PROCEDURES MANUAL

METALS INDUSTRY RESEARCH AND DEVELOPMENT CENTER

Gen. Santos Ave., Bicutan, Taguig City

CONTROLLED DOCUMENT

ORIGINAL
DOCUMENT CUSTODIAN

Prepared by: Document Custodian, MIRDC	Approved by: QEMR

The Procedures Manual is prepared with the following objectives:

- To define the scope and purpose of the Quality Management System's general procedures which comprise the business process of the Center.
- To define the responsibilities for each process.
- To standardize the different procedures and ensure quality products and services.
- To serve as guidelines for all employees.

PROCEDURES MANUAL	PM-MIRDC	03-01
Metals Industry Research and Development Center	Revision No.: 10	Page 1 of 1
Section: User's Guide	Effectivity Date: 10 October 2016	
Subject: **Authorization for Implementation/Updating Responsibility**		

Implementation of the contents of the manual shall be authorized and approved by the Quality and Environmental Management Representative (QEMR) and effective on the date specified in the manual.

Updating of the manual is the responsibility of the QEMR, concerned process owners and DCC following the Control of Documents procedure as defined in PM-MIRDC *07*-01.

Their specimen signatures appear below:

ROBERT O. DIZON
Executive Director

AGUSTIN M. FUDOLIG
QEMR

DANILO M. PILAR
QMR

CORAZON S. CAPARROS
Head, Internal Audit Committee

MELANIE V. ESPRESION
Document Custodian

Prepared by: DCC	Approved by: QEMR

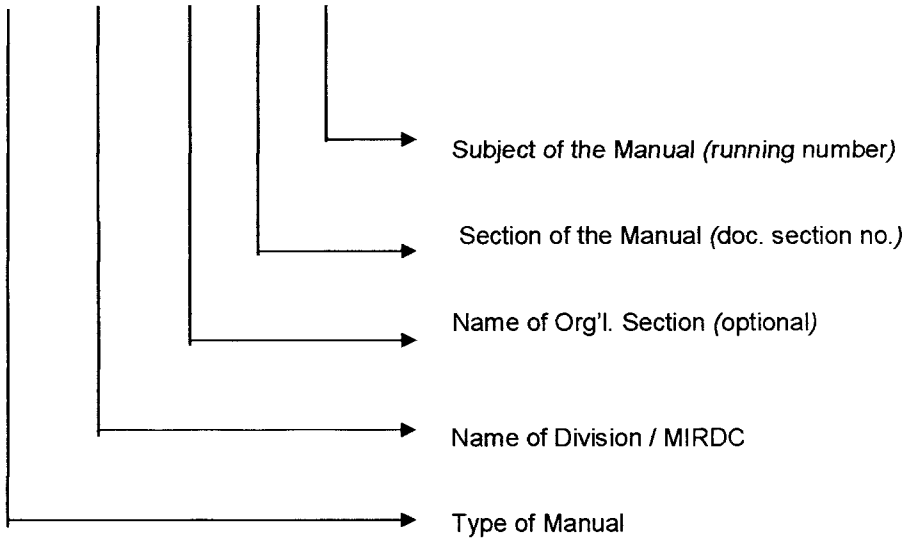
The Procedures Manual shall be distributed as follows:

COPY NO.	COPY HOLDER	REMARKS
Original	DCC	Original
1	QEMR/ Deputy Executive Director for Technical Services	Whole Manual
2	Executive Director	Whole Manual
3	Deputy Executive Director for Research and Development	Whole Manual
4	QMR	Whole Manual
5	EMR	Whole Manual
6	PCO	Whole Manual
7	Safety Officer	Whole Manual
8	Head, Internal Audit Committee	Whole Manual
9	Chief, TIPS	Whole Manual
10	DSR, TDD/ Chief, ITS	Whole Manual
11	Chief, TABDS	Whole Manual
12	DSR, ATD	Whole Manual
12A	Chief, CLS	Whole Manual
12B	Chief, PLS	Whole Manual
12C	Chief, IMS	Whole Manual
13	DSR, MPRD	Whole Manual
14	DSR, PD	Whole Manual
15	DSR, PMD	Whole Manual
16	DSR, FAD	Whole Manual
16A	Chief, FMS	Whole Manual
16B	Chief, AGSS	Whole Manual
17	*Head, RMC*	*Whole Manual*

Prepared by:	Approved by:
DCC	QEMR

An alpha-numeric coding system is being followed in the Procedures Manual.

PM – MIRDC – XXXX 00 – 05



1.0 Objectives:

To ensure that all *maintained documented information (documents)* related to the existing quality management systems are:

a. *readily identifiable;*
b. *reviewed and approved for suitability and adequacy;*
c. *available and suitable for use, where and when it is needed;*
d. *properly controlled in terms of distribution, access, retrieval and use;*
e. *legible, properly stored and preserved*
f. *controlled in terms of changes and revision status; and*
g. *identified as to external origin and their distribution controlled.*

2.0 Scope:

This procedure covers all activities related to the control of internal and external documents.

3.0 Definition of Terms:

Controlled Documents refer to documents for which there are specified requirements on initiation/review/approval/registration/issuance/revision/obsolescence and withdrawal.

DCC refers to Document Custodian of the Center.

DCD refers to Document Custodian of the Division.

DCS refers to Document Custodian of the Section.

Effectivity Date refers to the date when a revision is made effective and is indicated on a per page per document basis.

External Documents refer to documents sourced outside of MIRDC which are determined necessary for the planning and operation of the quality management systems.

Internal Documents refer to documents generated by MIRDC.

Revision No. refers to the frequency of revisions on a document as reflected on a per page per document basis.

4.0 Records:

- Accomplished Document Control Form
- Issue/Withdrawal of Controlled Documents
- Original Copy of Obsolete Documents

5.0 References:

- WI-MIRDC *07-01* (How to Revise a Controlled Document)
- WI-MIRDC *07-02* (Withdrawal of Obsolete Copies of Documents)
- Master List of Controlled Documents (Section, Division and MIRDC)
- Master List of External Documents (Section, Division and MIRDC)
- *ISO 9001:2015 Standard*
- ISO 14001:2004 Standard

6.0 Procedure:

A. Internal Documents

FLOW	PERSON RESPONSIBILE	DETAILS
Start		
Determine the need for documentation	Concerned Process Owner	• Based on the following: a) needs of division/ section/ unit, b) customer requirement, c) customer feedback and complaints, d) results of internal and external audits, e) management review, and f) results of continual improvement efforts.
Need for new or revision of document?		
Revision → A		
New → B		

FLOW	PERSON RESPONSIBILE	DETAILS
B / A		
Prepare new document	Concerned Process Owner	• Fill-up QEMS Document Control Form (DC 01). • Refer to corresponding format depending on the type of document (*QM*, PM, WI, FM, SM, QP).
Assign a code to the new document	DC	• Document Code Structure: AA-BBB-XXXX-YY-ZZ; where AA - type of document BBB - division name/ MIRDC XXXX - org. section name (optional) YY - doc. section number ZZ - running number • Assign a document section number by determining the appropriate section where: *04- Organizational Context* *05- Leadership* *06 – Planning.* *07 – Support* *08 – Operation* *09 – Performance Evaluation* *10 - Improvement* • Assign the ascending number based on the last running number.
Revise the existing document	Concerned Process Owner/ DC	• Refer to WI-MIRDC *07*-01 (How to Revise a Controlled Document).
Review and approve documents	QEMR/QMR/ EMR/DSR/ Concerned Head	• Review draft document and finalize. • Check and approve documents. • Effectivity date is set at least five (5) working days after approval to allow orientation/training.
C		

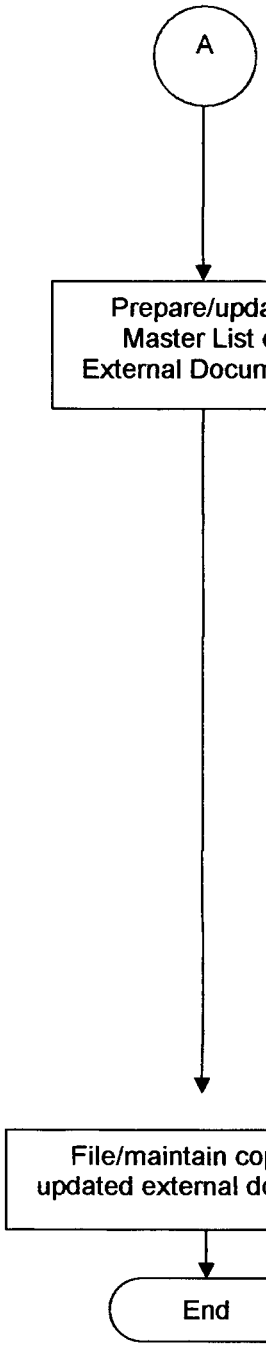
FLOW	PERSON RESPONSIBILE	DETAILS
C		
Revise content of existing manual	DC	• Change affected part of the manual based on the revised document (e.g. Table of Contents, Page No., User's Guide, etc.) • Prepare quality and environmental system documents in hard copy and softcopy. • Assign password in all softcopy containing quality documents. • Concerned personnel signs the appropriate documents. Signatures are in blue ink to have distinction of the original copies. For documents not requiring signatures, back portion of the original copies are marked "Controlled Copy".
Update the Master List of Controlled Documents	DC	• All deleted documents are marked "(Deleted)" in the table of contents of corresponding manual. • The master list of controlled documents contains the following: – type of document – document code – document title – responsible person (position of the person who prepares/updates) – revision no. – effectivity date – distribution/copyholder • DCS submits Section's Masterlist of Controlled Documents to DCD. • DCC prepares the Center's Master List of Controlled Documents. • Check for legibility, format and completeness of documents
D		

FLOW	PERSON RESPONSIBILE	DETAILS
		before reproduction.
D		
Reproduce and distribute copies of new/revised documents	DC	• Refer to Master List of Controlled Documents to determine number of copies. All copies are stamped "CONTROLLED COPY" in red ink on all pages prior to issue. • Copyholder acknowledges receipt of copy by affixing signature on the "Received By" portion of the Issue/Withdrawal of Controlled Documents Form (DC 002). • Withdraw obsolete copies of documents from copyholders. Refer to WI-MIRDC *07-02* (Withdrawal of Obsolete Copies of Documents.) • Original copy of obsolete documents are marked "OBSOLETE" and kept according to recommended retention period except for documents containing proprietary information. • Other retrieved copies are marked diagonally using a pen and maybe recycled.
Orient personnel on new/revised documents	Chief of concerned Section/Division	• Maybe conducted on a division/section meeting.
End		

FLOW	PERSON RESPONSIBILE	DETAILS

B. External Documents

FLOW	PERSON RESPONSIBLE	DETAILS
Start		
Identify / procure new / updated external documents	DCC / QEMR / QMR / EMR/ DSR/ Concerned Process Owner	• The public domain documents may include but not limited to the following: – ISO 9001 / ISO 14001 related standards – Standards (e.g. JIS, ASTM) – Handbooks and related publications – Memorandum circulars, CSC circulars, Administrative Orders, etc. relating to the quality system – Applicable legislations & industry regulations, guidelines and etc. which are not covered by ISO 9001/ ISO 14001 related standards – Drawings provided by customers for job orders and / or request for quotations. • Chief, ASS secure CSC circulars. Copies of other issuances are sent to MIRDC by issuing agency.
Receive copies of updated external documents	Concerned Personnel	• Inform concerned Document Custodian and user of the arrival of external documents. • Receives and files CSC circulars at ASS Office.
A		

FLOW	PERSON RESPONSIBLE	DETAILS
	DCS / DCD /DCC DCS / DCD / DCC	• Use a logbook for the control and distribution of Administrative Orders, circulars, customers' drawings, etc., to concerned personnel. The logbook shall be included in the Masterlist of Quality Records. • The master list of external documents contains the following: – Document Code – Document Title – Location of file document – Responsible Person – Year Published – Effectivity date and revision status of the master list. • DCS submits Section's Masterlist of External Documents to DCD.. • DCC prepares the Center's Master List of External Documents.. • Reproduce and distribute copies of updated external documents, if applicable. Copyholder shall acknowledge receipt of copy using the Issue/Withdrawal of Controlled Documents Form (DC 002). For drawings provided by customers, use the Controlled Drawings Logbook. • All superseded documents are marked "OBSOLETE" and kept according to recommended retention period except for documents containing proprietary information.

Prepared by: DCC	Approved by: QEMR

1.0 Objective:

To ensure that all *retained documented information (records)* are properly identified, stored, protected *from unintended alterations,* easily retrievable and *with defined retention period and disposition method.*

2.0 Scope:

This procedure covers all the activities on the control of QEMS records from identifying records up to disposal of obsolete records.

3.0 Definition of Terms:

Amendments refer to alterations or corrections of data on records.

Division Master List of Quality / Environmental Records refers to the details of division quality records together with the summary of the master list of the sections quality /environmental records.

MIRDC Master List of Quality/Environmental Records refers to the details of the MIRDC quality and environmental records together with the summary of master list of the divisions quality / environmental records.

Pambansang Sinupan ng Pilipinas (National Archives of the Philippines) – a government office responsible for providing guidelines for records disposition schedules for the national and local government offices.

QEMS - refers to Quality and Environmental Management Systems.

Section Master List of Quality/Environmental Records refers to details of the section's quality and environmental records.

4.0 Records:

- Original Copy of Obsolete Documents
- List of Obsolete Records Turned-over to CRO File/ Logbook
- Issue/Withdrawal of Controlled Documents

5.0 *References:*

- WI-MIRDC *07-02* (Withdrawal of Obsolete Copies of Documents)
- Section Master Lists of Quality/Environmental Records
- Division Master Lists of Quality/Environmental Records
- MIRDC Master Lists of Quality/Environmental Records
- Pambansang Sinupan ng Pilipinas (NAP General Circular No. 1 dated 20 January 2009)
- General Records Disposition Schedule common to all Government Agencies series of 2009.

- *ISO 9001:2015 Standard*
- ISO 14001:2004 Standard

6.0 Procedure

FLOW	PERSON RESPONSIBILE	DETAILS
Start		
Identify record	Concerned Process Owner/ DCS/DCD/DCC	• Records may include but not limited to logbook, filled-up forms, minutes of the meetings and communications (incoming and outgoing).
Indicate code	Concerned Process Owner/ DCS/DCD/DCC	• Quality/Environmental Record Code structure: QER-BBBB-XXX where: QER – Quality/ Environmental Record BBBB – Organizational Section XXX – Quality/Environmental Record Number
Update Master list of Quality and Environmental Records	Concerned Process Owner/ DCS/DCD/DCC	• The section master list of quality and environmental records contains: – Quality/environmental record code – description of record – location of record – person responsible – retention period – *disposition* • DCS submits updated Section Master List of Quality/ Environmental Records to DCD.
A		

FLOW	PERSON RESPONSIBILE	DETAILS
A		• DCC prepares MIRDC Master List of Quality/Environmental Records. • Master Lists of Quality/Environmental Records must bear the corresponding revision number and effectivity date. • Copyholder acknowledges receipt of copy. Use Issue/Withdrawal of Controlled Documents Form (DC 002).
File Quality / Environmental Records	Concerned Process Owner/ DCS/DCD/DCC	• Check for proper labeling, paging, coding, signatures, amendments and format. The data could be altered by placing a line on it and writing the corrections above and must be properly signed by the person making the alterations. The use of correction fluid is strictly prohibited. • Records are filed and kept at filing cabinets, data file rack or cabinets with proper labels for easy retrieval of records and safekeeping to protect from damage. • For proper identification of locations, retention period and person responsible of records refer to Master List of Quality/ Environmental Records. Ensure that related QEMS documents are always available at points of use.
B		

FLOW	PERSON RESPONSIBILE	DETAILS
B ↓ End		• For obsolete records for disposal, prepare a list approved by QEMR/QMR/ EMR/DSR prior to turn-over to CRO. • Disposal of Quality/ Environmental Records are according to Pambansang Sinupan ng Pilipinas (National Archives of the Philippines) NAP General Circular No. 1 dated 20 January 2009 and the General Records Disposition Schedule common to all Government Agencies Series of 2009.

1.0 Objective:

To ensure that QEMS related matters and issues including its effectiveness are communicated to various levels and functions of the Center and are acted upon properly.

2.0 Scope:

This procedure applies to all internal communication relevant to the quality and environmental performance of the Center

3.0 Definition of Terms:

N/A

4.0 Records

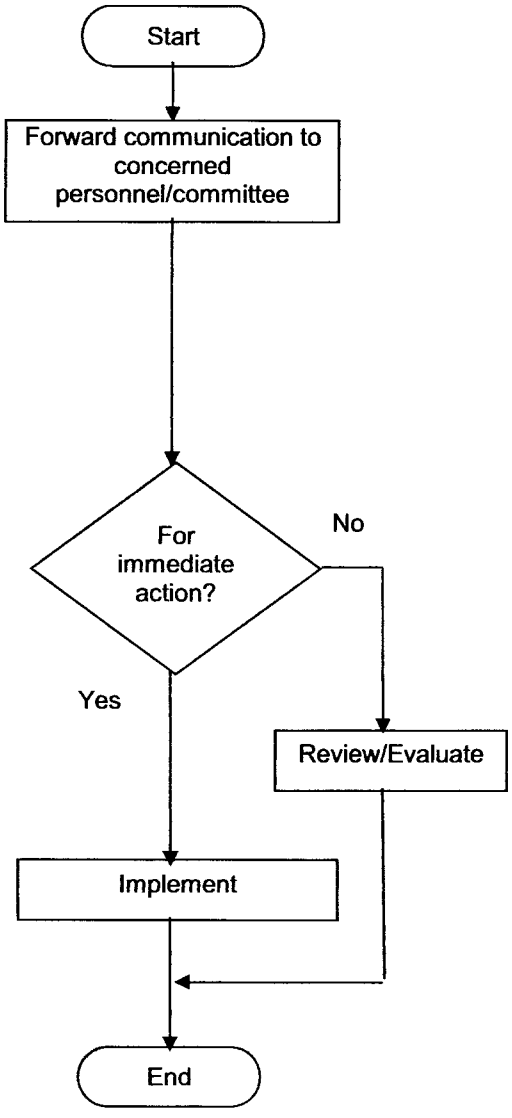
- Internal Communication / Environmental Related File
- Internal Communication / Other Related File

5.0 Reference

- ISO 14001:2004 Standard
- ISO 9001:*2015* Standard

Prepared by: QEMR	Approved by: Executive Director

6.0 Procedure



FLOW	PERSON RESPONSIBLE	DETAILS
Forward communication to concerned personnel/committee	Assigned Personnel	• What to communicate: - New/ revised documents/ procedures. Refer to PM-MIRDC-*07-01* (Control of Documents) - Management Directives/Office Orders - Views/observations/suggestions - Interdivision/Intersection correspondence - Quality and environmental concerns.
For immediate action? → No → Review/Evaluate	Concerned Personnel/ Committee	• Refer to concerned committee/ Management Staff
Implement	Concerned Personnel/ Committee	• Disseminate information to concerned personnel through bulletin boards, meetings, general assembly, whichever is applicable.

PROCEDURES MANUAL	PM-MIRDC	07-04
Metals Industry Research and Development Center	Revision No: 2	Page 1 of 2
Section: Support	Effectivity Date: 10 October 2016	
Subject: **Handling External Communication**		

1.0 Objective:

To ensure that communication from external customers and interested parties are received, documented and responded to immediately and appropriately.

2.0 Scope:

This procedure covers all activities related to all external communication involving the quality and environmental performance of the Center.

3.0 Definition of Terms:

N/A

4.0 Records:

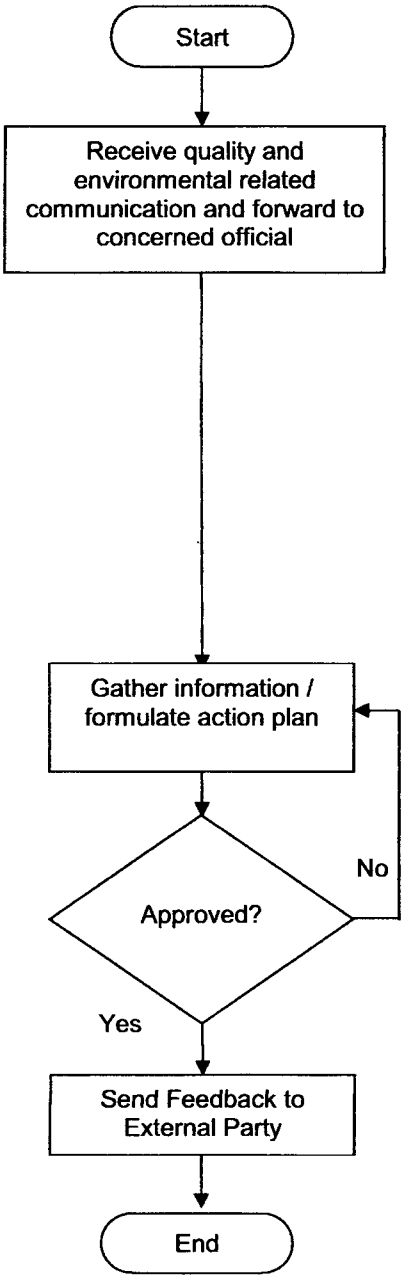
- Incoming/Outgoing Correspondence File
- Incoming/Outgoing Correspondence Logbook

5.0 Reference:

N/A

Prepared by:	QEMR	Approved by:	Executive Director

6.0 Procedure



PERSON RESPONSIBLE	DETAILS
Assigned Personnel	• Receiving unit acknowledges receipt and records in the Incoming/Outgoing Correspondence Logbook containing the following information: - date received - source of communication (sender / company name) - particulars - referred to - comments / action taken - date sent/released
Concerned/ Assigned Personnel	• Addressee may delegate or assign the handling of communication. • For customer complaint and other concerns needing specific action, refer to PM-MIRDC *08-02* Handling Customer Complaints or PM-MIRDC *10-01* Corrective Action as appropriate.
Concerned Personnel	• All outgoing correspondences are signed / noted by the Executive Director. • Update Logbook.

Prepared by: QEMR	Approved by: Executive Director

1.0 Objective:

To ensure that any *output* which does not conform to customer requirements is identified and controlled to prevent its unintended use or delivery and to ensure that appropriate action is taken when nonconforming *output* is detected *during or* after *the provision of services.*

2.0 Scope:

This procedure covers all activities related to the control of nonconforming *output* starting from the identification of nonconformity up to the monitoring of implemented action plan *including the consideration of risks associated with the process and resulting output based on the MIRDC Risk Management Plan and documented procedure on Risk Management Process.*

3.0 Definition of Terms:

Goods-Related Nonconformity refers to nonconformity arising from defects of the *output.*

Service-Related Nonconformity refers to nonconformity arising from non-fulfillment of the requirement of an intangible *service.*

Designated Function refers to Division/Section Chiefs, Unit Heads and concerned personnel responsible for identifying nonconforming *outputs.*

Waiver refers to a document signed by the customer in accepting the item/s which does not conform to *their* requirements. This waives all the rights and claims of the customer pertaining to any untoward incident that may occur due to the nonconformity to requirements of the *service* provided by the MIRDC absolving the Center from any criminal or civil liability.

4.0 Records:

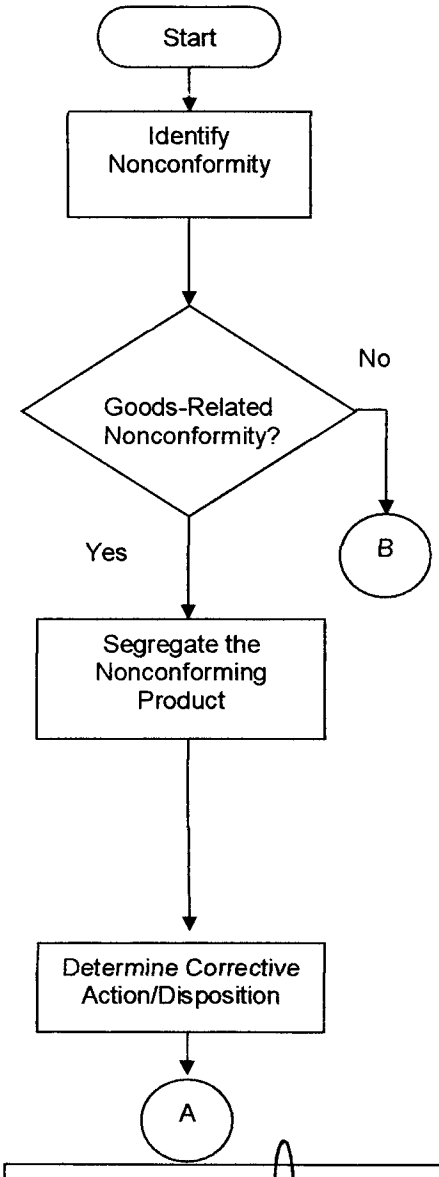
- Inspection and Monitoring Logbook
- Quality Plan Monitoring Logbook
- Waiver Form (MIRDC 013)
- Nonconformity and Corrective Action Report (MIRDC 018)
- *Candidate Risk Register*

5.0 References:

- PM-MIRDC *10-01* Corrective Action
- PM-MPRD *08-13* Release of R&D Project Output
- PM-MPRD *08-14* Release of Jobs
- PM-PD *08-09* Release of R&D Project Output
- Quality Plan

- *ISO 9001:2015 Standard*
- *RMP 06-01 Risk Management Plan*
- *PM-MIRDC 06-01 Risk Management Process*

6.0 Procedure



FLOW	PERSON RESPONSIBLE	DETAILS
A		
Authorize Disposition	Division Chief	• Evaluate the nonconformity which *may include analysis of design* margin; impact on functionality and safety; alternative applications; costs and lead times for rework, repair or return to supplier for subcontract jobs. • Based on the evaluation, the concerned Division Chief could authorize any of the following dispositions: use as is, return to supplier, scrap, rework or repair. • The concerned Division Chief shall notify affected group of the nonconformance and disposition.
Implement Disposition	Concerned Personnel	• Verify corrected product for conformity to the requirements *when non-conforming outputs are corrected.*
Approve Release of Product/s to Customer	Concerned Personnel	• Refer to PM-MPRD *08-14* (Release of Jobs). • Product/s which do not conform to requirements maybe authorized for *acceptance by the* customer *under concession, i.e. supported by a* Waiver.
End		

FLOW	PERSON RESPONSIBLE	DETAILS
B		
Conduct group discussions	Concerned Personnel	• Refer to PM-MIRDC *10-01* Corrective Action or Quality Plan, as appropriate. • Record nonconformity in the Quality Plan Monitoring Logbook whenever applicable.
Implement Action Plan	Concerned Personnel	
Effective? (No)		
Yes		
Continue Monitoring	Concerned Personnel	
End		

Prepared by:	QEMR	Approved by:	Executive Director

Table 1 - Responsibilities and Authorities in Raising and Processing Nonconformities

Sources of information for corrective action consideration	CODE	NC INITIATOR (Designated Function)	ACKNOWLEDGE NC	INVESTIGATE CAUSE & RECOMMEND CORRECTIVE ACTION	REVIEW/ APPROVE CORRECTIVE ACTION	IMPLEMENT CORRECTIVE ACTION	FOLLOW-UP CORRECTIVE ACTION
Internal audit finding / External audit finding	IAF EAF	Auditor	Auditee/ Process Owner	Auditee/ Process Owner	Section/ Division Chief	Auditee/ Process Owner	Auditor
Complaints from customer & other interested parties	CFC	Quality Manager/QMR/ EMR/DSR	DSR / Section Chief	Concerned Personnel	DSR/ Section Chief	Concerned Personnel	Quality Manager/QMR/ EMR/DSRs
Outputs from management review	OMR	Executive Director/ QEMR	QMR/EMR/DSR	Section Chief	QMR/EMR/DSR	Section Chief	Executive Director/ QEMR
Systems nonconformities which are not covered by internal audit	SNC	DSR	Concerned Personnel	DSR	DSR	Concerned Personnel	DSR
Process measurements/outputs from data analysis	PMO	DSR / MMG Head	Concerned Personnel	Concerned Personnel	Div/Sec Chief/ Unit Head	Concerned Personnel	Div/Sec Chief/ Unit Head / MMG Head
Legal noncompliance	LNC	EMR / DSR	PCO / Concerned Personnel	PCO / Concerned Personnel	EMR / DSR	PCO / Concerned Personnel	EMR / DSR

Prepared by: QEMR	Approved by: Executive Director

PROCEDURES MANUAL	PM-MIRDC	08-02
Metals Industry Research and Development Center	Revision No. 8	Page 1 of 5
Section: Operation	Effectivity Date: 10 October 2016	
Subject: **Handling of Customer Complaints**		

1.0 Objective:

To ensure that all customer complaints or feedback from interested parties whether goods- or service- related are properly attended to and immediately acted upon by the Center.

2.0 Scope:

This procedure covers all activities from the receipt of complaint up to the time the appropriate correction and corrective action are made *including the consideration of risks associated with the process and resulting output based on the MIRDC Risk Management Plan and documented procedure on Risk Management Process.*

3.0 Definition of Terms:

Goods-Related Complaint refers to complaint arising from defects on the product delivered.
m

Service-Related Complaint refers to complaint related to poor service such as incorrect billing, delay in delivery, misbehavior of front-line staff and support personnel including security guards, etc.

Formal Complaint written complaint received by the Center

Informal Complaint verbal complaint; recorded in the Customer Feedback Form (MIRDC 017)

4.0 Records

- Accomplished Customer Feedback Form (MIRDC 017) / Letter of Complaints
- Test/Inspection Report
- Letter of Correspondence
- Delivery Receipt
- Customer Feedback Monitoring List
- Summary of Customer Complaint
- *Candidate Risk Register*

5.0 References

- PM-PD *08-01* (Acceptance of Quoted and Actual Time Jobs)
- PM-PD *08-02* (Acceptance of Time Sharing Jobs)
- PM-PD *08-03* (Processing of Jobs)
- PM-PD *08-05* (Amendment and Cancellation of Projects and Jobs)
- PM-MPRD *08-01* (Acceptance of Jobs)
- PM-MPRD *08-04* (Conventional Casting Process)
- PM-MPRD *08-05* (Investment Casting Process)
- WI-MPRD *08-06* (Cancellation of Jobs)
- PM-MPRD *08-11* (Acceptance of Contract & Joint Research Projects)
- PM-MPRD *08-09* (Identification, Selection and Acceptance of GIA Projects).

Prepared by: QMR	Approved by: QEMR

- PM-MPRD *08-12* (Implementation of R&D Projects)
- PM-MPRD *08-06* (Processing of Heat Treatment Jobs)
- WI-MPRD *08-05* (Amendments of Jobs)
- WI-MPRD *08-06* (Cancellation of Jobs)
- PM-TDD-TABDS *08-01* (Job Acceptance)
- PM-TDD-ITS *08-02* (Job Acceptance)
- PM-TDD-TIPS *08-01* (Job Acceptance)
- PM-TDD- ITS *08-13* (Amendment and Cancellation of Jobs)
- PM-MIRDC *07-04* (Handling External Communications)
- *RMP-MIRDC 06-01 (Risk Management Plan)*
- *PM-MIRDC 06-01 (Risk Management Process)*

6.0 Procedure:

A. GOODS- RELATED COMPLAINT

FLOW	PERSON RESPONSIBLE	DETAILS
Start		
Receive Customer Complaint	Concerned Personnel	• Complaint maybe thru letter or filled-out Customer Feedback Form (MIRDC 017). • Forward copy of Letter/ Customer Feedback Form to concerned division/section. • If letter from customer, attach Customer Feedback Form (MIRDC 017) and fill-out relevant portions. • Assign control number and record on the Customer Feedback Monitoring List (MIRDC 028). • Control Number structure: AAAA-BBB-XXX where: AAAA – Division BBB – Organizational Section XXX - Running Number
Discuss Nature of Complaint	Concerned Section/Division Chief	• Review feedback/complaint and get more details, if necessary. • Advise customer to return products whenever applicable. Acknowledge receipt of the
A		

FLOW	PERSON RESPONSIBLE	DETAILS
		returned products. Use Property Entry / Exit Slip (MIRDC 003).
A		• Discuss result with Chief of Concerned Division.
Conduct verification	Concerned Section/ Division Chief	• Prepare Test/ Inspection Report (MPRD 023 and MPRD 040), if applicable. • Fill-out the appropriate portion of the Customer Feedback Form (MIRDC 017) • Attach Accomplished Test/Inspection Report, if any. • Issue NCAR (MIRDC 018) if customer complaints recurred more than three times.
Inform customer of the findings/recommendation	Concerned Section/ Division Chief	• Prepare written communication. Refer to PM-MIRDC *07-04* Handling External Communication. • Rework/Replace product whenever necessary. Refer to PM-PD *08*-01, PM-PD *08*-02, PM-PD *08*-03, PM-MPRD *08*-01, PM-MPRD *08*-02, PM-MPRD 08-03, PM-MPRD *08*-01, PM-MPRD *08*-03, PM-MPRD *08*-08, PM-MPRD *08*-09, PM-MPRD *08*-10. • For Job Cancellation, Refer to WI-MPRD *08*-06 / PM-PD *08*-05 / WI-MPRD *08*-05.
Prepare a Monthly Report on Summary of Customer Complaint	DSR	• Submit the Summary of Customer Complaint to QMR to be presented during Management Review.
End		

Prepared by: QMR	Approved by: QEMR

FLOW	PERSON RESPONSIBLE	DETAILS

B. SERVICE-RELATED COMPLAINT

FLOW	PERSON RESPONSIBLE	DETAILS
Start		
Receive Customer Complaint	Frontline Staff of Concerned Division	• Complaint maybe thru letter or filled-out Customer Feedback Form (MIRDC 017). • Complaints filed by other person aside from the complainant are also accepted as long as the complainant is identified on the Customer Feedback Form (MIRDC 017). • If letter from customer, attach Customer Feedback Form (MIRDC 017) and fill-out relevant portions. • Forward copy of Customer Feedback Form to concerned Division Chief. • Assign Control Number and record on the Customer Feedback Monitoring List (MIRDC 028). • Control Number structure: AAAA-BBB-XXX where: AAAA – Division BBB – Organizational Section XXX - Running Number
B		
Discuss Customer's Feedback with concerned unit	Concerned Division Chief	• Customer's Complaint must be acted upon within 15 working days. • Concerned Division Chief approves action to be taken. • Issue NCAR (MIRDC 018) if customer complaints recurred more than three times.
A		

FLOW	PERSON RESPONSIBLE	DETAILS
A		
Take Appropriate Correction/ Corrective Action	Concerned Unit	
Effective? — No → B		
Yes		
Inform Customer / Interested Party	Concerned Unit	• Gives feedback to customer or interested party through written communication. Refer to PM-MIRDC *07-04* Handling External Communication.
Prepare a Monthly Report on Summary of Customer Complaint	DSR	• Monitor the status of Customer Feedback. • Submit the Summary of Customer Complaint to QMR to be presented during Management Review.
End		

Prepared by: QMR	Approved by: QEMR

1.0 Objective:

To monitor the level of customer's satisfaction with MIRDC services and to identify opportunities for improvement through a well-designed customer satisfaction feedback mechanism.

2.0 Scope:

This procedure covers all activities from the preparation of Customer Satisfaction Survey form up to the time decisions are made on the result of the survey conducted. This includes the following service areas of MIRDC:

a. Testing and Calibration
b. Technical Consultancy
c. Research and Development
d. Library
e. Resource and Facility Sharing
f. Technology Transfer and Commercialization

3.0 Definition of Terms:

Customer Satisfaction Survey (CSS) Form – refers to the form purposely designed for the conduct of customer satisfaction survey.

Customer – a person, company, organization, institution or other entity that avails of the services provided by the Center.

Concerned Personnel – designated staff by service area of the Center specifically assigned to attend to the immediate needs and inquiries of customers.

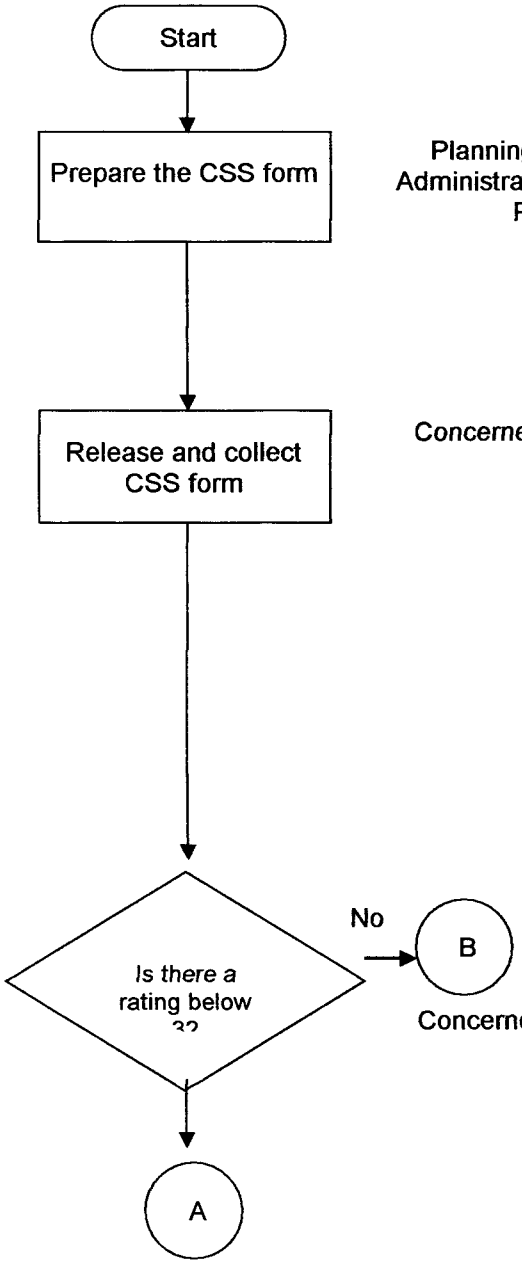
4.0 Records:

- Accomplished Customer Satisfaction Survey Form
- Customer Satisfaction Measurement Report

5.0 Reference:

- **ISO 9001:2015 Standard**

6.0 Procedure



FLOW	PERSON RESPONSIBLE	DETAILS
A		
Provide appropriate action	Concerned Personnel/ Division/Section Chief	• Record recommended action. Use back portion of Customer Satisfaction Survey Form (MIRDC 033).
B		
Monitor and consolidate survey responses	Planning Officer II/ Administrative Officer V, PMD	• Consolidate and summarize survey responses and customers' feedback/comments. • Monitor submissions of accomplished CSS forms. • Prepare and issue memo to DSRs signed by QMR on status of CSS submissions a month after end of each quarter. • DSRs are advised to prepare NCAR for non-attainment of target submission for CSS.
Evaluate and analyze survey results	Planning Officer II/ Administrative Officer V, PMD Concerned Division/Section	• Prepare quarterly report on CSM survey results. • Conduct gap analysis every quarter and identify Priorities for Improvement.
Present CSS Results and Analysis	QMR	• Present CSS results and analysis in ManCom meetings and Management Review. • Provide appropriate recommendations for continuous system improvement. • Form a satisfaction improvement loop by going back to the initial activity.
End		

1.0 Objective:

To ensure continuous *conformance* to the planned arrangement with the Center's QEMS and LMS according *the requirements* of *ISO 9001:2015,* ISO/IEC 17025:2005 and ISO 14001:2004.

2.0 Scope:

This procedure covers all activities from the preparation of an internal audit program up to its monitoring and review.

3.0 Definition of Terms:

Audit cycle refers to audit activities from planning/initiating the audit up to conducting audit follow-up of a particular scheduled audit.

Auditor refers to a qualified person who has undergone trainings on ISO standards and Internal Audit whose roles and responsibilities are to:

- Cooperate with the Audit Team Leader,
- Prepare for the audit e.g. understanding the documented *information* of the auditee,
- Participate in the Opening and Closing Meeting,
- Conduct audit,
- Explain any nonconformity and observation raised by the auditee,
- Complete the audit punctually,
- Prepare the audit records (NCAR),
- Report what happened during the audit and audit results to the audit team leader,
- Train the auditor-in-training to ask questions and be on track during the audit,
- Help the audit team leader to prepare the audit report, and
- Keep confidentiality about the audit.

Audit Team Leader refers to qualified person who has undergone trainings on ISO standards and Internal Audit whose roles and responsibilities are to:

- Determine the composition of Audit Team in consultation with the IA Head,
- Conduct Opening and Closing Meeting,
- Prepare Notice of Audit,
- Prepare the Audit Plan,
- Lead the audit process,
- Prepare the Consolidated Audit Report, *and*
- Prepare the Audit Conclusion.

Auditor-in-Training refers to a qualified person who has undergone trainings on ISO standards and Internal Audit whose roles and responsibilities are to:

- Assist the auditor in the conduct of audit,
- Allow the auditor to conduct the start of interview,
- Make follow-up questions to support the interview of auditor, *and*
- Assist the auditor in the preparation of audit findings.

LMS refers to Laboratory Management System established in accordance with ISO/IEC 17025.

Unscheduled audit refers to unplanned and announced audit. This is the result of unforeseen events or major changes and may require an immediate investigation.

4.0 Records:

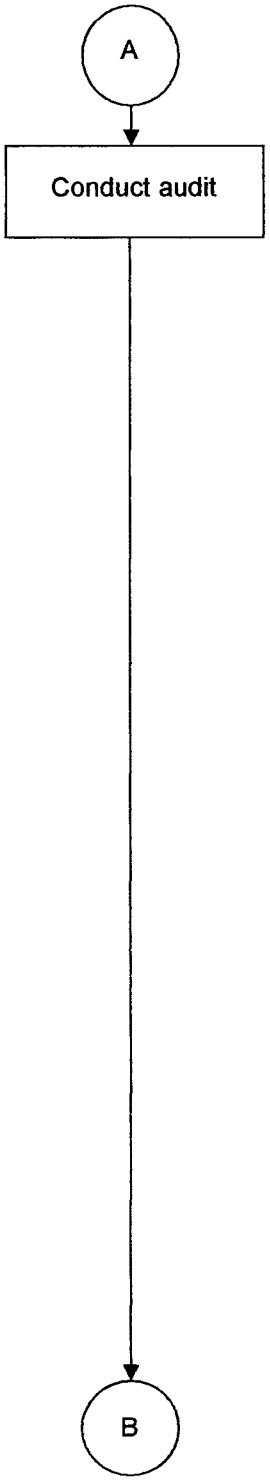
- Annual Internal Audit Program
- Notice of Audit
- Audit Checklist
- Consolidated Audit Findings
- Nonconformity and Corrective Action Reports
- Internal Audit Observation Reports
- Summary Report of Audit Nonconformities
- Minutes of the Meeting of the Annual Audit Program Review
- Memorandum on the Annual Audit Program Review Report to Top Management/ATD Quality Manager
- Internal Auditor Performance Rating (QEMS/LMS)

5.0 References:

- PM-MIRDC *09-03* (Management Review)
- PM-MIRDC *10-01* (Corrective Action)
- WI-MIRDC *09-01* (How To Evaluate Internal QEMS And LMS Auditors)?
- List of Qualified Auditors
- *ISO 9001:2015 Standard*
- ISO/IEC 17025:2005 Standard
- ISO 14001:2004 Standard
- ISO 19011:2011

6.0 Procedure

FLOW	PERSON RESPONSIBLE	DETAILS
Start		
Prepare an internal audit program	Head, Internal Audit Committee	• Establish the objective/s and extent of the audit program. • Determine the schedules, dates and assign audit teams for all auditable processes and areas. Appoint Audit Team Leader for each audit. Refer to List of Qualified Auditors. • Unscheduled audit will be performed when the QEMR/ATD Quality Manager sensed that the practice deviates from what is documented or when the QEMS and LMS are no longer effective.
Approve internal audit program	QEMR/ATD Quality Manager	• Review and revisions on the Internal Audit Program are conducted every January and/or July of the year.
Notify the auditee	Audit Team Leader	• Prepare notice of audit indicating date and time of audit and the assigned auditors. Notification is done at least five (5) working days before the first day of audit.
Confirm audit schedule	Auditee/Process Owner	• Reschedule audit if there are unforeseen events.
Perform pre-audit activities	Auditors	• Gather preliminary information by: - reviewing previous audit results - reviewing QEMS/LMS documents • Prepare the audit checklist following the PDCA cycle. • Audit Team Leader reviews the audit checklist. Checklist of Audit Team Leader is reviewed by the QEMR/ATD Quality Manager.
A		



Audit Team Leader/
Auditors/
Auditors-in-Training/
Observer

- Audit Team Leader facilitates the opening meeting to review the scope and objectives of the audit between the audit team and auditees.
- Explain the classification of findings as follows:
  - For QMS

    MAJOR NONCONFORMITY is the absence or the total breakdown of a system to meet the requirements of a clause of the reference standard (ISO 9001:2015). A number of minor nonconformities tested against one clause can represent a total breakdown of a system and thus be considered a major nonconformity.

    MINOR NONCONFORMITY is either a failure to meet one requirement of a clause of the reference standard (ISO 9001:2015) or a single observed lapse in the following one item of company procedure.

    OBSERVATION pertains to other comment not classified as nonconformity but could be a potential problem (weakness) or area for improvement (opportunity for improvement).

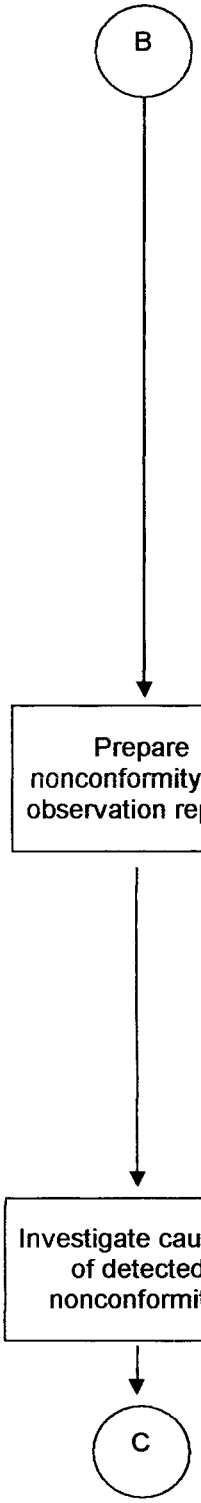
  - For LMS

    HIGHLY SIGNIFICANT NONCONFORMITY is a nonconformity where the credibility of the accreditation is seriously threatened.

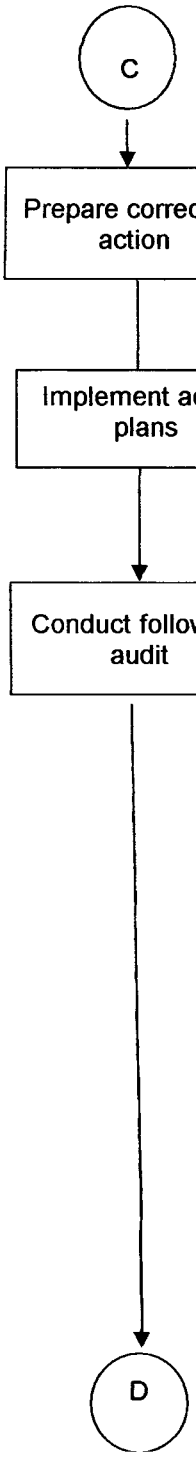
    SIGNIFICANT NONCONFORMITY pertains to a number of related minor nonconformities observed which are judged to be an unacceptable quality risk without constituting an overall system failure in the area concerned.

    MINOR NONCONFORMITY is a nonconformity which is isolated and does not affect test or calibration results or certificates.

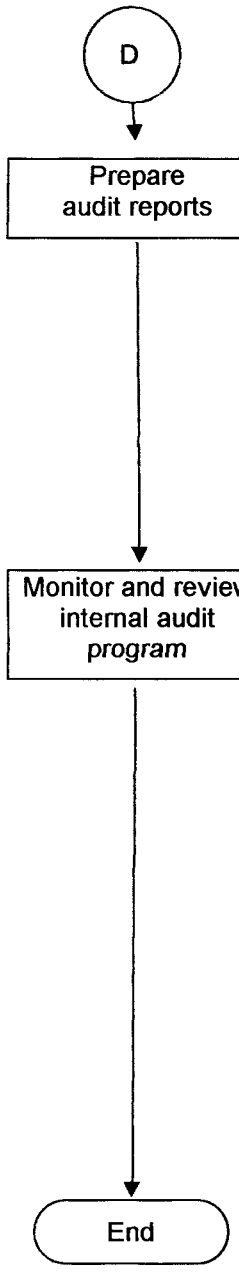
    OBSERVATION pertains to other comments not classified as nonconformity but could be areas for improvement on the operation s of the laboratory.



Auditors	• Perform audit through observations and interviews. • Evaluate/analyze findings. • Give feedback on: - nonconformities - potential problem areas - any problem experienced • Audit Team Leader prepares Consolidated Audit Findings (IA 004 or IA 005) to be submitted to QEMR/ATD Quality Manager. The Audit Team Leader facilitates the conduct of closing meeting as scheduled and discusses the schedule for corrective action implementation. • Each auditor of respective areas presents the detailed report of the findings.
Audit Team Leader/ Auditors	• Record nonconformities in the Nonconformity and Corrective Action Report (MIRDC 018) & observations in the Internal Audit Observation Report (IA 001). • For LMS, record observations in the NCAR instead of the Internal Audit Observation Report (IA 001). • Submit MIRDC 018 and IA 001 two working (2) days after the last day of audit to the DSR/Section Chief of auditees/process owners. • Disagreement on any findings will be elevated for management review. Refer to PM-MIRDC 09-03 (Management Review).
Auditee/Process Owner	• The investigation of the cause of detected nonconformity must be completed within five (5) working days after receipt of MIRDC 018.



Auditee/Process Owner	• Refer to PM-MIRDC *10-01* (Corrective Action). • Fill out MIRDC 018 to show any necessary corrections, corrective action plans, completion date and responsible person. • For LMS, fill out MIRDC 018 for the observations
Auditee/Process Owner/ Auditors	• Concerned DSR monitor implementation. • DSRs will continuously monitor the effectiveness of the action plans.
Auditors	• First follow-up audit is conducted within a week after the identified completion date of corrective action by the respective auditors. • If no evidence of implementation of corrective action exists, a new follow-up date is agreed upon by the Auditor and process owner/auditee. • After 2 follow-up visits in the area and the auditee is not available or cannot show evidence of implementation of corrective action, report it as open. • Record results in the 1st Follow-up Results portion of MIRDC 018. • Follow-up of effectiveness is conducted within two (2) months after the completion date of NCARs • When there is objective evidence that the corrective action is effective, the nonconformity report is closed out. • Record results in the 2nd Follow-up Results portion of MIRDC 018. • After second follow-up and still there is no evidence to show the effectiveness of corrective action, the nonconformity is elevated to the QEMR/QMR/ATD Quality Manager for appropriate action.



Audit Team Leader/ Internal Audit Committee

- To check the effectiveness of the corrective action, the auditors check the recurrence of the same findings during the conduct of the next Internal Audit.
- Document all results in the Summary Report of Audit Nonconformities (IA 006 & IA 007) to include the latest follow-up audit and submit to the QEMR/ATD Quality Manager one (1) day prior to Management Review.
- The Summary Report of Audit Nonconformities is updated, analyzed and submitted to QEMR/ ATD Quality Manager one week prior to the next scheduled audit to close the established audit cycle.

Internal Audit Committee

- The Head of Internal Audit Committee files the audit reports.
- Evaluate Internal Auditors performance based on their competencies. Refer to WI-MIRDC *09-01* (How to Evaluate Internal QEMS and LMS Auditors).
- Monitor and review the implementation of the audit program on the first month of the following year to assess whether the objectives have been met and to identify opportunities for improvement and needs for *corrections and* corrective actions.
- Agenda of the review includes the checking of the List of Qualified Auditors. *The list is* updated every January and/or July of the year.
- Report results to QEMR/ATD Quality Manager.

1.0 Objective:

To ensure that management conducts periodic review of the quality management system to determine its continuing suitability, adequacy, effectiveness *and alignment with the strategic direction of the Center.*

2.0 Scope:

This procedure covers all activities involving the conduct of management review for the Center's Quality Management System.

3.0 Definition of Terms:

DCC – refers to the Document Custodian of the Center

Asst. DCC – refers to the Asst. Document Custodian of the Center

QMR – refers to Quality Management Representative

QEMR refers to Quality and Environmental Management Representative.

TQM Steering Committee refers to a committee composed of top management, Quality and Environmental Management Representative, Quality Management Representative, Environmental Management Representative, Division/Section Representatives, Safety Officer, Internal Audit Committee *Head,* 5S/QIT/ESP Committee Chairperson and Document Custodian of the Center and Asst. DCC.

Top Management refers to the Executive Director and Deputy Executive Directors of *Technical Services and Research & Development.*

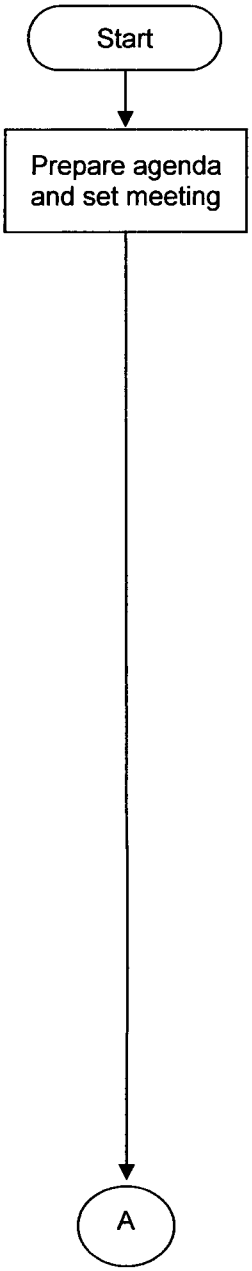
4.0 Records:

- Notice of the Management Review Meeting
- Minutes of the Meeting

5.0 Reference:

- *ISO 9001:2015 Standard*

6.0 Procedure

FLOW	PERSON RESPONSIBLE	DETAILS
	QEMR	• Prepares schedule and agenda for the meeting and gets approval of TQM Steering Committee Chairperson. • The agenda includes the following: - *status of actions from previous management;* - *changes in external and internal issues that are relevant to the QMS;* - *information on the performance and effectiveness of the QMS* - *trends in:* *1.) customer satisfaction and feedback from relevant interested parties;* *2.) the extent to which quality objectives have been met;* *3.) process performance and conformity of products and services;* *4.) nonconformities and corrective actions;* *5.) monitoring and measurement results;* *6.) audit results;* *7.) the performance of external providers* - *the adequacy of resources;* - *the effectiveness of actions taken to address risks and opportunities; and* - *opportunities for improvement* • May call for Management Review Meeting

FLOW	PERSON RESPONSIBLE	DETAILS
A		
Conduct management review	TQM Steering Committee Chairperson	• Call meeting to order. • Read and approve minutes of previous meeting. • Discuss new agenda. • The output from the management review includes any decisions and actions related to: a) *opportunities for improvement;* b) *any need for changes to the quality management system; and* c) resource needs.
Prepare minutes of the meeting	DCC/ Asst. DCC	• The minutes of the meeting is reviewed by QEMR and approved by the TQM Steering Committee Chairperson.
Disseminate/file minutes of meeting	DCC/ Asst. DCC	• Disseminate minutes of meeting within 2 weeks after conduct of Management Review. • The QMR and EMR monitor actions taken and its effectiveness on the documented plan of action.
End		

1.0 Objective:

To ensure that all nonconformities to the existing QEMS and LMS are identified, investigated, and where appropriate, addressed to eliminate the cause in order to prevent recurrence and to mitigate any environmental impacts.

2.0 Scope:

This procedure covers all activities from identifying and recording all nonconformities up to monitoring of the implementation of corrective action and evaluating its effectiveness.

3.0 Definition of Terms:

Designated Function refers to the initiator of nonconformity report.

Concerned Personnel refers to the person or group of persons responsible for determining appropriate corrective action.

4.0 Records

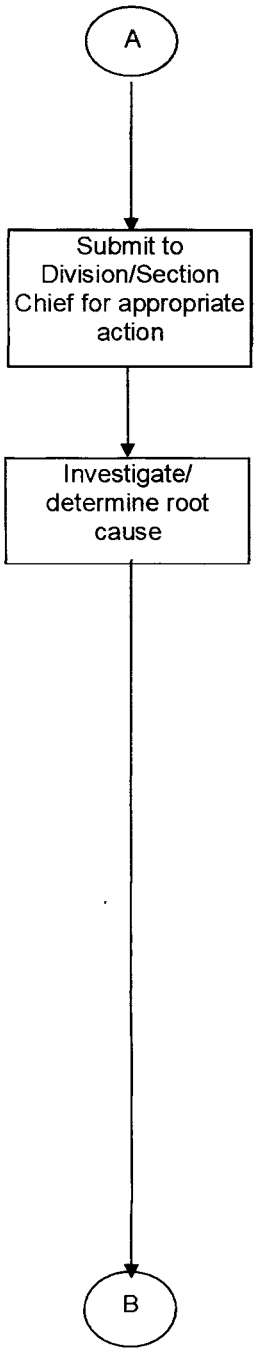
- Nonconformity and Corrective Action Report

5.0 References

- PM-MIRDC *07*-01 (Control of Document)
- PM-MIRDC *09-02* (Internal Audit)
- ISO 9001:*2015* Standard
- ISO 14001:2004 Standard
- ISO/IEC 17025:2005 Standard

6.0 Procedure

FLOW	PERSON RESPONSIBLE	DETAILS
Start		
Describe the nonconformity	Designated Function (refer to Table 1)	• Nonconformities relating to the Center's QEMS and LMS may include but not limited to the following: - complaints from customer or interested parties, - internal / external audit findings, - systems nonconformity which are not covered by internal audit, - outputs from management review, - outputs from data analysis, - outputs from satisfaction measurements, - relevant QEMS records, - process measurements, - legal nonconformities, and - Objectives, targets and programs not met or not done as planned. • All nonconformities are documented in the prescribed form (MIRDC 018) within 2 working days upon detection of the problem/s.
A		



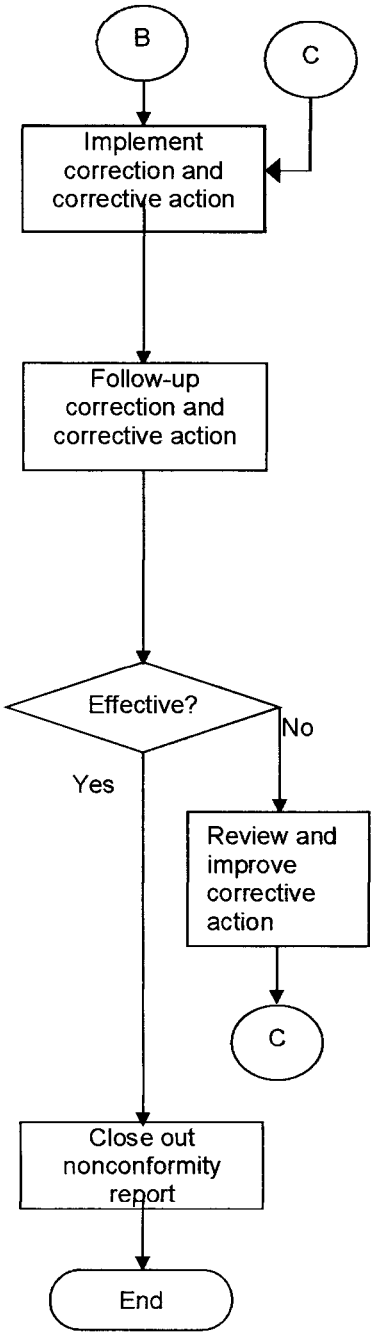
Designated Function (refer to Table 1)

- Assign control number as: XX-AAA-BBB where,

  XX - Year
  AAA – *Code refer to* Table 1
  BBB – Running number

- Division/Section Chief assigns personnel responsible for determining corrective actions.

- The investigation of the cause of nonconformity, including the determination of *any* necessary corrections *and* appropriate corrective action must be completed within 5 working days upon receipt of the nonconformity report.
- Corrective action to be taken must eliminate the cause of nonconformity to prevent recurrence of the problem.
- All necessary corrections and corrective actions are documented in the Nonconformity & Corrective Action Report (MIRDC 018) received indicating the person responsible and target completion date.
- Corrective action, where necessary, includes mitigating action and prevents recurrence of the problem.



Designated Function (refer to Table 1)

Designated Function (refer to Table 1)

Concerned Personnel

Designated Function (refer to Table 1)

- When corrective action results to a change in procedure, QMR/EMR/DSRs/Process Owner initiates a revision of the relevant document in accordance with document control procedure. Refer to PM-MIRDC *07-01* (Control of Document).
- Correction and corrective actions are followed-up a day after the completion dates. Succeeding follow-up is conducted until the completion of correction and corrective action is implemented.
- Another follow-up is conducted a month after the completion of corrective action to check its effectiveness.
- In the event that corrective action is found not effective, conduct further review. Analysis is conducted until a satisfactory solution is reached. In which case, another nonconformity report is raised by the function making the follow-up.

Table 1 - Responsibilities and Authorities in Raising and Processing Corrective Action

Sources of information for corrective action consideration	CODE	NC INITIATOR (Designated Function)	ACKNOWLEDGE NC	INVESTIGATE CAUSE & RECOMMEND CORRECTIVE ACTION	REVIEW/ APPROVE CORRECTIVE ACTION	IMPLEMENT CORRECTIVE ACTION	FOLLOW-UP CORRECTIVE ACTION
Internal audit finding / External audit finding	IAF EAF	Auditor	Auditee/ Process Owner	Auditee/ Process Owner	Section/ Division Chief	Auditee/ Process Owner	Auditor
Complaints from customer & other interested parties	CFC	Quality Manager/QMR/ EMR/DSR	DSR / Section Chief	Concerned Personnel	DSR/ Section Chief	Concerned Personnel	Quality Manager/ QMR/ EMR/DSRs
Outputs from management review	OMR	Executive Director/ QEMR	QMR/EMR/DSR	Section Chief	QMR/EMR/DSR	Section Chief	Executive Director/ QEMR
Systems nonconformities which are not covered by internal audit	SNC	DSR	Concerned Personnel	DSR	DSR	Concerned Personnel	DSR
Process measurements/outputs from data analysis	PMO	DSR / MMG Head	Concerned Personnel	Concerned Personnel	Div/Sec Chief/ Unit Head	Concerned Personnel	Div/Sec Chief/ Unit Head / MMG Head
Legal noncompliance	LNC	EMR / DSR	PCO / Concerned Personnel	PCO / Concerned Personnel	EMR / DSR	PCO / Concerned Personnel	EMR / DSR

Prepared by: QEMR	Approved by: Executive Director