Shorcontrol Safety	Document Title	Document & Record Control Procedure		
	Doc. Number	QMS-PRO-001	Doc. Owner	Angela Byrne
	Author	Angela Byrne	Revision	Rev. 03
	Reviewed by	Angela Byrne	Approved by	Fiona Spillane
	Next Review Date	25/04/2024	Approved Date	25/04/2023

1. Purpose

The purpose of the document is to clearly define how Shorcontrol Safety ensure that all documentation pertaining to our Quality Management System (QMS) are created, developed, updated, controlled, stored, and disposed of.

Shorcontrol must ensure that documentation related to its business operations are being managed and maintained appropriately. This procedure sets out standards and definitions to:

- Ensure that all employees are working according to the same procedures.
- Enable the content of the document to be accessed, used, and updated in a controlled and efficient manner.
- Ensure the continuity of Shorcontrol Safety's operations in the event of staff absence or emergency circumstances.
- Ensure compliance with all regulatory and statutory requirements.
- Ensure capability of providing evidence from decisions made or operational process activities.
- Ensure documentation is maintained and stored in the most practical way that is consistent with the above objectives.

2. Scope

The scope of this document is applicable to all relevant documentation pertaining the entirety of Shorcontrol Safety's QMS, including all processes, Management, Quality, Health & Safety, Training Administration, Training Operations, Equipment & Warehouse, Occupational Hygiene, Sales, Finance, and external providers. Adherence to the guidelines identified in this document is the responsibility of all staff members and those working on behalf of Shorcontrol Safety.

3. Definitions

Normative references as outlined in ISO9000:2015 'QMS - Fundamentals and Vocabulary' apply to the scope of this document.

Term	Definition
Document	Information/ Meaningful data and the medium on which it is contained. Can be paper, magnetic, electronic, photograph etc.
Record	A document that states results achieved or providing evidence of performed activities. Records can be used to provide evidence of verification, corrective and preventive action.
Communication	Planned and effective approach to delivering internal and external information that enhances people's engagement and increased understanding of the QMS, Organisational Context and the needs and expectations of customers and other relevant interested parties.
Subject Matter Experts (SME's)	A person who has accumulated great knowledge in a particular field or topic. A n SME has a level of understanding regarding their subject that is not common knowledge or perhaps not documented.

Legislative obligations	All acts, regulations, by-laws, orders, licenses, approvals and authority requirements under the constitution, applicable to the delivery of services provided by the company.

4. Roles and responsibilities

General Manager

- The General Manager has operational responsibility for this manual and ensuring that it complies with legislative obligations and regulatory requirements.
- They are also responsible for providing learning and development materials relating to key points from this manual and for monitoring its overall effectiveness.

Process Managers/ Owners

- Managers are responsible to ensure that documents are available at point of use.
- They are also responsible for reviewing their process documents and processing change requests in a timely manner.

Quality Assurance Manager

- The Safety, Health and Quality Manager is responsible for controlling manuals, policies, procedures, and other documents relevant to the Quality Management System, of both internal and external origin.

Employees & Tutors

- All employees, tutors and those working on behalf of Shorcontrol Safety, are responsible for compliance to the guidelines set forth in this procedure.

5. General Procedure Requirements

All documents created have a "lifecycle" from creation through to review. It is important to understand this cycle and the various stages to ensure that documentation is managed effectively.

5.1 Creation and identification of documents

Internal documents are all documents created inside the company such as policies, procedures, records, instructions etc. They must be well-designed from the point of creation, using relevant naming conventions and templates where possible. This includes identifying the document by name, document number, date of approval and review, revision number, author, and document owner.

For best practise of standardisation, where practicably possible, the below header format shall be used on internal documentation as it contains the relevant space to input required information.

	Document Title			
	Doc. Number		Doc. Owner	
	Author		Revision	

Document numbering must be defined using the following approach when creating internal documentation.

Firstly, define the relevant process or department to which the document is created for. Use the below as a guide.

Code	**Process**
GEN	General Management
EHS	Environmental Health & Safety
QMS	Quality Management System
ADM	Training Administration
EQS	Warehouse & Equipment Sales & Hire
OCC	Occupational Health & Safety
SAL	Sales
TRA	Training & Development

Secondly, define what type of document is being created, using the following guide:

Code	**Document Type**
MAN	Manual
POL	Policy
PRO	Procedure
WI	Work Instruction
FM	Form
REG	Register
DM	Digital Media
EXT	External Document

Thirdly, input document number using numerical sequence beginning with 001.

Example: QMS-PRO-001 Document & Record Control Procedure.

5.2 Approval of documentation

All documents, regardless of whether they are new documents or revised versions of existing documents, record templates and working instructions, must be approved by the Quality Assurance Manager for suitability and adequacy prior to release.

For documentation approval the following are minimum expectations:

- Document header must contain up to date information in all spaces provided.

- Document must be formatted correctly; font, size, margins, spacings, spelling and grammar.
- Document must be fit for stated purpose.

5.3 Publishing, Distributing and Accessing Documents

Once documentation is approved for release, the QAM will update the Active Document Register with the relevant information, release the document and issue notification of release to all users.

A blank editable template for all approved documents shall be retained on the network drive within the appropriate file location in the QMS folder. Blank templates are available to all users to us to create their own working documents. When issuing documents for communication purposes only whether internal or external, PDF non-editable versions of the documents shall be issued only.

The released document reflects current practice and should be followed by all employees in their relevant work activities. All employees who are affected by the released document are allowed to review and understand what the document is informing them of, how to perform their job and/or how to work within Shorcontrol Safety's requirements, standards, and practices.

Should employees have any queries in relation to the contents of any released documents, they may contact the Document owner or the QAM to request clarification.

5.4 Removal of Outdated Documents

Once the new version of a document is released, the previous version (where applicable) must be removed from access for use. The outdated document shall be stored in the respective 'Archive' folder in PDF form, pending annual review for decision by QAM to either destroy/delete or retain copy in archive.

5.5 Review and Updating of Documents

All documents must be reviewed by the document's owner on an annual basis at a minimum unless otherwise determined by the Quality Assurance Manager, to ensure that they are fit for purpose, reflective of current requirements and practises.

The following table outlines the reviewer and approver for each element of the QMS documentation:

QMS Document	**Reviewer**	**Approver**
Quality Manual	Quality Assurance Manager	Quality Assurance Manager
Policies	Quality Assurance Manager	General Manager
Procedures	Quality Assurance Manager	Quality Assurance Manager
Work Instructions	Process Manager	Quality Assurance Manager
Register	Process Manager	Quality Assurance Manager
Forms	Process Manager	Quality Assurance Manager

Change and improvements to all our work activities are actively encouraged and so if required employees may request changes to be made to documentation in order to help improvements. All request for changes to documents must be formally requested to the QAM or relevant Process Owner, using the *Document Change Request* form.

5.6 Documents of External Origin

Each external document that is necessary for the planning and operation of Shorcontrol Safety's QMS must be recorded on the Active Document Register and identified as EXT for external origin. The document shall be saved within the relevant document file location on the network drive.

External documents must be registered containing the following information at a minimum:

- Document number
- Document Sender
- Document name
- Date of receipt
- Document receiver

5.7 Document Classification

Shorcontrol Safety have identified three levels of security classification for different types of documented information which shall be included in the relevant document footer:

Classification	**Availability**
Public	Can be shared externally. Available to publish publicly.
Classified	Internal use only. Available to relevant QMS users.
Confidential	Protected information. Available only to authorised members of staff.

5.8 Record Controls

5.8.1 Record management and labelling

Documents in the QMS that have resulting records as an output of their implementation must have a defined protocol for managing the records. This protocol must include the following:

- Record name
- Storage location
- Person responsible for storage
- Controls for record protection
- Record retention time

Reports and analysis that are conducted can be in free form, but they must include the following:

- Name/ Subject of report/ analysis
- Creation date
- Name of person conducting report/ analysis

Records that arise from legal or regulatory requirements or from IT systems are accepted in defined form and they are not subject to the marking described in this procedure.

While records are in use, the person responsible for maintaining the record must guarantee the exactness of entered data, and prevent unauthorised entry, changes, and destruction of the records.

5.8.2 Record Availability and Retrieval

Access to stored records can only be obtained through permission granted by the relevant person responsible for the record storage. Reason for access must be valid and considerations to GDPR in place at all times.

Records stored both on the network and in hard copies must be secured to appropriate to the requirements of Data and Privacy Policy.

Access and retrieval rights for records are determined by the owner of individual records. The process owners or department managers are responsible for the removal of records pertaining to their processes of which the retention time has expired.

5.8.3 Record Archiving and Removal

Records with expired retention times shall be removed and/or destroyed in a way that prevents their further use and the date of removal is entered into the Document Register Change History worksheet.

Below is a (non-exhaustive) table of records maintained per process with respective retention time, storage location, required protection and person responsible for management.

Record name	**Process**	**Storage**			**Responsibility**
		Retention time	**Location File**	**Protection**	
Curriculum Vitae's	MGT	Active on Register		Confidential	Fiona Spillane
Training Records	MGT	Active on Register		Confidential	Fiona Spillane
Qualification Certs	MGT	Active on Register		Confidential	Fiona Spillane
Competence Evaluation	MGT	Length of service		Confidential	Fiona Spillane
Tutor Contract & Code of Conduct	MGT	Active on Register		Confidential	Fiona Spillane
Health & Safety Records	EHS	15 years		Classified	Angela Byrne
Learner Evaluation	ADM	3 years Live 7 years Archive		Confidential	Louise Byrne
Learner Register	ADM	3 years Live 7 years Archive		Confidential	Louise Byrne

Learner Application	ADM	3 years Live 7 years Archive		Confidential	Louise Byrne
Learner Qualifications	ADM	3 years Live 7 years Archive		Confidential	Louise Byrne
Learner Feedback	ADM	3 years Live 7 years Archive		Classified	Louise Byrne
Tutor Assessment	ADM	3 years Live 7 years Archive		Classified	Louise Byrne
Training Materials	TRA	Active on Register		Classified	John Kelly
Tutor Acceptance Form	TRA	Active on Register		Classified	John Kelly
Tutor Induction Program	TRA	Active on Register		Confidential	John Kelly
Re-check & Review Application Form	TRA	3 years Live 7 years Archive		Confidential	John Kelly
Appeals Form	TRA	3 years Live 7 years Archive		Confidential	John Kelly
RPL Application Form	TRA	3 years Live 7 years Archive		Confidential	John Kelly
RPL Appeals Form	TRA	3 years Live 7 years Archive		Confidential	John Kelly
Supplier Evaluation	EQS	3 years Live 5 years Archive		Classified	Angela Byrne
Service Record	EQS	Active on Register		Classified	Martin McGuirk
Calibration Certs	EQS	Active on Register		Classified	Martin McGuirk
Occ. Hygiene Records	Occ. Hyg	Indefinitely		Classified	Stephen Magee
Supplier Evaluation	Occ. Hyg	3 years Live 5 years Archive		Classified	Stephen Magee
Complaint Form	QHS	Active on Register		Classified	Angela Byrne
Booking Register	SAL	Active on Register		Classified	Brian Irvin
Meeting Records	All	3 years Live 7 years Archive		Classified	Process Owner

6. Procedure Review

This procedure will be reviewed when:

- There is a change of General Manager at Shorcontrol Safety Ltd.
- There is a change of the Quality Manager at Shorcontrol Safety Ltd.
- At a minimum of once per year, for applicability and conformance.
- As determined or requested by the General Manager and/or Quality Manager at Shorcontrol Safety.

Revision Date	Author with Title	Description
	Adam Romans, Quality coordinator	Initial release of document procedure.
	Adam Romans, Quality coordinator	Update to align with QQI guidelines.
25/04/2023	Angela Byrne; QHSM	Update to align with ISO9001:2015 guidelines.