


# CORE PROCEDURES

## Table of Contents

SEKU/MR/OP/087: PROCEDURE FOR COMMUNICATION WITH EMPLOYEES, CONTRACTORS AND EXTERNAL PARTIES .....	3
SEKU/MR/OP/088: PROCEDURE FOR COMPETENCE & AWARENESS .....	8
SEKU/MR/OP/089: PROCEDURE FOR CONDUCTING INTERNAL AUDITS .....	11
SEKU/MR/OP/090: PROCEDURE FOR CONTROL OF DOCUMENTED, MAINTAINED OR RETAINED INFORMATION.....	14
SEKU/MR/OP/091: PROCEDURE FOR CUSTOMER SATISFACTION.....	17
SEKU/MR/OP/092: PROCEDURE FOR ESTABLISHING, IMPLEMENTING AND DOCUMENTING OBJECTIVES .....	19
SEKU/MR/OP/093: PROCEDURE FOR MONITORING, MEASUREMENT, ANALYSIS & EVALUATION .....	22
SEKU/MR/OP/094: PROCEDURE FOR QMS MANAGEMENT REVIEW .....	26
SEKU/MR/OP/095: PROCEDURE FOR ANALYSIS AND EVALUATION OF RISKS .....	29
SEKU/MR/OP/096: PROCEDURE FOR THE CONTROL AND ANALYSIS OF NONCONFORMITIES.....	33



**SEKU/MR/OP/087: PROCEDURE FOR COMMUNICATION WITH EMPLOYEES, CONTRACTORS AND EXTERNAL PARTIES**

AUTHORIZATION: This procedure has been issued under the authority of the MR	
TITLE:	DVC – AHRM, ISO MANAGEMENT REPRESENTATIVE
SIGNATURE:	
DATE OF ISSUE:	FEBRUARY, 2017
DOCUMENT CONTROL	
ISSUE NO	03
REVISION NO	02
Controlled issue of this procedure will be final in case of dispute	
SEKU	DVC – AHRM / MR

## **1.0 General**

- 1.1. This procedure has been developed to describe the process used by SEKU seek solutions to ensure adequate and effective communication with employees, contractors and external parties related to the performance of SEKU Quality Management System (QMS), as well to ensure participation and consultation with workers, contractors and relevant external parties.
- 1.2. Does not apply to the control of project-specific communication, including responsibilities and authority.

## **2.0 Internal Communication**

- 2.1. SEKU has established processes to communicate SEKU policy, objectives, expectations, risks and opportunities, as well as roles and responsibilities to all employees.
- 2.2. These processes are established not only to ensure that necessary information is communicated, but also to ensure employee involvement in the development, communication, and implementation of this system.
- 2.3. These processes include, where applicable, but are not limited to:
  - 2.3.1. This QMS manual and associated documentation,
  - 2.3.2. Electronic (Internet and email) communications,
  - 2.3.3. Employee meetings and bulletin board postings,
  - 2.3.4. Employee training programs,
  - 2.3.5. Employee performance reviews, and
  - 2.3.6. QMS Management reviews.
- 2.4. This communication may be used for problem solving, coordination of activities, following up on action plans, and for further developing of the management system.

## **3.0 External Communication**

- 3.1. External communication is typically handled on an “as-requested” basis. This communication may include, but is not limited to, information regarding QMS policy, objectives, expectations, risks and opportunities, as well as overall QMS performance.

## **4.0 Participation and Consultation**

- 4.1. Employees
  - 4.1.1. At a minimum, each manager / supervisor shall review the QMS policy and objectives with their direct reports at least on an annual basis. The Management Representative may solicit employee involvement to further develop these areas.
  - 4.1.2. As appropriate, the Management Representative may also solicit employee involvement in the investigation of nonconformities and incidents (such representation shall consider the need for such assistance, the background of the individual under consideration, their level of objectivity and other relevant factors).
  - 4.1.3. All employees are encouraged to become involved and participate in the identification of risks and opportunities and the determination of controls.
  - 4.1.4. Where there are changes that affect QMS requirements, employees shall be notified. Such notifications may include but are not limited to meetings, emails, bulletin board postings and other methods of communication.

4.1.5. SEKU maintains an “open door” policy where an individual may directly contact Top Management with their concerns if they are not addressed by their direct supervisor.

4.2. Contractors

4.2.1. Where changes are made to this QMS which could affect contractor performance relative to this QMS, SEKU will review the issues with either the individual or their management. Training will be provided as necessary.

4.3. Other External Parties

4.3.1. As appropriate, SEKU shall ensure that relevant external interested parties are consulted about pertinent QMS matters. In such cases, all external communications shall be reviewed and approved by the Vice Chancellor prior to release.

**5.0 Revision History**

Revision	Date	Description of change	Approval
0		Initial Release	SR

## Appendix A

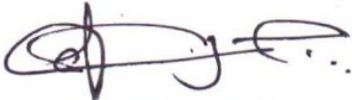
### SEKU Communications Plan

<b>Information Type to Be Communicated</b>	<b>Communication Mechanism / Action</b>	<b>Responsibility</b>	<b>Completion / Target Date</b>
QMS Policy & Expectations	Awareness Training for Management	Mgmt. Rep.	Upon hire, transfer or promotion
	Awareness Training for employees	Mgmt. Rep	Upon hire or Transfer
	Annual refresher training for employees	Manager/Supervisor	Annually
Significant Risks	Bulletin board postings; meetings	Mgmt. Rep	Annually
QMS Objectives	Bulletin board postings; meetings	Mgmt. Rep	Annually
Progress towards meeting QMS Objectives	Bulletin board postings; meetings	Mgmt. Rep	Semi Annually
	Awareness discussions with employees	Manager/Supervisor	Semi Annually
Notification of Legal & other Required Changes (general)	Email notifications; Master Listing	Mgmt. Rep	As Required
Task Requirements	Procedures, Instructions, etc	Various	As Required
Findings from Audit & Assessment Activities	Bulletin board postings; employee meetings	Mgmt. Rep	As Required
Finding's from the Investigation of nonconformities and	Bulletin board Postings; employee meetings	Mgmt. Rep	As Required
Results of QMS Executive Management Review	Employee meetings	Mgmt. Rep	Annually
Responses to customer complaints, including the	Communication as needed Format as appropriate to the issue identified	Vice Chancellor	As needed

results			
Reponses to requests for Public Information (External inquiries from public & Non Regulatory	SEKU will review/respond to public inquires through direct contact, public meetings and other public forums.	Vice Chancellor	As needed
BMS External Communications and Awareness	Verbal and written as need is identified.	Vice Chancellor	As needed



**SEKU/MR/OP/088: PROCEDURE FOR COMPETENCE & AWARENESS**

AUTHORIZATION: This procedure has been issued under the authority of the MR	
TITLE:	DVC – AHRM, ISO MANAGEMENT REPRESENTATIVE
SIGNATURE:	
DATE OF ISSUE:	FEBRUARY, 2017
DOCUMENT CONTROL	
ISSUE NO	03
REVISION NO	02
Controlled issue of this procedure will be final in case of dispute	
SEKU	DVC – AHRM / MR



## 1.0 Purpose

- 1.1. The following controls have been established by SEKU Solutions to ensure the competency of all personnel performing work under the organization's control whose work affects the performance and effectiveness of this Quality Management System (BMS).

## 2.0 Responsibilities

- 2.1. Management Representative will establish a QMS awareness program for all personnel, and provide job-specific training for individuals responsible for QMS related activities.
- 2.2. The Management Representative will conduct awareness sessions for other Managers and Supervisors to introduce them to the requirements of Quality Management System (QMS).
- 2.3. Managers and supervisors will conduct awareness sessions for all individuals performing activities covered by the requirements of this QMS.
- 2.4. The identification and fulfillment of all other personnel training needs shall be the responsibility of the responsible supervisor.

## 3.0 General (all personnel)

- 3.1. All persons doing work under SEKU's control shall participate in a BMS awareness program to ensure that they have an adequate understanding and awareness of:
  - 3.1.1. The Quality Policy;
  - 3.1.2. Relevant QMS Objectives;
  - 3.1.3. Their contribution to the effectiveness of this QMS, including benefits of improved performance;
  - 3.1.4. The implications of not conforming to QMS requirements.
- 3.2. Specific personnel training needs shall be evaluated by their direct supervisor upon hire and on an periodic basis thereafter. This evaluation shall take into consideration work activities to be performed by the individual, and the level of competency that is required.
- 3.3. Training shall be administered in a timely manner, as appropriate to the critical nature of the need identified. Training should be given as soon as possible, as scheduling permits.
- 3.4. Under no circumstances, shall an employee be allowed to perform activities without appropriate training or continue performing an activity, without remedial action, once non-conforming performance has been identified.

## 4.0 Full-Time Employees

- 4.1. Within 30 days of hire, employees shall receive the following:
  - 4.1.1. QMS awareness training,
  - 4.1.2. Training on other SEKU policies, procedures and any applicable regulations and/or statutes, and
  - 4.1.3. Job or task specific training, as needed.

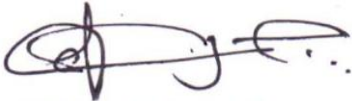
\*Note: For employees hired prior to the establishment of this QMS, a documented review may be performed to establish the competency of these employees relative to the above. QMS awareness training shall be required for all personnel.

- 4.2. All full-time employees shall be subject to a 90-day review (probationary) period, during which time their performance will be evaluated to ensure their ability to meet specified quality requirements.
  - 4.3. Upon successful completion of the 90-day review period, each employee shall then be subject to an annual competency/performance review by their direct supervisor. As part of the annual review, the employee's performance-to-date shall also be considered.
- 5.0 Supplemental training (all personnel)
- 5.1. Supplemental training shall be given, on an as-needed basis, as determined by the Management Representative or the individual's direct supervisor.
  - 5.2. When an individual changes positions, their previous training will be reviewed. New and/or supplemental training requirements will be identified and training given on a timely basis as needed.
- 6.0 Evaluation methods
- 6.1. Training effectiveness, competency and/or awareness may be evaluated through a variety of methods, which include, but are not limited to:
    - 6.1.1. end-of-course scores;
    - 6.1.2. course critiques;
    - 6.1.3. instructor evaluations;
    - 6.1.4. periodic evaluations;
    - 6.1.5. on-the-job observations; and
    - 6.1.6. Client feedback, including complaints.
  - 6.2. Specific evaluation methods used shall be based on the nature of the program and the specific outcome desired. As a minimum, all personnel shall receive regular competency evaluations and be subject to on-the-job observation.
- 7.0 RECORDS
- 7.1. Training plans for SEKU personnel, and their fulfillment, shall be documented on an Employee Training Matrix. Group training should be documented.
  - 7.2. Training entries shall be accompanied by program documentation, as available, identifying the training that was performed, its duration, the subject(s) covered and the results of any trainee assessments given, if applicable.
  - 7.3. Training records shall be maintained by Human Resources in accordance.
- 8.0 Revision History

Revision	Date	Description of change	Approval
0		Initial Release	SR



**SEKU/MR/OP/089: PROCEDURE FOR CONDUCTING INTERNAL AUDITS**

AUTHORIZATION: This procedure has been issued under the authority of the MR	
TITLE:	DVC – AHRM, ISO MANAGEMENT REPRESENTATIVE
SIGNATURE:	
DATE OF ISSUE:	FEBRUARY, 2017
DOCUMENT CONTROL	
ISSUE NO	03
REVISION NO	02
Controlled issue of this procedure will be final in case of dispute	
SEKU	DVC – AHRM / MR

## **1.0 Purpose**

- 1.1. This procedure has been established to describe the process used by SEKU for conducting internal audits to determine conformance to management system requirements.

## **2.0 Program implementation and maintenance**

- 2.1. The Management Representative is responsible for implementing and maintaining the Internal Audit program at SEKU.
- 2.2. The performance of this program shall be considered as part of management review.

## **3.0 Program planning**

- 3.1. As a minimum, SEKU Quality Management System (QMS) will be audited on an annual basis in its entirety, performed as part of SEKU's annual management review.
- 3.2. Audits will be conducted based on the status and importance of the process and will take into consideration previous audit results and any identified trends of nonconformance.

## **4.0 Audit criteria, scope, frequency and methods**

- 4.1. Audit criteria will be based on the process and the area being audited and in accordance with an audit schedule maintained by the Management Representative.
- 4.2. Audit results shall be reported in a manner approved by the Management Representative, using audit findings form or other acceptable means. Audit methods may include, but are not limited to, a review of documents, records, interviews of personnel and observations of work-in-progress.
- 4.3. In addition to scheduled QMS Internal audits, Unscheduled audits may be performed on a per-project basis (e.g., "Project Audit"), at the discretion of the responsible manager. When performed, all applicable requirements of this procedure shall apply.

## **5.0 Auditor selection and conduct**

- 5.1. To ensure the objectivity and impartiality of the audit process, auditors shall not audit their own work.
- 5.2. Internal Auditors shall meet the auditor qualification requirements of SEKU policy on personnel, Qualification of Audit Personnel, and approved by the Management Representative. Audits "team members" in the process of qualification are excluded from this requirement.

## **6.0 Audit Responsibilities**

- 6.1. SEKU Management Representative will be responsible for scheduling and planning Internal Audits and for assigning qualified personnel for the performance of audits.
- 6.2. Results of Internal Audits, including any corrective action necessary, will be recorded and maintained as part of a formal Audit Report. The audit report will be signed by the auditor and maintained by the Management Representative.
- 6.3. Internal audit results, including the final audit report and checklist, as well as the results of any follow-up activities shall be maintained in accordance with Documented Information.

## **7.0 Resolution of detected nonconformities and their causes**

- 7.1. Audit findings shall be addressed in accordance with procedure Corrective Action procedure.

- 7.2. It will be the responsibility of the manager or supervisor of the audited function to respond to any audit finding within 30 days of the audit.
- 7.3. The Management Representative will consider the corrective action taken relative to any required changes to procedures or the QMS manual.

**8.0 Follow-up and verification activities**


- 8.1. Upon notification that any necessary corrective action(s) has been completed, the Management Representative will verify corrective action and its effective implementation.
- 8.2. A follow up audit may be requested at the Management Representative’s discretion.

**9.0 Revision History**

Revision	Date	Description of change	Approval
0		Initial Release	SR



**SEKU/MR/OP/090: PROCEDURE FOR CONTROL OF DOCUMENTED, MAINTAINED OR RETAINED INFORMATION**

AUTHORIZATION: This procedure has been issued under the authority of the MR	
TITLE:	DVC – AHRM, ISO MANAGEMENT REPRESENTATIVE
SIGNATURE:	
DATE OF ISSUE:	FEBRUARY, 2017
DOCUMENT CONTROL	
ISSUE NO	03
REVISION NO	02
Controlled issue of this procedure will be final in case of dispute	
SEKU	DVC – AHRM / MR

## **1.0 Purpose**

- 1.1. This procedure has been established to describe the process used by SEKU for the control of documented information either maintained or retained by SEKU Quality Management System (QMS).

## **2.0 Responsibility**

- 2.1. It is the responsibility of Management Representative to ensure that:
  - 2.1.1. The QMS is adequately documented.
  - 2.1.2. QMS documents are properly controlled and approved and are readily available to those personnel that need to use them.
  - 2.1.3. Sufficient records are maintained and these are legible and readily found.

## **3.0 Procedure**

- 3.1. Document and Data Control
  - 3.1.1. Prior to issue or revision, SEKU's Quality Manual and all related QMS procedures shall be reviewed and approved by SEKU's Management Representative. All other SEKU documents shall be approved by the responsible process owner.
  - 3.1.2. All documents shall be assigned a unique identifier and their revision status identified by number or letter.
  - 3.1.3. A Document Master List shall be maintained by the Management Representative to identify the current revision status of QMS documents.
  - 3.1.4. SEKU's Quality Manual and related procedures are reviewed on an annual basis as part of SEKU's Management Review process; other revisions will be on an as-needed basis. For QMS documentation, changes will be initiated using a Document Change Request and logged. Approved Changes will be noted in the effected document's revision history when implemented.
  - 3.1.5. The Management Representative will maintain a transmittal log for documents issued as "controlled" and shall verify receipt of issued documents to ensure all affected personnel have current documents.
  - 3.1.6. Electronic versions of controlled documents maintained online shall be limited to read-only access. To allow for their use, forms may be retained in their original MS Office format (MS Word or Excel). Documents maintained on this system shall be considered uncontrolled when downloaded or printed.
  - 3.1.7. The Management Representative will maintain a list of all external documents used by SEKU. This list will be reviewed annually for adequacy and will be updated as required.

This list will constitute a part of SEKU's Master List of controlled documents. Obsolete documents will be clearly marked as "OBSOLETE" or discarded, in order to prevent unintended use.

### 3.2. Records

- 3.2.1. Each record owner shall be responsible for ensuring that records in their possession remain readily identifiable, legible and retrievable.
- 3.2.2. To allow retrieval in a timely manner, all records shall be organized and stored in accordance with a record index, which shall also identify record retention times, record storage locations and assign responsibility for maintaining those records.
- 3.2.3. Record storage shall minimize unauthorized access.
  - 3.2.3.1. For electronic records, access shall be controlled through password protection.
  - 3.2.3.2. For hard-copy records, only personnel responsible for these records may access or remove records from their storage area.
- 3.2.4. Designated storage areas shall be environmentally controlled to the extent necessary to preclude physical damage to the records.
- 3.2.5. Where records are maintained in electronic format, daily backups shall be performed and secured at an off-site location.
- 3.2.6. Unless otherwise specified, records shall be maintained for a minimum of 5 years and then should be destroyed by either shredding (paper) or deleting (electronic). The responsible manager should take whatever steps necessary to prevent the records from unauthorized access and/or use.

#### **4.0 Revision History**

Revision	Date	Description of change	Approval
0		Initial Release	SR





**SEKU/MR/OP/091: PROCEDURE FOR CUSTOMER SATISFACTION**

AUTHORIZATION: This procedure has been issued under the authority of the MR	
TITLE:	DVC – AHRM, ISO MANAGEMENT REPRESENTATIVE
SIGNATURE:	
DATE OF ISSUE:	FEBRUARY, 2017
DOCUMENT CONTROL	
ISSUE NO	03
REVISION NO	02
Controlled issue of this procedure will be final in case of dispute	
SEKU	DVC – AHRM / MR

## 1.0 Purpose

- 1.1. The purpose of this section is to define MAS Solutions' procedures for obtaining information relating to client perception, and the use of this information to determine whether our products and services have met client expectations, including those that sometimes exceed contractual requirements.

## 2.0 General

- 2.1. SEKU's Public relations office shall be responsible for the collection and analysis of client feedback information.
- 2.2. SEKU's primary method of measuring client satisfaction is through the use and analysis of both Client Meeting Reports and Project Closeout Reports, which are distributed by MAS to clients on a per-meeting or per-project basis respectively, usually by the assigned consultant or auditor.
- 2.3. Other methods used to determine client perception / client satisfaction include other direct communications with the client, including recommendations, awards and complaints. Feedback from project closeout review meetings, with both client and major subcontractor's in attendance may also be considered as part of this measurement.

## 3.0 Collection

- 3.1. Client feedback is logged to the Public Relation Office and reviewed by the Public Relations Manager upon receipt, with reporting on feedback results performed on a quarterly basis. These reports are then used to initiate action(s) as necessary to either remedy client dissatisfaction or further improve client satisfaction.
- 3.2. A summary of these reports is also included as part of SEKU's Management Review process.

## 4.0 Client Complaints

- 4.1. Client complaints or other negative feedback (e.g., a client satisfaction survey rating of less than (3 of 5), require immediate review with the client and corrective action as appropriate, to ensure resolution of the problem (or issue) and any action necessary to prevent its recurrence.
- 4.2. Responses to client complaints shall be in accordance with Communication.

## 5.0 Records


- 5.1. Client feedback information (surveys) shall be maintained in the QMS files in accordance with

## 6.0 Revision History

Revision	Date	Description of change	Approval
0		Initial Release	SR



**SEKU/MR/OP/092: PROCEDURE FOR ESTABLISHING, IMPLEMENTING AND DOCUMENTING OBJECTIVES**

AUTHORIZATION: This procedure has been issued under the authority of the MR	
TITLE:	DVC – AHRM, ISO MANAGEMENT REPRESENTATIVE
SIGNATURE:	
DATE OF ISSUE:	FEBRUARY, 2017
DOCUMENT CONTROL	
ISSUE NO	03
REVISION NO	02
Controlled issue of this procedure will be final in case of dispute	
SEKU	DVC – AHRM / MR

## 1.0 Purpose

- 1.1 This procedure has been developed to describe the process established by SEKU for establishing, implementing and documenting objectives and targets at relevant functions and levels within the organization in order to move SEKU to improved levels of performance.

## 2.0 Objectives and Targets

- 2.1 Objectives and targets are defined goals established by SEKU, measureable in terms of SEKU performance and relevant to SEKU quality Policy. Applicable QMS \*requirements shall also be considered, as well as identified risks and opportunities.
- 2.2 As a minimum, SEKU shall establish new quality objectives and targets and review the organization's performance toward meeting existing objectives and targets, as part of the Management Review process.

\*Note: The requirements stated above are not intended to be exclusive. QMS objectives and targets may be established and/or reviewed at any time, as deemed appropriate by the Management Representative.

- 2.3 In the review of existing objectives and targets, SEKU's management shall determine if the objectives under consideration have been met, or if adjustment to the corresponding management plan is necessary.
- 2.4 QMS objectives and targets and any subsequent reviews shall be documented and communicated within the organization.

## 3.0 Programs

- 3.1 As part of the QMS objective setting process, SEKU's Management Representative shall develop a Management Plan, detailing the steps intended by SEKU to meet stated QMS objectives.
- 3.2 These plans shall detail key considerations, such as:
  - 3.1.2 General information (fiscal year, submittal date, revision, etc.),
  - 3.2.2 Responsibility and authority for achievement of the objectives,
  - 3.3.2 The current performance of the organization (where known and/or applicable),
  - 3.4.2 The future (desired) state of the organization,
  - 3.5.2 The time-frame by which the objectives are to be achieved,
  - 3.6.2 The means, including an overview of tasks and activities by which objectives are to be achieved,
  - 3.7.2 Any training required, and

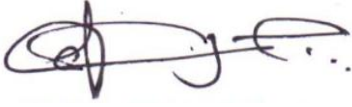
- 3.8.2 Any other pertinent information.
- 3.3 Management plans shall be documented and communicated to all affected personnel. The Management Representative shall report to affected personnel on SEKU's progress towards meeting stated objectives on at least a semi-annual basis (i.e., by bulletin board postings, email, meetings, newsletters, etc.).
- 3.4 Management plans shall be periodically reviewed (e.g.at Management Review) and revised as necessary, to reflect any changes in the organization, this management system or to activities performed by SEKU.
- 3.5 Where it is determined the established QMS objectives cannot be met, corrective action is required.

**4.0 Revision History**

Revision	Date	Description of change	Approval
0		Initial Release	SR



**SEKU/MR/OP/093: PROCEDURE FOR MONITORING, MEASUREMENT, ANALYSIS & EVALUATION**

AUTHORIZATION: This procedure has been issued under the authority of the MR	
TITLE:	DVC – AHRM, ISO MANAGEMENT REPRESENTATIVE
SIGNATURE:	
DATE OF ISSUE:	FEBRUARY, 2017
DOCUMENT CONTROL	
ISSUE NO	03
REVISION NO	02
Controlled issue of this procedure will be final in case of dispute	
SEKU	DVC – AHRM / MR

## **1.0 Purpose**

- 1.1. SEKU monitors and measures on a regular basis, the key characteristics of its operations that can have a significant impact on the performance of SEKU's Quality Management System (QMS). This includes the documenting of information to analyze trends and monitor performance, the effectiveness of operational controls and conformity with the organization's Quality objectives.

## **2.0 Responsibility and Authority**

- 2.1. SEKU's Management Representative has been given overall responsibility and authority for the collection, analysis, and reporting of QMS data.
- 2.2. Other individuals, including process owners and other employees, may be requested as necessary to assist the Management Representative in the collection and reporting of QMS data.

## **3.0 Monitoring and Measurement**

- 3.1. SEKU's Management Representative (or designee) shall collect, analyze and report on data relating to SEKU's QMS performance including, but not limited to, those subjects shown in Appendix A.
- 3.2. The reporting of QMS data shall be in a format determined by the Management Representative as appropriate to the data collected, the reporting required and the audience to which this information is being communicated.
- 3.3. SEKU's Management Representative shall ensure the appropriate communication of the above performance data, as well as any decisions or actions related to the evaluation of this data by SEKU's Management.

## **4.0 Analysis and Evaluation**

- 4.1. In all performance areas tracked by SEKU, the overall goal is for improvement over time. SEKU shall analyze and evaluate appropriate data and information arising from monitoring and measurement. The results of this analysis shall be used to evaluate:
  - 4.1.1. Conformity of products and services;
  - 4.1.2. The degree of client satisfaction;
  - 4.1.3. The performance and effectiveness of this QMS;
  - 4.1.4. If planning has been implemented effectively;
  - 4.1.5. Need for improvement of this QMS.

## **5.0 Improvement**

- 5.1. Data shall be reviewed on a periodic basis, as well as annually during SEKU's Management Review. As these metrics are reviewed, the Management Representative or other participants may suggest improvement programs and/or action plans to address areas where:
  - 5.1.1. Performance is declining, or
  - 5.1.2. Improvement opportunities present themselves.
- 5.2. Where such objectives are established, the Management Representative shall establish a formal Management Plan for achieving these goals. As these objectives are subsequently achieved, they may be revised upward, reflecting a greater level of improved performance.

5.3. When nonconformities occur that have an actual or potential adverse effect on this QMS, SEKU will initiate Corrective Action in accordance with documented procedures.

**6.0 Records**

6.1. The results of the evaluation of the performance and the effectiveness of this QMS shall be maintained for a minimum of 5 years, in accordance with Documented Information.

**7.0 Revision History**

Revision	Date	Description of change	Approval
0		Initial Release	SR

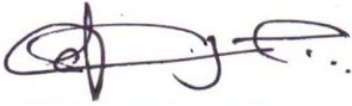


**Appendix A –  
BMS Monitoring and Measurement**

<b>Area Monitored</b>	<b>Measurement</b>	<b>Collection method/ Source</b>	<b>Reporting Frequency</b>	<b>Who collects</b>
Achievement of	Percentage of objectives achieved	QMS Objectives status	Quarterly	Mgmt. Rep
Development	Client Feedback Scores	Report Won / Lost Ratio	Quarterly	Mgmt. Rep
Project	Design changes due to errors	CARs	Project - specific	Mgmt. Rep
Management	Conformance to project schedule	Progress Reports	Project - specific	Mgmt. Rep
External Providers	Subcontractor non conformances	CARs	Quarterly	Mgmt. Rep
Non – conformities	Corrective Actions issued by subject / topic	CAR Log	Quarterly	Mgmt. Rep
Client Satisfaction	Client Feedback Scores	Client Meeting Reports (QSD.005)	Quarterly	Mgmt. Rep
Client Satisfaction	Client Feedback Scores	Client Meeting Reports (QSD.005)	Quarterly	Mgmt. Rep



**SEKU/MR/OP/094: PROCEDURE FOR QMS MANAGEMENT REVIEW**

AUTHORIZATION: This procedure has been issued under the authority of the MR	
TITLE:	DVC – AHRM, ISO MANAGEMENT REPRESENTATIVE
SIGNATURE:	
DATE OF ISSUE:	FEBRUARY, 2017
DOCUMENT CONTROL	
ISSUE NO	03
REVISION NO	02
Controlled issue of this procedure will be final in case of dispute	
SEKU	DVC – AHRM / MR

## **1.0 Purpose**

- 1.1. This procedure has been developed by SEKU to define the requirements for the periodic review of this Quality Management System (QMS), to ensure that it continues to meet the requirements of its intended use with regards to QMS policy, objectives, effectiveness, resources, planning and improvement.

## **2.0 General**

- 2.1. It is the responsibility of Management Representative to ensure that:
  - 2.1.1. The Quality management system is reviewed at least once annually to ensure its continued suitability and effectiveness.
  - 2.1.2. The minutes of the meeting are recorded.
  - 2.1.3. Any actions are identified and taken as decided.
  - 2.1.4. Opportunities for improvement are identified and implemented.

## **3.0 Review Frequency**

- 3.1. A Management Review must be held at least annually (once per year) to address all parts of SEKU's Quality Management System:
  - 3.1.1. To determine whether it is operating effectively to the benefit of the University.
  - 3.1.2. To identify opportunities for improvement.
  - 3.1.3. To determine whether SEKU is continuing to meet legal, regulatory and contractual requirements.
  - 3.1.4. To prevent nonconformity.
  - 3.1.5. To identify risks and opportunities.

## **4.0 Review Attendance**

- 4.1. The meeting must be attended by Top Management, with other staff as appropriate. This meeting shall be scheduled and chaired by the Management Representative.

## **5.0 Review Agenda**

- 5.1. As a minimum, the Management Review meeting must address the following topics:
  - 5.1.1. The status of actions from previous management reviews;
  - 5.1.2. Changes in external and internal issues that are relevant to the QMS;
  - 5.1.3. Feedback on QMS performance, including trends in:
    - Client satisfaction and feedback from relevant interested parties;
    - The extent to which QMS objectives have been met
    - Process performance and conformance of products and services;
    - Nonconformities and corrective actions;
    - Monitoring and measurement results;
    - Audit results; and
    - The performance of external providers;
  - 5.1.4. Adequacy of resources;
  - 5.1.5. The effectiveness of actions taken to address risks and opportunities; Opportunities for improvement.
- 5.2. Outputs of the management review shall include decisions and actions related to opportunities for improvement, any need for changes to this BMS, and resource needs.

5.3. The person responsible for any actions identified at the meeting must be recorded together with target dates for completion where appropriate. The University must allocate the necessary personnel and resources for these corrective actions.

#### **6.0 Review Records**

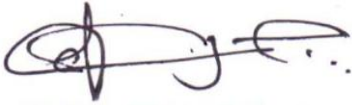
- 6.1. The minutes of the meeting must be recorded and copies must be provided to all personnel who attended the meeting together with those who have actions placed upon them.
- 6.2. Records of Management Reviews shall be maintained in accordance with Documented Information.

#### **7.0 Revision History**

Revision	Date	Description of change	Approval
0		Initial Release	SR



**SEKU/MR/OP/095: PROCEDURE FOR ANALYSIS AND EVALUATION OF RISKS**

AUTHORIZATION: This procedure has been issued under the authority of the MR	
TITLE:	DVC – AHRM, ISO MANAGEMENT REPRESENTATIVE
SIGNATURE:	
DATE OF ISSUE:	FEBRUARY, 2017
DOCUMENT CONTROL	
ISSUE NO	03
REVISION NO	02
Controlled issue of this procedure will be final in case of dispute	
SEKU	DVC – AHRM / MR

## 1.0 Purpose

- 1.1. This procedure has been developed by SEKU Solutions to define the controls necessary to analyze and evaluate potentially undesirable situations and to estimate the risk of their occurrence.
- 1.2. This Procedure also identifies techniques and tools used by SEKU for risk identification, assessment, and mitigation.

## 2.0 Scope

- 2.1. Risk management activities defined by this procedure may be applied at any level of the organization, based on the situation and risk under consideration.
- 2.2. The requirements of this procedure shall be applied as necessary to achieve desirable outcomes.

Application of this procedure shall be at the direction of SEKU management.

## 3.0 Terms and Definitions

- 3.1. *Residual Risk*: Risks remaining after protective measures have been taken.
- 3.2. *Risk*: Combination of the probability of occurrence of a negative outcome and the severity of that outcome.
- 3.3. *Risk Analysis*: Systematic use of available information to identify potentially undesirable situations and to estimate the risk.
- 3.4. *Risk Assessment*: Overall process comprising a risk analysis and risk evaluation.
- 3.5. *Risk Control*: Process through which decisions are reached and protective measures are implemented for reducing risks to, or maintaining risk within, specified levels.
- 3.6. *Risk Evaluation*: Judgment, on the basis of risk analysis, of whether a risk which is acceptable has been achieved in a given context.
- 3.7. *Risk Management*: Systematic application of management policies, procedures and practices to the tasks of analyzing, evaluating and controlling risk
- 3.8. *Safety*: Freedom from unacceptable risk.
- 3.9. *Severity*: Measure of the possible consequences of a potentially undesirable situation.

## 4.0 Risk Management Process

- 4.1. SEKU has established and maintains a process for identifying potentially undesirable situations associated with the provision of services, estimating and evaluating the associated risks, controlling these risks and monitoring the effectiveness of the control.
- 4.2. This risk management process includes the following elements:
  - Risk Analysis
  - Risk Evaluation
  - Risk Control
  - Post- process Information

### 4.1.1 Risk Analysis Process

- 4.1.1.1 Risk Analysis shall be performed using a risk management plan that has been approved by the Management Representative or responsible manager. This plan shall include the system used for qualitative or quantitative categorization of probability estimates and determining their severity level (see example, Appendix A).

4.1.1.2 SEKU shall use all available information and data to estimate the risk(s) for each potentially undesirable situation. SEKU shall record this estimation of the risk as part of the risk assessment file

#### 4.1.2 Risk Evaluation and Control

4.1.2.1 SEKU shall use the criteria defined in the risk management plan to estimate the significance of each identified potentially undesirable situation.

4.1.2.2 SEKU shall identify risk control measures that are appropriate for reducing identified risks to an acceptable level. SEKU shall then implement the risk control measure(s) selected, and shall verify the effectiveness of any measures taken.

#### 4.1.3 Residual Risk Evaluation

4.1.3.1 SEKU shall use the criteria defined in the risk management plan to evaluate any residual risk that remains after application of risk control measure(s). SEKU shall apply further risk control measures if the residual risk does not meet the criteria.

4.1.3.2 SEKU shall document all relevant information necessary to explain the residual risk(s) if the residual risk is judged acceptable

#### 4.1.4 Opportunities

4.1.4.1 The methods specified above may also be used for determining opportunities related to this QMS and its processes. Where such opportunities are identified, they should be noted as such as part of the final risk assessment report, and action taken as appropriate

4.1.4.2 Such opportunities shall also be considered as part of the organizations' annual Management Review process.

### 5.0 Records

5.1. SEKU shall maintain the following records as part of each risk management file:

5.1.1 A copy of the risk analysis plan used, including the product or process analyzed, identification of the person(s) carrying out the analysis, and the analysis date;

5.1.2 Records relating to the risk analysis process used, including techniques, methods and criteria;

5.1.3 Results of the risk analysis performed;

5.1.4 Records related to any options determined, as well as their implementation and verification; and

5.1.5 Any contingency plans developed as a result of the risk assessment

### 6.0 Revision History

Revision	Date	Description of change	Approval
0		Initial Release	SR

**Appendix A (Example)**

**Table 1  
Evaluating Risk Likelihood and Consequence**

Likelihood Of Occurrence Frequently	Consequence if Event Occurs				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
5 Likely	Yellow	Red	Red	Red	Red
4 Moderate	Yellow	Yellow	Red	Red	Red
3 Unlikely	Green	Yellow	Yellow	Red	Red
2 Improbable	Green	Green	Yellow	Yellow	Red
1	Green	Green	Green	Yellow	Red

**Table 2**

**Determining the Need for Control**

<b>High</b>	<b>Unacceptable Risk:</b> Update product or process design, add additional controls, review adequacy of current controls
<b>Med</b>	<b>Investigate further risk controls:</b>
<b>Low</b>	<b>Risk is acceptable:</b> No further risk controls required

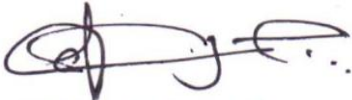
**Table 3  
Definitions**

Probability (Occurs)		Consequence	
Frequently	Weekly	Catastrophic	Lawsuit
Likely	<90 Days	Major	Refund
Moderate	>90 Days	Moderate	Complaint
Unlikely	>1 Yr	Minor	Delay (>5 Days)
Improbable	>5 Yrs	Insignificant	Delay (<5 Days)





**SEKU/MR/OP/096: PROCEDURE FOR THE CONTROL AND ANALYSIS OF NONCONFORMITIES**

AUTHORIZATION: This procedure has been issued under the authority of the MR	
TITLE:	DVC – AHRM, ISO MANAGEMENT REPRESENTATIVE
SIGNATURE:	
DATE OF ISSUE:	FEBRUARY, 2017
DOCUMENT CONTROL	
ISSUE NO	03
REVISION NO	02
Controlled issue of this procedure will be final in case of dispute	
SEKU	DVC – AHRM / MR

## **1.0 Purpose**

- 1.1. This procedure has been established to describe the process used by SEKU for the control and analysis of nonconformities and for the initiation, implementation, and verification of any subsequent corrective actions.

## **2.0 Responsibilities**

- 2.1. It is the responsibility of all employees, contractors and clients to report issues or opportunities to SEKU's Management, when noted.
- 2.2. It is the responsibility of SEKU's Management to ensure that identified non-conformances are controlled / contained with appropriate corrective action taken as appropriate.
- 2.3. The resolution of such issues shall be facilitated by the Management Representative as specified by this procedure.

## **3.0 General**

- 3.1. SEKU's Management Representative will review identified issues to determine if formal corrective action is necessary to prevent the recurrence of a significant nonconformance.
- 3.2. Reviews of process and/or work operation records and procedures may also indicate potential areas of concern that could be addressed prior to a nonconformance occurring.
- 3.3. Once the need for formal action has been established, the issue will be assigned by SEKU's Management Representative to the appropriate function to determine the actions necessary to address the issue.
- 3.4. A Root Cause investigation is required for all issues. SEKU considers "5 Why" as the standard methodology to be used in this investigation, however other methods may be used as appropriate and/or agreed upon with the client.
- 3.5. After working with the responsible party to determine the actions needed to eliminate the identified root cause, the Management Representative will monitor the implementation of these actions to ensure that the desired results are achieved and the root cause eliminated.
- 3.6. Any actions taken will be verified by the Management Representative to ensure their effectiveness and documented on the appropriate form. Once effectively implemented, the Management Representative will then identify the issue as closed.
- 3.7. Inadequate responses will be returned to the responsible party for further information and action.

## **4.0 Control of Non – conformances**

- 4.1. Where deficient personnel, processes or services are identified, SEKU shall take appropriate action to contain the impact of such deficiencies, as well as to prevent further use.
- 4.2. Action taken by the organization may include re-performing any work affected, as well as re-training or re-assignment of personnel, as appropriate.
- 4.3. Where a nonconformance is identified by SEKU after services have been provided, SEKU shall make notifications to the client as appropriate.

## **5.0 Corrective Action**

- 5.1. SEKU’s Management Representative will review identified issues to determine if formal corrective action is necessary to prevent the recurrence of significant nonconformance.
- 5.2. Such corrective action shall be documented using a Corrective Action Request (CAR) and logged for tracking and reporting. CAR forms should be completed within 30 days of issuance, with the exception that final verification shall be as appropriate to the issue under consideration.
- 5.3. CAR information shall include root cause, any short term “containment” action and action taken to prevent recurrence. Long-term action should address, and be appropriate to, eliminating or mitigating the root cause identified.
- 5.4. Corrective Action will be verified by the Management Representative to ensure its effectiveness. This verification will be documented on the CAR form by the Management Representative and include details of any subsequent actions taken.
- 5.5. CAR forms should be completed within 30 days of issuance; with the exception that final verification/closure shall be performed as appropriate to the issue under consideration.

**6.0 Records of the results of action taken**

- 6.1. All records shall be maintained in accordance with Documented Information.
- 6.2. Supporting documentation should be included as necessary to assist in the documentation of the issue(s) and to support any actions taken or subsequent verifications performed.
- 6.3. Corrective Action records will be made available as a source of information for use during SEKU’s Management Review.

**7.0 Revision History**

Revision	Date	Description of change	Approval
0		Initial Release	SR