

# HSQ Management System Manual

ISO 9001:2015 & ISO 45001:2018

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## 2 Introduction

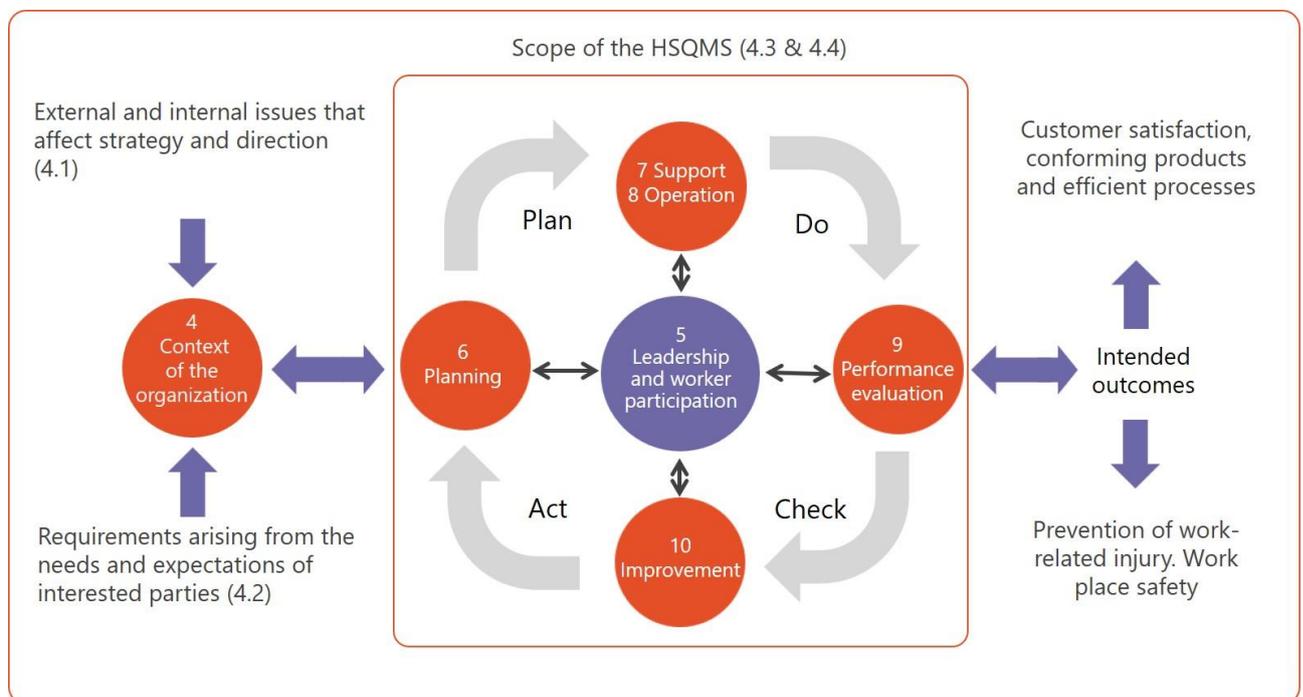
Your organization has developed and implemented a health, safety and quality management system (HSQMS), which uses ISO 9001:2015 and ISO 45001:2018 as a framework that allows our organization to document and improve our practices in order to better satisfy the needs and expectations of our customers, stakeholders, and interested parties.

### 2.1 Process Activity Map

The process overview (turtle diagram) provides stakeholders, process owners, and participants with an overview of the interactions of the management system.

The figure below illustrates our methodology for the development of our HSQ management system, using the plan, do, check, and act process approach, to implement and deliver management system objectives, stakeholder requirements, and to achieve compliance.

**Figure 1: Overview of the HSQ Management System**



Certification to ISO 9001 and ISO 45001 will help achieve these intended outcomes and demonstrates that the HSQ management system is effective, provides value for our organization and its interested parties.

### 2.2 Purpose

This document describes our HSQ management system, delineates authorities, inter relationships, and the responsibilities of personnel within the system. The manual also provides references to procedures and activities that comprise our management system.

The document is used to familiarise customers and other external organizations or individuals with the health safety, and quality controls that your organization has implemented. The controls defined herein demonstrate to all interested parties that our HSQ management system is focused on implementing processes that deliver customer satisfaction while limiting the safety impact of our operations.

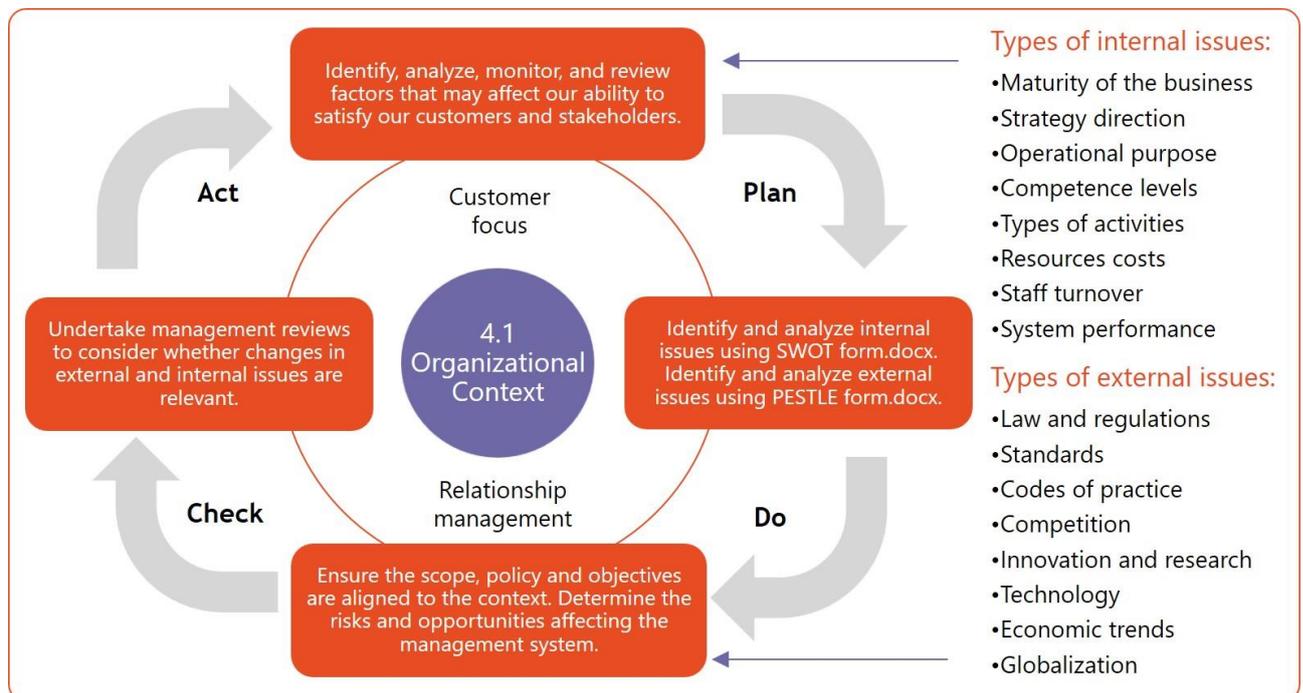
## 4 About Our Organization

### 4.1 Organizational Context

Your organization is committed to defining our position in the marketplace and understanding how relevant factors arising from legal, political, economic, social, and technological issues influence our strategic direction and our organizational context.

Your organization identifies, analyzes, monitors, and reviews factors that may affect our ability to satisfy our customers and stakeholders, as well as; factors that may adversely affect the stability and integrity of our processes and our management system.

**Figure 2: Context Discovery Process**



To ensure that our organizational context is aligned with our strategy whilst taking account of relevant, influential, internal, and external factors; your organization collates and analyzes information pertinent to those influential factors to identify issues that have the potential to be affected by our activities.

Similarly, we identify internal and external issues that could be capable of affecting our organization’s ability to deliver products, services, or activities. Broadly, these issues are defined as:

**Internal issues** – conditions related to our organizational activities, products, services, strategic direction, culture, people, knowledge, processes and systems. Using *SWOT analysis* provides our organization with framework for reviewing and evaluating our strategies, and the position and direction of our organization, business propositions and other ideas.

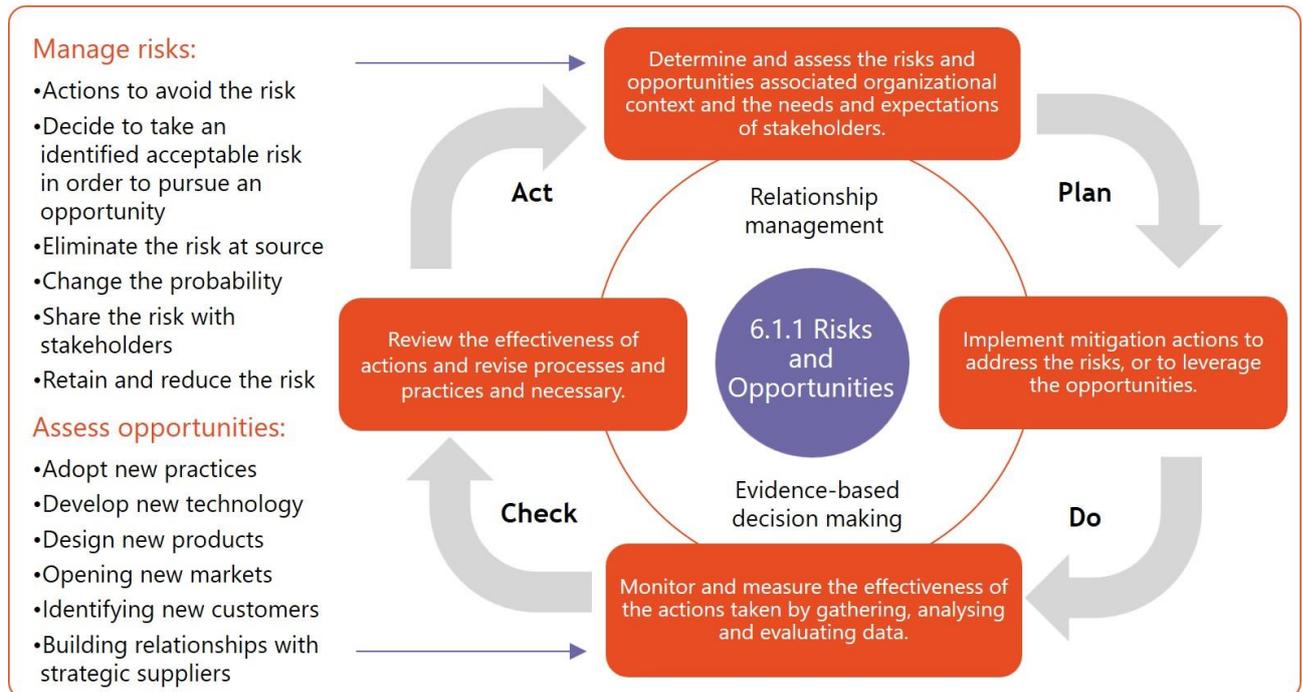
**External issues** – conditions related to cultural, social, political, legal, regulatory, financial, technological, economic, competition at local, national or international levels. Using *PESTLE analysis* provides our organization with framework for measuring our market and growth potential.

## 6 Planning

### 6.1 General

In order for our organization to have a successful HSQ management system, we consider and manage the risks and opportunities relating to our stakeholders, our external and internal context, and our HSQ hazards. This process uses the information collected during our context evaluation (SWOT & PESTLE), stakeholder and interested party analysis, and the evaluation of hazards.

**Figure 6 Risk & Opportunity Process**



Top management then considers the risks and opportunities that we manage to ensure that our HSQ management system meets its intended outcomes, manages external environmental conditions, and achieves continual improvement.

Once the significant or material risks and opportunities are identified, our organization plans actions to mitigate perceived risks or take advantage of opportunities. Action is taken in a variety of ways using our HSQ management system processes via setting objectives, targets, policies, operational control or emergency preparedness, supplier evaluation, or other business processes.

#### 6.1.1 Risks & Opportunities

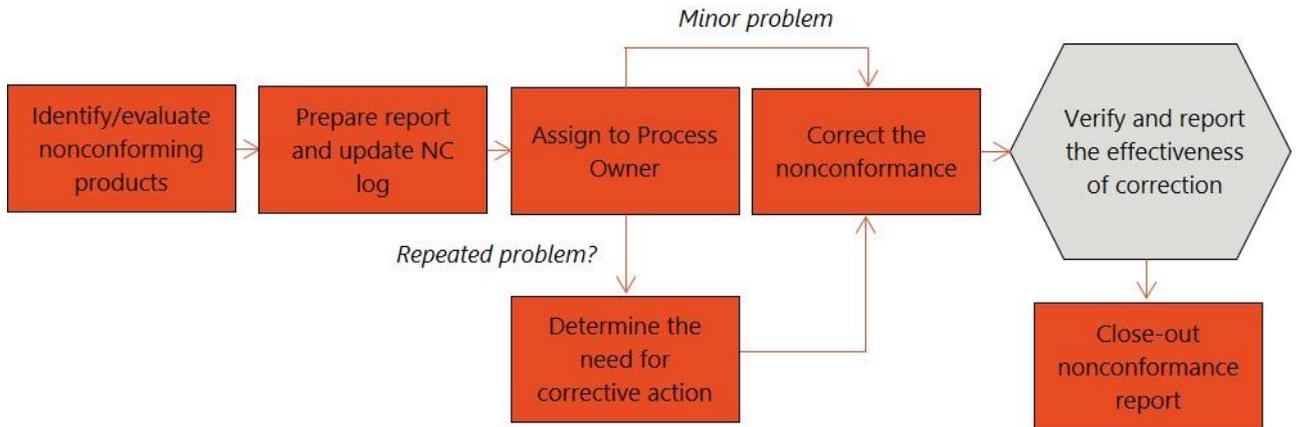
The aim of risk and opportunity management within your organization is to ensure that organizational capabilities and resources are employed in an efficient and effective manner to take advantage of opportunities and mitigate risks.

Top management is responsible for incorporating risk-based thinking into our organization's culture. This includes the establishment of risk management policies and targets to ensure the effective implementation of risk and opportunity management principles throughout the lifecycle of our products, activities, or services by:

1. Providing sufficient resources to carry out risk and opportunity management activities;

The *Nonconforming Outputs Procedures* define the responsibilities, authorities, and methods used for the identification, segregation, review, and disposition of nonconforming products, as well as the implementation of corrective action in order to prevent the recurrence of the nonconformance, and action appropriate to the effect, or potential effects, of the nonconformity when nonconforming product is detected after delivery or use has started.

**Figure 9: Nonconforming Outputs Process**



Records, clearly identifying the product, the nature and extent of nonconformance, the approved disposition and corrective action taken are maintained and as documented information in accordance with Section 7.5. Disposition of 'use-as-is' or 'repair' is only used after approval by an authorized representative of the organization responsible for the design.

Documented information concerning the nature of any nonconformances, the resolving authority, and the resulting corrective actions is retained. Where necessary, details concerning any authorized concessions are documented as evidence of acceptance.

**Supporting documentation:**

Doc No.	Title & Description
P0870-01	Nonconforming Product Outputs Procedure
P0870-02	Nonconforming Service Outputs Procedure

## 8.7.2 Emergency Situations

Your organization has identified potential emergency situations pertaining to our business operations that may lead to an undesired health and safety risk. The [HSQ Manager](#) and the [Facilities Manager](#) are responsible for ensuring that procedures and practices are established for preventing and responding to accidents and emergency situations where there may be a significant impact on the environment. Your organization has implemented and communicated our *Emergency Situations Procedure*.

The Emergency Management Plan is owned by the [HSQ Manager](#) with responsibilities assigned to a dedicated [Emergency Response Team](#), which includes trained [Fire Marshals](#) and [1<sup>st</sup> Aiders](#), and is periodically tested by during regular drills. The Emergency Management Plan is initiated in the event of an emergency arising from the following hazards:

1. Flood;
2. Fire;

In most cases, monitoring and measurement is an on-going process intended to collect data required by legal and other requirements. The evaluation of compliance analyzes and compares the data collected over a period of time in comparison with our stated legal requirements as defined in the *Legal Requirements Register*.

**Supporting documentation:**

Doc No.	Title & Description
P0913-02	OHS Analysis & Evaluation Procedure

## 9.2 Internal Audit

### 9.2.1 General

Internal audit results are critical inputs that help to assess the effectiveness of our management system. **Your organization's** internal audits use risk-based thinking and the notion of continual improvement as the main drivers.

Internal audits are conducted at planned intervals to determine whether the management system conforms to our organization's planned arrangements and to the requirements of ISO 9001 and ISO 45001. The selection of trained auditors and their conduct ensures objectivity throughout the audit process to ensure:

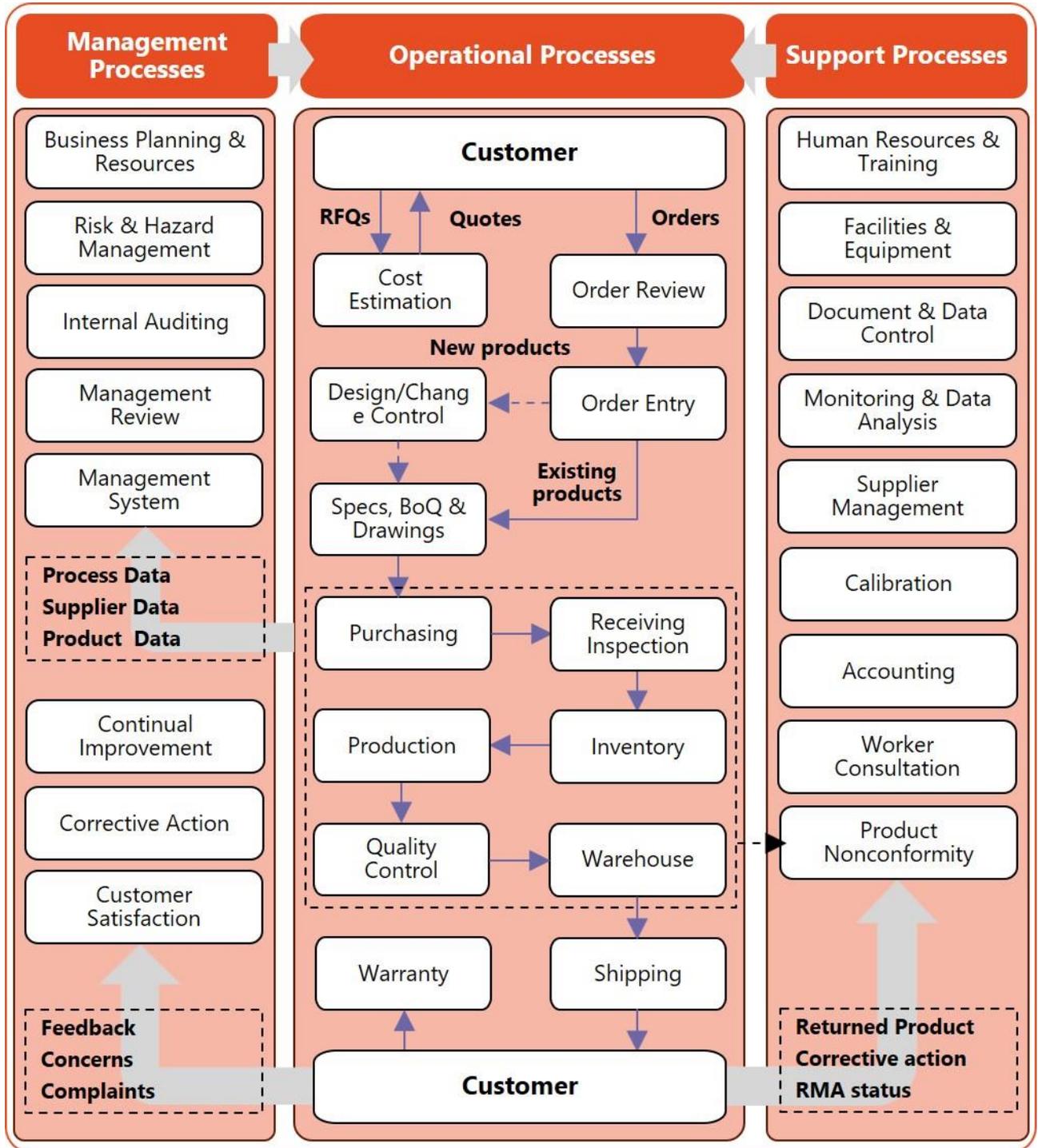
1. The results of each are reported to the **HSQ Manager**;
2. That timely, appropriate corrective action is undertaken where required;
3. They retain documented information such as audit checklists and audit reports as evidence of the effective implementation of the audit programme in respect of each audit.

Internal auditors are selected to ensure objectivity and impartiality of the audit process. This is achieved by selecting a team of auditors from cross-functional departments who have received the appropriate training in the auditing process. The following qualitative scoring criteria are used to identify the level of compliance and effectiveness during internal audits:

Finding	Criteria Description
Conforms	Audit findings indicate conformity (3.6.11). See ISO 9000:2015. Conforms [+100]. Criteria: All performance indicators, metrics, objectives, audit results, etc., show stability and consistently achieve targets. The process is fully documented and implemented and demonstrates compliance as well as effectiveness. Continue to monitor trends and indicators to determine ongoing stability.
Minor NC	Audit findings indicate a nonconformity (3.6.9). See ISO 9000:2015. Minor [-25]. Criteria: Poor performance, adverse trends, expected results not achieved. Current practices conform but are not documented. Deviation from practice is unlikely to result in the failure of the HSQ or process or will not result in the delivery of nonconforming products. Investigate root-cause(s) and implement corrective action by the next reporting period or next audit.
Major NC	Audit findings indicate a nonconformity (3.6.9). See ISO 9000:2015. Major [-75]. Criteria: Practices are nonconforming and likely to cause compliance issues. Likely to have a significant adverse effect on customer satisfaction, product quality, delivery, or profitability. Process not implemented or documented. Implement immediate containment action, investigate root-cause(s), and apply corrective action. Re-audit in 4 weeks.
OFI	Opportunities for improvement (3.3.1) See ISO 9000:2015 or recording good practices. (3.10) Note 2 ISO 19011:2018. Minor problems exist, with weaknesses, bottlenecks, or potential deficiencies, which, if not improved, may lead to nonconformity in the future. Negative or positive situations noted by the auditor but which do not relate to a requirement in the standard.

## Appendices

### A.1 Interaction of Processes



## A.3 Correlation Matrix

This section provides a matrix that correlates the headings of ISO 9001 and ISO 45001 against the relevant sections in this document.

ISO 9001:2015 and ISO 45001:2018		Related Documentation	
Clause	Title	HSQ Manual	Procedure No.
4.0	About our Organization	4.0	N/a
4.1	Organizational Context	4.1	P0400-01
4.2	Relevant Interested Parties	4.2	P0400-01
4.3	Management System Scope	4.3	P0400-01
4.4	Management System Processes	4.4 & A.1	P0400-01
5.1	Leadership & Commitment	5.0	N/a
5.1.1	General	5.1.1	N/a
5.1.2	Customer Focus	5.1.2	N/a
5.2	HSQ Policy	5.2	N/a
5.2.1	Establishing the Policy	5.2.1	N/a
5.2.2	Communicating the Policy	5.2.2	N/a
	Policy Statement	5.2.3	N/a
5.3	Roles, Responsibilities & Authorities	5.3 & A.2	P0530-01
5.4	Consultation & Participation	5.4	P0540-01
6.1	Planning - General	6.0	N/a
6.1.1	Risks & Opportunities	6.1.1	P0611-01
6.1.2	Hazard Identification	6.1.2	P0612-01
6.1.2	Legal Requirements	6.1.3	P0613-01
6.1.3	Planning Action	6.1.4	P0614-01
6.2.1	HSQ Objectives	6.2.1	P0620-01
6.2.2	HSQ Objectives & Plans to Achieve Them	6.2.2	P0620-01
6.3	Planning for Change	6.3	P0630-01
7.1	Support - Resources	7	N/a
7.1.1	General	7.1.1	N/a
7.1.2	People	7.1.2	P0723-01
7.1.3	Infrastructure	7.1.3	P0713-01
7.1.4	Environment for the Operation of Processes	7.1.4	P0713-01
7.1.5	Monitoring & Measuring Resources	7.1.5	P0715-01
7.1.6	Organizational Knowledge	7.1.6	P0750-01
7.2	Competence	7.2	P0723-01
7.3	Awareness	7.3	P0723-01
7.4.1	General	7.4	P0740-01
7.4.2	Internal Communication	7.4	P0740-01
7.4.3	External Communication	7.4	P0740-01
7.5.1	Management System Documents	7.5.1	P0750-01
7.5.2	Creating, Updating & Issuing	7.5.2	P0750-01
7.5.3	Control of Documented Information	7.5.3	P0750-01
8.1	Operation Planning & Control	8.1	N/a
8.1.1	Health & Safety Planning & Control	8.1.1	P0811-01
8.1.2	Quality Planning & Control	8.1.2	P0812-01
8.2	Determining Requirements for Products and Services	8.2	N/a
8.2.1	Customer Communication	8.2.1	P0820-01
8.2.2	Determining Requirements	8.2.2	P0820-01

# HSQ Management System Manual

ISO 9001:2015 and ISO 45001:2018		Related Documentation	
Clause	Title	HSQ Manual	Procedure No.
8.2.3	Review of Requirements	8.2.3	P0820-01
8.2.4	Changes to Requirements	8.2.4	P0820-01
8.3	Design & Development of Products	8.3	N/a
8.3.1	General	8.3.1	P0830-01
8.3.2	Planning	8.3.2	P0830-01
8.3.3	Inputs	8.3.3	P0830-01
8.3.4	Controls	8.3.4	P0830-01
8.3.5	Outputs	8.3.5	P0830-01
8.3.6	Changes	8.3.6	P0830-01
8.4	Suppliers & Purchasing	8.4	N/a
8.4.1	General	8.4.1	P0840-01
8.4.2	Purchasing Controls	8.4.2	P0840-01
8.4.3	Purchasing Information	8.4.3	P0840-01
8.5	Production and Service Provision	8.5	N/a
8.5.1	Control of Production & Service Provision	8.5.1	P0850-01
8.5.2	Identification & Traceability	8.5.2	P0850-01
8.5.3	3 <sup>rd</sup> Party Property	8.5.3	P0850-01
8.5.4	Preservation	8.5.4	P0850-01
8.5.5	Post-Delivery Activities	8.5.5	P0850-01
8.5.6	Control of Changes	8.5.6	P0850-01
8.6	Release of Products & Services	8.6	P0860-01
8.7	Nonconforming Process Outputs and Products	8.7	N/a
8.7	Nonconforming Products & Services	8.7.1	P0870-01 & P0870-02
8.2	Emergency Situations	8.7.2	P0870-03
9.1	Monitoring, Measurement, Analysis & Evaluation	9.1	N/a
9.1.1	General	9.1.1	N/a
9.1.2	Customer Satisfaction	9.1.2	P0912-01
9.1.3	Analysis & Evaluation	9.1.3	P0913-01 & P0913-02
9.1.4	Evaluation of Compliance	9.1.4	P0913-02
9.2	Internal Audit	9.2	N/a
9.2.1	General	9.2.1	P0920-01
9.2.2	Internal Audit Programme	9.2.2	P0920-01
9.3	Management Review	9.3	N/a
9.3.1	General	9.3.1	P0930-01
9.3.2	Management Review Inputs	9.3.2	P0930-01
9.3.3	Management Review Outputs	9.3.3	P0930-01
10.0	Improvement	10.0	N/a
10.1	General	10.1	N/a
10.2	Nonconformity & Corrective Action	10.2.1	P1020-01
10.2	Supplier Corrective Action	10.2.2	P1020-02
10.2	Incident Investigation & Reporting	10.2.3	P1020-03
10.3	Continual Improvement	10.3	P1030-01