



V.O.CHIDAMBARANAR PORT AUTHORITY

INTEGRATED MANAGEMENT SYSTEM

E.D.P. CENTRE

DEPARTMENTAL HANDBOOK

COMMON PROCEDURES

(HAND BOOK NO : QEDP014)

ISO 9001:2015

Issue No.1

Date: 02.01.2018



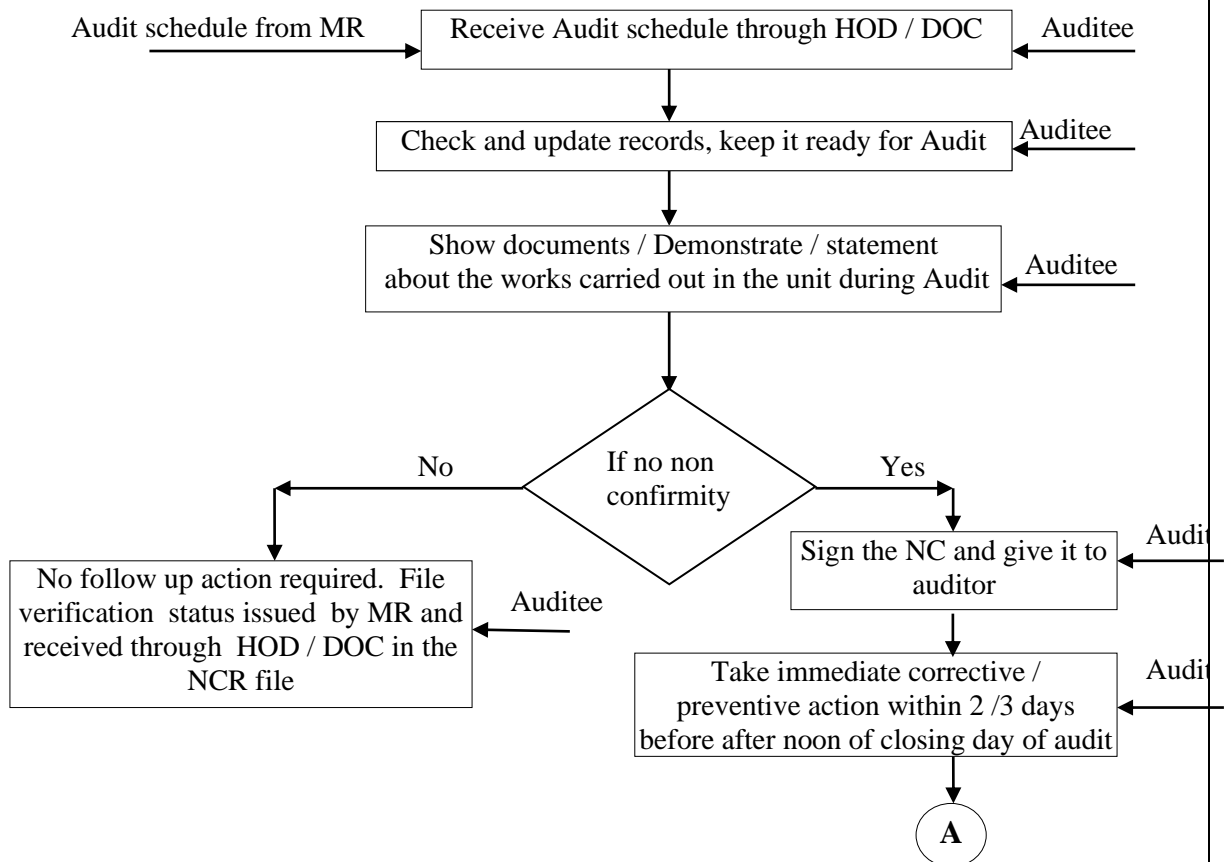
V.O.CHIDAMBARANAR PORT AUTHORITY
EDP CENTRE
DEPARTMENTAL MANUAL (QEDP)

COMMON PROCEDURES
HAND BOOK NO. QEDP014

FOLLOW UP ACTION ON EXTERNAL AUDITS

Follow up action on External Audits

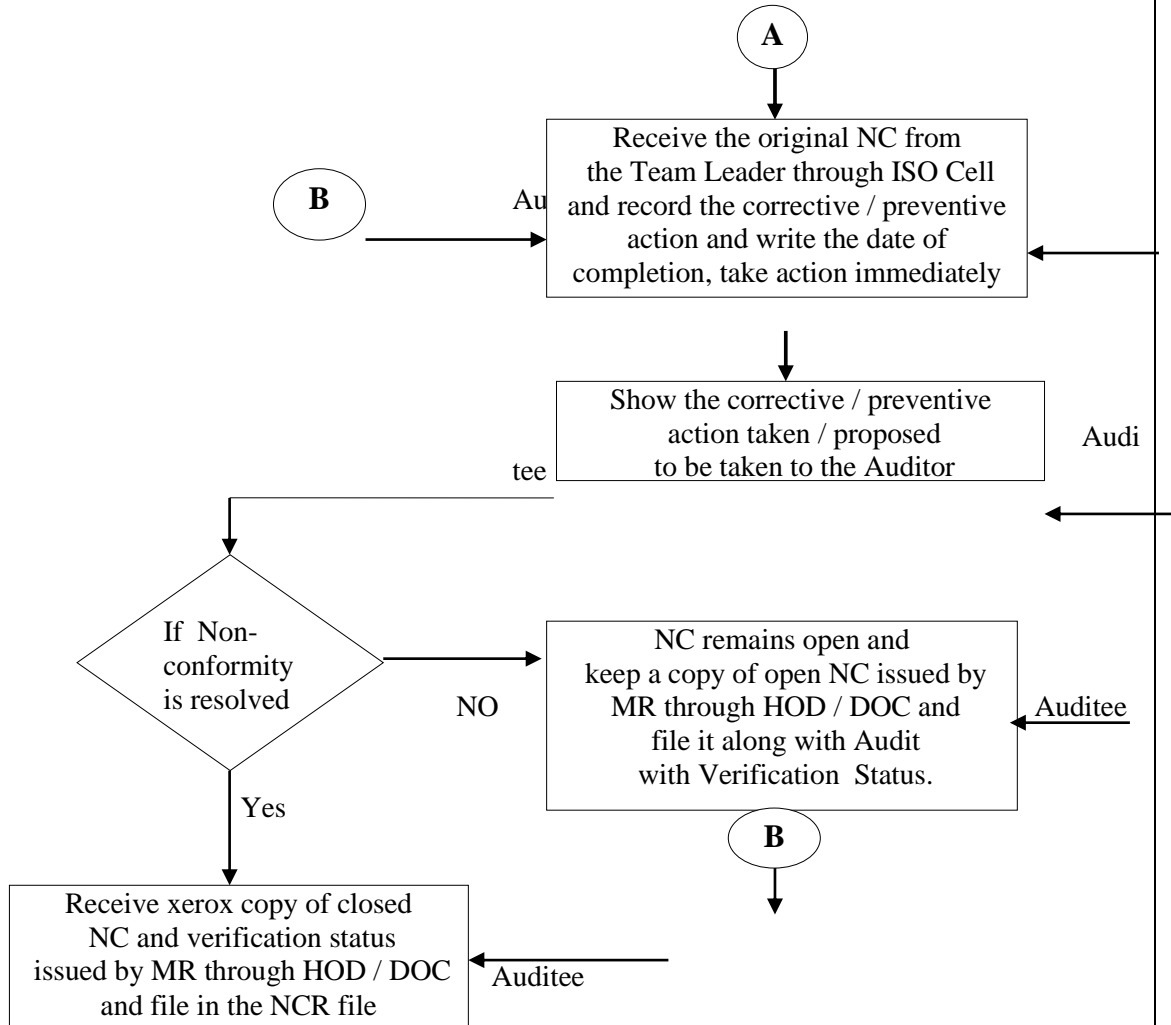
The actions taken in respect of external audit are given in the following flow chart :-



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LIST OF RECIPIENTS OF THIS MANUAL

Sl. No.	Recipients	Controlled Copy No.
1.	Deputy Chairman	1
2.	Financial Adviser & Chief Accounts Officer	2
3.	Management Representative (ISO Cell)	3
4.	Sr.Deputy Director (EDP)	4
5.	Soft Copies of the manual accessible to All Assistant Directors All Data Processing Officers	

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REVISION SHEET

Document Name : Departmental Manual - Hand Book
Code : QEDP014

I. Issue Status :

Sl. No.	Issue No.	Date	Reasons for Re-issue
1	1	30.6.2003	Implementation of QMS in EDP ISO:9001:2000
2	2	15.2.2010	Due to changes from ISO:9001:2000 standard to the new version ISO:9001:2008
3	3	24.2.2012	Due to renaming of Tuticorin Port AUTHORITY as V.O.CHIDAMBARANAR Port AUTHORITY.
4	4	03.02.2016	Change of Manual after ERP implementation
5	1	02.01.2018	Change of Manual after IMS implementation

II. Revision Status of Issue No.1 dated : 02.01.2018

Sl.No.	Page No.	Section	Revision		Remarks
			No.	Date	

Originated by : Departmental Manual Committee

Issue No. : 1
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Approved by : Sr.Dy. Director

Page No. : 1 of 1
Revision No : 0
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ABBREVIATIONS

MR	:	Management Representative
HOD i/c	:	Heads of Department Incharge
DOC	:	Document Controller
NC	:	Nonconformity
AD	:	Assistant Director
DPO	:	Data Processing Officer
EDP	:	Electronic Data Processing

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CONTROL OF DOCUMENTS

One Data Processing Officer is designated as a Document Controller in EDP Centre to assist the Sr.Deputy Director in controlling documents and data pertaining to the department. EDP Department has Data Processing Officer as Internal Auditor. Both assist the Sr.Deputy Director in implementing and maintaining the Integrated Management System.

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PREPARATION OF DEPARTMENTAL MANUAL

The SR.DEPUTY DIRECTOR shall :

- Prepare the Departmental Manual with the assistance of Departmental Manual Committee;
- Ensure that the Departmental Manual is a compilation of Procedures followed at various work areas and have the code of department in all pages;
- Ensure that the individual Procedures are numbered with the departmental code;
- Ensure that the portion relevant to the particular work spot is issued to the work area.
- Ensure that the portion issued to a particular work area is coded appropriately with the departmental code followed by the area/procedure code;
- Sign all the pages of the manuals at the time of approval;
- Ensure that the Document Controller affixes a stamp "Controlled Copy No..... Issued to" indicating the copy number and to whom it is issued;
- Ensure that
 1. The departmental manual is numbered serially with departmental code followed by the serial number of the recipient; and
 2. Independent procedures, when issued are numbered serially with departmental code followed by the procedure code and the serial number of the recipient of the particular procedure.

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PREPARATION OF DEPARTMENTAL MANUAL

MR is recipient number 3 of the departmental manual (Code QEDP).

The manual supplied to MR shall have the cover page stamped as follows :

Issued to : M.R.
Controlled Copy No. : 3

Each page shall have the stamp "Controlled Copy" and departmental code "QEDP". In respect of procedure EDP, there shall be one recipient Sr.Deputy Director(EDP). Soft copies of the manual accessible to Assistant Directors and all Data Processing Officers at the site <http://10.1.1.134/e-root>.

Each page of the procedure shall be stamped "Controlled Copy" and Procedure Code "QEDP"

- Ensure that the Document controller affixes a stamp "Controlled Copy" in all the pages;
- Ensure that the Document Controller forwards the controlled copies of the procedures of the Departmental Manual to the respective locations, Departmental Representative with a covering note QMR/IRS .
- Maintain a register indicating the status of the manuals as per QMR/DOC/RMS.
- Ensure that the Document Controller collects the earlier version of the controlled copy of the manual in case of total revision or suppression and destroys all earlier versions returned from the locations except one copy; and
- Maintain the status of forms in the forms status register QMR/DOC/RFS.

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MAINTENANCE OF MANUAL

Maintenance of Manuals :

- Document Controller is responsible for issue of amendments to the Manual with the approval of Deputy Chairman.

Amendments may arise due changes in Government Policy, International practices, laws, standards, new technology, requirements of customers, changes in the procedures of internal and external audit.

Sr.Deputy Director(EDP) shall :

- Issue amendments to the Departmental Manual in respect of his department;
- Amend and issue the entire page in case of any amendment in the page;
- Ensure that the changes are recorded in the revision sheet provided under the Manual;
- Ensure that the revision sheet of the manual contains the issue status of the manual and revision status of the issue;
- Ensure that the revision status of a page is clearly marked in the particular page amended and in the revision status part of the revision sheet;
- Issue revision of the page(s) as warranted by the amendments;
- Ensure that the amended pages(s) is (are) issued to holders of controlled copy; after obtaining acknowledgement in Form No. QMR/IRS.
- Ensure that the changes / amendments are authorised and issued to the holders of controlled copy; and
- Maintain a register indicating the status of Manuals as per QMR/DOC/RMS.
- Wherever computerised system is used in the service delivery process, access to electronically stored data is restricted to designated officials, who are authorised to effect changes.

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**DEALING WITH OBSOLETE COPY AND CONTROL OF OTHER
DOCUMENTS**

In dealing with obsolete copy :

Document Controller :

- Receive back all obsolete / superseded copies from all points;
- Keep one copy for future reference, with a stamp 'Obsolete Copy' on it, and
- Destroy all other copies

One set of obsolete copies of the Departmental Manuals shall be maintained by the authority concerned for a period of 5 years from the date of obsolescence.

Control of other documents :

- Other documents like Scale of Rates shall be issued by the Officer in-charge of the document.
- He shall maintain a list of recipients.
- In case only an extract or a particular portion of the document is to be used in an area of a department, the Document Controller of the department may issue a copy of the extract or the particular portion authenticated by him and the same shall be under document control.

The holder of the controlled copy shall ensure that :

- The copy is available at the spot;
- No unauthorised entries / corrections are made;
- The amendments issued are inserted without fail;
- No damage is caused to the manual;
- In case of damage / loss, the authorities concerned are informed forthwith; and
 - The copy is produced to the auditors of the Quality Management System when demanded

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IDENTIFICATION OF RECORDS

Identification of Records :

The Sr.Deputy Director shall :

- ensure that the records pertaining to the quality management system are properly identified; and
- ensure that the following coding scheme is adopted for identifying forms and registers.

The code has seven to nine letters. The first letter is "Q" to denote Quality followed by the identity of the department which is denoted by letter(s) EDP

The next three letters indicate the location or the origin of the record. The last three or four letters indicate whether it is a Form or Register. The first letter of the last three or four is 'F' if it is a form and 'R' for Register. Status of the forms are maintained in forms Status Register QMR/FSR.

(Eg.) : The Daily Back Up Register in the EDP Department is codified as follows :

First four : QEDP
Next three : DOC
Next one : R (Register)
Last two : DB (for Daily Back Up)

The code for Daily Back Up Register is QEDP/DOC/RDB. In the case of Registers, the volume No. is also indicated followed by the period.

A list of registers and forms used in the departments are available in the respective departmental Manuals.

The following scheme of identification is adopted for files containing quality records.

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IDENTIFICATION OF RECORDS

Each section maintains approved list of :

- (a) Standard heads – main subject headings concerning the Department and bear consecutive serial numbers.
- (b) Standard Sub heads – aspects of main subject headings.

The list of standard heads and sub heads of each department is reviewed once a year by the designated officer of the section and may be revised, if necessary, with the approval of the officer in charge of the Section. The serial numbers once allotted to the standard heads are not changed. But if a standard head becomes obsolete, the number is cancelled.

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COLLECTION OF QUALITY RECORDS

Collection of Quality Records :

The Sr.Deputy Director shall ensure :

- That movement of records is appropriately documented for easy retrieval.

Filing of Records :

The Sr.Deputy Director shall :

- Ensure that the filing of the records is punched on the left hand top corner and tagged to the file based on the index cell in chronological order from left to right, the latest being at the bottom;
- Ensure that when a file exceeds 200 pages, it is stitched and marked volume number-I and further records on the subject added to the new subsequent volume of the same file; and
- Ensure that each page of the file is serially numbered leaving the blank intervening pages unnumbered.

Accessing and Retrieval :

The Sr.Deputy Director shall :

- Have a master list of records for easy accessing and retrieval of the files; and
- Ensure that the procedures of Departmental Manual of a section/unit/work area describe the list of records maintained in that section / unit / work area.

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COLLECTION OF QUALITY RECORDS

Storage of Records :

The Sr.Deputy Director shall :

- Ensure that current records are stored neatly and properly in the sections concerned
- Ensure that after action on the file is completed, it is closed and transferred to the Record Section for storage; and
- Ensure that recorded files are kept serially arranged in the Record Sections concerned for a period not more than the prescribed life of the file.

Retention Period :

The Sr.Deputy Director shall :

- Ensure that the Departmental Manual prescribes the retention period of a record in the work area;
- Ensure that the prescribed retention schedules for various files is followed; and
- Ensure that the specified retention period commences from the date of recording of last entry.

Disposal of Records :

HODs shall :

- Ensure that the records are destroyed after expiry of their retention period.

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REVIEW, DISPOSITION, AND RECALL OF NON-CONFORMING SERVICE

Procedure:

Review and Disposition of Non-conforming Service :

Non-conforming service is identified and quarantined.

The Sr.Deputy Director reviews and authorises the release of quarantined service for its final disposition, according to one of the following options:

- Rework to meet specified requirements;
- Accept with or without repair by concession;
- Re-grade for alternative applications; and
- Reject or scrap.

If the acceptance with or without repair requires the concession of the customer or the approval or permit of a regulatory body, the officer responsible ensures that the required concession is received prior to initiation of the repair.

Approvals from regulatory bodies if required are obtained by the Sr.Deputy Director.

As appropriate and required, the customer is notified by the Sr.Deputy Director of the proposed use or repair of non-conforming service.

Recall of Non-conforming service :

In the event that non-conforming service is detected after its use in service, the Sr.Deputy Director shall analyse the impact of the nonconformity and shall take appropriate action. If required, the non-conforming service shall be recalled.

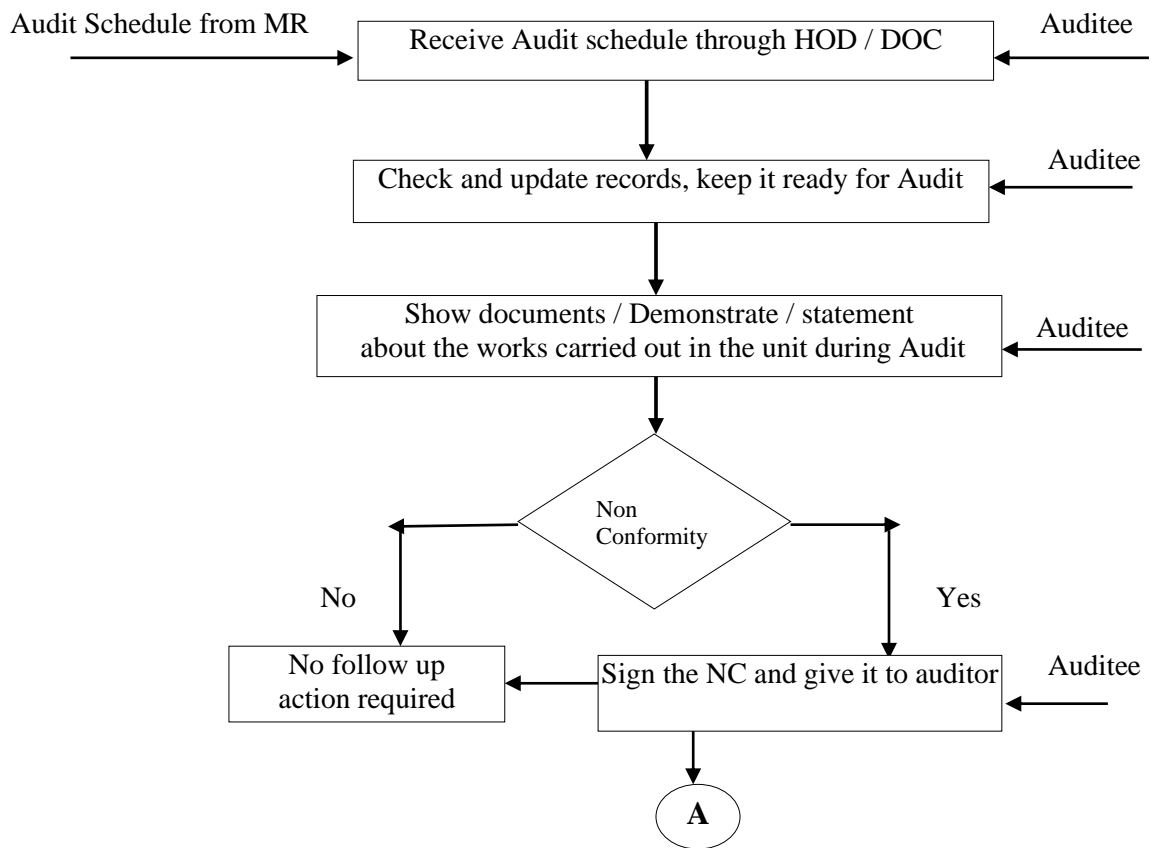
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FOLLOW UP ACTION ON INTERNAL AUDIT AND NCRs

Follow up action on Internal Audit and NCRs

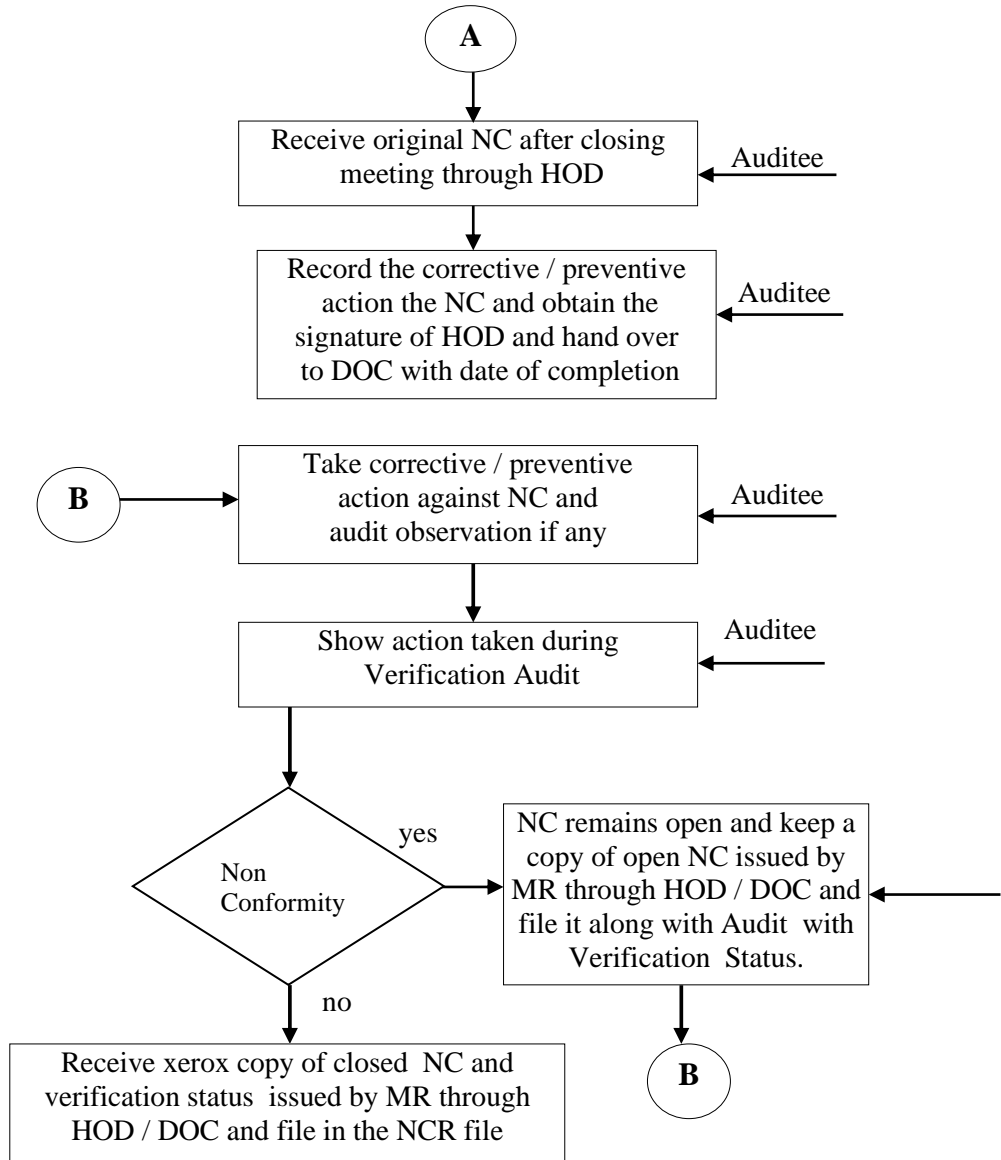
The actions taken in respect of Internal audits are given in the following flow chart :-



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CORRECTIVE AND PREVENTIVE ACTION

Corrective Action

It is the responsibility of the Sr.Deputy Director to guide and assist employees in taking corrective action considering the importance of the problem, deficiency or nonconformity.

The procedure for corrective action shall define the identification of the nonconformity, determine root causes, evaluate and define corrective action and recording of corrective action and their results, and review of corrective action taken.

To determine the root cause of a problem or deficiency, and to establish required corrective action, a disciplined problem solving method as outlined in the respective work instruction is used if required.

It is the responsibility of the Sr.Deputy Director to establish and maintain records of corrective actions and their results.

Preventive Action

It is the responsibility of the Sr.Deputy Director to establish, implement and maintain for preventive action to prevent the occurrence of potential non-conformity, deficiencies or problems.

The process of preventive action shall include the following steps:

- Determine potential non-conformities, deficiencies or problems;
- Determine the root causes;
- Determine the necessary preventive action;
- Implement the action;
- Follow-up on status and results; and

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CORRECTIVE AND PREVENTIVE ACTION

- Review the effectiveness of preventive action.
- The Sr.Deputy Director shall analyse and evaluate data of statistics trends on the operational performance of VOCPT. These statistical data include delivery performance, servicing, quarantined service, machine down-time, sorting and rework activities, safety, causes of corrective actions, customer complaints, analysis of customer returns, customer satisfaction and results of internal quality audits. Where appropriate, preventive action shall be taken by the respective HODs. Preventive actions taken shall be reviewed regarding their effectiveness.
- The Sr.Deputy Director shall perform periodic review of documented procedures and other departmental activities regarding their suitability and effectiveness. Preventive action shall be taken as appropriate.

It is the responsibility of the Sr.Deputy Director to establish and maintain records of preventive actions and their results.