



# Standard Practice – Control of Documented Information



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	<b>Designation</b>	<b>Name</b>
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Reviewed by	EPG Members	EPG Members
Approved by	Head of Quality Assurance	Sekar T

### Process Change History

Version No.	Release date	Process Improvement Proposal Reference No.	Summary of changes	Prepared by	Approved by
1.0	17-Mar-2014	New	New	Sandhya Prasad	Sekar T
1.01	1-May-17	PIP 27	Changed the GAVS logo Incorporated content to comply with ISO clause 7.5 documented information	Emmanuel.F	Sekar.T
1.02	07-Nov-2017	NA	Updated with Zero incident logo	Blessy Sara Bobby	Sekar. T



**TABLE OF CONTENTS**

**1.0 Documented Information Control Process ..... 4**

- 1.1 Purpose ..... 4**
- 1.2 Terms & Definition ..... 4**
- 1.3 Application & Scope ..... 4**
- 1.4 Requirements ..... 5**
  - 1.4.1 Documents & Standard Practice ..... 5**
  - 1.4.2 Policy ..... 8**
  - 1.4.3 File Naming Convention ..... 9**
  - 1.4.4 Intranet Site (My GAVS) ..... 9**
- 1.5 Supplier ..... 9**
- 1.6 Input ..... 9**
- 1.7 Process ..... 9**
- 1.8 Tasks ..... 10**
- 1.9 Output ..... 10**
- 1.10 Customer ..... 11**
- 1.11 Measurement ..... 11**
- 1.12 Process Completion Criteria ..... 11**
- 1.13 Standard / Models Reference ..... 11**



## 1.0 Documented Information Control Process

### 1.1 Purpose

The purpose of this standard practice is to ensure that all relevant documented information and organizational knowledge which forms an integral part of our Business Management Systems (BMS) is managed under controlled conditions and that all documented information is reviewed and approved by authorized personnel prior to issue. This standard practice will be used for handling, storage and updating of Electronic files & Paper files related to the activities of GAVS Quality System.

### 1.2 Terms & Definition

<u>Term</u>	<u>Definition</u>
Documented Information	Information (3.8.2) Required to be Controlled and Maintained
Record	Document (3.8.5) Stating Results Achieved or Providing Evidence
Objective Evidence	Data (3.8.1) supporting the existence or fact of something

### 1.3 Application & Scope

This procedure will apply to all Electronic Files & Paper Files that are to be maintained and controlled as part of the activities of GAVS Technologies (P) Ltd. Documented information is retained to provide evidence of conformity to the requirements specified by ISO standards, customer requirements and of the effective operation of our Business Management system. GAVS uses standard forms and templates accessed via a GAVS Intranet site (MyGAVS). This standard practice defines the controls for:

1. Approving documents for adequacy prior to issue;
2. Reviewing and revising as necessary and re-approving documents;
3. Ensuring that changes and current revision status of documents are identified;
4. Ensuring that relevant versions of applicable documents are available at points of use;
5. Ensuring that documents remain legible and readily identifiable;
6. Ensuring that documents of external origin are identified and their distribution controlled;
7. Preventing the unintended use of obsolete documents;
8. Ensuring that documents of external origin are identified and their distribution controlled.

This standard practice applies to all business management system documentation and is to be followed by all personnel where appropriate.



## 1.4 Requirements

Quality Assurance team ensures that documents are appropriately identified and described (e.g. title, date, author, reference number) and is available in an appropriate format (e.g. language, software version, graphics, etc.) and on appropriate media (e.g. paper, electronic). All documented information is reviewed and approved for suitability and adequacy.

An electronic document management system (Sharepoint portal), which is backed up and updated as required, is used to retain documented information ensuring only the current versions are available to users. Records from process outputs are generated and maintained by the departments responsible for their creation. For electronic records, back up procedures are established, data owner is responsible for backing up their data

GAVS applies the following criteria to all types of 'documented information' to assess whether the information is necessary for demonstrating the effectiveness of our BMS, and whether it should be formally controlled.

1. Communicates a message internally or externally;
2. Provides evidence of process and product conformity;
3. Provides evidence that planned outputs were achieved;
4. Provides knowledge sharing.

General:- All documents and data are reviewed and approved by authorized personnel prior to issue. Each department issues and maintains its own documents. Current revisions of appropriate documents are available at locations where they are used. Documents controlled by this procedure include but are not limited to the following:

- BMS Manual
- Policy – Quality Policy, ISMS Policy, ITSM Policy & OHS Policy
- Business Processes in the form of Standard Practice
- Forms / Templates, Guidelines, Check-list
- Records

### 1.4.1 Documents & Standard Practice

Standard Practice document should have minimum the following but not limited

- Introduction
- Scope
- Distribution List



- Terms & Definitions
- Process brief with or without flowchart
- Purpose of process
- Process entry criteria
- SIPOC - Supplier (who will supply inputs), Inputs (what are the inputs), Process (what are the procedure / tasks with responsibility), Output (what is the output), Customer (Customer who will receive or get benefited out the process)
- Measurement
- Process Completion criteria
- Standard / Model reference

**Initial Version**

The versions of all the Documents and Standard Practice shall be kept as “1.00”

**Revision of the Version**

All Documents and Standard Practice identified for revisions are amended and current version number is incremented by “.01”. After 99 revisions, the version number shall be rounded off. Eg., 1.99 shall be changed to 2.00. Revision history is maintained at the beginning of each document, for Formats, change revision date is sufficient in addition to revising the version no. Copies of old documents of last three versions shall be maintained in archive folder

**Header:**

The header contain the details of the Name of the Organization, Description of the Standard Practice, Document Standard Practice Reference Number, Version Number, Version date and Page Number (Page (x) of Pages (y)).

E.g.

<b>GAVS Logo</b>	<b>&lt;Document Title&gt;</b>	Version No. :	<b>1.00</b>
		Effective from	NN-Month-YY

**Body of the document**

	<b>Designation</b>	<b>Name</b>
Prepared by		
Reviewed by		
Approved by		



**Footer of the document:**

In Standard Practice document the footer will contain “GAVS Internal”.

**Size of the Paper:**

Standard Practice will be printed on A4 size paper.

**Color :-**

Do not use purple color and avoid dark color that is going to be hindrance to the reader of the document or presentation or in the HTML page / website page.

**Fonts:**

The documents generated will be with “Times New Roman” or “Calibri Body”

**Margin:**

The Margins for the Standard Practices are as follows:

Left	Min. 1 inch
Right	Min. 1 inch
Top	Min. 1 inch
Bottom	Min. 1 inch

**FOR FORMATS AND TEMPLATES**

**Size of the Paper :**

The Formats / Templates will be printed on A4 size paper.

**Margins:**

The Margins for the Formats and Templates are as follows:

Left	Min. 0.25 inch
Right	Min. 0.25 inch
Top	Min. 1 inch
Bottom	Min. 0.25 inch

**Font:**

The documents generated will be with “Times New Roman” or “Calibri Body”



**Header:**

<b>GAVS Logo</b>	<b>&lt;Document Title&gt;</b>	Version No. :	<b>1.00</b>
		Effective from	NN-Month-YY

**Document Body**

	Prepared By	Approved By
Signature		
Name		
Designation	Management Representative	CEO
Date		

**1.4.2 Policy**

The following standard requirement mentioned above in the section Documents & Standard practice are applicable for Policy document.

- Initial Version
- Revision of the version
- Header
- Footer
- Body of the document
- Font

Policy document should have minimum the following but not limited

- Scope
- Objectives
- Policy statement



### 1.4.3 File Naming Convention

All documents are given a name relevant to their use. The document title is the unique tracking method and should not be changed with each revision.

### 1.4.4 Intranet Site (My GAVS)

The policy is to use the GAVS Intranet site as the primary means of communicating with the key users of our services. Information is organized under relevant functions. The intranet site is hosted in <http://mygavs.gavstech.com> and access rights are managed and controlled by IT Infrastructure team. It is responsibility of every functional head to ensure that Intranet site content is reviewed regularly to ensure it is current and relevant. All the policy, standard practice, guideline and check-list are stored in MyGAVS.

## 1.5 Supplier

- Client
- Process owner
- Process users

## 1.6 Input

- Requirements for establishing a standard practice
- Requirements for establishing a document / record / documented information

## 1.7 Process

### Process Entry Criteria

- Need for establishing a new process or enhancing a current process is approved
- Need for creating a document / record / documented information is established



## 1.8 Tasks

SI.No.	Task Description	Responsible
	<b>Operational Process &amp; Procedure – Policy / Procedure / Guideline and Check-list</b>	
1.	The functional head identifies the need for a new standard practice	Functional Head
2.	The person responsible for carrying out this standard practice will document it and seek approval from the functional head / manager	Functional representative assigned by Functional Head
3.	Each function shall identify a representative for the Quality	Functional Head
4.	The representative of each function is responsible for publishing the policy, standard practice and related documents in MyGAVS	Functional Representative
5.	<b>Operational Process &amp; Procedure for documented information</b>	
6.	<b><u>Create &amp; Update</u></b> Ensure the documented information (including document, records and information systems) has identification (Title, date, author, or reference number). The standard practice or Plan specific to a project / function / service should reflect how the documented information is planned and managed	Document Creator (Including the person who update the document)
7.	<b><u>Control of Documented Information</u></b>  Ensure all the documented information including the originated from external are controlled to ensure <ul style="list-style-type: none"> <li>• available in a designated file repository for suitable use, where and when it is needed</li> <li>• storage, preservation, control of changes, distribution, access, retrieval, protection, retention and disposition</li> <li>• Physical files are kept under lock and key</li> </ul> Note : Documented information retained as evidence of conformity	Function Head  Project Manager – For Projects / Services *Where no PM is designated DM is responsible

## 1.9 Output

Approved Policy / Process / Guideline /Check-list is published / released

Documented information that is work-in progress and approved are available in the designated file location



**1.10 Customer**

GAVS Employees

**1.11 Measurement**

No. of Std. Practices enhanced vs No. standard practices available

**1.12 Process Completion Criteria**

Approved Policy, Std. practice / guideline / check-list is published in MyGAVS

Approved document is available in the designated file storage location / repository

**1.13 Standard / Models Reference**

<b>Model / Standard</b>	<b>Process Area reference / ISO Clause(s) no.</b>
ISO 9001:2015	7.5 – Documented Information
ISO 27001:2013	7.5 – Documented Information
ISO 20000-1:2011	4.3 Documentation Management 4.3.2 – Control of Documents 4.3.3 – Control of Records
OHSAS 18001	4.4.4 – Documentation 4.4.5 – Control of documents 4.5.4 – Control of records