
<td>Regulatory and Statutory</td>
<td>Submissions of Regulatory Compliance and Audit Reports</td>
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SUPPORTING DOCUMENTS

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<thead>
<tr>
<th>DOCUMENT TITLE</th>
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<tbody>
<tr>
<td>Records Management and Archiving Procedure</td>
<td>QMS-PCD-51-008</td>
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<tr>
<td>Communication and Engagement Procedure</td>
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</tr>
<tr>
<td>Competence, Awareness and Training Procedure</td>
<td>QMS-PCD-51-012</td>
</tr>
<tr>
<td>Knowledge and Lessons Learned Management</td>
<td>QMS-GLN-51-003</td>
</tr>
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</table>
11. OPERATION

11.1 OPERATIONAL PLANNING AND CONTROL

Our organization establishes and implements documented plans and procedures that describe the processes (Refer to Section 4.3.2) and the controls required for the provision of services in awareness to the objectives, the potential for planned or unintended change, and the risks and opportunities identified in Section 6.1. During this planning phase, management or other responsible personnel identify the following parameters:

- Objectives and requirements for the service;
- Verification, validation, monitoring, inspection and test requirements;
- Documented information to demonstrate conformity;
- Document information to demonstrate process effectiveness;
- Necessary resources; or outsourced processes and their controls;
- Criteria for process performance and product/service acceptance;
- Potential consequences and mitigation to change affecting input requirements;
- Resources necessary to support the on-going operation of the service.

The output of planning activity includes documented plans, resource schedules, process, requirements and procedures.

11.2 CUSTOMER REQUIREMENTS

11.2.1 CUSTOMER COMMUNICATIONS

In accordance with our commitment to exceed our Customer’s expectations, our organization emphasises an effective customer communication as an essential element of delivering customer satisfaction. Appropriate handling of customer communication helps to reduce customer dissatisfaction and in many cases, turn a
dissatisfying scenario into a satisfying experience. Customer communication occurs through the following formats, events and processes:

- Brochures, specifications or technical data sheets relating to our products and services;
- Enquiries, quotations and order forms, invoices and credit notes;
- Confirmation of authorised orders and amended orders;
- E-mails, letters and general correspondence;
- Customer feedback and complaints management process;

The Compliance Manager is responsible for establishing methods of communication with our Customers to ensure enquiries, contracts or order handling; including amendments, customer feedback and complaints are handled expeditiously and professionally.

11.2.2 DETERMINING REQUIREMENTS

Our organization develops appropriate requirements to ensure that we satisfy the needs and expectations of our customers or relevant interested parties. We ensure that our customers’ requirements are clearly articulated and that their requirements are captured and understood before the acceptance of an order. Customer requirements include the following:

- Previous customer requirements;
- Statutory and regulatory requirements related to the product;
- Other non-customer specified performance requirements;
- Any additional requirements determined by our Organization.

11.2.3 REVIEW OF REQUIREMENTS

Prior to committing to the customer, our organization ensures and confirms our capacity and capability to supply the required product or service. Pre-acceptance reviews are conducted to ensure that:
Product requirements are defined and are appropriate;

Any additional requirements determined by our organization are appropriate;

Contract or order requirements differing from those previously expressed are resolved;

Our organization has the ability to meet the defined requirements;

Documented information is retained and maintained showing the results of the review.

Customer requirements are confirmed before acceptance by the exchange of contracts, purchase orders via appropriate electronic or hard copy formats.

11.2.4 Change in Requirements

Our organization ensures that all relevant documented information; relating to changes in product or service requirements, is authorised and amended where necessary, and that all relevant personnel are made aware of the documented requirement changes.

11.3 Design and Development

11.3.1 General

Our organization is involved in design and development activities producing design documents pertaining to data sheets, specifications, drawings, material requisitions, inspection, testing, installations, pre-commissioning, commissioning, start-up etc. Our organization also undertakes design and development for exiting equipment and processes for improved performance, reliability and safety.

11.3.2 Design and Development Planning

Our organization ensures that all design and development process and related deliverables are planned as per procedure and required resources are identified and mapped. Our organization also establishes required control over the design and development process and including the following:
- Design and development stages;
- Adequate design review;
- Verification and validation appropriate to each design and development stage;
- Responsibilities and authorities for design and development;
- Identification and management of all interfaces;
- Effective communication and clear assignment of responsibilities;
- Updating of design planning output to progress.

### 11.3.3 DESIGN AND DEVELOPMENT INPUTS

For design and development at all stages, the output of previous stage is considered as input to the succeeding stage. Also, customer requirements, international standards, industry best practices and statutory requirements constitute input for the design and development. Inputs relating to product requirements are determined and full records are maintained. Inputs are reviewed for adequacy, completeness and clarity, and include:

- Functional and performance requirements;
- Statutory and regulatory requirements;
- Information derived from previous similar designs;
- Any other requirements essential for design and development.

### 11.3.4 DESIGN AND DEVELOPMENT CONTROLS

#### 11.3.4.1 DESIGN AND DEVELOPMENT REVIEW

We ensure that the planning of design and development activities includes multi-discipline reviews at appropriate stages of the design and development process in order to assess the design versus the design input requirements and also to identify any issues or concerns regarding integrity of design.
At all suitable stages, our organization undertakes a comprehensive and systematic
design and development review in accordance with planned arrangements. Reviews
are conducted to evaluate the results of design and development to establish if the
design meets the specified requirements, and identify problems establishing
solutions and corrective actions.

Reviews include the representatives of the disciplines and customers concerned
with the design at the specific development stage(s) of development. Records of the
results of the reviews, and any required actions are documented, tracked and
maintained as part of the verification process.

11.3.4.2 DESIGN AND DEVELOPMENT VERIFICATION

Our organization undertakes design and development verification at pre-
determined stages of the process to ensure that the design and development
outputs meet the intended requirements. This involves checking, review and
approval process, compliance with design and development checklists and 3rd
party verification (as and when required). Verification is planned and carried out to
ensure that the design and development outputs have met the input requirements.
Records of the verification process and subsequent actions are maintained.

11.3.4.3 DESIGN AND DEVELOPMENT VALIDATION

Our organization undertakes validation for every design and development process
to ensure that the output is capable of meeting the required technical and
performance criteria specified in the design input documents.

Design and development validation is planned and performed to ensure that the
resulting product is capable of meeting the requirements for the specified
application or intended use. Wherever practicable, validation is carried out prior to
the delivery or implementation. Records of the results of validation process and
any necessary actions are maintained.

11.3.5 DESIGN AND DEVELOPMENT OUTPUTS

In our organization, design and development outputs are derived as document
deliverable as per design requirements meeting required specifications,
International Standards and statutory requirements. Outputs are provided in a
form that enables verification against the relevant inputs, and are approved prior to release. Our organization ensures that outputs meet the input requirements for design and development, provide information appropriate for purchasing, production and for service provision, contain or reference the relevant acceptance criteria, and specify the characteristics of the product that are essential for safe and proper use.

11.3.6 DESIGN AND DEVELOPMENT CHANGES

Our organization ensures that all design and development changes are identified, reviewed, approved, impact of changes are assessed and recorded. Our organization applies ‘Management of Change’ procedure to control over design and development changes and a log of change(s) is maintained.

11.4 CONTROL OF SUPPLIERS AND EXTERNAL PROCESSES

11.4.1 GENERAL

The purchasing process is essential to our Organisation’s ability to provide our customers with products and services that meet their requirements. Our organization ensures that all purchased products or services that are incorporated into our final product or services; conform to customers’ and our specified requirements. Our organization accomplishes this by closely working with a network of external Suppliers and service providers. Performance and capability are continually assessed through periodic, third party audits, performance data analysis and inspection or verification of the supplied services.

The type and extent of control applied to our suppliers and the purchased service is dependent upon the effect that the outsourced service may have on our services. The following considerations are taken in to account by:

- Ensuring that we understand the capabilities and competencies;
- Ensuring that we clearly communicate the roles and responsibilities;
- Defining the quality requirements for the outsourced activity;
- Selecting and qualifying appropriate suppliers.
It is the responsibility of the members of top and middle management to evaluate and select suppliers based on their ability to supply services in accordance with specified requirements. Additionally, other internal resources may be called on to assist as required. The criteria for the selection, evaluation and re-evaluation are defined in Procurement Procedure (QMS-PCD-51-005), while records of the results of evaluations and any necessary actions arising from the evaluation are maintained.

11.4.2 PURCHASING CONTROL

Purchased items are checked against the purchase order to confirm identity and quantity. In the event that items are rejected on receipt, a non-conformance report is raised and the supplier contacted to arrange replacement or credit. Purchased services are continuously monitored and inspected at a predefined interval. Our organization has established and implemented a process of inspection to ensure that purchased products conform to:

- Purchase orders and delivery notes;
- Product and services specifications;
- National or international standards.

Where appropriate, risk control measures are applied to outsourced processes. Risk control measures, and their importance, are documented within the purchasing data and clearly communicated to the supplier.

11.4.3 PURCHASING INFORMATION

Our organization uses purchase orders to describe the service to be purchased. Designated individuals within the organization create purchase orders using our procurement procedure. They also ensure the adequacy of the requirements that are specified by the purchase order prior to release. Each purchase order includes where appropriate:

- Identification of product or service to be delivered, quantity, delivery date, and cost;
- Requirements for approval or qualification of product, procedures, processes or equipment;

- Requirements of the quality management system and the qualification of personnel.

### 11.4.4 PRODUCT AND SERVICE PROVISION

### 11.4.5 CONTROL OF PRODUCTION AND SERVICE PROVISION

In order to control the planning, administrative support and implementation of work, our organisation policy is to describe the work methods, the controls applied and the records required. The process control activities are quality with many aspects that also relate to quality control. The following controlled conditions are applied where applicable:

- Quality control checks are performed;

- Evidence of completed inspections;

- Detailed process work instructions and specifications for all products;

- Criteria for workmanship and competence.

In cases where special processes are employed where the results of which cannot be easily checked, including any processes where deficiencies become apparent only after the service is in use. Validation demonstrates the ability of these processes to achieve planned results by:

- Defining qualification criteria and approval of special processes prior to use;

- Defining criteria for review and approval of the processes;

- Approval of equipment and qualification of personnel;

- Requirements for records;

- Revalidation.
11.4.6 IDENTIFICATION AND TRACEABILITY

In order to preserve the conformance of service provided to customer requirements during internal processing and delivery, our organization identifies the product throughout the product realisation process and includes the following:

- Stored data and materials are identified as to job, description and compliance status;
- All enquiries are noted on the organization database;
- Subsequent orders are identified by contract number.

11.4.7 CUSTOMER AND THIRD-PARTY PROPERTY

We identify, verify, protect and maintain customer and third-party property provided us for use. The compliance Manager ensures that lost, damaged or unsuitable customer and third-party property is recorded and immediately reported to the owner. Customer and third-party property can also include materials, tools (including packaging), tooling (including test/inspection tooling and equipment), and intellectual property.

11.4.8 PRESERVATION

Our organization preserves the conformity of any product during internal processing and delivery to the intended destination. This includes identification, handling, packaging, storage and protection. Preservation also applies to the constituent parts of any product or inventory.

11.4.9 POST-DELIVERY ACTIVITIES

Our organization ensures that post-delivery of our products and services, they remain usable as per guarantee and warrantee terms and services are offered as per agreement with the customers. Our organization undertakes guarantee and warrantees based on the nature of services offered and they are addressed accordingly.
11.4.10 CONTROL OF CHANGES

Changes to the customer requirements are identified and recorded. Any changes are reviewed, verified, validated and approved. The review of changes includes evaluating the effects of those changes upon constituent products already delivered. All results relating to the review of changes are retained as documented information.

11.5 RELEASE OF PRODUCT AND SERVICES

The members of top and middle management have overall responsibility for planning and implementing the inspection and test activities needed to verify that product requirements are met at appropriate stages of the product realisation process. Services are not used until verified as fully compliant.

Documented information is retained to indicate the person authorising the release of the service. Service delivery does not proceed until all compliance have been satisfactorily completed, unless otherwise approved by a relevant authority, and where applicable by the customer. Measurement and acceptance criteria that are necessary for service acceptance are retained as documented information; subsequent acceptance records form the production documentation evidence which includes criteria for acceptance and rejection.

11.6 CONTROL OF NON-CONFORMING OUTPUT

It is our organisation policy to detect, control and rectify any aspect of an output that does not conform as quickly and efficiently as possible. Where necessary, any service output that does not conform to requirements is properly identified and controlled to prevent unintended use. The nonconformity is analysed and the cause(s) are investigated.

Improvement actions are implemented to ensure the non-conformance does not reoccur. Once the non-conforming outputs are corrected, the outputs are then verified for conformity against requirements. Documented information concerning the nature of any non-conformances, the resolving authority, and the resulting corrective actions is retained. Where necessary, details concerning any authorised concessions are documented as evidence of acceptance.
### SUPPORTING DOCUMENTS

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<thead>
<tr>
<th>DOCUMENT TITLE</th>
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<tr>
<td>Design Integrity and Control Procedure</td>
<td>QMS-PCD-51-003</td>
</tr>
<tr>
<td>Management of Change Procedure</td>
<td>QMS-PCD-51-004</td>
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<tr>
<td>Communication and Engagement Procedure</td>
<td>QMS-PCD-51-011</td>
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</tbody>
</table>
12. PERFORMANCE EVALUATION

12.1 MONITORING, MEASUREMENT, ANALYSIS AND EVALUATION

12.1.1 GENERAL

Our organization applies suitable methods for determining which aspects of the Quality Management System and its processes are to be monitored, measured and evaluated. The frequency and methods by which our processes are monitored, measured and evaluated is determined and informed by:

- Statutory and regulatory requirements;
- Customer feedback and specification requirements;
- Process and QMS requirements;
- Process performance and audit results;
- Level of risk and types of control measure;
- Trends in non-conformities or corrective actions;
- Criticality for service conformity.

All monitoring, measuring and evaluation outputs are documented and analysed to determine process effectiveness and to ensure their effectiveness in achieving in-tolerance results, and to identify opportunities for improvement.

- In-process checks relate to both quality control and productivity checks;
- Provision is made for the identification and resolution of non-conformances;
- The emphasis is to prevent any problems which might affect customer satisfaction;
- In-process checks are performed and documented.

Where applicable, records are retained as documented information for a minimum of three years. This documented information includes details of the final inspection.
authority to confirm that all critical parameters were in accordance with established requirements and specifications.

Services are not normally delivered until all compliance have been completed and that documented information exists to provide evidence of conformity with acceptance criteria and identifying the person(s) authorising release.

12.1.2 CUSTOMER SATISFACTION

The top management monitors information and trends relating to customer perception as to whether the organisation has fulfilled the customers’ requirements. Customer complaints, whether received in writing, verbally or electronically through our web site is immediately forwarded to the top management for resolution and corrective action.

Customer survey data along with other customer feedback, including written or verbal complaints and information collected via the customer feedback form are reviewed by the Compliance Manager who initiates appropriate corrective actions. The level of customer satisfaction is monitored using various sources of customer data:

- Repeat Customers and trends in market share;
- Analysis of Customer complaints and customer satisfaction surveys; and
- Recognition and Customer awards.

12.1.3 ANALYSIS AND EVALUATION

The members of top and middle management and related employees collect and analyse data using appropriate statistical techniques to determine the suitability and effectiveness of key Quality Management System processes applicable to their area(s) of responsibility and to identify opportunities for improvement. At a minimum, data is analysed to assess achievement of the corporate level objectives and customer requirements.

A process is effective if the desired results are measurably achieved. Effectiveness is measured in terms of product quality, process accuracy, delivery schedule performance, cost and budgetary performance, employee function performance
against established objectives and levels of customer satisfaction. In order to identify strengths, weaknesses, threats and opportunities in our Quality Management System, our organization monitors and analyses trends using the following quality data points:

- Characteristics of processes, services and their trends;
- Conformity to product, customer and legal requirements;
- Customer satisfaction and perception data;
- Supplier and external provider performance data;
- Results of actions taken to address risks and opportunities;
- Effective implementation of QMS planning;
- Improvement opportunities identified during internal audits and management reviews.

Control limits for process and product performance are expressed as objectives and disseminated via documented information as appropriate. Our organization undertakes corrective action when the data shows a trend toward the defined control limit. People in our organization, who utilise statistical tools to analyse; measure and verify outputs, are sufficiently competent to ensure proper deployment of these techniques.

12.2 INTERNAL AUDIT

Internal audit results are critical inputs that help to assess the effectiveness of our Quality Management System. Our organization’s internal audits use risk based thinking and the notion of continual improvement as the main drivers. Internal audits are conducted at planned intervals to determine whether the Quality Management System conforms our organisation’s planned arrangements and to the requirements of ISO 9001:2015.

Our organization’s internal audit programme is based upon a strategy that considers the status and importance of each process that comprises our Quality Management System. The audit frequency is based upon process performance
trends, results from previous audits, levels of customer satisfaction, rates of non-conformity and corrective action, etc. to ensure that our organisation focuses on the aspects that affect product and process conformity the most. The criteria, scope, frequency and methods of each audit are defined in our audit plan. The selection of trained auditors and their subsequent impartial conduct ensures objectivity throughout the audit process, each auditor ensures that:

- The results of each are reported to the Compliance Manager;
- That timely appropriate corrective action undertaken where required;
- They retain documented information such as audit checklists and audit reports as evidence of the effective implementation of the audit programme in respect of each audit.

12.3 MANAGEMENT REVIEW

12.3.1 GENERAL

To ensure the continuing suitability, adequacy and effectiveness of our Quality Management System in meeting our organisation’s strategies, the top management conducts formal management review meetings at planned internals.

12.3.2 MANAGEMENT REVIEW INPUTS

The primary inputs that are reviewed comprise data from conformance and performance measurements that are gathered at key quality data points from various processes. Subsequent recommendations for improvement are based on the evaluation of such measurements.

Conformance is primarily assured through internal audits and demonstrated through a review of audit results and our demonstrated ability to detect, correct and to prevent problems. Performance is primarily assured through the deployment of business and operational level objectives, and through the review of our demonstrated ability to achieve desired results.
12.3.3 MANAGEMENT REVIEW OUTPUTS

The primary outputs of management review meetings are management actions that are taken to make changes or improvements to our Quality Management System. During management review meetings, top management will identify appropriate actions to be taken regarding the following issues:

- Improvement of the effectiveness of the QMS and its processes;
- Improvement of product related to customer requirements;
- Opportunities and risks;
- Resource needs.

The primary outputs of management review meetings are the actions necessary to make changes or improvements to our Quality Management System and the provision of resources needed to implement these actions. Responsibilities for required actions are assigned to members of the management review team. Any decisions made during the meeting, assigned actions and their due dates are recorded in the management review minutes.

SUPPORTING DOCUMENTS

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<tr>
<td>Internal Audit and Management Review Procedure</td>
<td>QMS-PCD-51-010</td>
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<tr>
<td>Customer Satisfaction: Measurement &amp; Improvement</td>
<td>QMS-MNL-51-002</td>
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</table>
13. IMPROVEMENT

13.1 GENERAL

In order to determine and select opportunities for improvement and to implement any necessary actions to meet the requirements of customers and other relevant interested parties, and to enhance customer satisfaction, our organization drives improvement via analysis and interpretation of relevant data. The data inputs for the improvement process include:

- Risk and opportunity evaluations;
- Assessment of the changing needs and expectations of interested parties;
- The conformity of existing products and services;
- The effectiveness of our QMS;
- Supplier performance;
- Levels of customer satisfaction, including complaints and feedback;
- Internal and external audit results; and
- Corrective action and non-conformance rates.

Our organization also ensures that opportunities for improvement from daily feedback on operational performance are evaluated by the top management which are typically implemented through the corrective action system. Opportunities for improvement from analysis of longer-term data and trends are evaluated and implemented through the management review process and are prioritized with respect to their relevance for achieving our quality objectives.

The overall effectiveness of continual improvement program (including corrective actions taken as well as the overall progress towards achieving business level improvement objectives) is assessed through our management review process.
13.2 NON-CONFORMITY AND CORRECTIVE ACTION

Evidence of non-conformance, customer dissatisfaction or service weakness is used to drive our continual improvement system. Since problems may already exist, they will require immediate correction and possible additional action aimed at eliminating or reducing the likelihood of its recurrence. The people with responsibility and authority for implementing corrective action are notified promptly of product or services or process non-conformities. Investigating and eliminating the root cause of these non-conformities is a critical part of our continual improvement process.

Our organization undertakes immediate actions to eliminate the cause of non-conformities in order to prevent their recurrence. Corrective actions as appropriate to the effects of the non-conformities ensured. The documented corrective action defines the requirements for:

- Reviewing non-conformities, including customer complaints;
- Determining the causes of product non-conformities and process deficiencies;
- Evaluating the need for action to ensure that non-conformities do not recur;
- Determining and implementing action needed; and
- Recording and reviewing the results of actions taken.

Follow-up audits are conducted in accordance with our internal audit process to ensure that effective corrective action is taken and that the action is appropriate to the impact and nature of the problem encountered. In addition, the Compliance Manager summarises and analyses corrective action data to identify trends in order to assess the overall effectiveness of the corrective action system and to develop related recommendations for improvement.

The resulting corrective actions are reviewed for effectiveness and are reported to the top management in order to determine if changes to the Quality Management System are required, or whether any new risks or opportunities need to be considered during planning. Documented information concerning the nature of any non-conformances and their resulting corrective actions is retained.
The corrective actions are considered effective if the specific problem was corrected and data indicates that the same or similar problems have not recurred. Results of data analysis and subsequent recommendations are presented to top management for review.

13.3 CONTINUAL IMPROVEMENT

Our organization continually improves the effectiveness of its Quality Management System through the effective application of the corporate policies, objectives, auditing and data analysis, corrective and preventive actions and management reviews.

The continual improvement process begins with the establishment of our business policies and objectives for improvement, based on objectives contained in our business plan and customer targets and goals. Customer satisfaction, internal audit data, process and product performance data, and the cost of poor quality or risk control are then compared against objectives or KPIs to identify additional opportunities for improvement.

The overall effectiveness of continual improvement program, including corrective actions taken, as well as the overall progress towards achieving corporate level improvement objectives, are assessed through our management review process.

### SUPPORTING DOCUMENTS

<table>
<thead>
<tr>
<th>DOCUMENT TITLE</th>
<th>DOCUMENT NO.</th>
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<tbody>
<tr>
<td>Non-Conformity and Corrective Action Procedure</td>
<td>QMS-PCD-51-007</td>
</tr>
<tr>
<td>Quality Improvement Procedure</td>
<td>QMS-REF-51-015</td>
</tr>
</tbody>
</table>
APPENDIX – A.2 ORGANIZATION CHART

Please refer to Doc No. QMS-REF-51-002.