Name of the Organization
(As an example, mentioned as ABC throughout this Document)

Organization Logo

QUALITY MANAGEMENT SYSTEMS PROCEDURES FOR VCSMPP (QMSP)

Procedures forms part of Quality Management System Manual to conform to Clause 5 Certification Process: Option 2 Group Certification
Issue No--, Issue date

Document Number	:	ABC/QMSP
Issue Number	:	01
Issue Date	:	_____
Version Number	:	00
Version Date	:	_____

	Reviewed By	Approved By	Issued & Controlled By
Name			
Designation			
Signature			

Disclaimer: Please note that these procedures are prepared for your guidance in generic form to the best of our judgement taking into consideration, the requirements of VCSMPP standard, organization quality management system that is to be put in place as we understood. You are advised to go through the VCSMPP standard requirements as applicable to your scope by visiting the scheme owner website (www.qcin.org). We are not responsible for any consequences that may arise due to implementation of the procedures.

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Version No	Release Date	Section No / Pages	Reason for Change	Change Details
00		All	New Document Issue	New Document

IMPORTANT PONITS TO BE NOTED

You need to go through the following documents and also visit Quality Council of India website (www.qcin.org) for updates and understanding the requirements of the standard. First your Quality Management System needs to address all the requirements of the VCSMPP Standard and the organization own requirements.. You can find the following referred documents in QCI website,

VCSMPP **VOLUNTARY CERTIFICATION SCHEME FOR MEDICINAL PLANT PRODUCE *CERTIFICATION PROCESS***

1. Certification Criteria
2. Certification Process for Group certification
3. QMS Check List –Annexure C
4. Checklist for self-assessment for Good Agricultural Practices (GAP) for medicinal plants produces. Annexure A
5. Checklist for self-assessment for Good Field Collection Practices Annexure B
6. Permissible levels of contaminants under GAP and GFCP ; Annex D

This Procedures Manual is prepared to address the requirements of VCSMPP **Certification Scheme Certification Process – Group Certification.**
This Manual refers to the QMS Procedures detailing the activities in a systematic and effective manner in order to achieve the QMS (Quality Management System) policy and objectives of the organization.

QMS Procedures (QMSP) is prepared by the Management Representative (MR). _____ [*Designation*] authorizes this Document for release and system implementation by endorsing his approval in this section. Whenever revisions are made to this document, such revisions are recorded in the version control record by giving a brief note on revisions made. Version status given for each section is as applicable under specific revision number.

MR maintains the Master List of QMS Procedures, which reflects the current revision status of QMS Procedures in Section ABC/QMSP/B. MR issues the QMS Procedures as per distribution list in section ABC/QMSP/D. Control of this document is in accordance with QMS procedure **ABC/QMSP/01 – Procedure for Control of Documented Information.**

Current version number and Issue date will be mentioned in first page of document, once it is approved.

Approved & Authorized for release by:

_____ *[Name]*

_____ *[Designation]*

Date: _____

The below mentioned will be maintained in Hard Copy form.

Copy No	Copy Status	Copy Holder	Function	Location
-	Master	MC / MR	Management Committee (MC)/ Management Representative (MR)	Head Office, _____ *[Address]*
01	Controlled			
02	Controlled			
03	Controlled			
04	Controlled			
05	Controlled			

QMS Procedures Soft Copy made available to concerned personnel in sharing folder and this sharing folder will be accessible to all departmental personnel, who are working and available in head office. Other than head office, soft copy will be distributed through mails, etc.

1.0 Purpose

To define the procedure for maintenance of documented information covering creation, updating and control of documented information including external origin documents. Procedure also covers the controls needed for Identification, distribution, access, storage, preservation, protection, retrieval, retention and disposition of documented information retained.

2.0 Scope

All QMS documents: Quality Policy, Quality Manual, Documented Procedures maintained, documented information retained, Standard operating procedures, Quality Plans, Flow charts, Checklists, Documents of external origin like National and International standards, Customer specifications and Formats, Producers details, Farmers details, etc., as applicable.

S. No	Document	Prepared By	Reviewed & Approved By	Issued By
1	Quality Manual (ABC/QMSM)	MR	CEO	MR
2	Documented Procedures(ABC/QMSP)	MR	CEO	MR
3	Standard operating procedures / Quality Plans/flow charts/checklists	Officers of concerned Sections / Depts	HOD	MR
4	External Documents	NA	NA	MR
5	Formats	Officers of concerned Sections / Depts.	HOD	MR

3.0 Responsibility

- Management Representative
- Respective Departmental Heads

4.0 Procedure

4.1 Documented information required by Quality Management System is controlled. It includes Quality Manual, Documented Procedures, and SOPs etc. According to the requirements in this procedure.

4.2 Documented information is maintained either as a hard copy or as an electronic media. The required controls are exercised for the documents maintained in Electronic media.

4.3 General:

4.3.1 Records to demonstrate effective control of the VCSMPP. Quality Management System requirements and compliance with the requirements of GAP standard are established and maintained - **'List of Records' (ABC /LR)**

4.3.2 Documents and Records that are kept on-line or electronically are password protected and when required, they are electronically signed which ensure the unique reference and authorization of the person signing. Written signature as required is presented, if required. The electronic records are made available during the CB inspections. Back-ups Policy is in place.

4.4 Creating and Updating:

4.4.1 For documented information maintained / required for QMS, a Draft document is prepared which is subsequently reviewed, approved and issued as per the details in the above table. The concerned authorities consider the type and purpose of the document before review, approval and issue to ensure its adequacy. Requirements for QMS to be retained as documented information are identified for use by all departments keeping the purpose of the data to be filled-in as an evidence of compliance to the requirements. Formats are reviewed and approved by the concerned authorities.

4.4.2 All controlled documents are identified with an Issue Number, Issue Date/ Revision Number, Revision Date and are appropriately paged.

4.4.3 The original document which is approved is kept by issuing authority with suitable identification No. and description, and a MASTER COPY stamp is affixed on the reverse side of the document.

4.5 Review And Update As Necessary And Re-Approve Documents:

4.5.1 Any function/department seeking a change in QMS documentation prepares' Document Change Request Form' with draft document and forwards the same to the authority who has originally approved the document. Relevant back ground information is kept along with the note.

4.5.2 Any change in these documents are reviewed by _____ *[Name & Designation of the Reviewer]*, approved by _____*[Name & Designation of the person approving]*, and Issued and Controlled by _____ *[Name & Designation of the person Issuing]* prior to its distribution.

4.5.3 Once the document is approved, MR removes the Master copy of the superseded document and places the revised document in that place after changing the revision number and with Master Copy stamp affixed on the reverse side of the document.

4.5.4 All the documentation is reviewed on annual basis and when any changes are required to be made. On issue of new documents, the old documents are stamped as **'Obsolete'** and kept in a place which is not accessible to other employees. Soft copies of obsolete documents are transferred to a folder titled 'Obsolete'.

4.6 To Ensure That Changes And Current Revision Status Of Documents Are Identified:

4.6.1 Each page of the document is identified with Issue No. and Revision No. Revision No. starts from 00. When Page is revised, the revision No. of the document is incremented i.e. 01 with date of revision. The changed portion in the document is identified by italics font for easy identification of the changed portion. The Issue No. is also reflected in each page of the document. When more than nine revisions takes place for a document and more than 50 revisions for the QM document, document's issue changes from A to B and simultaneously revision number of all documents in manual is changed to 00.

4.6.2 The details of changes in Quality Manual and QMS documents are reflected in amendment/revision record and also in 'Master List of Procedures. The revision status of individual documents is entered in 'Master List of procedures'.

4.6.3 'List of Procedures' (ABC/LP) is maintained by MR and identifies the current revision status of all documents in QMS.

4.7 To Ensure That Relevant Versions Of Applicable Documents Are Available And Also Retained At Point Of Use:

4.7.1 Required number of copies of the document are generated from Master Copy for issue to the respective function/department as per the Distribution List in the Quality Manual/and QMS documents where operations are essential to the effective functioning of QMS are performed, by stamping them as CONTROLLED COPY on the face of the document before issue. The original document which is approved is kept by issuing authority with suitable identification No. and with MASTER COPY stamp on reverse side of the document.

4.7.2 The details of distribution of these copies are entered in the Quality Manual/QMS 'Document Issue/Distribution Register' and signature of the user is obtained in the register.

4.7.3 Concerned Functional Head who receives the Controlled Copy from MR for use in department keeps the same at an identified place to facilitate reference to all concerned. In case of revised document the superseded document is removed and destroyed and revised copy is kept in that place.

4.7.4 Copies issued for reference purpose are stamped as UN-CONTROLLEDCOPY on the faceoff the document. These copies are not updated when revision takes place.

4.7.5 A 'Master List of Records' retained is prepared mentioning the retention period as decided by appropriate authority so that the data contained in the records is available during that period. Records are made available to customer or his Representative if contractually agreed.

4.8 <u>To Ensure That Documents Remain Legible And Readily Identifiable &Retrievable</u>:

4.8.1 MR is responsible for ensuring that the documents remain legible. The documents if any are not legible; the same are identified by the user and brought to the notice of MR. MR arranges to replace them with legible copy after its due stamping as per procedure. The withdrawn documents are destroyed. Control mechanism is also established for records to be retrieved. Legibility of the record is maintained by using either printed formats, formats printed through computer and ensuring that formats are filled up in legible hand writing. The information/data required in the department as per the Quality Management System requirements are identified, collected and recorded in the prescribed formats as stated irrespective procedures and maintained by all concerned. The records are legibly filled and signed by the authorized person. The records are maintained neatly so that they are not shabby and identified with process.

4.8.2 The individual forms/formats used for recording are identified by Record No/date of recording.

4.8.3 For each type of Record and related Records, a distinct File is maintained. Within the File, Records are indexed either date-wise or serial number-wise.

4.8.4 The loose forms on recording also maintained in File. The Files/Registers have individual titles indicating the File number/Register number, opening date of File/Register and responsibility for maintenance of the record and retention period.

4.9 Identification:

4.9.1 Quality Manual: The Quality Manual is identified as ABC/QMSM. The individual documents are identified as follows: ABC/QMSM/<relevant clause of VCSMPP. Standard.

4.9.2 ABC/QMSM/<Capital Alphabet started with A> wherever IG.A.P. Standard clause No. is not applicable.

4.9.3 Procedures: These documents are identified as ABC/QMSP/Serial No.

4.9.4 Documents: These documents are identified as ABC/QMSD/Serial No.

4.9.5 Forms: ABC/QMSF/Serial No.

4.10 To Ensure That Documents Of External Origin Determined By The Organization To Be Necessary For The Planning And Operation Of The Quality Management System Are Identified And Their Distribution Controlled:

4.10.1 Documents of external origin are first controlled by identifying them and entering them in 'Master List of External Origin Documents' like Product Specifications, Standards by MR. Documents pertaining to Statutory and Regulatory requirements (legal) such as, SSI registration, Certificate from Registrar of Companies / Firms, Central Sales Tax & VAT are maintained by Personnel Department.

4.10.2 Specifications obtained from the customer or any other third parties are authorized by the CEO.

4.10.3 Specifications obtained from the customer or any third party are identified with the designated Customer identification/serial No.

4.10.4 Specifications obtained from the customer are controlled through the record of distribution register.

4.10.5 Original copy is marked as MASTER COPY on reverse side of the document.

4.10.6 Photocopy of original document is taken and stamped as CONTROLLED COPY on the face of the document and issue the same to concerned person whenever required and obtain their signature in 'Document Issue/Distribution Register'.

4.10.7 Details of Revision /edition/version of the standards are collected from concerned sources like Bureau of Indian standards, QCI, Publications, relevant web sites etc. once in a year.

4.10.8 Any information about revision in the document, MR contacts the relevant source by a letter or e-mail and follow-up till the revised document is obtained.

4.10.9 The revised document is reviewed for required contents. The original is stamped as Master copy. The other steps as detailed above are followed with regard to distribution.

4.11 To Prevent Unintended Use Of Obsolete Documents And Apply Suitable Controls To Them If They Are Retained For Any Purpose:

4.11.1 After issue of revised document by MR it is the responsibility of MR to collect superseded /obsolete documents from all points of use and destroy them by shredding or burning.

4.11.2 Master copies of obsolete documents which are retained for knowledge or legal purpose are identified as OBSOLETE.

4.12 Storage, Protection Retrieval:

4.12.1 The records are collected and filed in appropriate designated Files, Registers with indexing The Files/Registers are stored in cup-boards/filing cabinets identified by Function/Department and cupboard/filing cabinet number.

4.12.2 Due care is taken to avoid damage or deterioration or loss of records from dust, bad weather or fire by keeping them in safe custody like cupboards/filing cabinets. To avoid damage from insects or termites Naphthalene balls or used.

4.12.3 Active files containing data are maintained with cross referenced Indexing system to enable easy retrieval of specific data in department and ensure access of records to all concerned. The files and registers in respective departments along with filing index are maintained in such a way that they are easily retrieved.

4.13 Retention Time:

4.13.1 The records are retained for a period as required by the following:

- Management of ABC
- Customer, and
- Statutory & regulatory requirements.

4.13.2 Records of all departments are retained for minimum three years.

4.13.3 A Master List of Procedures retained (records) is prepared mentioning the retention period decided by appropriate authority so that the data contained in the records is available during that period. Records are made available to customer or his Representative if contractually agreed.

4.14 Disposition:

4.14.1 Quality records are reviewed once in a year by respective functional heads to verify the completion of stipulated retention period and any need for further preservation.

4.14.2 Once the retention period is completed, those records are disposed by shredding or burning with approval from Functional Head/MR regarding disposal.

4.14.3 If there is any need for further retention of the record for analysis, statutory or legal purpose, the extended period of retention is decided and records kept with identification on them accordingly i.e. "Kept for legal/knowledge purpose"

Records:

1.	List of Procedures	:	ABC/LP
2.	List of Records	:	ABC/LR
3.	List of External Origin Documents	:	ABC/LEOD
4.	Document Change Request Form	:	ABC/QMSF/18
5.	Document Issue/Distribution Register	:	ABC/QMSF/19

1.0 Purpose

To define the procedure for addressing customer complaints and taking corrective action.

2.0 Scope

This procedure covers all the customer / farmer / Farmer Groups complaints – product safety, quality & quantity related complaints including customer claims received.

3.0 Responsibility

- CEO
- Marketing Team

4.0 Procedure

4.1 Receipt of customer complaint and corrective action

4.1.1 All customer complaints are received through Fax, mail, phone, or any other means by the CEO / Marketing Team. The details of customer complaints are recorded in 'Customer Complaint Register' by Marketing Team and acknowledgement is sent to the customer.

4.1.2 Complaints can be received along with the samples where appropriate.

4.1.3 All complaints are forwarded to Marketing Team and CEO discusses the customer complaints with all department heads and assigns to respective department heads for corrective action.

4.1.4 Respective Department Head(s) after the receipt of the customer complaint analyses the nature of the complaints (food safety, quality / quantity or any other) and investigate the root cause of the customer complaint for taking necessary corrective actions.

4.1.5 Designated person gives reply to CEO through respective Head of Departments regarding the initiation of action taken. Customer is in turn informed on the action taken through fax or email or any other means.

4.1.6 The details are recorded in 'Customer Complaint Register'. In case of telephonic communication the same is also recorded in the 'Customer Complaint Register'. The time limit for this action is maximum 7 days.

4.1.7 The procedure covers both complaints to the group and against individual producers or sites.

4.1.8 Appropriate short term / long-term counter measures are taken and the counter measures taken are reviewed for effectiveness for next lots. The details are recorded in the 'Customer Complaint Register'.

4.1.9 If there are no further complaints on the same issue, then the customer complaint is closed. If not, the same procedure is repeated.

4.1.10 Corrective actions taken are verified for effectiveness and the same is recorded in Corrective action column in 'Customer Complaint Register'.

4.2 Feedback

The details of corrective actions taken are intimated to the customer through CEO and the same is recorded in 'Customer Complaint Register'.

4.3 Review

All customer complaints and corrective action taken are used as input for Management review meetings.

4.4 Customer Claims

4.4.1 Depending on the criticality of the customer complaints or if the customer is not satisfied with the service or product quality, the same will be addressed by the CEO for suitable settlement depending on the nature of problem & commercial contractual terms.

4.4.2 Any arbitration / claims that need to be addressed legally, the contract terms form the basis and the sole responsibility lies with the CEO for suitable actions.

Record:

Register of Customer and Other Complaints : ABC/QMSF/20

1.0 Purpose

To define the procedure for conducting the Internal Audit for VCSMPP Standard.

2.0 Scope

Covers the entire Quality Management System in ABC. The QMS for the GAP scheme shall be audited at least annually

3.0 Responsibility

Management Representative (MR)

4.0 Procedure

4.1 ABC conducts Internal audits at planned intervals to confirm whether the Quality Management System:

- conforms to planned arrangements
- conforms to the requirements of this International standard
- conforms to the Quality Management System requirements established by the organization, and
- is effectively implemented and maintained.

4.2 An Audit Programme is planned taking into consideration the status and importance of the processes, areas to be audited as well as results of previous audit. Management Representative plans and schedules audit programme. The criteria, scope, frequency and methods are determined. Internal audits are conducted once in six months for all QMS processes/activities.

4.3 Internal Audit Annual Plan is prepared by MR with details of departments to be audited and months in which they are planned. Based on Annual Audit Plan, Internal Audit Schedule is prepared by MR for the particular cycle of audit with the scope department-wise/function-wise, dates of audit and names of auditor's and auditees.

4.4 The importance and priorities of functions are considered by MR in the preparation of Internal Audit Schedules. The Internal Audit Schedule is circulated well in advance, i.e. minimum one week. MR shall ensure that auditors are independent of activity being audited and do not audit their own work.

4.5 Internal audits are conducted by trained and qualified internal auditors with a minimum of 2 days training from Qualified Lead auditor. The evaluation of suitability to work as an auditor is also taken into consideration. The audit team is selected by Management Representative from the list of qualified internal auditors maintained by him.

4.6 The internal audits are conducted by the personnel independent of the direct responsibility of the area being audited. Selection of auditor's and conduct of audit shall ensure the objectivity and impartiality of the audit process. When qualified Internal Auditors are not available internally organization may utilize the services of external auditor for this purpose after evaluating his competency.

4.7 On the schedule date of the audit, internal audit is carried out on the related functions as per Internal Audit Schedule. A pre-audit meeting is conducted by MR with audit team with all concerned departments.

4.8 The methodology of audit including use of checklist is explained. The auditors collect evidence through interviews, documents and records as well as observation of prevailing activity and currently operating conditions in relevant areas. Check list is maintained for conducting audit to ensure total compliance to the standard and QMS documentation of the organization. Internal Auditors, while conducting the assigned processes, makes notes in 'Internal Audit Observation Sheet'

4.9 Non-conformance is non-fulfilment of a requirement. All non-conformances noticed during the internal audit are recorded in the Non-conformance Report. In the post audit meeting the audit team shall explain their observations to the auditee and obtain his signature on the Non-conformance Report along with date for corrective action and submit the same in original for disposition to the auditee. A summary of the audit findings in the particular function audited giving details of compliance to relevant ISO clauses is recorded.

4.10 MR compiles all non-conformances, reviews and follows up with auditees for taking corrective actions. The In-charge of the section being audited is responsible to ensure that actions are taken without undue delay to eliminate detected non-conformances and their causes.

4.11 After implementation of corrective action, the auditee informs the Management Representative who in turn intimates the concerned auditor for verification. MR arranges for follow-up audit to verify and record the root cause and effective implementation of the corrective action taken. MR closes the non-conformances once he is satisfied about the effective implementation of corrective action.

4.12 Further the auditor auditing the area during the next cycle of internal audit shall also verify continued compliance of corrective actions against the non-conformances raised during the previous audit.

4.13 On completion of audit cycle, a Summary Report of the audit is prepared by MR highlighting the number of Non-conformances identified against relevant clause of VCSMPP in each function and total number of Non-conformances function-wise and clause-wise. The details of internal audits conducted and their results are reported in MRM.

Records:

1. Internal Auditor Qualification Matrix
2. Internal Auditor initial Training
3. Witness Audit for Qualification of Internal Auditor
4. Approved Internal Auditors List
5. Internal Audit Plan:
6. QMS Check List
7. Internal Audit Schedule
8. Nonconformity Report :
9. Internal Audit Report
10. Yearly Evaluation of Auditors :

Note. These templates are available in Internal Audit Section

1.0 Purpose

To define the procedure for conducting the Internal Inspections.

2.0 Scope

Covers the entire Quality Management System in ABC and inspections of Registered Producers and corresponding Production Locations or PMU.

Inspections shall be carried out at each registered producer and production location at least once a year based on the GAP Checklist (See Annex C). All Critical, Major and Minor control points must be inspected in full.

3.0 Responsibility

Management Representative

4.0 Procedure

4.1 Inspections are conducted at each registered producer (and corresponding production locations) or PMU at least per crop cycle against all GAP control point and compliance criteria.

4.2 Inspections are conducted by trained and qualified internal Inspectors. The Inspection team is selected by Management representative from the list of qualified Internal Inspectors maintained by him.

4.3 The inspections are planned to ensure that internal inspectors are independent of the area being inspected and they do not inspect their own daily work.

4.4 New members of the group and new PMUs are always internally inspected and approved prior to entering into internal GAP register.

4.5 All inspectors while carrying out the inspections use the check list for self-assessment for Good Agricultural Practices (Annex A) and check list for self-assessment for Good Agricultural Practices (Annex B)based on respective VCSMPP. Standards. At every inspection, all Major and Minor control points are inspected in full.

4.6 The Management Representative shall ensure that original inspection Reports and Notes are maintained and made available for the CB inspection as required.

4.7 The inspection Report contains the following information:

a) ,

- Identification of Registered Producer and / or production location(s)
- Signature of the Registered Producer or responsible PMU
- Date of Inspection
- Name of the Inspector and Signature
- Registered Products
- Evaluation result against each GAP control point
- All Critical and major points in the Checklist must include details of what was verified in the comments section of the checklist, in order to enable the audit trail to be reviewed after the event.
- GAP status
- Harvest windows for the crop inspected
- Total extent of land at the location
- List of plant protection chemicals used for the present crop
- Any sanction earlier imposed on the producer and subsequently withdrawn
- Details of non-compliances identified and time period for corrective action,
- Inspection results with calculation of compliance
- Duration of Inspection
- Name of the Internal Auditor who has approved the checklist
    - The internal auditor / audit team reviews and makes the decision on whether the producer or site is compliant with the GAP requirements, based on the inspection reports presented by the internal inspector,
    - In case there is only one internal auditor who also performs internal inspection, MR will approve the internal inspections,
    - Internal Inspections are conducted once per crop cycle. If at any time in future, where ABC decides to conduct internal Inspection continuously over a 12-month period, a predefined schedule will be kept in place.

- The internal auditor / audit team will make the decision on whether the producer is compliant with the GAP requirements, based on the inspection reports presented by the internal inspector.

Records:

1. Internal Inspector Qualification Matrix
2. Internal Inspector Initial Training
3. Witness Audit for Qualification of Internal Inspector
4. Approved Internal Inspectors List
5. Internal Inspection Plan :
6. Internal Inspection Check List
7. Internal Inspection Schedule
8. Nonconformity Report :
9. Internal Inspection Report
10. Yearly Evaluation of Inspectors :

Note. These templates are available in Internal Inspectors Section

Section No: ABC/QMSP/05 Version No: 00	**Handling Non-Compliances, Corrective Actions and Sanctions** Clause: 5.2.8	Date : Page No:

Purpose

This procedure details the methods of taking corrective action when a nonconformity occurs, including any arising from complaints and react to nonconformity by taking action to control and correct it and deal with consequences.

2.0 Scope

All non-conformances including customer complaints received by ABC.

3.0 Responsibility

- Management Representative
- Respective Functional Heads

4.0 Procedure

4.1 All the Non-conformances reported during internal inspections of the producer members, internal audit of QMS, external audits or second part audits will be the basis of handling non-conformances and taking corrective actions based on root cause analysis

4.2 Determining the causes of non-conformance:

A committee consisting of the In-charge (production) & In-charge (quality control), MR and functional head of the relevant department is formed as mentioned above to determine the root causes of the non-conformances from the related records such as inspection reports, test reports, complaints, audit reports, review of supplier evaluation and customer satisfaction reports and other relevant information.

4.3 Determining if similar nonconformities exist, or potentially occur:

ABC shall determine whether similar nonconformities exist, or potentially occur elsewhere to take similar actions in that area also.

4.4 Determining and implement action needed:

4.4.1 The nature and extent of non-conformances are analysed to identify the degree of impact of non-conformances on related activities.

Corrective actions are to a degree appropriate to the magnitude of the problems involved and commensurate with the risks encountered.

4.4.2 The concerned functional head and other members of the committee then evaluate the need and determine the appropriate corrective actions and record the same in Corrective Action Reports to ensure that the non-conformances do not re-occur.

4.4.3 Based on identified root cause, corrective action is initiated to eliminate the root cause and avoid re-occurrence of same non-conformance in future.

4.4.4 A target date is decided for implementation of the proposed corrective action. The proposed corrective action is implemented within the target date by the concerned functional head/auditee of the respective function for ensuring that they are effective and the action taken is recorded in the corrective action report.

4.5 Records of the results of corrective action taken:

4.5.1 The corrective action taken is recorded in the respective Non-Conformance Reports along with follow-up details.

4.5.2 A summary of the details of non-conformances identified, corrective action taken and the non-conformances closed after satisfactory follow-up is maintained by MR.

4.5.3 All the corrective actions initiated/taken are submitted to Management Review by MR for review of their effectiveness. The related records are revised, if required, as a result of corrective actions taken.

4.6 Review of the effectiveness of corrective action taken:

The corrective actions taken and implemented by functional heads on the non-conformances are verified for effectiveness by MR before closure and the same are reported to MRM.

4.7 Update risks and opportunities determined during planning, if necessary

ABC shall update risks and opportunities if they are relevant to the Nonconformity, corrective action taken and implemented.

4.8 Changes in the Documentation:

Any change required to the Quality Management system documentation resulting from the implementation of corrective action is carried out.

Records:

1. Complaints Handling Register
2. Corrective Action Report :

Section No: ABC/QMSP/06 Version No: 00	**Product Traceability and Segregation** Clause:5.2.9	Date : Page No:

1.0 Purpose

The documented procedure is established for the identification of registered produce and to enable traceability and segregation of all products, both conforming and non-conforming to the applicable production sites.

2.0 Scope

All Products meeting the VCSMPP. Requirements to be traceable and handled to ensure preventing mixing with non VCSMPP products

3.0 Responsibility

- Product Head

4.0 Procedure

4.1 All Products that are meeting the requirements of the VCSMPP. Standard and marketed as such are stamped **'VCSMPP Certified'** ensuring traceability. A register is maintained to record the movement the VCSMPP certified product

4.2 These identified products are transported /stored / stocked separately to prevent mixing with non-VCSMPP. Approved products. In case of handling of both VCSMPP certified and non-certified is handled, then separate identity is maintained

4.3 A mass balance exercise is carried out to demonstrate compliance within the ABC.

4.4 The labels **'VCSMPP Certified'** are in the custody of the Product Head and shall be issued under authorization. The Product Head is responsible to monitor the receipt, issue and movement of the labels. The Product Head shall maintain a record / register for effective control of labels.

Records:

1. Mass Balance Register

'

1.0 Purpose

Documented procedures are established to effectively manage the withdrawal and recall of registered product.

2.0 Scope

Applicable to all the Products that are dealt under withdrawal and recall of VCSMPP certified products

3.0 Responsibility

- Product Head

4.0 Procedure

4.1 Events for withdrawal of product are classed s:

- **Situation I–**Where there is a reasonable probability that the use of or exposure to a contaminated product will cause serious adverse health consequences. Product Recall is required.

- **Situation II** – a situation in which the use of or exposure to a contaminated product is not likely to cause any health consequence is remote. **Note**: No product recall is required.

4.2 _____ *[Name of the Person taking decision on the withdrawal]*, _____ *[Designation]* is authorized to take the decision on the withdrawal or recall of product.

4.2 Once a decision is taken for withdrawal or recall of a product, _____ *[Name of the Person taking decision on the withdrawal]*, _____ *[Designation]* immediately notifies the customers and the Certification Body about the withdrawal of the product and maintains evidence of such notification.

4.4 _____ *[Name of the Person taking decision on the withdrawal]*, _____ *[Designation]*, with the support of the Stores i/c reconciles the stocks and ensures that the withdrawn / recalled products are separately identified, both through stock records and physically.

4.5 Mock Recalls are conducted to test the procedure per crop cycle to ensure that it is effective. Mock Drills are conducted for all the events identified as described in 4.1 above.

4.6 The conduct of the Mock Recall and the results of Mock Recall are communicated to the client by_____ *[Name of the Person taking decision on the withdrawal]*, _____ *[Designation].*

4.7 When a problem is notified with the product use this traceability document to record all information of a Trace/Recall.

Step	Description	Comments
a	Potential Problem (e.g. MRL, PHI violation, foreign objecting bin/container):	
	Plot or Field number	
	Product	
	Variety	
	Date warehouse received product from farm (if available)	
	Date packed	
b	Notify all appropriate people of problem:	
	Certification Body. Group Manager	
	GLOBALG.A.P	
	Producer Group and other interested parties	
c	Farm records to be verified against ware house records to make sure the information is accurate.	
d	Locate the plot - Review and determine the plot from which the product in question was harvested. Harvest Record to be verified	
e	In case of chemical related	
	Chemical residue that exceeds MRL	

	Determine if the chemical in question was used (review Plant protection application records with quantity, timing)	
	How was MRL verified? (Ex: testing lab, etc.)	
	Where did the testing is done and whether it is accredited under ISO 17025(lab name)	
f	Determine root cause for MRL excess.	
g	Solutions– Corrective action to prevent this from happening again.	
h	Implement corrective action and Communicateresults to responsible personnel.	
i	Record the details of the Product withdrawn and its handling	
j	Audit to verifythat the problem is solved	
k	Report Close out Date.	

Records:

1. Products Withdrawn Register

Section No: ABC/QMSP/08 Version No: 00	**Sub contractors** Clause: 5.2.12	Date : Page No:

1.0 Purpose

Procedures shall exist to ensure that any services subcontracted to third parties are carried out in accordance with the requirements of the VCSMPP. Standard.

2.0 Scope

Applicable to all sub-contracted activities

3.0 Responsibility

- Product Head
- I/c - Subcontracting

4.0 Procedure

4.1 The i/c - Subcontracting shall establish and maintain a record of all sub-contracting activities and subcontractors.

4.2 The subcontractors are enlisted after appropriate evaluation of the competence of the subcontractor, viz., the experience, the manpower, etc. Records of evaluation are maintained and retained by i/c – Subcontracting.

4.3 The i/c – Subcontracting shall ensure that all the Subcontractors are aware of the requirements of Groups QMS and relevant procedures. The i/c – Subcontracting shall provide training, if required to all the subcontractors. Records of training are retained.

4.4 ABC ensures that the subcontractors shall work in accordance with the group's QMS and a relevant procedure is specified in Service Level Agreements or contracts with subcontractors.

Records:

1. Subcontractor evaluation and activities record
2. Register of Competency Requirements and Evaluation of Subcontractors : ABC/QMSF/44
   (Mandatory) (Clause 4.8.2)
3. Service Level Agreements with Subcontractors : ABC/QMSF/45
   (Mandatory) (Clause 4.8.3)

1.0 Purpose

This document details the procedure to be followed by ABC management in their review of the Quality Management System to ensure its continued suitability and effectiveness.

2.0 Scope

This procedure applies to Management Review activity carried out by ABC.

3.0 Responsibility

- Top Management
- Management Representative

4.0 Procedure

4.1 The Management Review Meeting shall be conducted once in six months after the internal audit to ensure its continuing suitability, adequacy, effectiveness, and alignment with the strategic direction of the organization.

4.2 Also, the audit team, under the direction of Management Representative will conduct the management review meeting if there is any deviation from the procedures or after external audits.

4.3 All such meetings shall be fully recorded in the Minutes of the Meeting.

3.4 A Management Review Committee is constituted with CEO of ABC as Chairman which includes all key members of the management. The meeting shall be attended by all Management Review Committee members and all attendees will sign the Minutes of Meeting.

3.5 The meeting will be held to discuss as a minimum the following:

i. The status of actions from previous management reviews;

ii. Changes in external and internal issues that are relevant to the quality management system;

iii. Information on the performance and effectiveness of the quality management system, including trends in:

- Customer satisfaction and feedback from relevant interested parties;
- The extent to which quality objectives have been met;
- Process performance and conformity of services provided;
- Non-conformities and corrective actions;
- Monitoring and measurement results;
- Audit results; and
- The performance of external providers, including PMUs and farmers.

iv. The adequacy of resources;

v. The effectiveness of actions taken to address risks and opportunities;

vi. Opportunities for improvement;

vii. Any need for changes to the Quality Management System;

viii. Resource needs.

Records:

1. List of Management Review Committee Members : ABC/QMSF/51
2. Notice Convening Management Review Meeting : ABC/QMSF/52
3. Minutes of Management Review Meeting : ABC/QMSF/53

NOTICE CONVENING MANAGEMENT REVIEW MEETING

MRM Date : **MRM Time :**
MRM No. : **Venue :**

Sent to:

1. _____ Signature: _____
2. _____ Signature: _____

It is decided to convene Management Review of the Quality Management System on the date, time and venue mentioned above to discuss the Agenda Points mentioned below. All the Management Review Committee Members are hereby requested to attend the meeting without fail. The members are requested to get prepared with the relevant information.

Yours Sincerely

CEO

Example of Agenda:

1. Status of Actions from Previous Management Reviews
2. Changes in External and Internal Issues that are relevant to the QMS
3. Customer Satisfaction and Feedback from Relevant Interested Parties
4. Extent to which Quality Objectives have been met
5. Internal and External Nonconformities and Corrective Actions (Internal Inspections, Internal Audit, External Audits etc)
6. Monitoring and Measuring Results
7. Performance of Sub contractors
8. Customer Complaints
9. Withdrawal of Products
10. Adequacy of human and infrastructure Resources
11. Workers health and safety issues
12. Agri inputs related issues (Plant Protection, Fertilizers and other inputs)
13. Irrigation related issues
14. Opportunities for Improvement
15. Any other issues

Form #: ABC/QMSF/52
Issued Date:
Revised Date:

Rev No:

ABC
Address :

MINUTES OF MANAGEMENT REVIEW MEETING TEMPLATE

MRM Date : **MRM Time :**
MRM No. : **Venue :**

Members Present: Position :

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Agenda Discussed:

S. No	Agenda Item	Decisions taken	Person responsible for actions	Due Date of Implementation
1				

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ABC
Address :

MINUTES OF MANAGEMENT REVIEW MEETING OF KEY STAFF

Time :
Review Date :
Venue :
Review No

Members Present: Position:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Agenda Discussed:

S. No	Agenda Item	Decisions taken	Person responsible for actions	Due Date of Implementation
1				

Form #: ABC/QMSF/53
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Rev No: