|  |  |
| --- | --- |
| **Relevant Standard** |  |
| * Lead Auditor Please follow the client processes to prepared the following two forms * This audit programme is to be prepared by the Lead Auditor at the completion of the Stage 2 audit or the Recertification audit. It should be replicated in all subsequent surveillance visit reports. * Where an element(s) of the programme cannot be completed at a given visit the programme shall be amended and up-issued accordingly to ensure coverage at the following visit * Site visits are to be included in the programme with a clear indication as to the processes intended to be sampled. | |

|  |
| --- |
| Process Approach Details of process Map |
| Including input & output |
| MP1 Business management Process  *Understanding the organization and its context / Understanding the needs and expectations of workers and other interested parties / Scope of operations /* *OH&S management system*  *Leadership and commitment / OH&S policy / Organizational roles, responsibilities and authorities / Consultation and participation of workers*  *Actions to address risks and opportunities / Hazard identification and assessment of risks and opportunities / Determination of legal requirements and other requirements / Planning action*  MP2 Continual Improvement  *OH&S objectives and planning to achieve them*  **Performance evaluation:** *Monitoring, measurement, analysis and performance evaluation / Internal audits / Management review*  **Improvement:** *Incident, nonconformity and corrective action / Continual improvement*  SP1 Support process- Admin / DCC  **Support:** *Resources / Competence / Awareness / Communication / Documented information*  COP1 Operation process  *Operational planning and control / Emergency preparedness and response*  The system cord process - Engineering inspection  Received order -> Manpower input to project -> Engineering inspection -> Project handover.  The system cord process - Environmental and Safety Management training  Received order -> Design training program -> Planning -> Lecture freelance selection -> Prepare training course -> Training |

**Process Audit Record**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Process name: | Business management Process | **Process Owner** | Mr.Kittirat |
| **KPI Measurements(s)** |  | **Auditor (if applicable)** | Manat S |
| **Documentation reviewed** | Quality Manual: QM-01 | | |
| **Equipment** |  | | |
| Evidence to support audit conclusion (inputs/outputs/ Process observations ):  LANTA CRUISE CO.,LTD  78 MOO 8 T. Koh klang, A. Kohlanta , Krabi 81120 Thailand  Meeting conducted : Global Energy Technology Solution Co.,Ltd AndCorrocide Co.,Ltd  ม  Audit conducted as per audit plan.  Site tour made with Mr.Kittirat  Member :  Mr.Kittirat > MD  Mr.Kittirat MD  Ms.Supaporn Admin  Mr.Segoonbala QA  Mr.Adisorn Production  Others as attendance sheet Company demonstrated leadership and commit with respect to the ISO9001:2015 and ISO 14001:2015 by   * Mr.Kiitarat > MD taking accountability for the effectiveness of the ISO9001:2015 and ISO14001:2015 system. * Quality policy and Quality objectives were established and these matters are compatible with context and strategic direction of company also these matters were communicated throughout the company. * Company already integrated ISO9001:2015 within ISO14001:2105 requirements into the company’s business processes, identified in the Quality manual. * Resources were appropriate for implementation and maintenance of the ISO900:2015 & ISO14001:2105 system. * Communication the importance of effective quality management and of conforming to the ISO9001:2015 & ISO14001:2105 requirements. * Ensuring that the ISO9001:2015& ISO14001:2105 system achieves its intended result through Management Review activity. * Supporting other relevant management roles to demonstrate their leadership as it applied to their areas of responsibility.   Policy is “ Commitment of customer need and respond for customer satisfaction , We are continued improvement best on international standard .  **Vision by Mr. Kittirat > MD**   * + Put the knowledge to people   + Specified of inspection process   + Specified in safety of work   + The manpower and machine is ready .   + Focus on large customer พัฒนาบุคลากรในขีดความสามารถด้านมาตรฐานทั่วไป > ขั้นตอนการ Policy is * Policy was established and complied with the specified requirements. * The policy was communicated throughout the company by meeting, posted on the information boards of company. The all employee acknowledged the policy.   Policy was approved by Mr.Vichanont H – MD   * Policy was established and complied with the specified requirements. * The policy was communicated throughout the company by meeting, posted on the information boards of company. The all employee acknowledged the policy.   Organization Chart consists of all positions on Quality Manual :QM-01 Rev.00 page 10/31 eg.,  MD, QMR, PD Mgr., Sales & MKT , QA Mgr , Maintenance , Safety …etc. 🡪 done   * Job Descriptions were established for all positions and distributed to each department. * Mr.Kittirat > MD take responsibility and authority for   1) Ensuring that QMS conforms to the requirements of ISO9001:2015 & ISO14001:2015 standard.  2) Ensuring that the processes are delivering their intended outputs.  3) Ensuring the promotion of customer focus throughout the organization.  4) Ensuring that the integrity of the QEMS is maintained when changes to the QEMS are planned and implemented.   |  | | --- | | The company has formed the system and willing to comply to all specified requirements  Quality management system  The company had prepared the system using a quality manual, documented procedure, supporting documents, forms, etc. and being implemented throughout the company. | | General Requirement  Quality Manual-ISO : Quality Manual :QM-01 Rev.00Issue date 5- Jan – 2020  All QEMS documents are available and benefit  Document and Require found implementation the system   * Policy /Objective target been established on year 2020 * Procedure and relevant standard required as identified in the document control master list   QM=1 (QM-ISO9001:2015&ISO14001:2015 )  QP=12  WI= 6  Scope of registration “Ship design , Shipyard and service maintenance”   * All processes needed for the QEMS system and their interaction are identified in the Quality manual. | | | | |
| Conclusion of the overall effectiveness of the process Process / Audit Area satisfactory | | | |

**(4) Context of the organization**

**(4.1) Understanding the organization and its context**

Internal and External issued fully identified, this list established on Jan.5’20.

|  |  |  |  |
| --- | --- | --- | --- |
| **Internal/External** | **Aspects** | **Risk evaluation** | **Countermeasure** |
| Lanta cruise Co.,Ltd And | Failure quality | Medium | 1.Quality control :QP-QC-01 Rev. 00  2.Operation and Test back : QP-PD-01 Rev. 00 |
| Mistake review order | Medium | Customer Order Receiving and Review : QP-MK-01 Rev. 0 |
| Plan not match with PO | Medium | Customer Order Receiving and Review : QP-MK-01 Rev. 0 |
| External provider (External) | Material delivery not on time | Medium | External provider control : PU-01 Rev. 0 |
| Failure quality | Low | No need |
| Customer (External) | Delivery not on time | Low | No need |
| Failure quality | Low | No need |
| Community (External) | Complaint pollution and nuisance issues | Low | No need |
| Regulator (External) | Illegal issues | Low | No need |

The company has established the monitor and review information about these external and internal

Issue sat least once a year.

**(4.2) Understanding the needs and expectations of interested parties**

Company determined the interested parties and the requirements of these interested parties that are relevant to the

QMS fully identified.

Understanding the needs and expectations of interested parties list established on Jan.5’20.

|  |  |  |  |
| --- | --- | --- | --- |
| Interested parties | Obligations | | |
| Requirement | Legal | Statutory and regulatory requirements |
| Lanta cruise Co.,Ltd | Contract | N/A | NA |
| External provider (External) | Contract | N/A | NA |
| Customer (External) | Contract | N/A | NA |
| Community (External) | N/A | N/A | Depend on each customer location |
| Regulator (External) | N/A | N/A | N/A |

The company has established the monitor and review information about these interested parties

Issue sat least once a year.

***(4.3) Determining the scope of the quality management system***

***QMS registration scope :*** “Ship design , Shipyard and service maintenance”

*QEMS scope : was identified in Quality Manual : QM-01*

|  |  |  |
| --- | --- | --- |
| *Requirement* | *Document No.* | *Established* |
| *Determining the scope of the QMS* | *QM-01 Rev.01* | *5/0/2020* |

* *Scope of registration is defined in the manual.*
* *Procedures were referent to each ISO requirement mentioned in the manual.*
* *The “Business process” was established and defined in the manual, aiming at identifying the business overview.*

***(4.4) Quality management system and its processes***

*All processes needed for the QEMS system and their interaction are identified in the Quality manual.*

*Company does not have the out-sourced process.*

*Quality manual QM-01.-same version previous the visit.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Process name: | **Leadership and commitment** | **Process Owner** | MD |
| **KPI Measurements(s)** |  | **Auditor (if applicable)** | Manat S |
| **Documentation reviewed** | **QM-01** | | |
| **Equipment** |  | | |
| Evidence to support audit conclusion (inputs/outputs/ Process observations ):  **(5) Leadership**  **(5.1) Leadership and commitment**  **(5.1.1) General**  Company demonstrated leadership and commit with respect to the QEMS by   * Mr.Kittirat – MD taking accountability for the effectiveness of the QEMS. * Quality policy and Quality objectives were established and these matters are compatible with context and strategic direction of company also these matters were communicated throughout the company. * Company already integrated QEMS requirements into the company’s business processes, identified in the Quality manual. * Promoting the use of the process approach and risk-based thinking. * Resources were appropriate for implementation and maintenance of the QEMS. * Communication the importance of effective quality management and of conforming to the QEMS requirements. * Ensuring that the QEMS system achieves its intended result through Management Review activity. * Engaging, directing and supporting persons to contribute to the effectiveness of the QEMS. * Promoting improvement. * Supporting other relevant management roles to demonstrate their leadership as it applied to their areas of responsibility.   **(5.1.2) Customer focus**   * Proposal review procedure & Customer satisfaction surveys have been implemented to ensure that customer requirements are fulfilled.   **(5.2) Policy**  **(5.2.1) Establishing the quality policy**  **(5.2.2) Communicating the quality policy**  Policy is  “ Commitment of customer need / And respond for customer satisfaction / We are continued improvement best on international standard “  Policy was approved by Mr.KIttirat – MD and announced on Jan .5’20   * Policy was established and complied with the specified requirements. * The policy was communicated throughout the company by meeting, posted on the information boardsof company. The employee acknowledged the policy.   **(5.3) Organizational roles, responsibilities and authorities**   * Organization Chart consists of all positions (5 layers) : * MD MGR Production  HR  Purchase  Account  MKT QC Engineering > Store * QMR and DC Appointment of ISO 9001:2015 & ISO14001:2015 Lanta cruise CO., LTD. , Notice 01/2010 * Approved by Mr.Kittirat . * Job Descriptions were established for all positions and distributed to each department. * Mr.Kittirat – MD and vice president take responsibility and authority for * 1) Ensuring that QEMS conforms to the requirements of ISO9001:2015 standard. * 2) Ensuring that the processes are delivering their intended outputs. * 3) Reporting on the performance of the QEMS and on opportunities for improvement, in particular * to MD. * 4) Ensuring the promotion of customer focus throughout the organization. * 5) Ensuring that the integrity of the QEMS is maintained when changes to the QEMS are planned and * implemented. | | | |
| Conclusion of the overall effectiveness of the process Process / Audit Area satisfactory | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Process name: | COP1 Operation process | **Process Owner** |  |
| **KPI Measurements(s)** |  | **Auditor (if applicable)** |  |
| **Documentation reviewed** |  | | |
| **Equipment** |  | | |
| **(6) Planning**  **(6.1) Action to address risk and opportunities**  The following procedures were established to control this process.   |  |  |  | | --- | --- | --- | | Requirement | Document No. | Established | | Action to address risk and opportunities | **QP-QMR-06** Rev.00 | 5/01/2020 | | | | |
| Procedure-same version previous the visit.  Procedure established where all activities required by the standard requirement have been addressed and fulfilled.  Sampling risk assessment list issued on 5/01/2020  Risk assessment table   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Occurrence | H | M | U | R | | Severity | (Highly) | (Moderately) | (Unlikely) | (Rarely) | | C (Critical) | Risk high | Risk high | Risk high | Risk medium | | S (Serious) | Risk high | Risk high | Risk medium | Risk low | | M (Minor) | Risk medium | Risk medium | Risk medium | Risk low | | N (Negligible) | Risk low | Risk low | Risk low | Risk low |   Risk high : Need action to prevent or reduce risk.  Risk medium: May be need action to prevent or reduce risk if necessary or monitoring process need.  Risk low : No need action.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Process** | **Failure Mode** | **Effect of failure** | **S** | **Causes** | **O** | **Current control** | **Risk level** | **Action** | | Receive  PO | Mistake review order | Delivery not on time | S | Not check current plan before received order | U | Check current plan before received order | Medium | Customer Order Receiving and Review :QP-MK-01 Rev. 0 | | Operation and service planning | Plan not match with PO | Cannot delivery | S | Not review PO before planning | U | Review PO before plan | Medium | Operation and service planning no. QP-PD-01 Rev. 0 | | Purchase mat’l | Mat’l delivery not on time | Operation and service process delay | S | Delivery performance of external provider is low | U | Evaluation delivery performance of external provider by yearly | Medium | External provider control :QP- PU-01 Rev. 0 | | Operation and service | Failure quality | Complaint from customer | C | Operation and service control parameter out of spec. | R | Sampling check parameter before start Operation and service process | Medium | 1.Quality control : QP-QC-01 Rev. 0  2.Operation and service planning no. QP-PD-01 Rev. 0 | | Operation and service | Noise from operation effect to Community | Complaint nuisance issues | M | Noise from equipment running | R | Periodic maintenance | Low | No need | | Operation and service | Failure quality | Complaint from customer | S | Loose quality control | R | Quality control point follow Quality control plan no.QC-01 Rev. a0 | Low | No need | | Operation and service | Chemical air emission from production effect to environment | Illegal issues from government sector | S | Filter for exhaust unit is damage | R | 1.Periodic maintenance  2.Periodic measurement Chemical air emission | Low | No need |   Actions taken to address risks and opportunities are proportionate to the potential impact on the conformity of services.  **(6.2) Quality objectives and planning to achieve them.**  The quality objectives are consistent with the quality policy and relevant to conformity of products and services and to enhancement of customer satisfaction.  Quality objectives and planning to achieve objectives were established.  Year 2020   |  |  |  |  | | --- | --- | --- | --- | | Quality objectives& Target | Action plan | Result | Action | | Customer satisfaction > 80% | Established | 95 % | Done | | Delivery on time> 95% | Established | 98% | Done | | Customer Complaint > 30% | Established | Done | Done | | Training employees follow plan > 90% | Established | 92.2 % | Done | |  |  |  | - |   **(6.3) Planning of changes**  QMS are not change, it’s same previous the visit. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Process name: | MP2 Continual Improvement | **Process Owner** |  |
| **KPI Measurements(s)** |  | **Auditor (if applicable)** |  |
| **Documentation reviewed** |  | | |
| **Equipment** |  | | |
| Evidence to support audit conclusion (inputs/outputs/ Process observations ):  **Evidence to support audit conclusion:**  **(7) Support**  **(7.1) Resources**  **(7.1.1) General**  **(7.1.2) People**  Resources are adequate for establishment, implementation, maintenance and continual improvement of the QMS as well as to meet customer requirements.  (7.1.6) Organizational knowledge  Company determined organizational knowledge through  -Policy > On board  -Strategy > On board  -Objective > E mail  -  -Obligation concern company  Company established training need for every position by cover company organizational knowledge.  **(7.2) Competence**  **(7.3) Awareness**  The following procedures were established to control this process.   |  |  |  | | --- | --- | --- | | Requirement | Document No. | Established | | People Management > Recruitment | QP-HR-01 Rev. 01 | 5/01/2020 | | Knowledge, competence, awareness Management | QP-HR-01 Rev. 00 | 5/01/2020 | | Training | QP-HR-02 Rev. 00 | 5/01/2020 |   Procedures-same version previous the visit.  Procedure established where all activities required by the standard requirement have been addressed and fulfilled.  People Management procedure was already included the personnel directly and in-directly affect the quality of products and services.  Man Power 2010   * Office > Done * Operation > Done * Total 30 Man * Now 25 Man > -5 Man > On time   New recruitment :  Date 15/12 /19 > Mr.Chamnan > Staff > Require form 11/11/19 > Application form 11/12’20 > Evaluation PASS > Done .  JD > Staaff > Done  Orientation > 01/20 > Done  OJT > Start 01/20 > done  Knowledge, competence, awareness Management procedure was established and implemented to ensure the competence and awareness of people as well as the effective training system,  Also the organizational knowledge include in training need plans respond to these requirements.  QP-HR-01 > Training procedure date Jan 05’20  **Sampling**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Training item | Date | Member | Result | Training record | | Safety | 15/10/19 | Sampling :  Mr.Kavin - Safety | evaluated, passed Certification No. 618696 By  Safety and Health at work  Promotion association | Retain appropriate documented information-OK | | KPI Action | Dec 2019 | Sampling Admin | Done |  | | Calibration | 08/2019 | Sampling HR | Done |  | | API 570  American pritolem | 24/11/19 | By CNI Pacific Co.,LTD | Done | FM-HR-16  Of Mr. Artit | | Asme 9 | 3-4/08/19 | Mr.Mongkon S. | Cert. No Sim-ASME IX 19/007  Venue, CNI PACIFIC Co.,LTD | FM-HR-16 of Mr. Mongkon | | Auto CAD 2D/3D | 02/07/19 | Ms.Sudarat R.  Mr.Buncha J. | On process of Certification |  |   **The people competency is evaluated after probationary period and by the end of each year.**  The evaluation criteria is :   * + Responsibility at work   + Result of work   + Capability   + Human Relations   The number and the qualification of the existing people are adequate.  The training is sufficient for improving the people’s quality awareness.  **(7.4) Communication**   * Communication throughout the company by meeting, posted on the information boards of company and company e-mail, such as Quality Policy, Quality objectives.   The communication educating employees in all parts of a system to understand the policy of the company to achieve its target of KPI. Preparation programs to achieve the goal.  Communication documented information reviewed  Information of implementing of ISO 9001:2015 & ISO14001:2015 informed to these organization, e.g.   * Dec.’20– Quality policy * Dec.’20– Quality objectives. * Dec.’20 – Vision , Mission , Strategy | | | |
| **Conclusion of the overall effectiveness of the process** Process / Audit Area satisfactory | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Process name: | Maintenance | **Process Owner** | Adison |
| **KPI Measurements(s)** |  | **Auditor (if applicable)** | Manat S |
| **Documentation reviewed** |  | | |
| **Equipment** |  | | |
| Evidence to support audit conclusion (inputs/outputs/ Process observations ):  **(7.1.3) Infrastructure**  The infrastructure are sufficient for QMS implementation.  Company determine, provide and maintain the infrastructure necessary for the operation of its processes and to achieve conformity of products and services**.**  The following procedures were established to control this process.   |  |  |  | | --- | --- | --- | | Requirement | Document No. | Established | | Infrastructure | QP-MA-01 Rev. 0 | Jan 5’20 |   Procedure -same version previous the visit.  Procedure established where all activities required by the standard requirement have been addressed and fulfilled.   * + FR-MT-01 > Maintenance plan > 50 Item   + Preventive maintenance   Machine maintenance list and Infrastructure list were found and up-to-date.  **Sampling maintenance records**:   |  |  |  | | --- | --- | --- | | Maintenance | Code | Record | | FR-MT-03  Date 24/02/19 | Dewalt GETS- GR02-09-014 | Preventive maintenance record on , 26/02/2020 > FR-MT-03 | | FR-MT-03  Date | GETS-CU23-001 | Preventive maintenance record on , Jan 2020 | | FR-MT-03 | GETS-DI03-002 | Preventive maintenance record on , July 2019 | | FR-MT-03  Date | GETS-DI03-002 | Preventive maintenance record on , July 2019 |   Actual preventive maintenance infrastructure can do follow plan | | | |
| **Conclusion of the overall effectiveness of the process** Process / Audit Area satisfactory | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Process name: | **Monitoring and measuring resources** | **Process Owner** |  |
| **KPI Measurements(s)** |  | **Auditor (if applicable)** |  |
| **Documentation reviewed** |  | | |
| **Equipment** |  | | |
| Evidence to support audit conclusion (inputs/outputs/ Process observations ):   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(7.1.5) Monitoring and measuring resources**  The procedures were established to control this process.   |  |  |  | | --- | --- | --- | | Requirement | Document No. | Established | | Monitoring and measuring resources / Calibration | QP-QC-02 | Jan.5 ’20 | | Maintenance | QP-MT-01 | Jan.5 ’20 | | | Procedure -same version previous the visit.  Procedure established where all activities required by the standard requirement have been addressed and fulfilled.  **Calibration** plan was issued and implemented.  The following Monitoring and measuring resources were sampled for effective control.  Master list Monitoring and measuring resources was shown that total Monitoring and measuring resources = 10 Item  **Sampling calibration**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Monitoring and measuring resources. | Serial No. / ID. | Calibration Status | Calibration Method | Decision | | Pressure Indicator | Fm-QC-001 | 17/02/120 | External / 1 yearly  Feb/21 | Done | | Pressure Gauge | TE34 -001 | 23-Jul-19  Cert. No. P1164  By HYDROMAX ADVANCE RAYONG Co.,LTD . | External / 1 yearly  JAN’/20 | Done | | Digital Clamp Meter | FM-QC-24 | 17/02/20 | External / 1 yearly  Feb/21 | Done | | Venire caliper | FM-QC-26 | 17/02/20 | External / 1 yearly | Done | | Steel Tape | FM-QC-015 | 15-Oct-19 | External / 1 yearly  Oct’/20 | Done |   All sampling monitoring and measurement resources were identified in Calibration plan  Tendency of result of measurement have also analyzed to make sure that the monitoring and measurement resources have fully been practiced as per calibration requirement  External calibration was done by   * ISOCAL Technology Co., Ltd. ,Laboratory accreditation No.18P304 * ISOCAL Technology Co., Ltd Co., ltd. Laboratory accreditation No.8000067   The calibration is traceable to the International System of Unit maintained at National Institute of Metrology (Thailand).  All monitoring and measurement resources are stored in proper condition and used by the qualified people. | | | | |
| **Conclusion of the overall effectiveness of the process** Process / Audit Area satisfactory | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Process name: | **Documented information** | **Process Owner** |  |
| **KPI Measurements(s)** |  | **Auditor (if applicable)** |  |
| **Documentation reviewed** |  | | |
| **Equipment** |  | | |
| **(7.5) Documented information**  **(7.5.1) General**   * Quality policy was established. * Quality objectives were issued. * Documented information were established and cover all activities mentioned in the scope of registration. * The documented information structure is Quality manual / Procedure / Supporting document / Form / * External documents.  |  |  |  |  | | --- | --- | --- | --- | | Procedure No | Name | Rev. | Issuer date | | QM-01 | QM | 00 | 5/01/2020 | | QP-QMR-04 | IQA | 00 | 5/01/2020 | | QP-QMR-05 | CAR | 00 | 5/01/2020 | | QP-HR-01 | HR | 00 | 5/01/2020 | | QP-MKT-01 | Customer Satisfaction | 00 | 5/01/2020 | | QP-QMR-01 | DC | 00 | 5/01/2020 | | QP-QMR-06 | Risk | 00 | 5/01/2020 | | QP-PD-01 | Construction Control | 00 | 5/01/2020 | | WI-PD-01 | Work Fabrication | 00 | 5/01/2020 |   **(7.5.2) Creating and updating**  **(7.5.3) Control of Documented information**  The following procedures were established to control this process.   |  |  |  | | --- | --- | --- | | Requirement | Document No. | Established | | Documented information | QP-QMR-01 rev. 01 | 5/0/2020 |   Procedure-same version previous the visit.  Procedure established where all activities required by the standard requirement have been addressed and fulfilled.  Sampling :  Documented information procedures were established.  Master list update established on Jan.5’20   |  |  |  | | --- | --- | --- | | Documented information name | Established by | Document status | | Quality Manual : QM-01 Rev. 00 | QMR | up to date-OK | | Documented information :DC-01 Rev. 01 Issue date 05/01/20 | DCC | up to date-OK | | Quality objectives :QMR-01 Rev. 0 | QMR | up to date-OK | | Management review :QMR-02 Rev. 01 Issue date 27/11/19 | QMR | up to date-OK | | Internal audit :QMR-03 Rev. 00 | QMR | up to date-OK | | Analysis data :QMR-04 Rev. 00 | QMR | up to date-OK | | Corrective action :QMR-05 Rev. 00 | QMR | up to date-OK | | Risk management : QMR-06 Rev. 00 | QMR | up to date-OK | |  |  |  | | Customer Order Receiving and Review :MK-01 Rev. 0 | MK | up to date-OK | | External provider control :PU-01 Rev. 0 | PUR | up to date-OK | | Human Resource, Knowledge, competence,  awareness Management : HR-01 Rev. 0 | HR | up to date-OK | | Communication : HR-01 Rev. 0 | HR | up to date-OK | | Environment control for operation process : HR-01 Rev. 0 | HR | up to date-OK | | Preservation product : ST-01 Rev. 0 | ST | up to date-OK | | Maintenance : MA-01 Rev. 0 | MA | up to date-OK | | Operation and service control : PD-01 Rev. 01 | PD | up to date-OK | | Identify and traceability : PD-01 Rev. 0 | PD | up to date-OK | | Quality control : QC-01 Rev. 01 | QC | up to date-OK | | Control of nonconforming output : QC-01 Rev. 0 | QC | up to date-OK | | Monitoring and measuring resources: QC-01 Rev. 0 | QC | up to date-OK | | | | |
| DAR were done all documents.  **Documented information evidence**  Retention :   * Procedure was established and details all necessary activities required by the specified requirement. * The following documented information were sampled for effective control :  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Requirement | Documented information | Period | Retention | Result | | (6.1) Action to address risk and opportunities | Risk assessment list | Jan.5’20 | Keep  3 years | found – OK | | (6.2) Quality objectives and planning to achieve them. | Quality objectives result | Jan.5’20 | Keep  3 years | found – OK | | (7.2) Competence | Evidence of competence | Jan.5’20 | Keep  3 years | found – OK | | (7.1.3) Infrastructure | Evidence of maintenance | Jan.5’20 | Keep  3 years | found – OK | | (7.1.5) Monitoring and measuring resources | Evidence of calibration | Jan.5’20 | Keep  3 years | found – OK | | (8.2.3) Review the requirements for products and services | Evidence of review customer order | Jan.5’20 | Keep  3 years | found – OK | | (8.4) Control of externally provided processes products and services | Evidence of Control of externally provided | Jan.5’20 | Keep  3 years | found – OK | | (8.5.1) Control of production and service provision | Evidence of operation process | Jan.5’20 | Keep  3 years | found – OK | | (8.6) Release of products and services | Evidence of Release of products and services | Jan.5’20 | Keep  3 years | found – OK | | (9.1.2) Customer satisfaction | Evidence of customer satisfaction | Jan.5’20 | Keep  3 years | found – OK | | (9.2) Internal audit | Evidence of internal audit | Jan.5’20 | Keep  3 years | found – OK | | (9.3) Management review | Evidence of Management review | Jan.5’20 | Keep  3 years | found – OK |   Identification:  All documented information required in the system were identified in each procedures, e.g.  Monitoring and measuring resources  Internal audit  Storage :  Each documented information were kept in specific file, e.g.  Personnel’s file, communication documented information were kept at Personnel section.  Monitoring and measuring resources’ file, calibration certificate were kept at QC section.  Preservation/Protection :  Each section has full responsibility to keep the documented information in each files.  Loss protection, e.g.  Documented information as evidence of recruitment kept at Personnel’s file and no other section can access the file, if they wanted to borrow they have to get permission from responsible person.   * 1. Documented information as evidence of Management review kept at MR’s file and no other section can access the file, if they wanted to borrow they have to get permission from responsible person. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Process name: | **Requirements for products and services** | **Process Owner** |  |
| **KPI Measurements(s)** |  | **Auditor (if applicable)** |  |
| **Documentation reviewed** |  | | |
| **Equipment** |  | | |
| Evidence to support audit conclusion (inputs/outputs/ Process observations ):  **(8.2) Requirements for products and services**  **(8.2.1) Customer communication**  **(8.2.2) Determining the requirements for products and services**  **(8.2.3) Review the requirements for products and services**  **(8.2.4) Changes to requirements for products and services**  The procedures were established and implemented as follows:   |  |  |  | | --- | --- | --- | | Requirement | Document No. | Established | |  |  |  | | Requirements for products and services | QP-MKT-01 Rev01 | 5/01/20 |   Procedure**-**same version previous the visit.  Procedure established where all activities required by the standard requirement have been addressed and fulfilled.  **Determining the requirements for products and services**  The control was conducted as per marketing and customer agreement – QP-MKT-01  Only customer requirement followed as per customer PO or bidding contract  it was specifically followed according to the original contract made with customer  with basically conformed with Engineering Institute of Thailand (EIT)  **Sampling customers**  Review agreement ; P/O no. 4509266869 by TML Co.,Ltd. > For Service maintenance  FR-SA-MK--003 customer satisfaction ,  , Review-Approved by Kittirat – MD > Done,  FM-SA-MKT-03/01   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Customer | Service | P/O no. /Lot no | Due date | Order review by | Delivery date | Invoice no. | Result | | TML Co.,Ltd | “WELD and PT Test for slip on flange A105 : EA “ | J 784 | Nov’01/19 |  |  | - | 97.5 | | Cru boat | Remove and Reinstall E-161 | J 788 | NOv’11/19 |  |  |  | 87.5 | | Andaman Marine | Modify grating for insulation | J 782 | NOv’11/19 |  |  |  | 100 |   All sampled orders were reviewed before acceptance and were fulfilled. | | | |
| **Conclusion of the overall effectiveness of the process** Process / Audit Area satisfactory | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Process name: | **Process control** | **Process Owner** |  |
| **KPI Measurements(s)** |  | **Auditor (if applicable)** |  |
| **Documentation reviewed** |  | | |
| **Equipment** |  | | |
| Evidence to support audit conclusion (inputs/outputs/ Process observations ):   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(8.5.1) Process control**  The following procedures were established to control this process.   |  |  |  | | --- | --- | --- | | Requirement | Document No. | Established | | Process control | QP-PD-01 | 05/01/2020 | |  |  |  |  * + Job Assignment > customer name MEIJI > Project name “WELD and PT Test for slip on flange A105 : EA “ > Job no. J784 > Date 25/01/20 > Scope of supply” Engineering , Production , Safety , QA/QC ,   + Job Assignment > customer name SCG-Dow Group > Project name “Modify support for FDS-11A seal pot at EBSm plant “ > Job no. J784 > Date 25/01/20 > Scope of supply” Engineering , Production , Safety , QA/QC | | The performance of all sampled external providers were satisfactory. | | | | |
| **Conclusion of the overall effectiveness of the process** Process / Audit Area satisfactory | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Process name: | **Customer satisfaction** | **Process Owner** |  |
| **KPI Measurements(s)** |  | **Auditor (if applicable)** |  |
| **Documentation reviewed** |  | | |
| **Equipment** |  | | |
| Evidence to support audit conclusion (inputs/outputs/ Process observations ):  **(9.1.2) Customer satisfaction**  The following procedures were established to control this process.   |  |  |  | | --- | --- | --- | | Requirement | Document No. | Established | | Customer satisfaction | QP-MKT-01 Rev .01 | 05/01/2020 | | Customer complaint | QP-MKT-01 | 05/01/2020 |   Procedures-same version previous the visit.  Procedure established where all activities required by the standard requirement have been  addressed and fulfilled.  **Customer satisfaction :**  Customer satisfaction survey target > 85% :  Customer satisfaction survey results :   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Customer | Score | Period | Result | Action | | Quality | 9.5 | June-July ’18 | 95 % | Done | | Sale /Service | 9.6 | June-July ’18 | 96% | Done | | Delivery | 9.8 | June-July ’18 | 98% | Done |   No improvement required from customers in the year.  **Customer complaints :**  Year 2019:  No complaints on January -Dec 2019 year. | | | |
| **Conclusion of the overall effectiveness of the process** Process / Audit Area satisfactory | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Process name: | **Control of externally provided processes products and services** | **Process Owner** |  |
| **KPI Measurements(s)** |  | **Auditor (if applicable)** |  |
| **Documentation reviewed** |  | | |
| **Equipment** |  | | |
| Evidence to support audit conclusion (inputs/outputs/ Process observations ):   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(8.4) Control of externally provided processes products and services**  **(8.4.1) General**  **(8.4.2) Type and extent of control**  **(8.4.3) Information for external providers**  **(8.6) Release of products and services**  The procedures were established and implemented as follows:   |  |  |  | | --- | --- | --- | | Requirement | Document No. | Established | | Control of externally provided processes products and services | QP-PU-01 rev.01 | 5/01/2020 | | Quality control | QP-QA-01 Rev. 01 | 5/01/2020 |   Procedure-same version previous the visit.  Procedure established where all activities required by the standard requirement have been addressed and fulfilled.  The company has established the procedures and manuals to control the externally provided processes products and services to ensure that the purchased products and services conforms to specified purchase requirements. These include evaluation, selection and re-evaluation of suppliers, the use of Purchase Request and Purchase Order for communicating purchase requirements and verification of purchased products.  **External providers process**  Approved list was established cover all sampling external providers:  Selection new external providers 2020 year .  AVL > 20 Item  Evaluation, selection criteria and methods standard :  Quality of Goods /service : 20 %  Suitable Price : 20%  Guarantee : 10 %  Capability in delivery : 20%  Other …. 30 %  Total 100 %,  Decision criteria : 80 % = passed and on the approval list.  Sampling supplier >:   * + S.A. Petrotrech Co.,LTD > Buy Pipe Fitting TP304/304L > Score 85. %   + Aermina Co.,Ltd. > Sockolet A182 F304L > Score 88 %   + C.V.R. Steel group Co.,Ltd. Buy Shopt Stub End A430 > 85%   Re-evaluation external providers  Criteria for evaluation :  Quality : 35 %  Delivery :30%  Document :15 %  Cost :20 %  Total 100 %,  Decision criteria:  More than 85% - continue register  Less than 90% - Take out from the approval list.  Frequency every year  Sampling >:   * + S A Petrotech Co.,LTD > Pipe Fitting > 90 %   FR-PU-07 –Evaluation  Sampling check   |  |  |  |  |  | | --- | --- | --- | --- | --- | | External providers | Selection  record | Selection  result | Re-evaluation  record | Re-evaluation  result | | S A Petrotech Co.,LTD | Y 2020 | External providers | 31/11/19 | score 90%-satisfied | | Thaijarean Co.,Ltd. | Y 2020 | External providers | 31/11/19 | score 88%-satisfied | |  |  |  |  |  | |  |  |  |  |  |   **Information for external providers ,Type and extend of control and Release of products and services**  FR-PU-01- PR / FR-PU-02-PO   |  |  |  |  | | --- | --- | --- | --- | | External providers | Requirements | Purchase order | Delivery and inspection | | FR-PU-01- **PR no 62-09-393** / S A Petrotech Co.,LTD | Reduce con 6x4” | PO: 0620625  reviewed and approved – OK. | dated  1/10/19  - on time-  - Quality-OK | | FR-PU-01- PR no 68-02-064 / C.V.R. Steel Co.,Ltd |  | PO: 06200626  reviewed and approved – OK | dated  14/02/19  - on time-OK  - Quality-OK OK | |  |  |  |  | |  |  |  |  | | | The performance of all sampled external providers were satisfactory. | | | | |
| **Conclusion of the overall effectiveness of the process** Process / Audit Area satisfactory | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Process name: | Operation and service process | **Process Owner** |  |
| **KPI Measurements(s)** |  | **Auditor (if applicable)** |  |
| **Documentation reviewed** |  | | |
| **Equipment** |  | | |
| Evidence to support audit conclusion (inputs/outputs/ Process observations ):  **(7.1.4) Environment for the operation of process**  **(8) Operation**  **(8.1) Operational planning and control**  **(8.5) Production and service provision**  **(8.5.1) Control of production and service provision**  **(8.5.2) Identification and traceability**  **(8.5.5) Post-delivery activities**  **(8.5.6) Control of changes**  **(8.6) Release of products and services**  **(8.7) Control of nonconforming outputs**  The procedures were established and implemented as follows:   |  |  |  | | --- | --- | --- | | **Requirement** | **Document No.** | **Established** | | Operation and service control | QP-PD-01 Rev. 00 | 5/01/20 | | Operation and service control | QP-PD-01 Rev. 00 | 5/01/20 | | Quality control | QP-QC-01 Rev. 00 | 5/01/20 | | CAR (Control of nonconforming output) | QP-QMR-06 Rev. 00 | 5/01/20 | | Monitoring and measuring resources | QP-QC-01 Rev.00 | 5/01/20 | |  |  |  | |  |  |  |     Procedures-same version previous the visit.  Procedures established where all activities required by the standard requirement have been addressed and fulfilled.  Sampling Operation control  Job Assignment date September’30/19 > Modify drain > Job no 896 > Spec Dimension 2” > Order 1 JOb.  1. Checking need > FIT-UP Inspection Requisition> date 23/02/20 > > J 827  2. Visual Inspection Requisition > date 26/03/119 > J 827  3. Checking Drawing NO . GETS-J827-P-01  4. Check spec  5. R/M > FR-ST-07 > 7 Item > Mark Cut FR-QC-03 > Fit –Up FR-QC-04 > Visual FR-QC-12  6. QC > PT > FR-QC-14 > Liquid penetrant > ตรวจสอบรอยเชื่อมด้วยสารแทรกซึม  7. Hydrostatic test report > FR-QC-25  8. Cleaning report > FR-QC-31 >  9. Finish to customer > COMPLETION OF WORK FR-SA/MK-02 Date April’ 1 2019  K’Sompong > Forman  Control of changes  From sampling and interview responsibility persons, all operation control are not change for products and services provision.  Process flow :same previous the visit  Received order -> Planning ->Material incoming ->Process> QC> FG > Delivery  Environment for the operation of process  The company has declared the need of control work environment in the QM section where it is complied with specified ISO 9001:2015 requirements and prepare PPE for personnel safety.  Environment for the operation of process was well controlled.  The current work environment status is acceptable (checked on audit date -Done).  Operational planning and control, Production and service provision  Control of production and service provision, Identification and traceability  Release of products and services , Post-delivery activities  Site plan reviewed to ensure the facility are under control  Survey made to the site progression job and ensure that the site supervisor are good supervision with site foreman and worked  All these reports reviewed;  - Operational daily report  - Progression report  - Site quality control report  - Issuance report, etc.  Safety > Mr. Phuchit  - FR-SF-14 > บันทึกตรวจเช็คแอลกอฮอล์ก่อนเริ่มงาน > 25/02/20  - FR-SF-02 > Morning talk record > Feb 1’20 > Personal protective Equipment / Cleaning and housekeeping  - - On bond 0 %  - SF-007 > Safety inspection form > 22/02/20 | | | |
| **Conclusion of the overall effectiveness of the process** Process / Audit Area satisfactory | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Process name: | Stock | **Process Owner** |  |
| **KPI Measurements(s)** |  | **Auditor (if applicable)** |  |
| **Documentation reviewed** |  | | |
| **Equipment** |  | | |
| Evidence to support audit conclusion (inputs/outputs/ Process observations ):  **(8.5.3) Property belonging to customers or external providers**  Company do not have property belonging to customers or external providers.  **(8.5.4) Preservation**  The procedures were established and implemented as follows:   |  |  |  | | --- | --- | --- | | Requirement | Document No. | Established | | Warehouse Management | QP-ST-01 | 5/01/2020 |   Procedure-same version previous the visit.  Procedures established where all activities required by the standard requirement have been addressed and fulfilled.   * + FR-ST-06 > Material Receiving Report > Job J925-MRR002>Vender : S.A. Petrotech co.,Ltd > Date Dec 25,19 > Product name : PIPE A312 TP304/304L> Q’ty 1 EA > date 1/10/19   + FR-ST-06 > Material Receiving Report > Job : J925-MRR004>Vender : C.V.R. co.,Ltd > Date October 2,19 > Product name : SHORT STUB END A403..> Q’ty 1 EA > date 25/12/19   + FR-ST-07 > Material Issue Report (MIsR) > J-925 > Date 25/12/19   + FR-ST-10 > Stock card > Job J 925 > Date Dec 2019 > Done   + FR-ST-07 > Material issue report > Dec 25’19   Stock card used for control and check stock balance monthly.  The minimum stock was established and implemented.  Sampling check on audit date   |  |  |  | | --- | --- | --- | | Stock card | Balance q’ty | Date | | Job 925 | No. MRR-001-004  001 > 3 PSC  002> 2” = 1 Psc | 20/ 02’20 | |  | 003 > 2” 1 PSC |  | |  | 004> Flange > 2” = 3 PSC |  | | Material Issue Job 708 |  | 20/02/120 | | Job 708 | 001 > Union ½ > 2 PSC | 19/02/20 | |  | 002 Union 1-1/2” > 2 PSC |  | | PPE ถึงมือ/ ผ้าปิดจมก | 1 | 26/02/20 | | แว่นตาก๊อกเกิ้ล | 2 | 26/02/20 | | To Store card |  |  | | Material Issue Job 21 |  |  |   Stock is stored securely and identified by layout and name. | | | |
| **Conclusion of the overall effectiveness of the process** Process / Audit Area satisfactory | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Process name: | Performance evaluation & Improvement | **Process Owner** |  |
| **KPI Measurements(s)** |  | **Auditor (if applicable)** |  |
| **Documentation reviewed** |  | | |
| **Equipment** |  | | |
| Evidence to support audit conclusion (inputs/outputs/ Process observations ):  **(9) Performance evaluation**  **(9.1) Monitoring, measurement, analysis and evaluation**  **(9.1.1) General**  Company determine Monitoring, measurement, analysis and evaluation through activities customer satisfaction, analysis and evaluation, internal audit and management review.   |  |  |  | | --- | --- | --- | | Requirement | Document No. | Established | | Management review | QP-MR-02 | 5/01/2020 | | Customer satisfaction | QP-SA/MK-02 | 5/01/2020 |   **(9.1.3) Analysis and evaluation**  Company analysis and evaluated data and information from monitoring and measurement such as   * + Conformity of products: trend of defect in operation process has no complaint from customer since Feb.-July.18.   + Customer satisfaction: trend of customer satisfaction result increase when compare last year update data JulY.’18 = 95%.   + Performance of QMS: refer to IQA result has 2 CAR, all NC was analysis cause and take action for improvement finished and refer to quality objectives data since January .-Dec.19 have trend client can achieved target.   + Effectiveness of actions taken of risks and opportunities: risk was take action by use quality objectives activities for control and quality objectives data since January .-Dec.19 have trend client can achieved target.   + Performance of external providers: all external providers evaluation data, result can clear client evaluation criteria.   **(9.2) Internal audit**  **(10.2) Nonconformity and corrective action**  The following procedures were established to control this process.   |  |  |  | | --- | --- | --- | | Requirement | Document No. | Established | | Internal audit | QP-QMR-04 Rev01 | 5/01/2020 | | Corrective Action | QPQMR-05 Revo1 | 5/01/2020 |   **Procedures**-same version previous the visit.  Procedures established where all activities required by the standard requirement have been addressed and fulfilled.  The company has established the procedure to ensure that the internal audit is carried out according to the requirement of the QEMS.  Audit Plan, Audit schedule, Checklist, Report, Corrective Action Request form are being used as planned. The internal audit was planned to implement at once a year.  The internal audits were effectively implemented by the qualified auditor team.  **Qualified internal auditors for ISO9001 : 2015** & ISO14001:2015  1.Mr.Kittirat MD  2Ms.Supaporn Admin  3Mr.Segoonbala QA  4 Mr.Adisorn Production  of auditors audit his / her own work.  Checklist for cover all the requirement and activity were prepared.  Year 2019 :Internal audit set up on August .19-24’19, covered all processes. 8 CAR were raised such as Purchase, Human Resource and Operation and service.  Sampling audit records :   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Audit section | Audit date | Auditor (Section) | Result | Action | | DCC | Feb 10’20 | Ms.Supaporn Admin | NC = 0 | - | | Purchase | Feb 10’20 | Ms.Supaporn Admin | NC = 0 | On process | | Human Resource | Feb 10’20 | Mr.Segoonbala>QA | NC = 0 | Closing Sep 12’18 | | Maintenance | Feb 11’20 | Mr.Segoonbala>QA | NC = 0 | - | | Store | Feb 11’20 | Mr.Segoonbala>QA | NC = 0 | - | | Operation and service | Feb 12’20 | Mr.Segoonbala>QA | NC = 1 | - | | QC | Feb 12’20 | Mr.Adisorn | NC=1 | - | | Marketing | Feb 12’20 | Mr.Adisorn | NC = 0 | - |   All processes were audited.  Audit report was done on dated: . Feb 15’20  **CARs close out.**   |  |  |  | | --- | --- | --- | | Section | CAR | Status | | Production | 1 | On process | | Quality control | 1 | On process | |  |  |  | |  |  |  | |  |  |  |   **(9.3) Management review**  **(9.3.1)General**  The company has established the management review system and planned to implement at least once a year.   |  |  |  | | --- | --- | --- | | Requirement | Document No. | Established | | Management Review | QP-QMR-02 | 5/01/2020 | |  |  |  |   **(9.3.2) Management review input**  The Agenda Management review in Y2020 on Feb.227’20 covers all QEMS’s requirements;   * The Status of actions from previous management review * Initial Management review * Changes in external and internal issues that are relevant to the QEMS. * No change relevant to the QEMS * Information on the performances and effectiveness of the QEMS. * Customer satisfaction and feedback from relevant interested parties   Customer satisfaction survey, No customer complaint   * The extent to which quality objectives have been met   All KPIs achieved target   * Process performance and conformity of products and service   Quality report shown that company achieved customer requirements  Process performance follow KPI   * Nonconformities and corrective actions   CAR all closed   * Monitoring and measurement result   Customer satisfaction, analysis and evaluation, internal audit, management review   * Audit result   Result of internal audit FEB.15’20)   * The performance of external providers   External provider periodic evaluation   * The adequacy of resources * The effectiveness of action taken to address risk and opportunities * Opportunities for improvement   **(9.3.3) Management review outputs**  The management decision had made, including:   * Mr.Kittirat – MD order to every section consider new objective and send draft plan to him within first week of FEB 25’2020 . * Mr.Kittirat – MD and Vice president concluded that no need for changes to the QEMS now. * Mr.Kittirat – MD Vice president judged that resource for operate QMS now is enough.   Member  1.Mr.Kittirat MD  2Ms.Supaporn Admin  3Mr.Segoonbala QA  4 Mr.Adisorn Production  The review covered all topics required. Relevant persons attended and the top management attended.  The management review was effectively conducted by the management team, including the Top management.  Management review report was done on dated: .Feb 25’2020 .  **(10) Improvement**  **(10.1) General**  **(10.3) Continual improvement**  Client do continual improvement through the use of quality policy, quality objectives, audit result, analysis and evaluation, Nonconformity and corrective action and management review.  The continual improvement process has been effectively established and implemented. The evidence of improvement was found, records maintained- Done | | | |
| **Conclusion of the overall effectiveness of the process** Process / Audit Area satisfactory | | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Use of Registration Mark (if used) is in accordance with the Rules of Registration** | | N/A |
| *<<Provide a brief summary of use if required>>* | | |