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| **EFECTIVE DATE: 01.04.2018** | Title: Objective, Target & Management Program | |

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| --- | --- | --- |
| Date: 01.05.2018 | **Objective, Target & Management Program** | Doc No.: **IMS/F/13A** |
| Department: INSTRUMENT | **Overall Responsibility : HOD INSTRUMENT** | Reference: **Quality**/Environment/Safety |

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective: All Instrument calibration & Preventive maintenance as per plan** | | | |
| **Base Line: Calibration & preventive schedule Target: As per plan** | | | |
|  |  |  |  |
| **S. No.** | **Planned Activities** | **Responsibility** | **Activity completion Target date** |
| 01 | Review calibration & preventive schedule | Asst. Mgr -Instrument | Monthly |
| 02 | Do Instrument calibration & preventive as per scheduled month | Asst. Mgr. / Sr. Officer – Instrument | ± two week |
| 03 | If found any problem – Contact service engineer of related instrument | Asst. Mgr. / Sr. Officer – Instrument | Same day |
| 04 | Prepare calibration & preventive record | Sr. Officer / Officer – Instrument | Same day |
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|  |  |  |  |
| **Prepared by (Department Head) Approved by (Location Head)** | | | |
| Planned activities completed on | | | |
| Any procedure/ format added/ amended | | | |
| The Objective / Management program closed on | | | |
| **Closed by (Department Head)** | | | |
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| **EFECTIVE DATE: 01.04.2018** | Title: Status of Objective, Target & Management Program | |

**QUARTERLY STATUS REPORT OF OBJECTIVES, TARGETS &**

**PROGRAMME**

**IMS/F/13B**

Dept: Instrument

STATUS REPORT AS ON 15.10.2018

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| **Objective/MP No.** | **Objective** | **Base Line** | **Target** | Program/ Action plan | Status of action plan | Status of achievement of objective | | | |
|  |  |  |  |  |  | QTR 1 | QTR2 | QTR 3 | QTR 4 |
| 01 | All Instrument calibration & preventive as per plan | Calibration & preventive schedule | As per plan | As IMS/F/13A | Done as per plan | 100% | 100% |  |  |
|  |  |  |  |  |  |  |  |  |  |
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**PREPARED BY: APPROVED BY:**

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| **EFECTIVE DATE: 01.04.2017** | Title: Objective, Target & Management Program | |

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| --- | --- | --- |
| Date: 01.05.2017 | **Objective, Target & Management Program** | Doc No.: **IMS/F/13A** |
| Department: INSTRUMENT | **Overall Responsibility : HOD INSTRUMENT** | Reference: Quality/Environment/**Safety** |

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| **Objective: Zero First Aid cases in Instrument department** | | | |
| **Base Line: Nil Target: Nil** | | | |
|  |  |  |  |
| **S. No.** | **Planned Activities** | **Responsibility** | **Activity completion Target date** |
| 01 | Wear PPE’s at the time of work/Maintenance | Asst. Manager/Sr. Officer / Officer / Technician - Instrument | At a time of work/Maintenance |
| 02 | Provide PPE to all employee & maintain register | Asst. Mgr / Sr. Officer Instrument | As and when required |
|  |  |  |  |
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|  |  |  |  |
| **Prepared by (Department Head) Approved by (Location Head)** | | | |
| Planned activities completed on | | | |
| Any procedure/ format added/ amended | | | |
| The Objective / Management program closed on | | | |
| **Closed by (Department Head)** | | | |
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| **EFECTIVE DATE: 01.04.2017** | Title: Status of Objective, Target & Management Program | |

**QUARTERLY STATUS REPORT OF OBJECTIVES, TARGETS &**

**PROGRAMME**

**IMS/F/13B**

Dept: Instrument

STATUS REPORT AS ON 15.10.2018

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Objective/MP No.** | **Objective** | **Base Line** | **Target** | Program/ Action plan | Status of action plan | Status of achievement of objective | | | |
|  |  |  |  |  |  | QTR 1 | QTR2 | QTR 3 | QTR 4 |
| 02 | Zero First Aid cases in Instrument department | Nil | Nil | As IMS/F/13A | No FA Cases | 0 | 0 |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**PREPARED BY: APPROVED BY:**