# MY HOME CONSTRUCTIONS (P) Ltd.

Block -1, 1st floor, My Home Hub,
Madhapur, Hyderabad - 500 081.

| Prepared & Issued By | Reviewed By | Approved By |
|---|---|---|
| MR | Director (Projects) | EVC |

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**A. REVISION HISTORY**

| Rev | Issue Date | DCR# | Reason for Change | Prepared | Approved |
|---|---|---|---|---|---|
| 00 | 01.07.2019 | 00 | IMS Procedure in accordance of ISO 9001:2015, ISO 14001:2015 & ISO 45001:2018 | MR | MD / WTD |
| 01 | 15-04-2025 | 01 | Revision of IMS Procedure – alignment with updated organizational processes, compliance requirements, and continual improvement as per ISO standards | MR | Director(P) |
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**B. DISTRIBUTION LIST**

| S. No | Issue Mode | Copy No. | Copy Holder |
|---|---|---|---|
| 1 | Master Copy | 00 | MR |
| 2 | Controlled Copy | 01 | Top Management |
| 3 | Soft copy - Controlled Copy | NA | All HOD's |

The Integrated Management System Procedure Manual shall be controlled and issued to authorized holders only on request.

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## C. TABLE OF CONTENTS

## 1. PURPOSE

a) To establish, implement, maintain and improve a system for identification, preparation, modification, codification, preservation, updation, monitors and distribution control of documented information including documents of external origin required for the effective operation of IMS.

b) To ensure control of the documented information is authorized prior to issue, and that only current versions of documents are in use. And sufficient documented information is maintaining, indexing, access, data collection, filing, storage, maintenance, retention and disposition of documented information.

## 2. SCOPE

Applicable to all Integrated Management System Related Manual, Documented Information, Process Maps, Functional and Operational Control Procedures, Work Instructions, HIRA, EAI, Legislative Register and Management programme(s).

## 3. ABBREVIATIONS

| | |
|---|---|
| IMS | Integrated Management System (ISO 9001:2015, ISO 14001:2015, ISO 45001:2018) |
| HOD | Head of Department |
| MR | Management Representative |

## 4. RESPONSIBILITIES

4.1 The MR is responsible for the preparation, control of issue, revision, and amendment of IMS Manual.

4.2 The responsibility for preparing and maintaining documented information matrix for control of documented information for effective implementation of integrated management system lies with the Management Representative.

4.3 The responsibility for maintaining, retaining, preservation and reviewing of documented information pertaining to individual departments lies with the respective HODs.

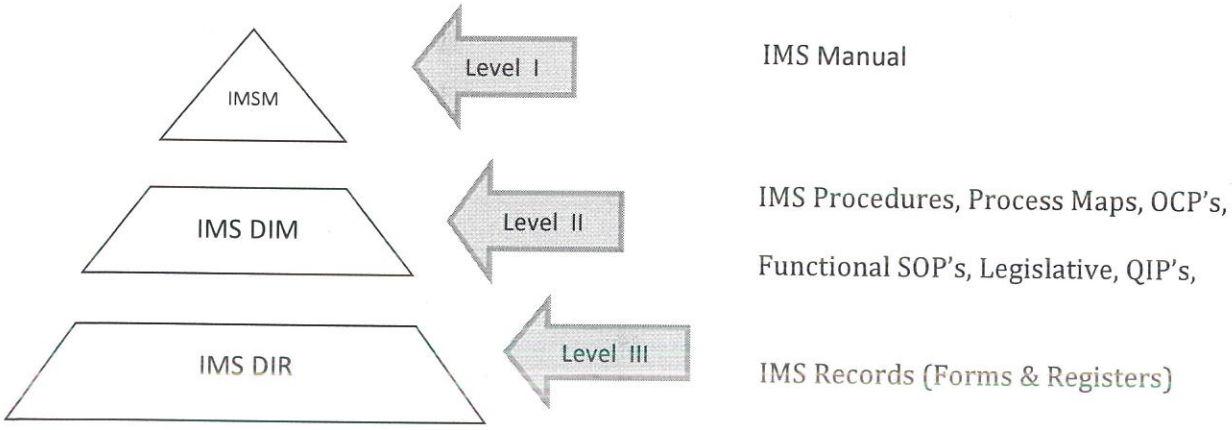
4.4 The responsibility for preparation, issue, revision / amendment and responsibility for approval of various documentation is given below:

| Documented Information | Preparation/ Amendment / Issue | Review by | *Approving authority* |
|---|---|---|---|
| IMS Manual & IMS Policy | MR | Sr. President (P) | MD / WTD |
| IMS Common (Mandatory) Documented Information | MR | Sr. President (P) | MD / WTD |
| Process Map's & Quality Assurance Plan | Site Manager/MR | DY HOD | HOD |
| Functional Procedures, Operational Control Procedures and Work | Site Manager/MR | DY HOD | HOD |

| | | | |
|---|---|---|---|
| Instructions | | | |
| External Origin Documents & ISO Management System related | Site Head / MR | Site HR / MR | Head HR / MR |
| Forms, Register Exhibits | Respective Site Head(s) | Respective HOD(s) | Sr. President (P) |

## 5. DESCRIPTION

IMS documented information of MHCPL is categorized to three levels. All the documented information is to be legible and easily identifiable with a unique documented information number and an Issue No. & Issue Date. Issue Number indicates the number of amendments in the documented information, the initial issue no. is 00.




### 5.1 Document Structure

#### 5.1.1 Level-I – IMS Manual

**a)** The Manual shall be designated as: **MHCPL-IMSM XX**

Where,

IMSM Stands for Integrated Management System Manual
MHCPL is Short Name for MY HOME CONSTRUCTION PVT LTD
XX is number from 01 onwards to 10 and denotes Section Number of IMS clauses

#### 5.1.2 Level - II – IMS Documented Information

Documented Information Maintained consists of common procedures, process maps, functional procedures, management programme(s), Legislative, OCP's, QA & QC Plan(s), WI's, EAI, HIRA and master list of documented information.

The Common procedures and functional procedures shall be designated as:

| Documented Information | DIM | Description |
|---|---|---|
| Integrated Management System Procedure | **MHCPL-IMSP-XX** | Running serial number of IMSP related to element of IMS (XX is serial number from 01 to 20). |

| | | |
|---|---|---|
| Process Maps | **MHCPL-PM-DEP** | DEP indicates process code identified in the IMS manual Annexure 01 |
| Operational Control Procedure | **MHCPL-OCP-DEP XX** | Running serial number of OCP related to element of IMS (XX is Number from 01 to 99). |
| Standard operating procedure | **MHCPL-SOP-DEP XX** | Running serial number of SOP related to element of IMS (XX is serial number from 01 to 99). |
| Work Instructions | **MHCPL-WI-DEP XX** | Running serial number of WI related to element of IMS (XX is serial number from 01 to 99). |
| Functional Procedure | **MHCPL-FP-DEP** | DEP indicates process code identified in the IMS manual Annexure 01 |

### 5.1.3 Level - III Documented Information to be retained

DIR consists of Formats/Registers/Log Books shall be designated as:
**MHCPL- DEPT-AAA-FXX**
Where, AAA indicates the IMSP/ SOP/WI etc.
DEPT indicates the reference department
F indicates for Format/ Forms/ Registers/ Log sheets i.e., all the records
XX is the two-digit no. from 01 to 99

## 6.0 Creation of Documented Information

6.1 Dept. HODs identify the need of documented information.

6.2 Dept. HODs nominate a person for writing the document and discuss the requirements to be included in Apex Level Documents.

6.3 Identified personnel to prepare the draft document.

6.4 Documents information to be maintain are prepared in the standard format giving:

- Purpose & Scope
- Responsibilities
- Process Description
- Operational Procedure (Source, Inputs, Activity, Output, Receiver & Process Monitoring)
- Documented information to be retained
- References

6.5 HOD's / Site Head(s) receives the draft document from the author and reviews with the Concern personnel.

6.6 HOD's / Site Head(s) finalise the document and put up to MR for approval of Top management.

6.7 Approving Authority approves the document ( as per 4.4).

6.8 MR assigns the documented information with Title, Document number, Prepared by, Reviewed by, Approved by, Issued by, Issue No., Issue Date., in the documented information, take signatures assigns "MASTER COPY" stamped GREEN on the backside top left corner of each page and retains the documented information for MR, issue and controlled copy stamped with BLUE as "CONTROLLED COPY" on bottom center of each page for reference purpose.

6.9 Finalised Formats/ Templates are stamped with the "MASTER COPY" in GREEN colour for the distribution to concern department and "OBSOLETE" with RED on each page for supersede master documents or formats.

**6.10** Registers and Log books have documented information number on their cover pages. All pages of Register / Log books are serially numbered.

## 7.0 Circulating of Documented Information

7.1 MR issues/ up-loads the documented information in the server computer. All the Soft copies are protected and Master copy is with MR, which is only the final document. Users can access through network but no person is authorised to change/ modify documented information. In case any changes/ amendments in documented information; revised version will be up-loaded by over-writing the existing procedure. Concern HOD / Site Head(s) does acknowledge the same.

7.2 MR enters' the details in Master List of Documented Information.

7.3 HOD / Site Head(s) enters the details in the Process Maps.

7.4 HOD /Site Head(s) access the documented information by LAN (Local area network). Documents are located in sever.

## 8.0 Amendments/ Revisions of Documented Information (Mention minimum revision frequency)

8.1 Any individual may send request for changes in documented information to MR through concern HOD / Site Head(s).

8.2 MR discuss the change proposal with concerned departments and forward to the draft originating department.

8.3 Follow steps as indicated in section **6.5** to **7.4** (mentioned above).

8.4 MR keeps the information of changes made in the documented information amendment history.

8.5 Obsolete/old documents are deleted from the server computer by MR before up-loading of new / changed documents as per Sl. no. 7.1 above.

8.6 MR keeps one obsolete Hard copy (Original) stamped as "OBSOLETE" in archives for references and destroys other obsolete copies.

## 9.0 Control of External origin documented information

9.1 Concern departments maintains detail of national / international Standards / Customer requirements used in the company and keep them updated through regular interaction with standard / Statutory bodies / customer. MR/HOD's maintains a compiled copy of national / international Standards / Customer requirements used by the departments.

9.2 MR/ HOD's inform user departments for any amendments / revision of the external origin documents being used by them and vice versa, updates the external origin documented information.

9.3 HOD(s) / Site Head(s) maintains the details of documents and specification received from customer or interested parties if any in the External property register.

9.4 MR maintains the details of documents and specification received from customer or interested parties if any in the Master List of External Origin Documented Information.

## 10.0 Preservation and Retention of documented information

10.1 Documented information to retain in Hard Copy / electronic media: If the documented information to retain in Hard Copy / electronic media, distinct folders are created within which specific files are stored. The files are identified in List of Documented information to retain by drive and path name.

10.2 Storage: The Files/ Registers are stored in Racks/Filing Cabinets identified by Racks/Filing Cabinet No. In case of electronic media, files are stored in distinct folders.

10.3 Access: For documented information to retain as hard copies, access is limited to the representative of user department and the functional head; in cases where the documented information to retains are required to be moved to another location, permission is to be taken from the owner of the process.

10.4 All the work stations in the network are connected by LAN and data there in are protected by individual system passwords.

10.5 Retrieval: The Files/Registers are kept in respective departments, along with the filing index, in such a way that they are easily retrievable.

10.6 The folders in electronic media are organized in such a way that they are easily identifiable and retrievable. Ensure that the documented information is not lost / damaged and are kept in safe custody.

10.7 Ensure that the documented information is legible, not shabby and identify the type of product, date / batch of product.

10.8 Protection: The documented information to retains in Files and Registers are kept in such a way so as to prevent from loss and damage. Precautions are taken to prevent deterioration from atmosphere, dust and fire.

10.9 Retention: The documented information is retained for a period as required by the following:

a. Management of MHCPL.
b. IMS Requirement (ISO 9001:2015, ISO 14001:2015, ISO 45001:2018)
c. Customer requirements

10.10 Make available the documented information to customer or his/her representative, if contractually required, within the retention period as agreed with the customer.

10.11 Retains documented information for document matrix giving details of retention period, disposing authority and method of individual records.

10.12 Backup, Archival and Recovery planning: Maintain active files for this data with cross-referenced indexing system to enable easy retrieval of specific data in the department.

10.13 Maintain data in active files for one year. Close the final after one year and shift to archives for a period of Four years or as contractually required.

10.14 Disposition: Documented information beyond the retention period, are reviewed for further retention or else destroyed. The decision for documented information to retain disposition (as per the table in master list of documents) by shredding/tearing or burning the documented information (hard copies) and permanent delete for electronic documented information.

## 11.0 SUPPORTING DOCUMENTED INFORMATION

| # | Documented Information Title | Documented Information No. |
|---|---|---|
| 1 | Master list of documented information | MHCPL-IMSP-01-F01 |
| 2 | Master list of external origin documented information | MHCPL-IMSP-01-F02 |
| 3 | Change of document | MHCPL-IMSP-01-F03 |
| 4 | Document change note | MHCPL-IMSP-01-F04 |
| 5 | Document issue/withdrawal note | MHCPL-IMSP-01-F05 |

## 12.0 REFERENCE STANDARD AND CLAUSE NUMBER

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | 7.5 | Documented Information |
| ISO 14001:2015 | 7.5 | Documented Information |
| ISO 45001:2018 | 7.5 | Documented Information |

## 1. PURPOSE

To establish a system for identification of environmental aspects and evaluate for possible environmental impacts.

## 2. SCOPE

All activities carried out by MHCPL and its contractors that have significant impact on the environment.

## 3. ABBREVIATIONS

| | |
|---|---|
| HOD | Head of Department |
| MR | Management Representative |

## 4. DEFINITIONS

**Interested party:** Person or organization that can affect, be affected by, or perceive itself to be affected by a decision or activity.
Like Customers, communities, suppliers, regulators, non-governmental organizations, investors and Employees

**Environment:** Surroundings in which an organization operates, including air, water, land, natural resources, flora, fauna, humans and their interrelationships.

**Environmental aspect:** Element of an organization's activities or products or services that interacts or can interact with the environment.

**Environmental impact:** Change to the environment whether adverse or beneficial, wholly or partially resulting from an organization's environmental aspects.

**Life cycle:** Consecutive and interlinked stages of a product or service system, from raw material acquisition or generation from natural resources to final disposal.

## 5. RESPONSIBILITIES

Concern HOD's/ Site Heads / HSE Site In charge is overall responsible for operation of the procedure.

Site HSE Executive is responsible for coordinating with respective HOD / Site Head(S) for identifying the aspects and these activities assists the Head HSE.

Respective HOD / Site Head(s) is responsible for identifying the aspects in their area of activity and evaluating the same for their possible impacts on environment during normal, abnormal and emergency situations.

## 6. PROCEDURE

| S.NO. | ACTIVITY | RESPONSIBILITY |
|---|---|---|
| 6.1 | Collect information about various environmental aspects of the Projects' activity and interface activities of contractor(s) including their impacts related to activities during normal, abnormal and emergency situations. | HOD / Site Head(s) |
| 6.2 | Use Environmental Review format for gathering the information from the concerned employees in the dept.<br>The environmental impact can occur at local, regional and global scales, and also can be direct, indirect or cumulative by nature.<br>The relationship between environmental aspects and environmental impacts is one of cause and effect. | HOD / Site Head(s) |
| 6.3 | While identifying, consider the following environmental aspects wherever relevant:<br>a) emission to air;<br>b) releases to water;<br>c) releases to land;<br>d) use of raw materials and natural resources;<br>e) use of energy;<br>f) energy emitted (e.g. heat, radiation, vibration (noise), light);<br>g) generation of waste and/or by-products;<br>h) Use of space.<br>Activities, products and services that it can control and those that it can influence and their associated environmental impacts considering a life cycle perspective. | HOD / Site Head(s) |
| 6.4 | During identification of significant environmental aspects, keep in view the applicable Legislative / Regulatory and other requirements. | HOD / Site Head(s) |
| 6.5 | Compile the information and validate the same by visiting to the site. | HOD / Site Head(s) |
| 6.3 | Based on the received / validated information, identify the aspects that can have an impact on the environment. | EHS INCHARGE |
| 6.4 | Evaluate the identified aspects determining significant aspects using the criteria as given in Annexure I of this procedure.<br>a) Probability (P)<br>b) Severity (S)<br>c) Controls (C)<br>d) Detectability (D) | HOD /Site Head(s) |
| 6.5 | Based on the above evaluation score the Impact as under:<br>**Risk Priority Number (RPN) → P*S*C*D**<br>(Note: For legends of above notations, refer to 7.0 criteria) | HOD /Site Head(s) |
| 6.6 | In case the total impact score, **RPN > 30** then the aspect will be treated as Significant aspect.<br>The aspects which are applicable to legal requirements (such as emission and discharge limits in permits or regulations, etc. are considered as significant aspects. | HOD /Site Head(s) |

| | | |
|---|---|---|
| | The concerns of internal and external interested parties (such as those related to organizational values, public image, noise, odor or visual degradation are considered significant aspects.<br>Significant environmental aspects are considered for setting the environmental objectives and programmes.<br>Accordingly, operating procedure/ work instruction/ other controls/ PPE's to be planned to reduce the significance of aspects. | |
| 6.7 | Review the evaluation for correction / clarification. | MR / HOD / Site Head |
| 6.8 | Record the significant aspects in the "Environmental Aspects & Impacts Assessment" for which additional controls or objectives or Environmental Programme is to be identified. | MR / HOD / Site Head |
| 6.9 | The significant aspects risk and opportunities are identified and action plan addressed for mitigation of the risk and exploring the opportunities | MR / HOD / Site Head |
| 6.10 | Maintain and review the Environmental Aspects & Impacts Assessment once a year or whenever there is major modification / updation / addition in process / activities. | MR / HOD / Site Head |
| 6.11 | In addition, if there is new knowledge regarding environmental impacts has been identified during audits or in case of amendments to legislative requirements, reviews and update the "Environmental Aspects & Impacts Assessment". | MR / HOD / Site Head |

## 7. CRITERIA

| Attributes | Description | Point Rating |
|---|---|---|
| Scalability (SC) | • Very localized effect<br>• Department area is effected<br>• Entire factory is effected<br>• Surrounding community is effected<br>• Wide spread effect over large area | 1<br>2<br>3<br>4<br>5 |
| Severity (SV) | • Negligible visual impact<br>• Causes discomfort or nuisance<br>• Affect marine life, Flora & Fauna<br>• Affect human health<br>• Fatal to human health | 1<br>2<br>3<br>4<br>5 |
| Duration (D) | • Momentary<br>• Impact for less than 2 hours<br>• Impact for a day<br>• Impact likely for a month or less<br>• Permanent effect on environment | 1<br>2<br>3<br>4<br>5 |
| Probability (P) | • Very rare<br>• Once in a month or less<br>• Once in a day<br>• Several times a day<br>• Continuous | 1<br>2<br>3<br>4<br>5 |

**Rating Score = SC X SV X D X P**

### c) Supporting Documented Information

| # | Title | Identification No. |
|---|---|---|
| 1 | Environmental Aspect and Impact Assessment | MHCPL-EAIR-XX |

### d) Reference Standard and Clause Number

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | - | -- |
| ISO 14001:2015 | 6.1.2 | Environmental aspects |
| ISO 45001:2018 | - | -- |

## 1. PURPOSE

To identify hazards in work place and evaluation of severity of risk so as to eliminate and /or reduce risks.

## 2. SCOPE

All activities carried out by MHCPL operations and its contractors that have significant impact on the Occupational Health & Safety.

## 3. ABBREVIATIONS

| | |
|---|---|
| HOD | Head of Department |
| MR | Management Representative |
| HSE | Health Safety & Environment |

## 4. DEFINITIONS

**Hazard:** Source, situation or act with a potential for harm in terms of human injury or ill health, or a combination of these.

**Hazard identification:** Process of recognizing that a hazard exists and defining its characteristics.

**Risk:** Combination of the likelihood of an occurrence of a hazardous event or exposure(s) and the severity of injury or ill health that can cause by the event or exposure (s).

**Risk assessment**: Process of evaluating the risk(s) arising from a hazard(s), taking into account adequacy of any existing controls, and deciding whether or not risk(s) is acceptable.

**Workplace:** Any physical location in which work related activities are performed under the control of the organization.

While giving consideration to what constitutes a workplace, the MHCPL takes into account the OH&S effects on personnel who are, on official duty working at the place of a client or customer.

## 5. RESPONSIBILITIES

5.1 HOD's/ Site head(s) is overall responsible for operation of this procedure.

5.2 Site Safety In charge is responsible for coordinating with respective HOD / Site Head(s) for identifying the Hazards for these activities and he assists with MR / Head HSE and evaluating the same for their possible impacts on OH&S during routine, non-routine and emergency situations for updation of HIRA register.

5.3 The hazard identification, risk assessment and control register is a dynamic record and is reviewed and updated for the adequacy, periodically once in a year or emergency situation or process change or management of change or any modifications hereafter.

## 6. PROCEDURE

| S.NO. | ACTIVITY | RESPONSIBILITY |
|---|---|---|
| 6.1 | Risk Assessment involves Hazard Identification in the work place including external providers (contactors / visitors) and evaluation of severity factor for the risks involved. The hazard potentials are identified and actions initiated to eliminate or base the risks. | HOD / Site Head(s) |
| 6.2 | The Structure of Hazard Identification, Risk Assessment and Control is as follows:<br>1. Identification of the Hazard.<br>2. The following three questions enable hazard identification.<br>a. Is there a source of harm?<br>b. Who (or what) could be harmed?<br>c. How could harm occur?<br>3. Estimation of the probability of the Hazard manifesting itself into an incident.<br>4. Determining the Impact (consequences) and Likelihood of the incidents.<br>5. How work is organized, social factors (including workload, work hours, victimization, harassment and bullying), leadership and the culture in the organization; | HOD / Site Head(s) |
| 6.3 | **Hazard Identification:**<br>Identify the various activities (routine and non-routine), persons having access to the work place including contractors & visitors and also evaluating the human behavior, capabilities and other human factors, for each of the activities identify the hazard concerned. Also the hazards to be assessed based on environment, in the vicinity of the work place by work related activities under the control of the organization. Any hazard originating outside the work place which may impact the activity under the control of organization. | HOD / Site Head(s) |
| 6.4 | Infrastructure, equipment, materials, substances and the physical conditions of the workplace;<br>product and service design, research, development, testing, production, assembly, construction, service delivery, maintenance and disposal;<br>human factors;<br>how the work is performed;<br>a) past relevant incidents, internal or external to the organization, including emergencies, and their causes;<br>b) potential emergency situations;<br>c) people, including consideration of:<br>1) those with access to the workplace and their activities, including workers, contractors, visitors and other persons;<br>2) those in the vicinity of the workplace who can be affected by the activities of the organization;<br>3) workers at a location not under the direct control of the organization;<br>d) other issues, including consideration of:<br>1) the design of work areas, processes, installations, machinery/equipment, | HOD / Site Head(s) |

| | | |
|---|---|---|
| | operating procedures and work organization, including their adaptation to the needs and capabilities of the workers involved;<br>2) situations occurring in the vicinity of the workplace caused by work-related activities under the control of the organization;<br>3) situations not controlled by the organization and occurring in the vicinity of the workplace that can cause injury and ill health to persons in the workplace;<br>e) actual or proposed changes in organization, operations, processes, activities and the OH&S management system;<br>f) Changes in knowledge of, and information about, hazards. | |
| 6.5 | For management of change hazard & risks associated with changes in organization, OHS management system and its activities are identified prior to introduction of changes. | MR/ HOD / Site Head(s) |
| 6.6 | **Risk Assessment:**<br>**Qualitative Assessment:** Further the severity rating shall be evaluated and likelihood of such an event occurring based on the table attached. The values shall be addressed in the risk matrix and risk category shall be identified. | HOD / Site Head(s) |
| 6.7 | Any Hazard / risk which is associated with a Legal Concern (LC) or Interested Party Concern (IPC) or Business Concern (BC) or combined in respect of OH&S are considered as significant and necessary controls are administered to comply the requirements. | HOD / Site Head(s) |
| 6.8 | Risk score is obtained by multiplying the following factors:<br>Severity Rating (Scale 1 to 5) and<br>Likelihood Rating (Scale 1 to 5)<br>**RISK PRIORITY NUMBER (RPN)** = Likelihood Rating (LR) X Severity Rating (SR) | HOD / Site Head(s) |
| 6.9 | The hazards having RPN > 12 is considered as significant hazard, such risks are to be mitigate by either elimination or substitute of the particular process or providing engineering controls / administration control like OCP's and usage of PPE's.<br>If the value of severity rating SR = 5, is considered as High Risk.<br>Apart all emergency situations are considered as significant risks.<br>The above controls are to be applied and assessed till the Residual RPN value to the acceptable value (Residual RPN value is less than or equal to 12). | HOD / Site Head(s) |
| 6.10 | While determining the controls or considering the changes to existing controls and reducing risk levels followed by hierarchy:<br>a. Elimination - eliminate the hazard;<br>b. Substitution - substitute with less hazardous processes, operations, materials or equipment;<br>c. Engineering controls - use engineering controls and reorganization of work;<br>d. Administrative Controls - use administrative controls, including training;<br>e. PPE's / Special PPE's- use adequate personal protective equipment. | HOD / Site Head(s) |
| 6.11 | The hazards having base **RPN > 12** is considered as significant risk, such risks will be mitigate by either providing engineering controls and administration control like OCP's or PPE's or both. | HOD / Site Head(s) |
| 6.12 | Evaluation of the controls are done to identify the residual risk by multiplying | HOD / EHS |

| | | |
|---|---|---|
| | the Severity Rating after applying the controls (Scale 1 to 5) and Likelihood Rating (Scale 1 to 5)<br>If the **Residual Risk Priority Number**, **RRPN > 12**, such risk is not acceptable. **RRPN ≤ 12** then the risk is considered to be acceptable. | INCHARGE |
| 6.13 | Based on the controls applied the RRPN ≤ 12 the risk is accepted, if the RRPN value is above 12, the OCP shall be reviewed, monitored by considering objectives or initiation of management programme. | HOD / EHS INCHARGE |
| 6.14 | For the not acceptable risks the additional controls or objectives or management programs are identified. The risk and opportunities are identified for the not acceptable risks and the action plan is determined to mitigate the high risk and explore the opportunities. | HOD / EHS INCHARGE |

## 7.0 RISK MATRIX FOR RPN & RRPN:

| SEVERITY / LIKELIHOOD | | **Physical discomfort** (Nuisance and irritation) | **Non Reportable Requiring First Aid** (Superficial injuries, Minor cuts, bruises, temporary ill health, Eye irritation from dust) | **Reportable Temporary disability.** (Dermatitis, Asthma, Work related upper limb disorders, Lacerations, burns, Minor fractures, Sprains) | **Partial permanent disability** (Amputations, Multiple injuries, Major fractures) | **Fatal/ Total Permanent disability.** (Severe life shortening diseases, Occupational cancer) |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| **Certain (Very Likely) –** (Typically experienced at least weekly once or while performing the activity) | 5 | 5 | 10 | 15 | 20 | 25 |
| **Quite possible (Likely)** (Typically experienced at least monthly once or occasionally while performing the activity) | 4 | 4 | 8 | 12 | 16 | 20 |
| **Unusual but possible (Unlikely)** (Typically experienced at least half yearly once) | 3 | 3 | 6 | 9 | 12 | 15 |
| **Remote (Very unlikely)** (Less than 1% chance of being exposed during yearly performing activity) | 2 | 2 | 4 | 6 | 8 | 10 |
| **Improbable** | 1 | 1 | 2 | 3 | 4 | 5 |

## 8.0 SUPPORTING DOCUMENTED INFORMATION

| # | Documented Information Title | Documented Information No. |
|---|---|---|
| 1 | HIRA Register | MHCPL-HIRA-XX |

## 9.0 REFERENCE STANDARD AND CLAUSE NUMBER

| Standard | | |
|---|---|---|
| ISO 9001:2015 | - | -- |
| ISO 14001:2015 | - | -- |
| ISO 45001:2018 | 6.1.2 | Hazard identification and assessment of OH&S risks |

## 1. PURPOSE

To establish, implement and maintain a system to outline how internal audits are scheduled, planned, conduct and report to ensure that the integrated management system is effective in meeting the requirement.

## 2. SCOPE

The scope is extended to all the audits conduct internally.

## 3. ABBREVIATIONS

| | |
|---|---|
| IMS | Integrated Management System (ISO 9001:2015, ISO 14001:2015, ISO 45001:2018) |
| HOD | Head of Department |
| MR | Management Representative |

## 4. RESPONSIBILITIES

Management representative (MR) is responsible for ensuring the implementation of this procedure. He is also responsible for the overall co-ordination and administration of matters relating to internal audits.

HOD / Site Head(s)– Responsible for providing necessary cooperation for conducting of audits and ensuring implementation of corrective and preventive actions arising out of such audits.

Internal auditors are responsible to carry out the internal audit on these international standards, ISO 9001:2015, ISO 14001:2015, and ISO 45001:2018 and submit the report to the MR.

## 5. PROCEDURE

| Sl. No. | Activity | Responsibility | Ref. Doc. |
|---|---|---|---|
| 5.1 | Prepare Annual Audit Plan carried out once a year or in case of major changes in process / system. | MR | MHCPL-IMSP-04-F01 |
| 5.2 | Nominate Auditors independent of their activities at the time of preparing Audit Plan. | MR | MHCPL-IMSP-04-F03 |
| 5.3 | After preparation of Audit Plan, send intimation to Auditee department with the audit criteria and the Auditors. | MR | MHCPL-IMSP-04-F02 |
| 5.4 | Carry out audit of Department / Activity for compliance and effectiveness of IMS. | Auditors | -- |
| 5.5 | Verify deficiency found during the previous audits and review the effectiveness of the corrective action taken. | -do- | -- |
| 5.6 | Prepare Corrective Action Request if any, in agreement with Auditee. | Auditee | MHCPL-IMSP-04-F05 |
| 5.7 | Obtain acceptance on the observations, proposed corrective & preventive action and time required to resolve the non-conformities from the head of the auditee department on each Corrective Action Request. | Auditee | MHCPL-IMSP-04-F05 |

| | | | |
|---|---|---|---|
| 5.8 | Prepare the System Audit Report based on his finding recorded in Corrective Action Request & compile the corrective Action Requests observed in System Audit Report. This report is submitted to concerned audit dept as well as MR. | Auditor | MHCPL-IMSP-04-F04 |
| 5.9 | Indicate remarks on earlier Corrective Action Request, if the action taken by Auditee on earlier Non-conformity are not satisfactory (i.e. Action taken is not sufficient to provide confidence towards preventive action) and raise another corrective Action Request. | Auditor | MHCPL-IMSP-04-F05 |
| 5.10 | Take the necessary corrective action and inform the auditor for verification of action taken. | Auditee | MHCPL-IMSP-04-F05 |
| 5.11 | Review the actions taken by auditee and confirm, whether action taken by auditee is effective. | Auditor | MHCPL-IMSP-04-F05 |
| 5.12 | Keep MR informed in respect of the audit by sending copy of the system Audit Report at following stages:<br>a. Immediately upon completion of audit.<br>b. After verification of corrective and preventive action taken by auditee. | Auditor | MHCPL-IMSP-04-F04 |
| 5.13 | Follow up with Auditors for conduct of audits. Monitor & update the audit plan. | MR | MHCPL-IMSP-04-F05 |
| 5.14 | Prepare Audit Summary Report and send the same to Heads | MR | Email |

## 6. SUPPORTING DOCUMENTED INFORMATION

| # | Documented Information Title | Documented Information No. |
|---|---|---|
| 1 | Internal audit plan | MHCPL-IMSP-04-F01 |
| 2 | Internal audit schedule | MHCPL-IMSP-04-F02 |
| 3 | Internal auditor list | MHCPL-IMSP-04-F03 |
| 4 | Audit Report | MHCPL-IMSP-04-F04 |
| 5 | IA NC Report | MHCPL-IMSP-04-F05 |
| 6 | Internal audit summary | MHCPL-IMSP-04-F06 |

## 7. REFERENCE STANDARD AND CLAUSE NUMBER

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | 9.2 | Internal Audit |
| ISO 14001:2015 | 9.2 | Internal Audit |
| ISO 45001:2018 | 9.2 | Internal Audit |

## 1. PURPOSE

To establish, implement and maintain a system to review the MHCPL's integrated management system at planned intervals, to ensure its continuing suitability, adequacy and effectiveness. This review includes assessing opportunities for improvement and the need for changes to the integrated management system including the IMS policy and objectives.

## 2. SCOPE

The scope is applicable to total review of integrated management system.

## 3. ABBREVIATIONS

| | |
|---|---|
| IMS | Integrated Management System (ISO 9001:2015, ISO 14001:2015, ISO 45001:2018) |
| HOD | Head of Department |
| MR | Management Representative |

## 4. RESPONSIBILITIES

MD: Chairman of Management Review Meeting, which is organized at the MHCPL.

MR: Preparation of Agenda for the review meeting; organizing the meeting and preparation of the minutes; keeping records of the review; follow up of the actions to be taken as per decision of meeting and reporting to the MD / WTD.

Management Review Committee (MRC): MR, HOD's, Site Head(s).

## 5. PROCEDURE

| SL. NO. | ACTIVITY | RESPONSIBILITY | REF. DOC. |
|---|---|---|---|
| 5.1 | The Management Review is carried out at least once in six months for MHCPL. The Management Representative sends the meeting agenda in advance. | MR | MHCPL-IMSP-05-F01 |
| 5.2 | The Agenda for the review meeting is under and not limited to:<br>1. Status of actions from previous management reviews<br>2. Changes in:<br>a. External and internal issues relevant to the IMS<br>b. Needs and expectations of interested parties relevant to the IMS<br>c. Significant environment aspects<br>d. Risks and Opportunities<br>e. Legal requirements and other requirements<br>3. Status of action plans<br>4. Information on the IMS performance and effectiveness of IMS<br>a. Customer satisfaction and feedback from relevant interested parties<br>b. The extent of IMS objectives and targets have been met | MR | MHCPL-IMSP-05-F02 |

| | | | |
|---|---|---|---|
| | c. Process performance and conformity of products and services<br>d. Incidents, nonconformities and corrective actions<br>e. Monitoring and measurement results<br>f. Results of audits<br>g. Performance of external providers<br>h. Results of evaluation of compliance with applicable legal and other requirements<br>i. Consultation and participation of workers<br>5. Effectiveness of actions taken to address risks and opportunities<br>6. Results of participation and consultation of the employees<br>7. Adequacy of the Resources<br>8. Relevant communication from interested parties, including complaints / Suggestions<br>9. Opportunities for improvement, including those for competence | | |
| 5.3 | The minutes of the Management Review meeting are prepared by the Management Representative or Acting MR and circulated to concern members, workers, and, where they exist, workers' representatives after duly approved by the Plant Head. | MR | MHCPL-IMSP-05-F02 |
| 5.4 | The output of the management review includes decision and actions related to:<br>1. Opportunities to continual improvement<br>2. IMS policy<br>3. Any need for changes to IMS<br>4. Resource needs<br>5. Actions if needed<br>6. Continuity on the continual suitability, adequacy and effectiveness of the IMS in achieving outcomes<br>7. Objectives, action plans or other elements of IMS and action to be taken for not meeting the objectives<br>8. Opportunities to improve integration of IMS with other business process<br>9. Improvement of competence, awareness and communication<br>10. Any implications for the strategic directions | | MHCPL-IMSP-05-F02 |
| 5.5 | The action / follow up taken as per the decisions in the meeting are monitored by Management Representative or MR coordinators. | MR | MHCPL-IMSP-05-F03 |

## 6. SUPPORTING DOCUMENTED INFORMATION

| # | Documented Information Title | Documented Information No. |
|---|---|---|
| 1 | MRM Schedule | MHCPL-IMSP-05-F01 |
| 2 | MRM Minutes | MHCPL-IMSP-05-F02 |
| 3 | MRM Action Tracking | MHCPL-IMSP-05-F03 |

## 7. REFERENCE STANDARD AND CLAUSE NUMBER

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | 9.3 | Management Review |
| ISO 14001:2015 | 9.3 | Management Review |
| ISO 45001:2018 | 9.3 | Management Review |

## 1. PURPOSE

To establish, implement and maintain a system for investigating analyzing the incidents/accidents occur in the premises of MHCPL.

## 2. SCOPE

This covers the detail investigation and analysis of any incident / accident took place in the premises of MHCPL.

## 3. ABBREVIATIONS

IMS Integrated Management System (ISO 9001:2015, ISO 14001:2015, ISO 45001:2018)
HOD / SITE HEAD(S) Head of Department
MR Management Representative

## 4. RESPONSIBILITIES

Site Head holds full responsible for incident investigation.
Head HSE is responsible to investigate & identify the impact of the incident/ accident and submit a detailed report to Top Management.

## 5. PROCEDURE

| SL. NO. | ACTIVITY | RESPONSIBILITY | REF. DOC. |
|---|---|---|---|
| **5.1** | **INCIDENTS:** | | |
| 5.1.1 | An Incident includes accident, near miss and emergency situation. | Site Personnel | |
| 5.1.2 | In the event of an Incident inform to the concerned HOD / SITE HEAD(S) and arrange for immediate first aid | | MHCPL-IMSP-06-F01 |
| 5.1.3 | Inform to the first aider and admin for necessary action | Site Head(S) | |
| 5.1.4 | Take action for treating or transferring the patient | First Aider | |
| 5.1.5 | After the necessary actions taken to take care of the effected personnel, prepare incident report and submit it to Site In charge | Site Head(S) | MHCPL-IMSP-06-F02 |
| 5.1.6 | Review, investigate and analyze the incident, identify the root cause and take necessary Corrective and preventive actions | Head HSE | |
| **5.2** | **Near Misses:** | | |
| 5.2.1 | Inform the HOD / SITE HEAD(S) about the near miss in their area each day. | Site Personnel | MHCPL-IMSP-06-F01 |
| 5.2.2 | Review and investigate the near miss and Prepare a list with corrective and preventive action, as applicable | Site / Safety In charge | MHCPL-IMSP-06- |

| | | | |
|---|---|---|---|
| | | | F02 |
| 5.2.3 | Person who observes the near misses, he reports to superior. Superior in turn investigate/ analyze the situation and if possible, take correction/ corrective action and inform to HOD / SITE HEAD(S). Concerned HOD / SITE HEAD(S) analyse and discuss along with his team including workers and Identify the corrective & preventive actions and opportunity for improvements. Results of Near misses' analysis will be discussed in safety committee meetings / daily meetings | HOD / Site Head(S) / Site HSE | MHCPL-IMSP-06-F02 |
| 5.3 | Discuss the following in monthly safety committee meeting:<br>• Incidents / near misses / emergency situations<br>• Pending jobs required to be attended.<br>• Unsafe conditions / Safety deficiency points<br>• Work permits<br>• Occupational health issues<br>• Opportunities for preventive actions<br>Opportunities for continual improvement | HOD / SITE HEAD(S) / Safety Incharges | |
| 5.4 | In case of an incident, Section in-charge / supervisor concerned after providing necessary help to control the situation, fills up the incident investigation preliminary report and is sent to Site Head and Safety Incharge within 24 hours of the incident. | HOD / SITE HEAD(S) / Safety Incharges | MHCPL-IMSP-06-F02 |
| 5.5 | Site Head after studying the preliminary report, if thinks for a further investigation of the incident, sends back the preliminary report to HOD HSE advising for a final investigation of the incident | hod / site head(s) | MHCPL-IMSP-06-F02 |
| 5.6 | HOD / SITE HEAD(S) / Head HSE forms a team for carrying out the final investigation. | Head HSE | MHCPL-IMSP-06-F02 |
| 5.7 | Investigation team after thoroughly analyzing all factors, analyze the root causes for the incident, recommends corrective measures for avoiding recurrence of the incident and sends the report to the Site Head. | Head HSE | |
| 5.8 | WTD / MD / Sr. President (P) reviews the report and if satisfied with the report, it is forwarded to HOD / SITE HEAD(S) HSE for initiating action as per the report. Otherwise, it is sent back to team for reinvestigation. | Head HSE | MHCPL-IMSP-06-F02 |
| 5.9 | HOD / SITE HEAD(S) HSE coordinates with the concerned Functional Heads in taking action as per the recommendations of the investigating team. | Head HSE | MHCPL-IMSP-06-F02 |
| 5.10 | The final investigation process should be completed within 48 hours of the incident, In case of any delay it should be notified to MD/WTD/Sr. President(P). | Head HSE | -- |

| | | | |
|---|---|---|---|
| 5.11 | Head HSE maintains the record of all completed investigation reports of the incidents. | Head HSE | MHCPL-IMSP-06-F02 |
| 5.12 | HOD / SITE HEAD(S) / Site Safety Incharges identifies the corrective action or opportunities for continual improvement from the incidents, near misses, unsafe acts or conditions | Site Safety Incharge | |
| 5.12 | The analysis of the incidents would be discussed in the MRM and also at shop floor meetings for the information of the employees. | Head HSE | MHCPL-IMSP-05-F02 |
| 5.13 | HOD / SITE HEAD(S) HSE analyses all the incidents once every six months and prepares incident statistics / trends and the same would be reviewed in the Management review meeting / CRM | MR / Head HSE | MHCPL-IMSP-05-F02 |

## 6. SUPPORTING DOCUMENTED INFORMATION

| # | Documented Information Title | Documented Information No. |
|---|---|---|
| 1 | Accident / Incident / Near Miss Report | MHCPL-HSE-AIN-24 |

## 7. REFERENCE STANDARD AND CLAUSE NUMBER

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | - | -- |
| ISO 14001:2015 | - | -- |
| ISO 45001:2018 | 10.1 | Incident, nonconformity and corrective action |

## 1. PURPOSE

To establish, implement and maintain a system for identifying and access legal and other requirements applicable to MHCPL.

## 2. SCOPE

This procedure covers the method to identify and have access to applicable Legal and other requirements related to activities, processes, product and services of MHCPL

## 3. ABBREVIATIONS

| | |
|---|---|
| IMS | Integrated Management System (ISO 9001:2015, ISO 14001:2015, ISO 45001:2018) |
| HOD | Head of Department |
| MR | Management Representative |

## 4. RESPONSIBILITIES

Concern HOD's / Site Heads are overall responsible for identification of related Acts, Rules and Regulations applicable to MHCPL Function(s).

Concern HOD is responsible for deciding company's limits keeping legal requirements into consideration.

## 5. PROCEDURE

| SL. NO. | ACTIVITY | RESPONSIBILITY | REF. DOC. |
|---|---|---|---|
| 5.1 | Contact the following once in a year through direct/ phone/ emails for procurement of Acts/ Rules/ Regulations applicable to company's operations (for any amendments).<br><br>a) Central Pollution Control Board (CPCB)<br>b) State Pollution Control Board (TSSPCB)<br>c) Law book publishers<br>d) Any other applicable standard, act, rules, through websites etc.,<br><br>Notifications from state/ central government bodies like industries, labor department, etc.<br>Newspapers / Media information | Concerned HOD's & Head HSE | |
| 5.1.1 | Mandatory legal requirements related to MHCPL environmental aspects includes, if applicable:<br>a) requirements from governmental entities or other relevant authorities;<br>b) international, national and local laws and regulations;<br>c) requirements specified in permits, licenses or other forms of authorization;<br>d) orders, rules or guidance from regulatory agencies;<br>e) Judgements of courts or administrative tribunals. | Concerned HOD's & Head HSE | -- |

| | | | |
|---|---|---|---|
| 5.2 | Review the regulatory & legislative requirements and identify those applicable. | Concerned HOD's & Head HSE | MHCPL-IMSP-07-F01 |
| 5.3 | Interact with concerned personnel for environment, health & safety, energy consumption and review existing data, if any, to determine threshold limits for the company. | Concerned HOD's & Head HSE | -- |
| 5.4 | Maintain register of legislative / regulatory requirements containing following details:<br>• Applicable Articles of relevant Acts / Rules / Regulations applicable to company operations.<br>• Standards / Norms prescribed in Acts / Rules / Regulations and company threshold limits, if any<br>• Statutory records to be maintained for verification if any, by legislative / regulatory representative(s).<br>• Permits / consents / cess required and their dates of renewal / submission with concerned authorities. | Concerned HOD's & Head HSE | MHCPL-IMSP-07-F01 |
| 5.5 | Update the register whenever there is change / updation of related Acts / Rules / Regulations, terms of permits / consents and applicable company threshold limits. | Concerned HOD's & Head HSE | MHCPL-IMSP-07-F01 |
| 5.6 | As and when any amendment to Acts / Rules / Regulations is received, inform concerned department for review of threshold limits, if applicable and update the register. | Head HSE | MHCPL-IMSP-07-F01 |
| 5.7 | Other requirements of MHCPL includes, as is not limited to:<br>a) Compliance to PPE's usage<br>b) Non-permit to outside vehicles into the plant premises<br>c) Speed limit of 20KMPH in the plant premises<br>d) Work Permit issue<br>e) Vehicle fitness and Driving license for drivers/ Operators of heavy vehicles<br>f) No smoking in the plant | Head HSE | MHCPL-IMSP-07-F01 |
| 5.8 | Information related to legal & other requirements shall be communicated to employees, contractors based on their participation in various meetings and HSE related forums. | Concerned HOD's & Head HSE | MHCPL-IMSP-07-F01 |
| 5.9 | Information related to legal & other requirements shall be communicated to relevant interested parties by reporting as per statutory requirements and interactions during the visit of officials. | Concerned HOD's & Head HSE | MHCPL-IMSP-07-F01 |

## 6. SUPPORTING DOCUMENTED INFORMATION

| # | Documented Information Title | Documented Information No. |
|---|---|---|
| 1 | Legal Register | MHCPL-IMSP-07-F01 |

## 7. REFERENCE STANDARD AND CLAUSE NUMBER

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | 8.2.2 | Determining of requirements related for products and services |
| | 5.1.2 | Customer focus |
| ISO 14001:2015 | 6.1.3 | Compliance obligations |
| | 9.1.2 | Evaluation of compliance |
| ISO 45001:2018 | 6.1.3 | Determination of applicable legal requirements and other requirements |
| | 9.1.2 | Evaluation of compliance with legal requirements and other requirements |

## 1. PURPOSE

To establish, implement, maintain and improve methods for Analysis of Data for MHCPL.

## 2. SCOPE

This documented information is applicable to personnel performing the activities described in this document and where a customer requires the activities to be performed.

## 3. RESPONSIBILITIES

Top Management is responsible for analysis of data.

## 4. DESCRIPTION

### 4.1 Analysis of Data

4.1.1 QA & QC department analyzes data, as appropriate (see Management Review), to determine trends relating to:

a) Customer Satisfaction
b) Nonconformace outputs
c) Characteristics and trends of processes and products including opportunities
d) Suppliers performances
e) Objectives and process measures

### 4.2 Customer Satisfaction – Head QA & QC is responsible for:

**4.2.1** Customer response to various attributes of customer satisfaction survey form is collected by HOD marketing once a year and the results are collected, and are analyzed with previous results.

### 4.3 Conformity of Product Requirements

**4.3.1** The Product Non-Conformances details from in house, details received from customer end, rejection/ returned parts are collected once in a month by Head QA & QC.

**4.3.2** The results /data are analyzed using QA & QC tools.

### 4.4 Characteristics and Trends of Processes and Products

**4.4.1** The control charts are maintained for the process which controls the critical parameters. The trend of the Process capability is monitored every month by HOD / Head QA & QC.

**4.4.2** The Details of Product Non-Conformance are collected every day by QA & QC and same is consolidated and trend analysis is carried out to identify the Vital Few and corrective action are taken accordingly.

### 4.5 Suppliers

**4.5.1** The data related to the delivery and Quality of the products is collected and analyzed once in 6 months and is recorded in Vendor rating Report and the same is forwarded to the concerned suppliers for improvement actions.

**4.5.2** The Non-Conformances Trend of the products is analyzed by QA & QC every month and the same is forwarded to the suppliers for Improvement actions.

### 4.6 IMS objectives and Processes Measurable

**4.6.1** The data's related to Integrated Management System objectives and Process Measurable is collected by the concerned process owners every month.

**4.6.2** The data are analyzed using QA & QC tools by the concerned process owners.

**4.6.3** The trend of the Integrated Management System objectives and Process Measurable are monitored and the actions are initiated when the trend is negative. The same is reviewed in the Management Review Meeting.

**4.7** As needed, business operations shall support the analysis review process.

**4.7.1** As warranted, quality control initiates corrective action as defined per Corrective Action(s) System. The intent is to identify probable trends and take identify the risk and opportunities for issues from occurring (i.e. proactive versus reactive.).

**4.7.2** Quality control reviews the analysis data and corrective action as necessary during the Management Review meeting per Management Review.

**4.7.3** Analysis of data reports shall be traceable to the date when and person who prepared the documentation.

### 4.8 Continual Improvement

**4.8.1** Continual improvement is an ongoing, long-term approach to improving processes, products and services.

**4.8.2** Among the most widely used tools for the continual improvement model is a four-step quality assurance method—the plan-do-check-act (PDCA) cycle:

**Plan**: Identify an opportunity and plan for change.

**Do**: Implement the change on a small scale.

**Check**: Use data to analyze the results of the change and determine whether it made a difference.

**Act**: If the change was successful, implement it on a wider scale and continuously assess your results. If the change did not work, begin the cycle again.

### 4.9 Kaizen

**4.9.1** Kaizen goes beyond simple productivity improvement. When done correctly, the process humanizes the workplace, eliminates overly hard work, and teaches people how to spot and eliminate waste in business processes.

The continuous cycle of Kaizen activity has seven phases:

a) Identify an opportunity
b) Analyze the process
c) Develop an optimal solution
d) Implement the solution
e) Study the results
f) Standardize the solution
g) Plan for the future

**4.9.2** Kaizen generates small improvements as a result of coordinated continuous efforts by all employees. Kaizen events bring together a group of process owners and managers to map out an existing process and identify improvements that are within the scope of the participants.

**4.9.3 Implementing Kaizen**

To generate a Kaizen, everyone involved must begin thinking about their work in a new way – in terms of:

**Now**: Present condition
**Next**: Desired state
**New**: How to reach that state

### 5.0 SUPPORTING DOCUMENTED INFORMATION

| # | Documented Information Title | Documented Information No. |
|---|---|---|
| 1 | Analysis of data | MHCPL-IMSP-08-F01 |
| 2 | Kaizen | MHCPL-IMSP-08-F02 |

### 6.0 REFERENCE STANDARD AND CLAUSE NUMBER

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | 9.1.3 | Analysis of data |
| | 10.3 | Continual improvement |
| ISO 14001:2015 | 10.3 | Continual improvement |
| ISO 45001:2018 | 10.3 | Continual improvement |

## 1.0 PURPOSE

To establish, implement & maintain a procedure for setting IMS objectives and targets and developing the IMS Management Programme for achieving Quality, Environmental, OH&S objectives and targets

## 2.0 SCOPE

Applicable to the activities, processes, products and services of MHCPL covered under the scope of IMS Management Systems

## 3.0 RESPONSIBILTY:

Concerned HOD's

## 4.0 Definition:

**4.1** **Objective** - Overall IMS goal arising from the IMS Policy that an organization sets itself to achieve, and which is quantified where practicable.

**4.2** **Targets** - Detailed performance requirement, quantified where practicable applicable to the organization or part thereof, that arises from the IMS objectives and that needs to be set and met in order to achieve those objectives.

**4.3** **IMS performance** - measurable results of the IMS Management System, related to an organization's control of its Quality, environmental aspects / OH&S Hazards, based on its IMS policy, objectives and targets.

## 5.0 PROCEDURE:

**5.1** List of significant aspects, List of Significant Risks & unacceptable Hazards is prepared based on the significant Impact / Risk assessment.

**5.2** MR, Dept heads shall review the significant aspects/Hazards and consider for setting as objectives.

**5.3** Also, whenever an Aspect/Hazard is leading to a Business concern, management can decide on taking it as an objective as policy decision along with the other set objectives.

**5.4** IMS objectives and targets are established within the context of MHCPL and are decided based on:

a) IMS Policy - Objectives to be in line with the stated IMS Policy

b) Legal and other requirements- whether the aspect/Hazard is a legal Requirement and present status with respect to the consent /legal Requirement.

c) Technological options - whether it is technically possible to reduce the Scale of the Aspect/Hazard

d) Financial requirements- whether financial budget is available for Implementing the necessary change

e) Operational requirement - what will be the operational control to reduce the impact/ risk

f) Business requirement - whether the objective will be important from business point of view.

g) Views of interested parties - Views / concerns of interested parties and what should be the control and whether it will be beneficial for them.

**5.5** The reviews of above considerations are recorded in the establishment of IMS objectives. CFT shall be involved in setting the IMS objectives.

**5.6** Wherever financial sanctions are required, MR shall discuss with MD / WTD for obtaining necessary approvals / sanctions.

**5.7** CFT shall maintain Establishment of IMS Objectives, Targets & Programme(s).

**5.8** IMS objectives and targets shall be established for each relevant function by CFT. An up to date list of objectives and targets shall be maintained by MR.

**5.9** The list of IMS objectives and targets shall be communicated to all the relevant personnel for effective implementation of action plans and achievement of targets.

**5.10** IMS objectives and targets shall be reviewed every year, if applicable, in light of new regulations, new projects and commitments and changes in operations and updated.

**5.11** The CFT shall develop a detailed IMS Management programme for achieving the objective. The programme shall detail the responsibility, time frame and the action plan by which the IMS objectives can be achieved. The MD / WTD shall approve the IMS Management programme.

**5.12** MR shall review periodically, the progress of activities detailed in programme for implementation and its effectiveness. In case of any deviations or changes required in the programme, CFT shall amend the programme in consultation with MR & it shall be discussed during Management Review Meeting for final approval and updating the documented programme accordingly. Progress of Management Programme shall be recorded.

**5.13** Management Programme monitoring report every quarterly based on the target of Management Programme.

**5.14** The status of the IMS objectives and Management programme shall be reviewed by CFT whenever there is a project related to new or modified activities, processes, products or services.

**5.15** The progress of the Management Programme is monitored activity-wise and details are recorded. Once the MP is completed, the status of completion is recorded in MP closure report and operational control / Work Instructions shall be established if required for monitoring.

**5.16** The status of the IMS objectives and Management programme shall be reviewed in Management review meetings.

**5.17** The IMS policy and objectives shall be reviewed and revised based on the progress, changing circumstances and as a commitment for continual improvement.



**6.0 Document / Record reference**

| No. | Document | Ref. Number |
|---|---|---|
| 1 | Objectives monitoring | MHCPL-IMSP-09-F01 |
| 2 | Management programme | MHCPL-IMSP-09-F02 |
| 3 | Evaluation of management programme | MHCPL-IMSP-09-F03 |

## 7.0 REFERENCE STANDARD AND CLAUSE NUMBER

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | 6.2 | Quality objectives and planning to achieve them |
| ISO 14001:2015 | 6.2 | Environmental objectives and planning to achieve them |
| ISO 45001:2018 | 6.2 | OH&S objectives and planning to achieve them |

## 1. PURPOSE

To establish, implement & maintain a Procedure for Communication, participation and consultation with regard to IMS Aspects / Hazards and Environmental, Occupational Health & Safety Management System.

## 2. SCOPE

This procedure is applicable to the Internal and External Communication and consultation with interested parties for the Activities, Processes, Products & Services of MHCPL covered under IMS

## 3. ABBREVIATIONS

| | |
|---|---|
| IMS | Integrated Management System (ISO 9001:2015, ISO 14001:2015, ISO 45001:2018) |
| HOD | Head of Department |
| MR | Management Representative |
| EHS | Environment, Health & Safety |

## 4. RESPONSIBILITIES

MR is responsible for receipt of all complaints. He is also responsible for coordinating with concerned departments for corrective and preventive actions and for the implementation of this procedure.

## 5. PROCEDURE

5.1 The Communication with Internal and External Agencies shall be done in order to ensure that:

A. Internal functions at various levels are aware of the Integrated Management System including the Significant Aspects / Hazards in their working area.

B. The Communication from Interested Parties are received, documented and responded to the concerned.

C. Processes for Communication with External Interested Parties on Significant

5.2 Environmental Aspects/ hazards are considered.

5.3 The decisions taken regarding the concerned IMS Issues raised by any of the Interested Parties shall be routed through MR.

5.4 The following table shows the various methods by which the Internal and external communication is established and the responsibility for the same.

## 6. Internal Communication:

6.1 Internal communication within MHCPL is established and is effectively done through designated channel to make employees and contract personnel aware of the following as applicable:

a) IMS Policy, Objectives and targets.
b) Importance of conformance with policy and procedures and system.
c) Potential consequences of nonconformance with established documented system.
d) Process measures associated with their works.
e) The significant environmental aspects and impacts associated with their work activities and benefits of improved performances

f) The significant OHS hazards and risks associated with their work activities and benefits of improved performances.
g) Emergency preparedness.
h) Legal and other requirements.

**6.1.1** Internal communication process mechanism shall include the following:

a) Internal training / meeting
b) Pep-talks/ floor meetings
c) Circulars
d) Pictorial displays
e) e-mails / communication over phone
f) Performance review meetings
g) Management Review Meetings
h) Suggestion system
i) Notice boards
j) Audit reports

| Topics for communication | Personnel to be communicated | Responsibility for communication | Mode of communication. |
|---|---|---|---|
| Awareness on Management Systems | All employees & contact persons | MR / IMS coordinator | Notice Board, Trainings. |
| IMS Policy | All employees & contact persons | MR / IMS coordinator | Display boards and Trainings |
| Legal Requirements | All employees | MR / IMS coordinator/ HOD (HR) | Notice Board, Trainings and MRMS. |
| Roles & Responsibilities, Authorities & Accountabilities | All employees | HOD (HR) | Quality & IMS Apex manual, OCPs, Procedures. |
| Objectives & Management Program | All employees | MR | Notice Board, Training & MRM |
| IMS Issues & Performance | All employees & Top management | MR | Management Review meeting. |
| Change in process / system/service modification | MR | MR | Through change request |
| Emergency preparedness | All employees, Contract persons & visitors | Site Safety Officer / IMS coordinator | Entry pass |
| IMS nonconformity | All employees & Contract persons | MR | NC Reports. |

### 6.2 Internal Communication with internal stake holders

| S.No. | Topic For Communication | Personnel to Be Communicated | Resp. For Communication | Mode Of Communication |
|---|---|---|---|---|
| 1. | Awareness on the purpose of IMS Management System | All Employees | IMS MR & CFT | Notice Board & Training Programme |
| 2. | IMS Policy | All Employees | IMS MR, Dept Head | Poster, Cards, Display Boards& raining |
| 3. | Role & Responsibility | Concerned Employees | Respective Head of the Departments & HR | Work Instruction / Procedures |
| 4. | Objectives And Targets | All employees | Respective Head of the Departments | Group Discussion, Management Review Meeting, Posters |
| 5 | IMS Issues | Concerned Div. Heads | IMS MR | Emails, Minutes of Meetings, Notes Presentation. |
| 6. | Legal and other regulatory requirements | Concerned Employees | Legal Team | Mail mentioning legal requirement, Minute of Meeting |
| 7. | IMS Performance | Management Review Committee | IMS MR | Management Review Meeting |

### 6.3 External communication with external stakeholders.

| S.No. | Interested Party | Topic For Communication | Mode Of Communication | Resp. of Receiving, Recording and Communicating |
|---|---|---|---|---|
| 1 | Customer | Any relevant Information as required by the Customer | Verbal/ Letter/ emails | Marketing |
| 2 | Local Community | Any IMS Concerns raised and OH&S and wellbeing concerns | Verbal / Letter/ emails/ Survey | HR |
| 3 | Supplier | Request for improving Environmental & Safety Protection. | Letter/ emails | Purchase |

| | | | | |
|---|---|---|---|---|
| | | Any Other Issues raised Significant Impacts / Risks from MHCPL operations. | | |
| 4 | Visitors / Contractor's | Request for improving Environmental Protection Any Other Issues raised. Significant Impacts / Risks from MHCPL operations. | Verbal/ Letter / Notice board/emails | Concern HOD's |
| 5 | Banks & Insurers | Relevant Information as Required | Letter/emails | Finance |
| 6 | Media | Initiatives taken by Organization & Subsequent Development | Press-Release, Interviews, Presentation at Seminar/websites | HOD HR |

**6.4 Participation and consultation:**

**6.4.1 Management Involvement:** Sr. President (P) is involved in the preparation of policy and organizational level objectives. Periodically interacts with the Management representative regarding the implementation and functioning of the systems. Participates in the management review meetings and suggests corrective and preventive actions in case of overall deviations in the implementation and maintenance of the system.

**6.4.2 Employee Involvement:**

Employees / Workers are involved in Aspect and Impact analysis, hazard risk identification &risk assessment also identification of necessary control measures. Employees are also involved in development of IMS objectives. During risk assessment & determination of control measures due consideration is given to identify IMS objectives. Workers are involved in incident investigation & details of investigations are recorded in incident register.

**6.5 Consultation on Health and Safety matters:**

Site Safety Incharge conducts quarterly safety committee meeting with employee representatives, IMS MR & CFT members.

The agenda for the meeting includes –

a) Development and review of systems to manage OH & S risks and wellbeing aspects.

b) Any change that affects workplace safety and health.

c) Any other health and safety matters

Input for the meeting also includes feedback on concerns from interested parties. The decisions and further actions are recorded and circulated to the concerned personnel for taking necessary action. Site Safety Incharge Maintains minutes of safety committee

### 6.6 Consultation and participation of workers:

For consultation and participation of workers at all applicable levels and functions, and, where they exist, workers' representatives, in the development, planning, implementation, performance evaluation and actions for improvement.

Top management:

a) provides mechanisms, time, training and resources necessary for consultation and participation;
b) determines and removes obstacles or barriers to participation and minimize those that cannot be removed;
c) emphasize the consultation of non-managerial workers on the following:
    1) determining the needs and expectations of interested parties
    2) establishing the policy
    3) assigning organizational roles, responsibilities and authorities, as applicable
    4) determining how to fulfill legal requirements and other requirements
    5) establishing OH&S objectives and planning to achieve them
    6) determining applicable controls for outsourcing, procurement and contractors
    7) determining what needs to be monitored, measured and evaluated
    8) planning, establishing, implementing and maintaining an audit programme(s)
    9) ensuring continual improvement
d) emphasize the participation of non-managerial workers in the following:
    1) determining the mechanisms for their consultation and participation
    2) identifying hazards and assessing risks and opportunities
    3) determining actions to eliminate hazards and reduce OH&S risks
    4) determining competence requirements, training needs, training and evaluating training
    5) determining what needs to be communicated and how this will be done
    6) determining control measures and their effective implementation and use
    7) investigating incidents and nonconformities and determining corrective actions

## 7.0 SUPPORTING DOCUMENTED INFORMATION

| # | Documented Information Title | Documented Information No. |
|---|---|---|
| 1 | MINUTES OF HSE COMMITTEE MEETING | MHCPL-IMSP-10-F01 |

## 8.0 REFERENCE STANDARD AND CLAUSE NUMBER

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | 7.4 | Communication |
| ISO 14001:2015 | 7.4 | Communication |
| ISO 45001:2018 | 5.4 | Consultation and participation of workers |
| | 7.4 | Communication |

## 1. PURPOSE:

To establish, implement and maintain a procedure for monitoring and measurement.

## 2. SCOPE:

It encompasses all the Activities, Processes Products & Services covered under IMS Management System.

## 3. RESPONSIBILITY:

Cross Functional Team (CFT) Members are Responsible for Monitoring & measurement, Investigating Non-Conformance and taking Corrective actions in that particular area.

## 4. PROCEDURE:

**4.1** CFT Members shall identify the operations and activities that can have significant impacts / Risks on the Quality, Environment & OH&S as per Significant Impacts/Risks study procedure and identify the key characteristic to be monitored and measured and inform concerned HOD's for monitoring and measurement.

**4.2** Concerned HOD's / Site Head(s) shall ensure the monitoring and measurement of these key characteristics on regular basis and recording of information to track performance, relevant operational controls and effectiveness. HOD's ensures that both qualitative and quantitative measures are monitored on a periodical basis.

**4.3** IMS performance monitoring & measurement plan covers the following points for effective implementation of IMS Management system.

- Monitoring of significant Aspects/ Risks
- PCB norms/Specification as defined by the board
- Legal requirements & compliance monitoring
- Monitoring the performance of IMS objectives
- Monitoring the key characteristics of operational controls
- Performance of proactive measures such as safety controls, operational criteria, work permit (Hot / confined space/ working at height) etc.,
- Reactive performance measures such as near miss, accident, incidents, concerns/complaints from interested parties, IMS non-conformances identified during audit. The results of the above parameters were monitored on a periodical basis as per defined plan Monitoring the effectiveness of established safety controls

**4.4** The Instruments used for IMS parameters Monitoring shall be calibrated by Calibration (in-house or External). Quality dept is responsible for calibration of inspection; measuring and test equipment used for monitoring and measurement of Environmental attributes and shall maintain the records.

**4.5** In case the monitoring and measurement is carried out through External Agency, Quality dept shall ensure that the Instruments used by the External Agency are calibrated. Copy of calibration instrument master to be made available for traceability.

**4.6** Records related to above are maintained as per procedure "Control of documented information".

**4.7** Medical examinations are carried out for employees involved in crane operation. Health Plan is prepared by HR which includes all medical checkups to be carried out. Records of such examinations are maintained in HR Department.

## 5. SUPPORTING DOCUMENTED INFORMATION

| # | Documented Information Title | Documented Information No. |
|---|---|---|
| 1 | Monitoring and measurement plan | MHCPL-IMSP-11-F01 |
| 2 | Monitoring and measurement records | MHCPL-IMSP-11-F02 |

## 6. REFERENCE STANDARD CLAUSE NUMBER

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | 9.1 | Monitoring, measuring, analysis & evaluation |
| ISO 14001:2015 | 9.1 | Monitoring, measuring, analysis & evaluation |
| ISO 45001:2018 | 9.1 | Monitoring, measuring, analysis & evaluation |

## 1. PURPOSE

2.

To establish, implement and maintain a system for identifying and controlling the risks and opportunities, significant hazards / environmental impacts or energy uses that may arise out of any changes in the activities of MHCPL.

## 3. SCOPE

Applicable for all new process / critical changes, which are either, temporary, permanent or emergency, carried out by MHCPL operations.

## 4. ABBREVIATIONS

| | |
|---|---|
| IMS | Integrated Management System (ISO 9001:2015, ISO 14001:2015, ISO 45001:2018) |
| HOD | Head of Department |
| MR | Management Representative |

## 5. RESPONSIBILITIES

Site Head holds full responsible for change management.

Concern HOD is responsible to initiate the Request for Change, MR/ HOD QC is responsible to investigate, analyse the impact of the change and identify the effect on other process.

## 6. DESCRIPTION

| SL. NO. | ACTIVITY | RESPONSIBILITY | REF. DOC. |
|---|---|---|---|
| 5.1 | Changes may arise, whenever the process / equipment is altered. Management of change is triggered based on the following | HOD | -- |
| 5.1.1 | Changes that have an impact on the Facilities/ Project, whether considered a key personal change like top management (EVC to Project head), Document change, and design specification are subject to review using the MOC procedures. | HOD | -- |
| 5.2 | Whenever a change is needed, the HOD of the concerned department, where the change is needed, fills a Request for Change form and submits to Site head with necessary support information. | HOD | MHCPL-IMSP-12-F01 |
| 5.3 | HOD clearly states in the request for change about why the change is needed and he also mentions the technical and safety aspects assessed by him and the feasibility of change | HOD | MHCPL-IMSP-12-F01 |
| 5.4 | He attaches all the required data and other relevant drawings, clearly marking the required changes | HOD | -- |
| 5.5 | Site head reviews the proposal and if formally approves it, he constitutes all HOD's and mentions the same on request for change and sends request for change to MR for further review | Site Head | MHCPL-IMSP-12-F01 |

| | | | |
|---|---|---|---|
| 5.6 | MR reviews the proposal and if proposal is accepted, sends it to HOD's concerned for carrying out any technical aspects, hazard identification and risk assessment including identification of any process hazards/ environmental aspects evaluation, legal requirements if required | HOD | |
| 5.7 | MR coordinates with Site Head and completes the proposed modification and MR compiles the details of modification | MR | |
| 5.8 | The effectiveness of modification is reviewed by Site Head and record of the same is maintained by concerned HOD | HOD | MHCPL-IMSP-12-F01 |
| 5.9 | MR/ HOD concerned is responsible for updating relevant information and modification of IMS documents as per procedure Control of Documented Information | HOD/ MR | |
| 5.10 | After completion of modification and reviewing its effectiveness, CHANGE REQUEST is closed by Site Head approval and same is retained with MR & concern HOD | MR | MHCPL-IMSP-12-F01 |

## 7. SUPPORTING DOCUMENTED INFORMATION

| # | Documented Information Title | Documented Information No. |
|---|---|---|
| 1 | Change Management Form | MHCPL-IMSP-12-F01 |

## 8. REFERENCE STANDARD AND CLAUSE NUMBER

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | 6.3 | Planning of changes |
| | 8.5.6 | Control of changes |
| ISO 14001:2015 | 6.1.2 | Environmental Aspects |
| ISO 45001:2018 | 8.1.3 | Management of change |

## 1. PURPOSE

To establish, implement and maintain a system for dealing with emergency situations to minimize hazards to human health safety and environment of MHCPL.

## 2. SCOPE

Applicable to any fire, explosion or other disaster leading to emergency situation, which means, any routine/ non-routine situation which endangers the personnel, property, other interested parties or surrounding environment. These may arise as a result of Explosion, Fire, oil product spillage in the operations of MHCPL operations.

## 3. ABBREVIATIONS

| | |
|---|---|
| IMS | Integrated Management System (ISO 9001:2015, ISO 14001:2015, ISO 45001:2018) |
| HOD | Head of Department |
| MR | Management Representative |
| EHS | Environment, Health & Safety |

## 4. RESPONSIBILITIES

Head HSE is overall responsible for implementation of this procedure.

Site Safety In charge with the assistance of Security Officer is responsible for conducting mock drills to cope up with any emergency eventualities.

## 5. DESCRIPTION

| SL. NO. | ACTIVITY | RESPONSIBILITY | REF. DOC. |
|---|---|---|---|
| 5.1 | Identify potential incident condition and emergency situations for the activities in different departments in consultation with concerned Heads / HODs. | Head HSE or Security Officer | -- |
| 5.2 | Make all concerned personnel aware of the significant hazards, aspects & conditions that may lead to emergency situations | -do- | MHCPL-IMSP-16-F04 |
| 5.3 | Discuss the situations with concerned Heads / HODs and prepare Onsite Emergency Plan for the emergency preparedness and response to such situations Clearly identify responsibilities. | -do- | MHCPL-IMSP-13-OEP |
| 5.4 | While preparing Onsite Emergency Plan, consider providing and mitigating the environmental impact associated with the activity. | -do- | MHCPL-IMSP-13-OEP |
| 5.5 | Train the personnel in dealing with emergency situations as per emergency plan. | -do- | MHCPL-IMSP-16-F04 |
| 5.6 | Carry out periodic mock drills of incident or emergency situations, where practicable, and keep records. | -do- | MHCPL-IMSP-13-F01 |

| | | | |
|---|---|---|---|
| 5.7 | Interact with internal departments and related external agencies as per details given in Emergency Plan. | Head HSE or Security Officer | -- |
| 5.8 | Emergency Response Plan is modified by EHS in-charge, as required, based on the following: | HEAD HSE | MHCPL-IMSP-13-OEP |
| 5.8.1 | Change in the facilities, which may alter identifiable emergency scenario or added to potential risks | HEAD HSE | |
| 5.8.2 | Review of the mock drill | HEAD HSE | MHCPL-IMSP-13-F03 |
| 5.8.3 | Any major change in the Organization structure having impact on emergency organization | HEAD HSE | |
| 5.8.4 | Mock drill report and changes are discussed in the subsequent EHS Committee meeting. | HEAD HSE | MHCPL-IMSP-10-F02 |
| 5.9.1 | **Illness & Injury:**<br>➢ During the operation if any person feels illness/ Injury will be reported to his/her immediate supervisor.<br>➢ Based on illness/ injury supervisor will take further action.<br>➢ The person will be taken out of the processing area and will be taken to rest room.<br>➢ First aid will be carried out; if the illness is still persists then the person will be taken to the hospital.<br>➢ Only after full recovery person will be allowed for food handling. | HEAD HSE | -- |
| 5.9.2 | **Emergency procedure during bodily spillage.**<br>➢ In case of bodily spillage intimation is given to security & medical person will be called based on the severity.<br>➢ Vacate the surrounding area & stop the movement through the area.<br>➢ In case of severity safety person will enter from the emergency entrance.<br>➢ The area will be cleaned & sanitized immediately.<br>➢ The contaminated products & protective clothing will be disposed of appropriately.<br>The production will be resumed after QA inspection. | HEAD HSE | -- |
| 5.9.3 | **Emergency procedure during fire accident.**<br>➢ Security personal are informed during the fire incident.<br>➢ Security personal then inform to all the concerned personal.<br>➢ All the people working inside will be come out through emergency exit. & gather at the safe assemble area.<br>➢ Security will take note of the total no. of people working inside the factory & tally it. | HEAD HSE | -- |

| | | | |
|---|---|---|---|
| | ➢ Searching will be conducted for all the missing people if any.<br>➢ Trained people will use the fire extinguishers to extinguish the fire.<br>➢ The area will be cleared with all the contamination.<br>➢ The contaminated product & personal clothing will be disposed off.<br>➢ Clean & sanitize the area.<br>After thorough inspection by QA, production can be resumed. | | |
| 5.10 | Review the records for deviation / noncompliance with the planned action / response effectiveness and advise concerned department accordingly. | -do- | |
| 5.10.1 | In case of occurrence of an Incident or emergency situation, review the emergency preparedness and response plan for its effectiveness, If necessary, revise the plan and inform MR for putting up in the Management Review Committee. | -do- | MHCPL-IMSP-05-F02 |
| 5.10.2 | Review the implementation of emergency preparedness and response plan and in case it is not implemented, decide the corrective action(s) in consultation with concerned Head of Department, EHS. | Head HSE or Security Officer | MHCPL-IMSP-13-F03 |

## 6. SUPPORTING DOCUMENTED INFORMATION

| # | Documented Information Title | Documented Information No. |
|---|---|---|
| 1 | Onsite Emergency Plan | MHCPL-IMSP-13-OEP |
| 2 | HSE Guidelines | MHCPL-HSE-GL |
| 3 | Emergency Mock Drill Report & Evaluation | MHCPL-IMSP-13-F01 |

## 7. REFERENCE STANDARD AND CLAUSE NUMBER

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | - | -- |
| ISO 14001:2015 | 8.2 | Emergency preparedness and response |
| ISO 45001:2018 | 8.2 | Emergency preparedness and response |

## 1. PURPOSE

To establish, implement and maintain a system for handling, identification and retrieve of products and services as per requirement.

## 2. SCOPE

The scope extends to all the activities of MHCPL

## 3. ABBREVIATIONS

| | |
|---|---|
| IMS | Integrated Management System (ISO 9001:2015, ISO 14001:2015, ISO 45001:2018) |
| MR | Management Representative |
| HOD | Head of Departments |

All the personnel are responsible for safe handling of product in their area of activity.

## 4. RESPONSIBILITIES

Respective Head of Departments are responsible for maintaining the product identification and traceability in their area of activity.

## 5. DESCRIPTION

### 5.1 Projects:

Respective Head of Departments are responsible for maintaining the product identification and traceability in their area of activity.

### 5.2 Stores:

Respective Head of Departments are responsible for maintaining the product identification and traceability in their area of activity.

### 5.3 QA&QC Inspection sample:

Respective Head of Departments are responsible for maintaining the product identification and traceability in their area of activity.

### 5.4 Equipment:

Head of Departments Stores are responsible for maintaining the product identification and traceability in their area of activity. Safety equipment is identified as follows

**MHCPL-PN-TN-FN-XX**

where PN – Project Name, TN – Tower number, FN – Floor number, XX – Serial Number of the equipment.

### 5.5 Non-conformances:

Respective Head of Departments are responsible for maintaining the product identification and traceability in their area of activity.

## 6. SUPPORTING DOCUMENTED INFORMATION

| # | Documented Information Title | Documented Information No., |
|---|---|---|
| 1 | List of Assets | Soft Copy - SAP |
| 2 | List of monitoring and measuring equipment | MHCPL-IMSP-14-F01 |

## 7. REFERENCE STANDARD AND CLAUSE NUMBER

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | 8.5.2 | Identification and Traceability |
| | 8.5.4 | Preservation |
| ISO 14001:2015 | - | |
| ISO 45001:2018 | - | |

## 1. PURPOSE

To establish, implement and maintain a system for dealing with actual and potential non-conformities and for taking corrective action.

## 2. SCOPE

The scope is applicable to all the sites of MHCPL.

## 3. ABBREVIATIONS

| | |
|---|---|
| IMS | Integrated Management System (ISO 9001:2015, ISO 14001:2015, ISO 45001:2018) |
| HOD | Head of Department |
| MR | Management Representative |

## 4. RESPONSIBILITIES

Management Representative is overall responsible for the implementation of this procedure.

Concern HOD's are responsible for control of non-conforming outputs and take corrective and preventive actions in their area of activity.

HOD (QA) / Shift Incharge (QA) is responsible for declaring the products as non-conforming

## 5. PROCEDURE

5.1 The nonconforming products are detected during receiving inspection, in-process inspection, inspection while in storage, final stage during consignment audit stage as per the respective stage documented procedures and WI's.

5.2 The nonconforming products are identified either with red sticker /label/tag/ board indicating "HOLD" or with a Red label/tag/board indicating "REJECTED" & stored in the designated area.

5.3 Wherever applicable the rejected materials are returned to the contractor / vendor.

5.4 Until physical removal of the rejected material/spares/consumables by the contractor / vendor, the rejected items are held controlled in a designated area or by suitable board display.

5.5 The contractors are instructed to remove the rejected items within stipulated time limit.

5.6 The in-process products found not conforming to requirements are reviewed and the requirement of process adjustment/rework carried out and the status identified in the respective stage production report.

5.7 On completion of process adjustment/rework, such products are re-inspected/tested as appropriate.

5.8 Nonconforming products identified during audit are controlled with identification on audit reports and suitable tags/display boards until reviewed and disposed.

5.9 The nature of dispositions at receipt and in-process stage are:

- Accepted on deviation
- Rework
- Re-grade
- Rejected / Scrapping

5.10 Consignment prior to dispatch, if found non-conforming, the nature of disposition is:

a) correction;

b) segregation, containment, return or suspension of provision of products and services;

c) informing the customer;

d) Obtaining authorization for acceptance under concession.

5.11 Products disposed as rework are, suitably identified and rework carried out as per the production / rework work instruction. The reworked products are not allowed for further processing until it is re-inspected/tested as appropriate and records maintained.

5.12 It is ensured by the disposition authorities that there shall be no rework allowed on the exterior of the products supplied for service application without customer approval as appropriate.

5.13 The product delivered to customer, found in the opinion of the customer as nonconforming and controlled by the customer, is got verified at the customer's premises as appropriate.

5.14 Depending on the nature of nonconformity the type of disposition adopted are segregating the products and applying dispositions as specified above?

5.15 At all stages of identifying the nonconforming products, a Non-conformance report detailing the nature of nonconformity and the reasons wherever required and with comments, is initiated by the designated functions and forwarded to the designated authorities for review and disposition.

5.16 The designated authority records the details of their review and nature of disposition in the reports.

5.17 The actions taken on disposition of nonconforming products are documented in the action taken report on NCRs and maintained for internal reference purpose.

5.18 The quantity of products identified as non-conforming are documented in the prioritized reduction plan and reduction by disposition are tracked and records maintained.

5.19 HOD Marketing obtains prior customer authorization whenever product/process is different from that currently approved as per procedure including contracted processes.

5.20 The corrective actions as required are initiated for the nonconforming products/process as per the documented information.

**6. Correction**

Determine corrections to be initiated to reverse trends action of non-conformance or temporary correcting the process.

**7. Root cause**

Identifying the basic cause of non-conformity by following tools:

a) Fishbone (Ishikawa) diagram
b) Scatter diagram
c) Brainstorming
d) Flow Chart
e) 5 whys

**8. Corrective Actions**

8.1 Whenever any non-conformity is observed during testing / audits / complaints enter details in non-conformity register.

8.2 Identify and segregate the non-conforming products, investigate the reason for non-conformity.

8.3 Record the result of investigation and reason for non-conformity in the non-conformity register.

8.4 Discuss the results of investigation in the owner group and determine the corrective action to be taken.

8.5 Record the corrective action, in the non-conformity register and advise the concerned personnel for taking the corrective actions.

8.6 Review the non-conformity register every week and ensure that the type of non-conformity is not recurring.

8.7 Check that the actions identified are appropriate to the impact of the problem encountered viz magnitude of the problem and likely risks.

8.8 Record the corrective action plan with person responsible and target date.

8.9 If the type of non-conformity is repeated.

8.10 Follow up with the concerned dept. / sections and monitor the corrective actions.

8.11 Review the summary of non-conformities, from each section / department, every month. Also, receive the monthly summary of complaints from Sales & Marketing Dept.

8.12 Ensure the effectiveness of the corrective actions by reviewing the quality reports during the MRM.

8.13 Discuss the consolidated report along with the summary of complaints during the MRM.

8.14 Whenever a procedure/ document are to be revised, as a result of corrective actions, follow the document change procedure.



**9. Effectiveness of corrective action:**

9.1 Review effectiveness of the actions after implementation.

9.2 Take furthermore actions as necessary

9.3 Set the priorities for areas of operations needing improvement.

9.4 Analyze the data and also the quality reports.

## 10.0 SUPPORTING DOCUMENTED INFORMATION

| # | Documented Information Title | Documented Information No. |
|---|---|---|
| 1 | Non-conformance register | MHCPL-IMSP-15-F01 |
| 2 | Corrective Action Report | MHCPL-IMSP-15-F02 |
| 3 | Disposal/ Rework form | MHCPL-IMSP-15-F03 |

## 11.0 REFERENCE STANDARD AND CLAUSE NUMBER

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | 8.7 | Control of nonconforming outputs |
| | 10.2 | Nonconformity and corrective action |
| ISO 14001:2015 | 10.2 | Nonconformity and corrective action |
| ISO 45001:2018 | 10.2 | Incident, nonconformity and corrective action |

## 1. PURPOSE

The purpose of this procedure is to handle customer complaints including resolving the complaints.

## 2. SCOPE

The scope of this procedure is applicable to all complaints receives from customers.

## 3. ABBREVIATIONS

| | |
|---|---|
| IMS | Integrated Management System (ISO 9001:2015, ISO 14001:2015, ISO 45001:2018) |
| HOD | Head of Department |
| MR | Management Representative |

## 4. RESPONSIBILITIES

HOD (Marketing) is overall responsible for the implementation of this procedure.
HOD (QA & QC) is responsible for redressal of customer complaints and for investigation of the complaints.

## 5. DESCRIPTION

On receipt of customer complaints, nature of complaints to be analyzed and based on its non-conformance, HOD Marketing/ HOD QA & QC personnel will attend the complaint and resolve the problem. Necessary sampling tests will be carried out at Quality Assurance Lab / outside agency to get the samples tested. According to test results corrective actions will be planned.

### 5.1 PROCESS INPUTS:

| Inputs | Source | Frequency | Reference | Review Criteria |
|---|---|---|---|---|
| Customer complaints | Customer | As & when received | By telephone/ person/ Email | Analyzing nature of complaint |
| Complaint Register | Head (Mktg) | As & when complaint received | MHCPL-IMSP-16-F01 | Registering the complaint & for further follow up with concerned |
| Test Results | QA&QC/ Outside agencies | -do- | - | To verify the records and to take corrections actions. |

### 5.2 PROCESS – ACTIVITY

| S. No | ACTIVITY | Responsibility | Reference |
|---|---|---|---|
| 5.2.1 | HOD Marketing/ Operations department may receive customer complaints, through letter / telephone/ person and enter the same in Customer Complaint register. | HOD Marketing/ Operations | Register |
| 5.2.2 | Customer Complaint register is sent to concerned HOD | Marketing Office | -- |
| 5.2.3 | HOD who received the complaint decides the nature of the complaint i.e. Financial or Technical. | Concerned HOD | -- |

| | | | |
|---|---|---|---|
| 5.2.4 | In case the complaint is of Financial in nature discuss with HOD (Mkt) and prepare a credit note or make compensation with the customer. | -do- | -- |
| 5.2.5 | In case the complaint is of Technical in nature HOD (QA & QC) forwards the complaint to Site QA&QC Manager for further action. | -do- | -- |
| 5.2.6 | HOD QA&QC examines the complaint. If the complaint appears to be serious in nature Quality Manager briefs to Sr. President (P) on the same, before any course of action is taken. | HOD- QA & QC | -- |
| 5.2.7 | QA&QC Manager based on the extent of non-conformance writes to the Sr. President (P) to depute an officer from Quality Control department if required. Else, Technical person attends the complaint or makes a joint visit with the Quality Control person. | Quality Manager | -- |
| 5.2.8 | A visit report is prepared indicating the observations, along with the other necessary details. | Quality Manager | MHCPL-IMSP-16-F02 |
| 5.2.9 | In case the complaint is attended by the Technical person, then the visit report prepared should be sent to the Quality Manager. | | MHCPL-IMSP-16-F02 |
| 5.2.10 | The test reports received are examined by Quality Manager. Only non-conforming reports are discussed with the HOD (QA & QC). In case the test report for meeting the requirements, the same is communicated to the customer/ | QA&QC Manager/ HOD QA & QC | -- |
| 5.2.11 | In case of test reports which are not meeting the requirements, the SP (P) decides the further course of action. | SP (P) | -- |
| 5.2.12 | Based on decision of the SP (P) either the compensation / correction is done. | -do- | -- |
| 5.2.13 | Send the test reports of external agency / QA&QC for investigating the cause of non-conformance. | Quality Manager | -- |
| 5.2.14 | Quality Manager updates the complaint register and closes the complaint. | Quality Manager | -- |
| 5.2.15 | HOD Marketing or Quality Manager will collect the customer satisfaction note from the customer after resolving the customer complaint with undue delay after providing the correction & corrective action. | Quality Manager | MHCPL-IMSP-16-F03 |
| 5.2.16 | Quality Manager prepares a monthly summary of complaints received and investigation reports and sends the same to the Management Representative. | Quality Manager | -- |
| 5.2.16 | HOD (QA&QC) examines the test reports and also verifies the relevant test records pertaining to the project and decide the corrective measures to be taken. Record the same in non-conforming register. | HOD (QA&QC) | -- |
| 5.2.16 | MR discusses the summary of complaints as well as the corrective actions taken in their monthly meeting and ensures that the action taken. | MR | MRM |
| 5.3 | Customer Feedback/ Satisfaction Analysis | | |

| | | | |
|---|---|---|---|
| 5.3.1 | HOD (CRM) or HOD (Marketing) incharge will send the customer feedback forms while handover the keys to the customers | HOD (CRM) /HOD (Marketing) | MHCPL-IMSP-16-F04 |
| 5.3.2 | Follow-up with customers for the receipt of filled in customer feedback forms | HOD (Marketing) | MHCPL-IMSP-16-F04 |
| 5.3.3 | Calculate the customer satisfaction index achieved and take any appropriate actions for the suggestion if any | HOD (Marketing) | MHCPL-IMSP-16-F05 |
| 5.3.4 | Analysis of the customer feedbacks | Senior President (P) | |
| 5.3.5 | Review of the customer feedback in the MRM | MR | MRM |

## 6 SUPPORTING DOCUMENTED INFORMATION

| # | Documented Information Title | Documented Information No. |
|---|---|---|
| 1 | Customer Complaint Register | MHCPL-IMSP-16-F01 |
| 2 | Complaint investigation report | MHCPL-IMSP-16-F02 |
| 3 | Customer satisfaction note | MHCPL-IMSP-16-F03 |
| 4 | Customer feedback form | MHCPL-IMSP-16-F04 |
| 5 | Evaluation of Customer Satisfaction | MHCPL-IMSP-16-F05 |

## 7 REFERENCE STANDARD AND CLAUSE NUMBER

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | 5.1.2 | Customer focus |
| | 8.2.1 | Customer communication |
| | 9.1.2 | Customer satisfaction |
| ISO 14001:2015 | -- | |
| ISO 45001:2018 | -- | |

## 1. Purpose

This procedure determines the methods and responsibilities established by MHCPL for assessment of risks and opportunities related to the context of the organization (external and internal issues), needs and expectations of the interested parties and the organizational processes. It also determines the methodologies to be used for deciding the mitigating action plan for the identified risks and opportunities and evaluation mechanism for verification of the effectiveness of the decided actions.

## 2. Scope

This procedure applies to all the activities performed by and for MHCPL and is mandatory for all processes.

## 3. Responsibility:

- Site Head
- All Process Owners

## 4. Description

### 4.1 Input:

- Information on the current trends in the market
- Long-term and short-term Business plan
- Previous Business performance records
- Customer complaint data
- Site progress
- Information on current technology in the market
- Applicable statutory, regulatory and customer specific requirements
- Environmental aspects
- OH&S hazards and risks

### 4.2 Process:

Site Head along with the concerned process owners shall take inputs from context of the organization and needs and expectations of interested parties and identify Risk that can affect conformity of services i.e., for critical processes, and Opportunities for any process which will be able to enhance customer satisfaction, identifying training, competency, monitoring and measurement needs and improvement of other parts of the integrated management system.

Rating of risk as per Severity and Probability shall be done referring the rating chart which will affect either Business, Quality or delivery of products / services for severity and probability and risk level shall be decided as per the Risk assessment chart. Rating for opportunity is not needed.

Mitigating actions shall be decided for the identified risks and opportunities that –

a) Give assurance to the customer and the organization that the integrated management system can achieve its intended result(s);

b) Enhance desirable effects
c) Prevent, or reduce, undesired effects;
d) Achieve improvement.

Addressing risks can include-

- Avoiding risk,
- Taking risk in order to pursue an opportunity,
- Eliminating the risk source,
- Changing the probability (actual frequency of the event occurring in the organization),
- Sharing the risk,
- Retaining risk by informed decision (Acknowledging the risks for which organization cannot take any action).

Decide Opportunities as appropriate which can lead to –

- Adoption of new practices,
- Launching new products,
- Opening new markets,
- Addressing new customers,
- Building partnerships, using new technology and other desirables
- Viable possibilities to address the organization's or its customers' needs.

Site Head shall evaluate the effectiveness of action taken to address risk and opportunity. If desired results not achieved, decide next action till desired result is achieved.
The effectiveness of actions taken to address risks and opportunities shall be reviewed in Management Review meeting.

### 4.3 Risk Rating:

| Severity Rating | | | |
|---|---|---|---|
| **Standards** | **No Effect** | **Slight Effect** | **Major Effect** |
| Quality (Q) | No effect on service / product quality | Slight effect on service / product quality, leading to complaints or in-process rejection possible for correction | Major effect on service / product quality leading to rejections and disposal of product cannot do rework |
| Delivery (D) | No delay in delivery of service / product | Slight delay in delivery of service / product leading to delivery complaints | Major delay in delivery of service / product leading to rejection or demurrages |
| Effect on Business (B) | No Effect | Slight Effect leading to complaints | Major Effect affects the business continuity |
| Environment (E) | No effect on environment | Slight effect on environment causes depletion of resources and emissions or waste generation | Major effect on environment, leakages or no controls or legal compliances |

| | | | |
|---|---|---|---|
| Occupation Health & Safety (OH&S) | No effect on employees/ workers health and safety | Slight effect on employees/ workers health and safety | Major effect on employees/ workers health and safety or disability or fatality |

| Probability Rating for Quality & Delivery | | | Probability Rating for Business |
|---|---|---|---|
| **Rating** | **Probability** | **Occurrence** | **Occurrence** |
| 1 | Improbable | Once in 3 years and above | Once in Five Years & above |
| 2 | Occasional | Once in a Year / every year | Once in Three Years |
| 3 | Frequent | Every month | Every Year |

**Risk Priority Number:**

| Rating | Evaluation of Risks | Action | Classification |
|---|---|---|---|
| 01 & 02 | Low Risk & Tolerable Risk | No action needed | Acceptable Risk |
| 03 & 04 | Moderate Risk | Controls Procedures Required | |
| 06 & 09 | High Risk & very high Risk | Controls Procedures Required AND/OR Take up Improvement programs through Quality objectives / action plan | Not Acceptable Risk |

| Risk Assessment | | Severity Rating (harm to organization & customer) (S) | | |
|---|---|---|---|---|
| | | ***No Effect (1)*** | ***Slight Effect (2)*** | ***Major Effect (3)*** |
| **Probability Rating (P)** | **Very Improbable (1)** | Low Risk (1) | Tolerable (2) | Moderate (3) |
| | **Rarely Occurring (2)** | Tolerable (2) | Moderate (4) | High Risk (6) |
| | **Fairly Regular (3)** | Moderate (3) | High Risk (6) | Very High Risk (9) |

## 5. Supporting Documented Information

| # | Documented Information Title | Documented Information No. |
|---|---|---|
| 1 | Internal and External Issues | MHCPL-IMSP-17-F01 |
| 2 | Needs and Expectations of Interested parties | MHCPL-IMSP-17-F02 |
| 3 | Action plan for Risk & Opportunities | MHCPL-IMSP-17-F03 |

## 6. Reference Standard and Clause Number

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | 4.1 | Understanding the organization and its context |
| | 4.2 | Understanding the needs and expectations of interested parties |
| | 6.1 | Actions to address risks and opportunities |
| ISO 14001:2015 | 4.1 | Understanding the organization and its context |
| | 4.2 | Understanding the needs and expectations of interested parties |

| | | |
|---|---|---|
| | 6.1 | Actions to address risks and opportunities |
| ISO 45001:2017 | 4.1 | Understanding the organization and its context |
| | 4.2 | Understanding the needs and expectations of workers and other interested parties |
| | 6.1 | Actions to address risks and opportunities |

## 1. PURPOSE

To establish, implement, maintain and improve required knowledge management for ensuring effective operation of all the processes and to protect organizational knowledge database.

## 2. SCOPE

This documented information is applicable to all our group of companies.

## 3. RESPONSIBILITIES

3.1 Chairman/ Managing Director / WTD holds full responsible for Organisational Knowledge.

3.2 All HOD's are responsible for the preservation of information.

## 4. DESCRIPTION

4. 1. Determine the knowledge necessary for the operation of the processes and to achieve conformity of products and services.

4. 2. Determine the knowledge area such as knowledge and skills required for the team members, other technical knowledge required such as process / project execution knowledge and knowledge regarding administration rules and regulations.

4. 3. Also identify the relevant knowledge (skills / expertise) required in the area.

4. 4. Determine the source or the methods of acquiring the identified knowledge database.

4. 5. When addressing changing needs and trends, consider the current knowledge and determine how to acquire or access any necessary additional knowledge and required updates.

4. 6. Collect / compile and maintain the knowledge and share to all the team members.

## 5. SUPPORTING DOCUMENTED INFORMATION

| # | Documented Information Title | Documented Information No. |
|---|---|---|
| 1 | Updated knowledge database through Machine O&M Manuals, Design data, benchmarking data, past experience, lessons learnt, national and international standards, e-resources, etc. | Soft/ Hard Copy |

## 6. REFERENCE STANDARD AND CLAUSE NUMBER

| Standard | Clause | Title |
|---|---|---|
| ISO 9001:2015 | 7.1.6 | Organizational Knowledge |
| ISO 14001:2015 | -- | |
| ISO 45001:2018 | -- | |