

QUALITY MANUAL

ISO 9001



Organisation Name	
Approved by	Date

Notes:

- 1. This is only an example, each organisation should define their own content***
- 2. It is very important to be aware that the procedures included are only very brief indicators of the actual procedures and format that any organisation will wish to define.***
- 3. You should consider including the quality policy***
- 4. The quality manual should be signed as approved by a responsible person***
- 5. You can add any other aspect that is pertinent to your quality management system.***

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QML-SAMPLE-9001	1.0	24/08/2004	M. Helm	1 of 10

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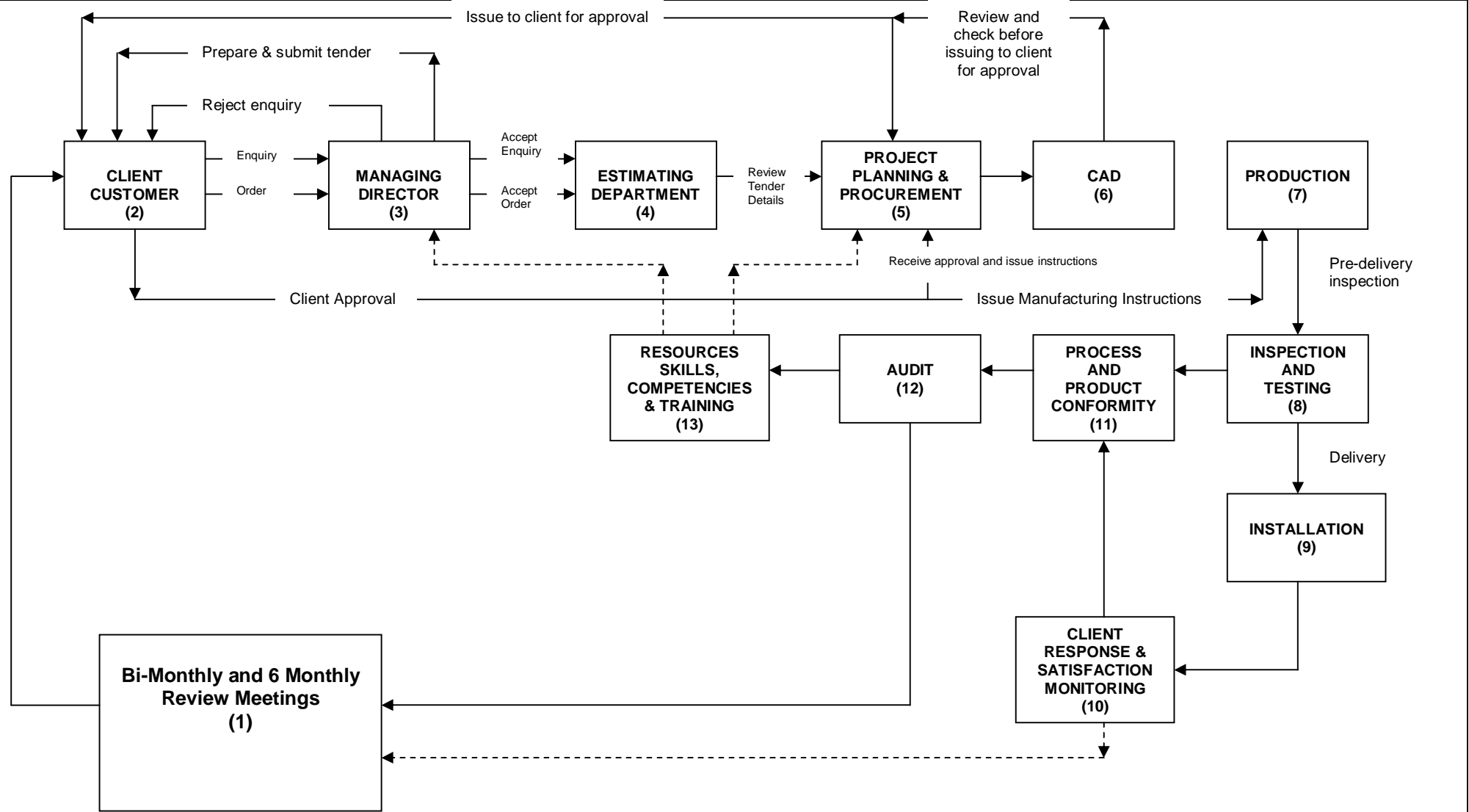
1. Scope	
E.g. Fabrication and Erection of Steel Frame Buildings	<u>Guidance</u> The scope should reflect the scope of work that is undertaken under the control of your ISO 9001 system.

2. Exclusions	
Design and development (7.3)	<u>Guidance</u> Exclusions can only be made in respect to section 7.0 of ISO 9001 and must not preclude the organisation from its ability to meet requirements. Review the clauses marked 7.0 etc within the Assessment Review Report and add the aspects that you find are not applicable here, with an explanation.
We do not undertake design work as we only fabricate from designs supplied on behalf of the customer by specialist steelwork designers.	
Customer property (7.5.4)	
We do not receive any customer property and therefore have no need to meet any requirement in this respect.	

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3. Sequence and Interaction of Processes



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N.B. This is an example procedure providing a very basis example of what may be included in the actual procedures. This must be made to describe the way that the process is undertaken in your organisation.

4. Control of Documents - Procedure	Responsible
4.1 Before we issue the following documents to a customer we will ensure that they have been reviewed and signed as complete on the library copy. <ul style="list-style-type: none">• Proposal Letter• Further correspondence• Product Drawings• Cost Estimates	Customer Manager
4.2 Documents pertaining to the processes that we must undertake and the forms that will be completed will be reviewed and approved prior to being issued.	Quality Manager
4.3 The documents mentioned within section 4.2 will be reviewed, updated and re-approved at any subsequent revision at reasonable interval to ensure that they continue to reflect current requirements.	Customer Manager / Quality Manager
4.4 The revision and / or date of each issue of a document will be identified to indicate at what point it was created or amended.	Author
4.5 To ensure that documents are issued in a controlled manner they shall either be accompanied by a transmittal Note or covering letter indicating the documents included (and their revision status where appropriate).	Customer Manager
4.6 External documents will be identified as such and their distribution controlled to ensure that all relevant personnel are made aware of their availability and any revisions to them.	
4.7 It will be ensured that all documentation is of a known status either by a revision or date. In particular documents that are draft, preliminary, unapproved or superseded will be marked as such to avoid misuse.	Document Author / Holder

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5. Control of Records – Procedure	Responsible
<p>5.1 The following will be kept as records that the company has fulfilled the requirements of its processes and customers:</p> <ul style="list-style-type: none">• All enquiry documents (12 years)• All proposals and fee documents (12 Years)• All construction drawings (6 years)• Records of tests (20 Years)• Customer Correspondence File (6 years)• The Company Correspondence (6 years)• Internal Audit Records (6 years)• Non-conformance Records (6 years)• Corrective Action Records (6 years)• Management Review Meeting minutes (6 years)• All other records required by the contract or customer (20 Years or later if required by customer) <p>Note: the above number of years in brackets are the minimum archive period for these records)</p>	Quality Manager
<p>5.2 The records identified in section 5.1 will be stored in the archive room once the contracts are completed. It will be ensured that the documents are maintained to ensure:</p> <ul style="list-style-type: none">• They remain legible and are protected from damage• That they are not disposed of prior to the end of their archive period.• That they are not destroyed without the permission of the Managing Director	Archive Manager / All Staff

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6. Internal Auditing - Procedure	Responsible
6.1 An internal audit schedule will be developed which covers all of the requirements of the Assessment Review Report (ISO 9001) at least annually. Note: The schedule will programme internal audits based on their relevant importance and past evidence of performance.	Quality Manager
6.2 The internal audit schedule will be reviewed annually and renewed as necessary, ensuring that it is effectively reviewing the operation of the whole system.	Quality Manager
6.3 A trained auditor will undertake the audits, in accordance with the internal audit schedule.	Quality Manager
6.4 Internal audits will be undertaken and all discrepancies found will be documented on a Non-conformance Report form and processed in accordance with the Non-conformance process. Note: A copy of the Non-conformance Report forms may be left with the Auditee for progressing and wherever possible a proposed corrective action should be sought before the end of the audit.	Internal Auditor
6.5 An Audit Report Form will be completed and together with all non-conformance reports passed to the Quality Manager	Internal Auditor
6.6 A copy of all Audit Reports will be maintained for information.	Quality Manager

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7. Control of Non-conforming Product – Procedure	Responsible
7.1 Whenever a problem is uncovered (including a complaint and any other issue found during internal auditing) or a deviation for the established practice it will be recorded on a Non-conformance Form and passed to the Quality Manager Note: If desired a proposed corrective action may be added to the form.	Quality Manager
7.2 Remedial action to resolve the immediate problem will be taken, where necessary, to meet customer requirements and any product that is still non-conforming will be identified and it will be ensured that it cannot be released.	Responsible Person (in area of Non-conformance)
7.3 The non-conformance will be processed in accordance with the Corrective Action procedure.	Quality Manager
7.4 All Non-conformance Reports will be responded to / actioned in a timely manner.	Quality Manager
7.5 A Register of Non-conformances will be maintained that will identify their status indicating which are overdue. Those that are overdue will be progressed with the relevant person.	Quality Manager

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8. Corrective Action - Procedure	Responsible
Note: As previously described within the non-conformance procedure all non-conformance requiring corrective action will be recorded on a Non-conformance Report form.	
8.1 Each Non-conformance Report form will be reviewed and an appropriate corrective action will be added to the form in close liaison with the relevant parties (Department Heads)	Quality Manager
8.2 A copy of the agreed Corrective Action (within the non-conformance form) will be passed to those responsible for the corrective action.	Quality Manager
8.3 The corrective action will be dealt with within the agreed time and the Quality Manager informed of the action taken.	Actioned Person / Team
8.4 At a suitable time (not later than the next internal audit of that area) the corrective will be reviewed to ensure that it was effective.	Quality Manager / Internal Auditor
8.5 When a corrective action is found to be ineffective then the corrective action will be re-examined and alternative action taken until the corrective action is successful.	Quality Manager
8.6 When a corrective action is found to be effective the Corrective Action will be signed off and permanently filed.	Quality Manager

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9. Preventive Action - Procedure	Responsible
Note: Preventive action is action that is taken to avoid the occurrence of a problem (as opposed to corrective action which an action is taken to prevent the reoccurrence of a problem).	
9.1 Opportunities to identify preventive action will occur in the following: <ul style="list-style-type: none">• Management and Board Meeting• Staff Briefing and feedback sessions• At Management Review Meetings• After consideration within the 5 and 10 year business plans	Management Personnel / All Staff
9.2 Record of the preventive actions identified, acted upon and reviewed will be maintained during the Management Review Meetings.	Quality Manager