INTERNAL DOCUMENT CONTROL

I. OBJECTIVE

This document defines the system for development, review, approval, issuance, update, maintenance, control, and distribution of internal documents pertaining to **CARCAR WATER DISTRICT's** Quality Management System.It includes the necessary actions to be taken to ensure that the involved employees understand their roles, responsibilities, and requirements in maintaining the effective and efficient operation of the company.

II. SCOPE

This procedure applies to all documents related to the internal quality management system of **CARCAR WATER DISTRICT** For documents generated externally, refer to **External Document Control [PM-DRC-02]** procedure.

III. DEFINITION OF TERMS

- *Master Document* - refers to the original registered document retained and accessed by the QMR and Document Controller only; used for reproducing copies to be distributed
- *Controlled Document* - refers to a copy of the document reproduced from the master document and distributed to the identified copyholders of the document
- *Uncontrolled Copy* - refers to a requested copy of the document reproduced from the master document and distributed to requesting recipients for the purpose of reference or attachment
- *Obsolete Document* - refers to a document that is already superseded with another version or a document that is already discontinued
- *Initiator* - refers to the Process Owner who generates or revise document
- *Document Registration Processing (DRP)* - a form used to officially request for the registration, revision, or discontinuance of a document
- *Document Requisition Log* - a form used to request for controlled documents
- *Internal Document Master List* - a form used to list and record all internal documents generated by the company
- *Document Review* - a form that lists all documents generated per department for review at the end of the year

INTERNAL DOCUMENT CONTROL

IV. PROCEDURE FLOW AND DETAILS

No.	Activity Flow	Forms / Records	Responsibility
1	Identify the need of a new or existing document	None	Process Owner
2	Request document format and Document Registration Processing (DRP) form	Document Registration Processing (DRP)	Process Owner
3	Draft or revise the document on the standard format	None	Process Owner
4	Fill-up Document Registration Processing (DRP)	Document Registration Processing (DRP)	Process Owner
5	Route the draft document to concerned departments for review and approval	Draft Document; Document Registration Processing (DRP); Document Approval Matrix Guideline	Process Owner
6	Collect reviewed documents and do necessary changes / revisions (if any)	Draft Document; Document Registration Processing (DRP)	Process Owner
7	Submit final document (soft and hard copy) to Document Controller	Final Document (soft and hard copy); Document Registration Processing (DRP)	Process Owner
8	Assign document Details	Final Document; Document Registration Processing (DRP)	Document Controller

INTERNAL DOCUMENT CONTROL

9	Register new / revised document	Internal Document Master List; Forms Master List	Document Controller
10	Print out and reproduce copies	Final Document	Document Controller
11	Stamp documents	Final Document	Document Controller
12	Issue controlled copies to registered copy holders	Final Document; Document Registration Processing (DRP); Document Requisition Log	Document Controller
13	Review documents regularly	Document Review Departmental Procedures and Forms	Process Owner; Document Controller

1. Identify the need of a New or Existing Document

1.1 Identify and validate the document(s) needed or required to be generated or revised.

2. Request Document Format and Document Registration Processing (DRP) Form

2.1 Identify document if new or existing:

2.1.1 **NEW DOCUMENT**

2.1.1.1 The Initiator shall ask from the Document Controller the standard document format to be used and a **Document Registration Processing** form with control number.

2.1.2 **EXISTING DOCUMENT**

2.1.2.1 Initiator shall request a soft copy of the document to be edited and a **Document Registration Processing** form with control number.

3. Draft or Revise the Document on the Standard Format

3.1 Draft new document or revise the existing:

3.1.1 **NEW DOCUMENT**

3.1.1.1 The Initiator shall prepare the draft document on the standard format.

3.1.2 **EXISTING DOCUMENT**

3.1.2.1 The Initiator shall draft the revised document by editing the given document copy and highlighting the changes with *red font/ pen*.

4. Fill-up Document Registration Processing (DRP)

4.1 **NEW DOCUMENT**

4.1.1 The Initiator shall fill up the **Document Registration Processing (DRP)** form for the document to be registered and assign a Document No. and indicate the document Revision No. and Effective Date.

4.1.2 The objective of the new document should also be explained.

4.1.3 The copyholders of the document shall be enumerated at the bottom part of the **Document Registration Processing (DRP)** form.

4.2 **DOCUMENT FOR REVISION**

4.2.1 The Initiator shall fill up the **Document Registration Processing (DRP)** form for the revised document to be registered, indicating its current Document No., Revision No., and Effectivity Date.

4.2.2 The reason for revision shall be explained and the revisions made shall be enumerated.

4.2.3 The new Revision No. and Effective Date shall be determined and indicated in the form.

4.2.4 The copyholders of the document to be distributed shall be enumerated at the bottom – left side of the **Document Registration Processing (DRP)** form, and the copyholders of the existing version of the document shall also be enumerated at the bottom – right side of the form from which the old versions are to be retrieved from.

4.3 **DOCUMENT FOR DISCONTINUANCE**

4.3.1 The Initiator shall fill up the **Document Registration Processing (DRP)** form for documents to be discontinued.

4.3.2 The reason for discontinuance shall be explained.

4.3.3 The current copyholders of the document to be discontinued shall be listed at the bottom – right side of the **Document Registration Processing (DRP)** form for retrieval.

5. Route the draft document with the Document Registration Processing (DRP) form to the concerned departments for review and approval

5.1 Attach the draft document created to the filled up **Document Registration Processing (DRP)** form.
5.2 The Initiator shall then route the draft document to each concerned personnel for their review. *Refer to Document Approval Matrix Guideline (GL-DRC-01)*

6. Collect reviewed documents and do necessary changes / revisions (if any)

6.1 After all the review, the draft document shall be collected again by the Initiator to check the comments and discuss any corrections by the reviewer(s).
6.2 The Initiator shall then make the necessary changes in the draft document for finalization.
6.3 The finalized document shall then be attached to the **Document Registration Processing (DRP)** form and forwarded to the designated person(s) for approval. *Refer to Document Approval Matrix Guideline (GL-DRC-01)*

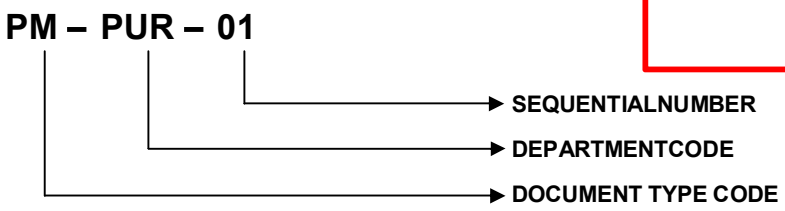
7. Submit final document (soft and hard copy) to Document Controller

7.1 Once the document is finalized and approved, the Initiator shall then submit it to the Document Controller with the attached **Document Registration Processing (DRP)** form.

8. Assign document details

8.1 The Document Controller shall review the new document as to format and assign a Document No., Revision No., and Effective Date prior to registration in the Document Control system.

8.2 The format below for Document No. shall be followed.



8.3 The Document Controller shall check the assigned Document No., Revision No., and Effective Date following the abbreviation assigned to each department for the coding of their forms and documents shown in the guideline below:

Document Type Code:

- QM - Quality Manual
- PM - Procedure Manual
- FM - Forms
- GL - Guidelines

- DP - Departmental Policies
- WI - Work Instruction

8.4 The Sequential Number will be incremented by one (1) each time a new document is added from the same Department.

DOCUMENT FOR DISCONTINUANCE :

8.5 Documents approved for discontinuance shall be stamped with "**OBSOLETE DOCUMENT**" and filed within its inactive years, and shall be disposed accordingly once its retention period is superseded.

9. Register new / revised document

9.1 **NEW DOCUMENT**

9.1.1 After review, the Document Controller shall register the new document in the **Internal Documents Master List** for Quality Manual (QM), Procedure Manual (PM), Guidelines (GL), and Departmental Policies (DP). Forms (FM) shall be registered in the **Forms Master List**.

9.2 **REVISED DOCUMENT**

9.2.1 Once printed, the Document Controller shall update the **InternalDocuments Master List** (for QM, PM, GL, and DP documents)or **Forms Master List** (for FM) with the new revision number of the document and its effective date.

10. Print out and reproduce copies

10.1 Print out the new / revised document and reproduce copies according to the number of copyholders reflected in the distribution list portion of the **Document Registration Processing** form.

11. Stamp documents

11.1The reproduced copies shall be stamped with "**CONTROLLED DOCUMENT**".

12. Issue controlled copies to registered copy holders

12.1Copies of the new / revised document shall be distributed to the copyholders indicated in the distribution list. Copyholders shall then sign with the date in the distribution list to indicate that they have already received their copies.

12.2Distribution of the new / revised document shall be done at least *the day before its effective date*.

12.3**REVISED DOCUMENT**

12.3.1 The Document Controller shall ensure to retrieve the *obsolete version* of the document prior to distribution of the new version. Copyholders shall also sign with the date in the retrieval list as indication that the obsolete version has been retrieved.

12.3.2 Master copy of the old version of the document and retrieved controlled copies shall be stamped with "**OBSOLETE DOCUMENT**" and filed within its inactive years, and shall be disposed accordingly once its retention period is superseded.

12.4**ADDITIONAL COPY / REQUEST**

12.4.1 For additional copy not defined in the distribution list, requestor shall fill-up **Document Requisition Log** form indicating the purpose of the additional copy requested. Document Controller shall then stamp the requested additional with "**REFERENCE DOCUMENT**".

13. Review documents regularly

13.1The Document Controller shall summarize all documents per department and shall issue a **Document Review** form to the department within a year depending on its effectivity date.

13.2The process owner shall review and check the document to ensure its continuing applicability and adequacy and give disposition.

13.3If the process owner decides that the document is still applicable, the Document Controller shall file the records of document review and continue implementing the document. However, if it is decided that the document needs to be revised, the process owner shall immediately issue a **Document Registration Processing** form for the revision of the said document.

13.4In case of document cancellation, the process owner shall file **Document Registration Processing** form for the processing of the document(s) to be discontinued.

V. REFERENCE DOCUMENTS

1.	Document Approval Matrix	GL-DRC-01
2.	Document Stamping	GL-DRC-02

VI. RECORDS GENERATED

1.	Internal Documents Master List	FM-DRC-01
2.	Document Registration Processing	FM-DRC-02
3.	Document Requisition Log	FM-DRC-03
4.	Document Review	FM-DRC-04

UNCONTROLLED COPY

EXTERNAL DOCUMENT CONTROL

I. OBJECTIVE

This document defines the system for development, review, approval, issuance, update, maintenance, control, and distribution of internal documents pertaining to **CARCAR WATER DISTRICT's** Quality Management System. It includes the necessary actions to be taken to ensure that the involved employees understand their roles, responsibilities, and requirements in maintaining the effective and efficient operation of the company.

II. SCOPE

This procedure applies to all externally generated documents used in the implementation of **CARCAR WATER DISTRICT's** Quality Management System.

III. DEFINITION OF TERMS

- *Master Copy* - refers to the original registered document retained and accessed by the Document Controller only; used for reproducing copies to be distributed
- *Controlled Copy* - refers to a copy of the document reproduced from the master copy and distributed to the identified copyholders of the document
- *Uncontrolled Copy* - refers to a requested copy of the document reproduced from the master copy and distributed to requesting recipients for the purpose of reference or attachment
- *Obsolete Document* - refers to a document that is already superseded with another version or a document that is already discontinued
- *Initiator* - refers to the Process Owner who owns or receives the document from external sources
- *Document Registration Processing (DRP)* - a form used to officially request for the registration of a new or updated document
- *Document Requisition Log* - a form used to request for controlled documents
- *External Document Master List* - a form used to list and record all external documents generated by the company

IV. PROCEDURE FLOW AND DETAILS

No.	Activity Flow	Forms / Records	Responsibility
1	Identify external document	None	Process Owner / Recipient of External Document
2	Register external document	External Documents Master List; Document Registration Processing (DRP)	Documents Controller
3	Issue controlled copies to registered copyholders	Document Registration Processing (DRP); Document Requisition Log	Documents Controller; Registered Copy Holders

EXTERNAL DOCUMENT CONTROL

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1. Identify External Document

1.1 Identify externally generated documents received by the company.

2. Register external document

- The Document Controller shall register the external document in the **External Documents Master List** and stamp it with "**MASTER COPY**".

- The external document registered shall then be reproduced according to the number of copyholders reflected in the distribution list portion of the **External Documents Master List** form.

3. Issue controlled copies to registered copy holders

3.1 Copies of the external document shall be distributed to the copyholders indicated in the distribution list. Copyholders shall then sign with the date in the distribution list to indicate that they have already received their copies.

V. REFERENCE DOCUMENTS

1.	Document Approval Matrix	GL-DRC-01

VI. RECORDS GENERATED

1.	External Documents Master List	FM-DRC-05
2.	Document Requisition Log	FM-DRC-03

RECORDS CONTROL

I. OBJECTIVE

The objective of this document is to ensure that quality records, both soft and hard copies, are maintained to demonstrate conformance to specified requirements. It defines the system for identification, storage, retrieval, protection, retention time, and disposal of records generated for the effective operation of the organization's Quality Management System. All quality records will be stored and maintained in such a way that they are readily retrievable in facilities that provide a suitable environment to minimize deterioration or damage and prevent loss.

II. SCOPE

This procedure applies to all records which are generated by CARCAR WATER DISTRICT in its implementation of the Quality Management System.

III. RESPONSIBILITY

Documents Controller

IV. DEFINITION OF TERMS

- *Retention* - period of time that a record should be kept or "retained" both electronically and in paper format
- *Quality Records* - documents which furnish objective evidence of activities performed and / or results achieved in the implementation of the organization's quality management system
- *Archive Section* - storage for inactive documents and records which are being kept for a certain period of time prior to disposal
- *Quality Records Matrix* - a form that documents all the records generated in a department and their active and inactive retention period
- *Records Endorsement* - a form used to endorse to the Records Controller all records that have surpassed their active time frame
- *Records Retrieval Log* - a record used to log any retrievals of endorsed records

V. REFERENCE DOCUMENTS

None

UNCONTROLLED COPY

VI. RECORDS GENERATED

1.	Quality Records Matrix	FM-DRC-06
2.	Records Endorsement	FM-DRC-07
3.	Records Retrieval Log	FM-DRC-08

VII. PROCEDURE DETAILS AND FLOW

No.	Process Flow	Description of Activity	Guidelines/Criteria/Policy	Responsible Person	Retained Informatio
01	Identify the records generated	Update Quality Records Matrix per department with all the identified records necessary for the effective implementation of the Quality Management System.		Record Owners	Quality Records Matr
02	Store and maintain active records	Record owners shall store and maintain QMS records at point of use in their area. QMS active records shall be retained in the owner's custody according to its active period as defined in their respective Quality Records Matrix.	All QMS records shall be labeled, filed, and indexed properly for ease of retrieval and for proper referencing QMS records should be kept in a place where it can be protected from physical deterioration and damage. It should be kept in a safe place to avoid loss and tampering.	Record Owners	
03	Collect, Store, and Maintain Inactive Records	Record owner shall also specify in the Records Endorsement form the 'Disposal Method' and 'Disposal Date' of the endorsed inactive records. This shall then be forwarded to the Quality Management Representative or President for authorization of the disposal of the expired records. Once approved, it will then be forwarded to the Records Controller	All QMS records shall be labeled, filed, and indexed properly for ease of retrieval and for proper referencing.	Record Owners Record Controller	Records Endorsemer

04	Retrieve Records	If there are any records needed to be retrieved by the Records Owner, the Record Retrieval Log shall be filled up.		Record Owners Record Controller	Retrieval Log
05	Dispose Records	Records Controller shall dispose the expired records according to the disposal method indicated in the **Records Endorsement** form and fill up the 'Remarks' portion of the form.	Periodically review the **Records Endorsement** form to determine expired records based on the retention periods	Record Owners Record Controller	Records Endorsemer

CONTROL OF NONCONFORMING SERVICE

I. OBJECTIVE

This procedure defines the system for identification, review and disposition of nonconforming parts of water production and customer services of CARCAR WATER DISTRICT.

II. SCOPE

This procedure applies to all nonconforming parts or service found during the in-process and/or final inspection conducted by customer prior to turn-over of the project.

III. RESPONSIBILITY AND RESOURCES

Management Representative

IV. DEFINITION OF TERMS

- *Repair* - to remedy damage or defective part to attain conformance to the specifications but not redoing the affected development phase of the project
- *Rework* - to reprocesses the whole affected development phase of the project to assure conformance to the requirements

V. REFERENCE DOCUMENTS

1. Corrective Action PM-RAI-04

VI. RECORDS GENERATED

1. Corrective Action Report FM-RAI-15

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VII. PROCEDURE DETAILS AND FLOW

No.	Process Flow	Description of Activity	Guidelines/Criteria/Policy	Responsible Person	Retained Informatio
01	Identify nonconforming service	1.1 Deviation from the specified requirements of the unit shall be identified and reviewed at different inspection stages of the unit development to ascertain its implication. 1.2 Team Leader shall prepare Nonconforming Parts / Service Logbook indicating the defects of the nonconforming unit found during inspection.		Team Leader	Nonconforming Logbo
02	Give disposition and take action A	2.1 Team Leader shall give disposition to the defects found on the nonconforming part and shall indication action(s) to be taken. 2.2.1 For rework disposition, issuance of Corrective Action Report is necessary. 2.2.2 For repair disposition, the Team Leader or Manager shall determine the need for issuance of	2.2 Disposition can be in following terms: 2.1.1 Use-As-Is – The defect found on the nonconforming parts is minor that does not affect the functionality, the aesthetics and the quality of the unit. No remedial actions to be taken. Project Manager has the sole authority to give this disposition. 2.1.2 Repair – The	Team Leader	Nonconforming Logbo

		Corrective Action Report taking into consideration the impact and number of defects. 2.1 Update Nonconforming Parts / Service Logbook with the disposition given.	defect(s) found on the nonconforming unit is non-critical that can be remedied without redoing the whole phase(s) of development. 2.1.3 Rework – The defect(s) found on the nonconforming parts is major and critical. Certain phase(s) of the construction project shall be completely redone to mitigate the defect(s) found on the nonconforming service.		
03	A ↓ Monitor actions taken and review results	3.1 Team Leader shall monitor the performance of each project to be reflected in project report. Summary shall be made indicating the nonconforming units and categorized defects found for each project. 3.2 Team Leader shall monitor and check the implementation of the disposition instructions until the unit conforms to the required specifications and shall monitor those actions taken for those		Team Leader	Corrective Action Repo

		nonconforming unit(s) with issuance of Corrective Action Report. 3.3 Review results of the project performance based on the data gathered and take appropriate improvement actions where applicable and necessary.			

HANDLING OF INTERESTED PARTY FEEDBACK

I. OBJECTIVE

This procedure defines the system for handling and addressing customer feedbacks such as complaints, positive comments, claims, and customer satisfaction survey results.

II. SCOPE

This procedure covers information solicited as a measure of how effective the organization met the requirements of the customer and their satisfaction.

III. RESPONSIBILITY

Office Supervisor

IV. DEFINITION OF TERMS

- *Complaint* – unsolicited information from the customer relating to their dissatisfaction to the organization's product and customer servicing
- *Claim* – official information from the customer of product discrepancies against the specifications or requirements after it has already been delivered
- *Satisfaction Survey* – method used in soliciting information from the customer or other parties in order to enhance the quality management system towards continuously satisfying customer requirements

V. REFERENCE DOCUMENTS

1.	Management Review	PM-RAI-05

VI. RECORDS GENERATED

1.	Customer Feedback Report	FM-RAI-02
2.	Customer Satisfaction Survey	FM-RAI-03

VII. PROCEDURE DETAILS AND FLOW

No.	Process Flow	Description of Activity	Guidelines/Criteria/Policy	Responsible Person	Retained Information
01	Receive Customer / IP Feedback	Feedback from any interested party may be made in person, phone call, or in a formal writing as determined by the customer.	Customer Satisfaction Survey (for customers only)shall be done once after the project has been finished	Concerned Personnel	Interested Party Feedbac Customer Satisfaction Survey
02	Review and Assess Customer Feedback	Assess the interested party feedback for its relevance and validity. Communicate with IP, if there are some clarifications to be made.		Concerned Department; Management Representative	
03	Formulate Actions	For valid negative feedback, the responsible department shall formulate immediate action(s) to address the discrepancy or problem and generate corrective action to eliminate the root cause of the discrepancy or problem.	UNCONTROLLED COPY	Department Head	IP Feedback Report

04	Implement, Monitor and Verify Approved Actions	Verification of the effectiveness shall be done monthly until actions are found to be working and effective	Monthly Verification	Management Representative	
05	Implement and Monitor Status of Action Plans	Implementation of the action plans shall be done by the respective departments. Monitoring of the implementation shall also be done to ensure proper implementation and completion.		Concerned Department	
06	Review, Analyze and Report Results	Review gather IP feedback / customer satisfaction survey results and categorize according to the nature of the feedback. Analyze results of the review to generate improvement actions.		Management Representative	

INTERNAL QUALITY AUDIT

I. OBJECTIVE

This procedure defines the system for planning, conducting, reporting and reviewing internal audit and its results in CARCAR WATER DISTRICT.

II. SCOPE

This procedure applies to all aspects of CARCAR WATER DISTRICT's quality management system.

III. RESPONSIBILITY

Internal Lead Auditor

IV. DEFINITION OF TERMS

- *Audit* – is a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.

V. REFERENCE DOCUMENTS

1.	Corrective Action procedure	PM-RAI-04
2.	Management Review procedure	PM-RAI-05

VI. RECORDS GENERATED

1.	Annual Internal Audit Plan	FM-RAI-04
2.	Audit Itinerary	FM-RAI-05
3.	Audit Checklist	FM-RAI-06
4.	Nonconformance Report	FM-RAI-07
5.	General Observation and Recommendations List	FM-RAI-08
6.	Audit Report	FM-RAI-09

VII. PROCEDURE DETAILS AND FLOW

No.	Process Flow	Description of Activity	Guidelines/Criteria/Policy	Responsible Person	Retained Informatio
01	Plan the Audit	The Internal Lead Auditor shall prepare the Annual Internal Audit Plan before the start of the fiscal year. The frequency of the audit for each area shall be based on its performance on previous audits as well as on the criticality of the operations being performed.	1. Conduct audit at least once a year 2. The Auditors shall have the minimum qualification: - At least secondary level - Familiar with the organization's operations - Undergone the IQA Training (ISO 19011 Standard Requirements)	Internal Lead Auditor	Annual Internal Audit P Audit Itinerary
02	Prepare for the Audit	The checklist generally contains requirements of the ISO 9001 standard, requirements of the documented quality system procedure and the findings from previous audits.		Internal Lead Auditor	Audit Checklists
03	Conduct the Audit	Based on the audit plan and the audit checklist the auditor shall conduct the audit on the specific areas. Ensures that objective evidences for both conformances and nonconformances are clearly documented on the audit checklists, referencing people interviewed, and documents, materials, records and other related items reviewed.	UNCONTROLLED COPY	Internal Lead Auditor; Auditors; Auditee	Audit Checklists

04	Report Audit Results	Nonconformance Report shall be presented and given to the auditees/concerned groups during the closing meeting	**Classifications of Findings** **Major Nonconformance-** The absence or the total breakdown of a system to meet the requirements of a clause of ISO 9001 or other reference documents. **Minor Nonconformance** Either a failure to meet one requirement of a clause of ISO 9001or other reference documents. **General Observation** Findings that could lead into a nonconformance if not addressed (potential nonconformance)	Auditors	Nonconformance Repo General Observation a Opportunities for Improvement List
05	Verify Audit findings and Action	Verification of implementation shall be conducted at an appropriate time as deemed necessary or as requested. Verification of effectiveness of the corrective action(s) shall be conducted in a timely manner after the implementation date.		Auditors	Nonconformance Repo Audit Report
06	Review Audit Process Performance	Internal Lead Auditor shall then conduct evaluation of the audit process at the end of all the audit schedule for the year and evaluate the performance of auditors for improvement plans the following year.	UNCONTROLLED COPY	Internal Lead Auditor	

CORRECTIVE ACTION

I. OBJECTIVE

To ensure that actions are taken to address existing nonconformities to eliminate its root cause to prevent their recurrence or occurrence.

To ensure that a detailed process is utilized to identify and systematically resolve and address existing problems or nonconformities and to ensure that actions are taken for those identified areas that can be improved or needs improvement.

II. SCOPE

This procedure applies to all processes, including suppliers providing products or services governed by the requirements specified by CARCAR WATER DISTRICT.'s quality management system. However, this procedure does not cover customer complaints and feedbacks.

III. RESPONSIBILITY

Chief Operating Officer

IV. DEFINITION OF TERMS

- *Correction* - immediate action taken to rectify existing nonconformity or problem;
- *Corrective Action* - action taken to eliminate the root cause(s) to prevent the recurrence of the problem / nonconformity

V. REFERENCE DOCUMENTS

1.	Management Review procedure	PM-RAI-05

VI. RECORDS GENERATED

1.	Corrective Action Report	FM-RAI-10
2.	CAR Monitoring	FM-RAI-11

VII. PROCEDURE DETAILS AND FLOW

No.	Process Flow	Description of Activity	Guidelines/Criteria/Policy	Responsible Person	Retained Informatio
01	Schedule Management Review	Concerned personnel shall identify existing problems / nonconformity that needs corrective action	1. Non-achievement of OTP (Objectives, Targets and Programmes) 2. Quality management system implementation (excluding audit results) 3. Supplier evaluation results 4. Products or service provided by supplier 5. Process Performance / Operations 6. Equipment / Machine Operation	Concerned Personnel	Corrective Action Rep
02	Receive CAR Issuance	Receiving party shall take immediate action to rectify the existing nonconformity or problem so as not to worsen the situation.		Management Representative	Corrective Action Rep
03	Conduct Investigation and Analysis	Identify all possible causes, collect appropriate data and information. This may include a combination of testing results, review of records results, review of processes results, and/or any other data that may lead to the determination of the fundamental (root) cause of the existing problem / nonconformity.	UNCONTROLLED COPY	Management Representative; Concerned Department	Corrective Action Rep

		Analyze data and information gathered using analytical tools that can be applied to distinguish properly the contributing cause(s) and the fundamental (root) cause(s) for determination of appropriate actions to be taken.			
04	Formulate Corrective Action	Identify all needed activities and tasks that must be accomplished to prevent or eliminate the identified existing nonconformity / problem. Ensure to identify all actions that will be needed to address everything related to the issue.		Department Head	Corrective Action Rep
05	Review and Approve Corrective Action	To check the appropriateness and adequacy of the actions to the identified existing nonconformity / problem. May also suggest or recommend changes and corrections whenever necessary.		Management Representative/ General Manager	Corrective Action Rep
06	Monitor, Evaluate, and Verify the Implementation	Verification and evaluation of the effectiveness of the implemented corrective action(s) shall be conducted after the verification of action implementation. Results of the verification shall be updated in the Corrective Action Report issuance.	Re-issuance of CAR if: 1. Recurrence of the same identified existing nonconformity / problem or occurrence of the identified nonconformity / problem 2. Non-achievement of the targets for OTP set for the period (that is related to the identified existing or nonconformity / problem) 3. Receipt of customer complaint or negative feedback on the same issue	Management Representative	Corrective Action Rep

			4. Occurrence of another nonconformity / problem due to the implementation of actions		
07	Review and Monitor Results	All issuances shall be analyzed to determine trends and areas of significance. This shall be done to assess the performance and need for improvement of the Corrective Action procedure. Result of assessment shall be discussed during the management review		Management Representative	CAR Monitoring and Tracking

MANAGEMENT REVIEW

I. OBJECTIVE

This procedure defines the system for reviewing the quality management system of CARCAR WATER DISTRICT to ensure its continuing suitability, adequacy and effectiveness.

II. SCOPE

This procedure covers the entire CARCAR WATER DISTRICT's Quality Management System.

III. RESPONSIBILITY

Chief Operating Officer

IV. DEFINITION OF TERMS

- *Management Review* - a formal evaluation by top management of the status and adequacy of the quality system in relation to quality policy and objectives

V. REFERENCE DOCUMENTS

1. Corrective Action PM-RAI-04

VI. RECORDS GENERATED

1. Management Review Schedule FM-RAI-12
2. Minutes of the Meeting FM-RAI-13
3. Management Review Action Plan FM-RAI-14

VII. PROCEDURE DETAILS AND FLOW

No.	Process Flow	Description of Activity	Guidelines/Criteria/Policy	Responsible Person	Retained Information
01	Schedule Management Review	The MR shall schedule management review meeting Fill-up Management Review Schedule form for the schedule, attendees and agenda of the meeting. Route the Management Review Schedule to all required attendees to inform them with the schedule	Twice a year at planned intervals	Management Representative	Management Review Schedule
02	Gather Information	MR shall gather and summarize information of the results and performances of processes in their respective departments and/or agenda assigned to them.	2 weeks prior to the scheduled Management Review	Management Representative	UNCONTROLLED C
03	Conduct Management Review Meeting	The Management Representative shall ensure to record all issues discussed, recommendations and corrective actions to be taken using the Minutes of the Meeting form. Top management shall also ensure timely decisions are made.	1. The status of actions from previous management reviews; 2. Changes in external and internal issues that are relevant to the quality management system; 3. information on the performance and effectiveness of the quality management system, including trends in:	Management Representative	Minutes of the Meetin

			3.1 Customer satisfaction and feedback from relevant interested parties; 3.2 The extent to which quality objectives have been met; 3.3 Process performance and conformity of products and services; 3.4 Nonconformities and corrective actions; 3.5 Monitoring and measurement results; 3.6 Audit results; 3.7 The performance of external providers 4. The adequacy of resources; 5. The effectiveness of actions taken to address risks and opportunities; 6. Opportunities for improvement.		
04	Prepare Action Plan	Affected personnel shall prepare Management Review Action Plan related to process improvements, product improvements and resource needs to ensure continual improvement of the quality management system.		Department Heads	Management Review Acti Plan
05	Implement and Monitor Status of Action Plans	Implementation of the action plans shall be done by the respective departments. Monitoring of the implementation shall also be done to ensure proper implementation and completion.		Management Representative	

06	Review Results	Results shall be followed-up and to be reviewed in the next management review meeting.		Management Representative	Minutes of the Meetin

RISK ASSESSMENT

I. OBJECTIVE

This procedure is used in the identification of risk that can affect the quality of product and the identification of controls associated with CARCAR WATER DISTRICT activities and services and to identify those that are significant so they can be assigned as high priority for mitigation.

II. SCOPE

This procedure applies to all activities and services of CARCAR WATER DISTRICT.

III. RESPONSIBILITY AND RESOURCES

Management Representative

IV. DEFINITION OF TERMS

1.1 Risk – combination of the likelihood of occurrence of a hazardous event or exposure(s) and the severity of the injury or ill health that can be caused by the event of exposure.
1.2 Risk assessment – process of evaluating the risk arising from a hazard(s), taking into account the adequacy of any of existing controls, and deciding whether or not the risk(s) is acceptable.
1.3 Impacts and Risk Control - preventive action necessary to eliminate or control identified environmental aspects and hazards.
1.4 Severity - gravity of effect of identified environmental aspect and hazards
1.5 Occurrence – the frequency of generation, incident / accident, consumption, exposure, usage, amount, etc of its identified aspects and occupational hazard(s).
1.6 Detection - the act or process of detecting of the identified environmental aspects and hazard (s)

V. REFERENCE DOCUMENTS

1.	Risk Assessment Matrix	GL-RAI-01

VI. RECORDS GENERATED

1.	Risk Assessment Matrix	FM-RAI-15

VII. PROCEDURE DETAILS AND FLOW

No.	Process Flow	Description of Activity	Guidelines/Criteria/Policy	Responsible Person	Retained Informati
01	Identify risk per Activity/ Process	Process owners shall identify risks and possibilities per activity/ process, impact of the risks and the existing controls the organizations		Process Owners	Risk Assessment Mat
02	Analyze and Prioritize Risk	Process Owner shall evaluate quality risk that have or can have significant impacts. Get the priority number to identify what risks needs to be prioritized	Risk Assessment Guideline	Process Owners	Risk Assessment Mat
03	Formulate and Approve Reaction Plan	Process Owner shall generate the necessary actions to address the risks and communicate the generated action(s) to all involve personnel for the implementation. Ensure that the action(s), responsibility (ies) and expected completion date for the formulated action(s) are well-defined, understood and agreed by all involved personnel.	UNCONTROLLED COPY	Process Owners	Risk Assessment Mat

04	Implement Reaction Plan	Implement approved actions according to agreed implementation date(s) and identify and update as necessary the affected processes and documents of the quality management system		Process Owner	Risk Assessment Mat
05	Monitor, Evaluate and Verify the Implementation of Actions	Monitoring of the implementation of the action(s) shall be done by the department. Data results from the implementation of action shall be gathered and analyzed for further recommendations or improvement of actions taken.		Process Owner	Risk Assessment Mat
06	Review Results	All risks shall be analyzed to determine trends and areas of significance		Process Owner	Risk Assessment Mat