

Procedure Manual

Edition No 3

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ISO 9001: 2008

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Issued By Title MR	P Jayashankari		01-01-2010

Record of Revisions**Doc. No.:** GCL/QP/B**Issue No.:** 01**Date:** 01/01/2010**Page** 1 of 1

Sl. No	QP No.	Page	Revision Status No	Date	Brief details of Changes

Prepared by: MR

Approved by: Head Chennai Operations

1. PURPOSE

1.1 To define a procedure to review, approve, re-approve and control documents.

2. SCOPE

2.1 This procedure is applicable for controlling following documents:

- a) QMS documents.
- b) External documents, like standards, Government/ statutory and regulatory requirements.

3. RESPONSIBILITY: M R

3.1 The documents are reviewed and approved for adequacy as per table under 3.2. External documents like standards, Government, orders and statutory and regulatory requirements are controlled by MR.

3.2 Documents and Data Approval and Issue:

The documents are reviewed and approved for adequacy as per the table.

Level No.	Type of Document	Prepared & reviewed by	Approved & re-approved by	Issued by
1.	Quality manual	MR	Head Chennai Operations	MR
2.	Procedures and processes	MR		MR
3.	Quality Plans/ Work Instructions / SOPs /Policies	MR	Head Chennai Operations/ HOD	MR
4.	Forms/ Formats	MR	Head Chennai Opeartions	MR

4. PROCEDURE

4.1 A master list of documents indicating document name, issue / revision status, and issued to, is maintained by MR as master list of documents (internal & external GCL/ML/01 & GCL/ML/02 respectively).

4.2 All the documents are made available to the employees of GCL in the electronic version in the intranet. The format of QMS documents will be in PDF and read only.

4.3 No user can have access for any correction or modification of the documents.

4.4 It is the responsibility of MR to have updated version of documents available in the intranet and remove the superseded documents, so as to prevent inadvertent use of obsolete documents.

4.5 MR ensures issue of documents through document issue register and maintains record of latest issue.

4.6 Original copies of all documents are maintained by MR with Master Copy stamped in Blue on the reverse as a hard copy.

4.7 In case of obsolence of any document the original master copy is stamped as Obsolete in Red and retained (in electronic medium) for reference by MR & the revised version is uploaded in the intranet

5. DOCUMENT CHANGES

- 5.1 MR is responsible to review periodically / at least once in a year and revises or retains the document as applicable.
- 5.2 Document change can also be initiated by any user through Document Change Request Form raised and forwarded to MR.
- 5.3 MR scrutinises the same, acknowledges the DCR where changes are acceptable. Unsuitable, impracticable suggestions are returned to the originators with due remarks on the DCR.
- 5.4 The accepted DCR's are put up to the respective approving authorities and necessary changes brought about in the document after the approval. The document is updated w.r.t. the action taken.
- 5.5 Issue change is carried out by incorporating the higher issue no in the revised section / procedures, contents page and the Revision history section.
- 5.6 Remove the obsolete section / procedure, obsolete contents page and the obsolete revision record document and return to M R.
- 5.7 During changes pertaining to only the revised section / procedures are re-issued with higher issue no. During a major change the whole document is re-issued irrespective of changes made in selected section / procedures with higher edition number.
- 5.8 MR retains previous issue of documents on a separate file for reference and record.
- 5.9 A maximum of 99 issues are allowed in any section / document. The 100th change leads to an edition change. The nature of change is indicated in the document or in the revision record. Master list of documents and content sheet are revised as applicable.
- 5.10 Issue level is reset to 01 in case of change in the edition number.
- 5.11 To prevent inadvertent use of obsolete documents, hard copies of superseded documents are stamped as "Obsolete".
- 5.12 The procedure for removal of obsolete documents from the point of use is as follows:
Wherever higher issue of document is made the following actions are taken:
- The higher issue is uploaded to the intranet and the previous version is overwritten and this is handled only by MR
 - One copy of the previous (lower) revision is identified by stamping as "obsolete " and retained for reference by MR.
 - MR ensures all employees are communicated about change in issue / edition.
- 5.13 In the case of formats and records the revision is through document change note and the old version is retained for reference while the new version stamped as Approved Specimen with effective date
- 5.14 Procedure for control and distribution of external documents
MR maintains a master list of all Standards and other external documents referred by the Head of Departments. These documents / their copies will be distributed with a register for distribution. The documents held thus are periodically verified for its validity w.r.t. revision

status. International Standard ISO 9001-2008 and other supporting standards are controlled and maintained by MR.

6. DOCUMENT IDENTIFICATION AND DISTRIBUTION

All documents are identified for use as follows: -

DOCUMENT	IDENTIFICATION	DISTRIBUTION
Apex Quality Manual	GCL/QM/xx Where xx is running number relating the clause numbers and general numbers with 0X where x is continuing number	Uploaded in the intranet
Processes	GCL/PF/XX Where XX is running sl no	
Procedure Manual	GCL/QP/XX where xx is running sl no	
Organizational policy documents	GCL/P/xx where xx is running sl no	
Master List	GCL/ML/XX Where xx is running no	
Forms / Formats	By the title and intended purpose of use	
External Documents	Company Seal	As per distribution indicated in the master list

QMS Documents are Prepared & reviewed by, Approved & Re-approved by & Issued by as applicable as per the table under 3.2 of this procedure.

7. RECORDS

- 7.1 Master List of Documents Internal
- 7.2 Master list of documents External
- 7.3 Document Issue register
- 7.4 Document change note

8. Performance measure

- 8.1 No. of NC's in Control of Documents during internal / external audit

1. Purpose

- 1.1 This procedure defines the system used for maintenance of IT and other infrastructure at GCL

2. Scope

- 2.1 All employees of GCL Chennai

3. Responsibility

- 3.1 Head Support

4. Procedure

- 4.1 Establish a list of all IT / Infrastructure available in the organization and maintain the same.
- 4.2 Establish a plan for maintenance through the IT / Infrastructure dept.
- 4.3 Ensure regular maintenance of and good working of the IT / Infrastructure.
- 4.3.1 Weekly disk cleaning / defragmentation is done by the user
 - 4.3.2 Periodic maintenance is done by the AMC service provider.
 - 4.3.3 In case of break down call the AMC service provider and get the problem sorted out.
 - 4.3.4 Take back up such that no data is lost / corrupted at a frequency of 15 days once as per the IT Back up policy.
 - 4.3.5 It is to be ensured that three consecutive back up data is always present in the external media.
- 4.4 As regards local files in the individual system copy all the work file in one of the virtual disk drive. (By user)
- 4.5 Provide pass word access in respect of all users and maintain the details.
- 4.6 Identify need for email id Creation and collect employee details
- 4.7 Obtain approval from Head HR for mail allocation and allocate mail Id
- 4.8** In case of an employee leaving the organization effect deletion of mail id in the server.

5. Records:

- 5.1 List of IT equipments / Infrastructure

6. Performance measure

- 6.1 Service Levels of Network/ Server availability
- 6.2 Break down analysis

1. Purpose

1.1 To define a procedure to conduct Internal Audits periodically.

2. Scope

2.1 This procedure is applicable for conducting Internal Audits.

3. Responsibility

3.1 Management Representative is responsible for planning, conducting and monitoring the internal quality audits and its out come as per this procedure.

4. Procedure

4.1 Procedure for Conducting Internal Quality Audits :-

Audits can be a) planned or
 b) Need based

4.1.1 Planned audits

- MR plans to conduct Internal Quality Audit once in three months and prepare an Annual Audit Plan.
- Based on the plan an audit Schedule is circulated taking into account the importance and criticality of specific activities. Audit program will also take into account independency of the area being audited.
- Qualified / Trained Internal Quality Auditors or external consultant with Lead Audit qualification are utilized for performing internal quality audits. MR decides the auditors based on the objective / scope / requirements of the audit.
- Audits are drawn such that all key functions / processes are covered cyclically.
- The respective auditors are required to prepare a check list to carry out audit in line with the QMS requirements and results of previous audits in consultation with MR.
- Audit is carried out as per schedule and objective evidences are recorded in the audit report.
- Non-conformances are recorded in the Internal Audit Report in duplicate or with acknowledgement by the auditee. It must be ensured that right at the time of issue of Non conformance the auditee proposes action and time frame except for extreme situation.
- Based on the non-conformances, the auditee (HOD / Process Owner / function) should indicate the corrective actions and a completion date for the same in the Audit reports where again the time frame for proposing corrective action is limited to 48 Hrs.
- On completion of corrective action, the auditee should approach the relevant auditor / MR for the verification of the corrective action and endorsement.
- The non-conformance report is then sent to the MR for closure activity.
- MR may close the Non-Conformance based on the auditor's verification and / or his own verification including effectiveness of closure. In the event of higher impact on the NCR over the system the closure of NCR's is done through follow up or need based audits. The decision of MR is final w.r.t. systems related to QMS.
- Wherever the corrective actions for non-conformances results in changes to Quality System documentation, MR ensures that document changes are carried out as per GCL/QP/01.

- MR in-turn shall monitor the implementation of corrective actions through follow up or need based audits.
- MR also coordinates with HODs for identifying possibility of preventive action with specific reference to the NC

4.1.2 Need based audit

- Need based audits are conducted, on all processes or on specific areas, as necessary, when
 - a) NCR's are on the increasing trend
 - b) customer complaints are on the increasing side
 - c) effectiveness of the QMS is inadequate
 - d) Identifying areas of improvements
- The audits are decided by MR, from the analysis or inputs, need and then conducted.
- The procedure followed is as per 4.1.1 planned audits, the only difference being that it is not time based.
- The annual audit plan is also updated w.r.t. need based audits conducted.

4.2 Analysis

- 4.2.1 MR analyses the findings of each audit, and compares it with the previous audits w.r.t. audits, number and types of NCRs, department / function / process wise, using statistical techniques where feasible, to evaluate the trend and effectiveness of the QMS.
- 4.2.2 MR makes out an audit summary and NC trend function wise / clause wise and circulates to HODs to effectively analyse and contribute in the MRM
- 4.2.3 The findings of the audits are discussed at the MRMs.

5. Records

- 5.1 Annual Audit Plan
- 5.2 Audit Schedule
- 5.3 Internal audit report
- 5.4 Internal Audit Non conformance report
- 5.5 Audit summary

6.0 Performance measure

- 6.1 On time completion of internal audits
- 6.2 No of out of course audits function wise.

1. Purpose

1.1 To define a Procedure for controlling Non-conforming products and preventing the same from being passed on to the customers, where possible.

2. Scope

2.1 This procedure is applicable for all processes of GCL.

3. Responsibility

3.1 The Head of Support is responsible for identification, review and disposition of Non-conforming Services at various stages.

4. Procedure**4.1 Non Conforming Services**

4.1.1. The following are considered as non-conforming Services in GCL.

a. Non-performance of products / services.

b. Non-performance w.r.t. Requirements and specifications.

This applies to incoming material, in process products, Material received for servicing.

c. Non conformances if any are captured from the incoming DC / Daily Log / RMA Format.

4.1.2. The Head of Support indicates non-conformances whenever noticed in Non-conformance register and identifies the non-conforming products with Status tags, where possible.

4.1.3. Non-conforming services are evaluated to identify the root cause. Where required concerned persons of GCL are consulted.

4.1.4. After evaluation, the non-conformances are notified to concerned persons and corrective actions decided and recorded in CAPA format.

4.1.5. Where feasible non-conforming products are identified by remarks, the non-conforming product is quarantined & stored separately, duly marked as non-conforming.

4.1.6. Production reviews the non-conformance and takes necessary action for reconciliation as per the non-conformance. Such reconciled / reworked products are verified for conformance by the Head of Support.

5. Records

5.1 Non-conformance Repor

6 Performance measure

6.1 Periodic review of the projects including No. of non conforming incidents functions wise

1.0 Purpose

1.1 This procedure defines the system used for corrective action and preventive action at GCL.

2.0 Scope

2.1 Applicable to all processes of GCL.

3.0 Responsibility

3.1 Head Chennai Operations

4.0 Procedure

- 4.1 The Management System is continuously improved through the use of the Organisation's Policy, Quality objectives, audit results, analysis of data, corrective and preventive actions, management reviews and other reviews.
- 4.2 The Flowcharts in the following Page is the method(s) used at GCL for corrective actions and preventive actions

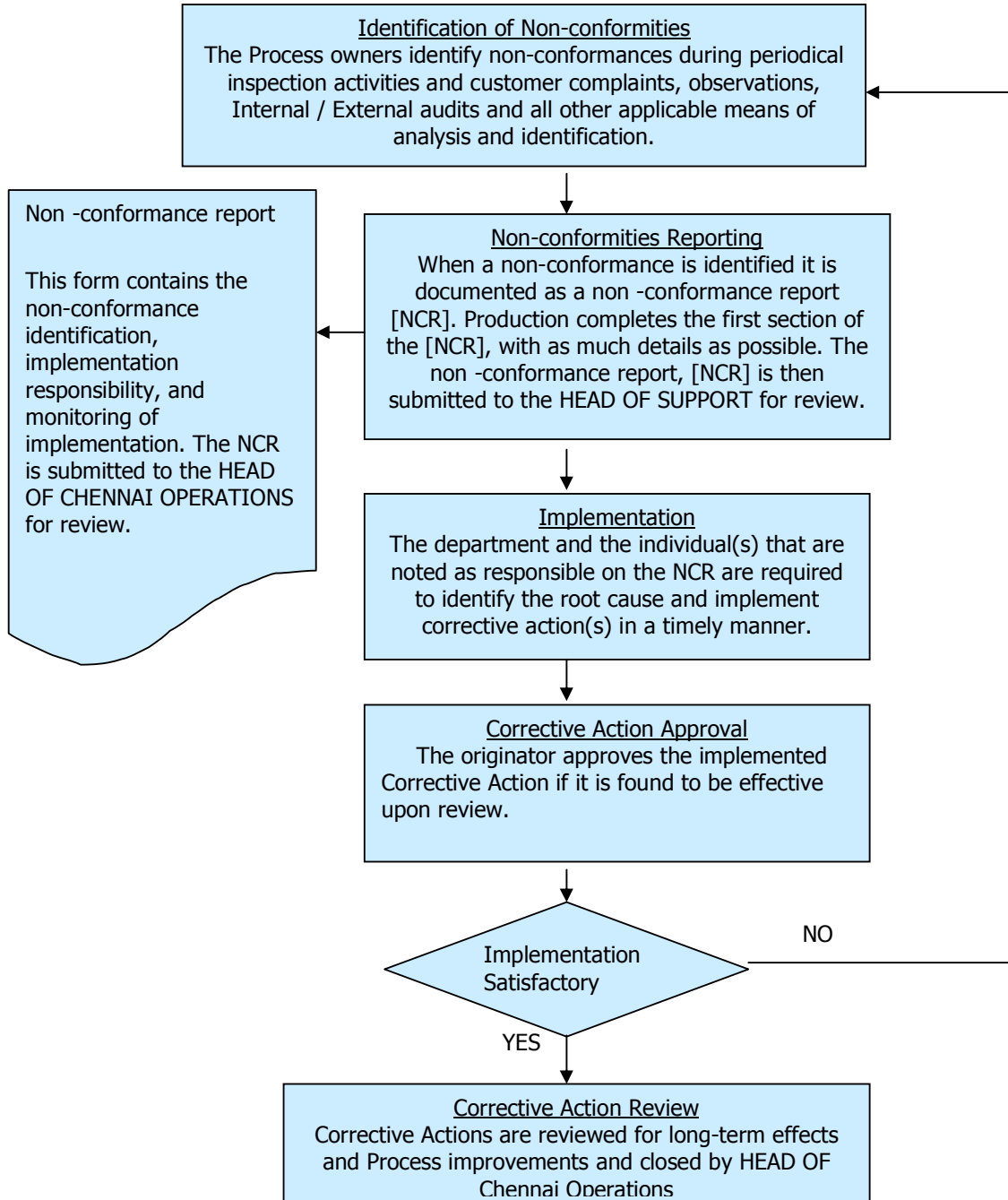
5.0 Records

5.1 CAPA Report

6.0 Performance measure

- 8.1 No. of CA / PA taken
- 8.2 Trend analysis of CA / PA

CORRECTIVE ACTION



PREVENTIVE ACTION

Analysis of Trends and Identification of Non-conformance
Trends of process, product and customer complaint are analysed by HEAD OF SUPPORT for Preventive Action. Non-conformances are identified for Preventive Action by MR.

Preventive Action
This form contains the identified cases by Process owners for preventive action. This is reviewed by a committee, identified by Managing Director, from various levels who evaluate the need for preventive action and identify the course of action.

Implementation
The department and the individual(s) that are noted as responsible on the Preventive action are required to identify the root cause and implement preventive action(s) in a timely manner.

Preventive Action Approval
Approval is to be accorded by Head Chennai Operations.

Implementation Satisfactory

NO

YES

Preventive Action Review
Preventive Actions are reviewed in Management Review Meeting

1. Purpose

1.1 This procedure defines the system used for continual improvements at GCL.

2. Scope

2.1 All employees of GCL

3. Responsibility

3.1 All employees.

4. Procedure

4.1 The Management System is continuously improved through the use of the Organisation's Policy, quality objectives, audit results, analysis of data, corrective and preventive actions and management reviews.

4.2 Various data / process performance measure / activities are constantly monitored across the company.

4.3 Bench marking is done to attain improved situation in the respective areas.

4.4 Balance score card approach is used wherever feasible.

4.5 Wherever needed team effort is considered

4.6 The attainment plan is made by use of structured QC tools / proven methodologies.

4.7 Gemini at appropriate time may nominate a person to oversee the organization wide continual improvement (TQM) initiative

4.8 The out come of such efforts are recognized as per company policy

4.9 The details are summarized by MR and discussed in the management review meeting.

5. References

5.1 Non - conformance Report.

Continual Improvement

