

QUALITY PROCEDURE

(As Per IS 15700:2018)



U. P. HOUSING & DEVELOPMENT BOARD

104, Mahatma Gandhi Marg, Lucknow

Toll Free No.-1800-180-5333

Website: www.upavp.in






Issued by:
Management Representative (M.R.)

Approved by:
Housing Commissioner(H.C.)



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| Clause 4.2 | List of Quality Procedures |
|---------------|-----------------------------------|

| S. No. | Name of Procedures | Document No. | Revision No. | Effective Date |
|--------|--|--------------|--------------|----------------|
| 1. | Control of Document (Responsibility-MR & Section Head) | UPHDB/QP/01 | 00 | 01.08.2020 |
| 2. | Control of Record (Responsibility-MR & Section Head) | UPHDB/QP/02 | 00 | 01.08.2020 |
| 3. | Internal Quality Audit (Responsibility-MR) | UPHDB/QP/03 | 00 | 01.08.2020 |
| 4. | Control of Non-Conforming Process (Responsibility-MR & Section Head) | UPHDB/QP/04 | 00 | 01.08.2020 |
| 5. | Corrective Actions (Responsibility-MR & Section Head) | UPHDB/QP/05 | 00 | 01.08.2020 |
| 6. | Preventive Actions (Responsibility-MR & Section Head) | UPHDB/QP/06 | 00 | 01.08.2020 |
| 7. | Management Review Meeting (Responsibility-MR & Section Head) | UPHDB/QP/07 | 00 | 01.08.2020 |
| 8. | Training (Responsibility-Section Head & Director- CET) | UPHDB/QP/08 | 00 | 01.08.2020 |
| 9. | Customer Feedback & Complaint Handling (Responsibility-MR & Section Head) | UPHDB/QP/09 | 00 | 01.08.2020 |
| 10. | Maintenance (Responsibility-Maintenance Head) | UPHDB/QP/10 | 00 | 01.08.2020 |

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|---|---|---|--|---|
| IS 15700:2018  सेवोत्तम प्रमाणित | Quality Procedure | Doc. No: UPHDB/QP/01 | Prepared By | TA  |
| | Title: Control of Documents (Internal & External) | Issue No.: 02 Rev. No.: 00 | Reviewed By | AMR  |
| Eff. Date: 01.08.2020 | | Approved By | HC  | |
| Page: 1 of 6 | | Issued by | MR  | |
| Ref. Clause 4.2 | | | | |

1.0 Objective:

To establish a system for effective operation of SQMS that ensures all Internal and External document are controlled for used in UPHDB.

2.0 Scope:

All departments/offices of UPHDB.

3.0 Responsibility:

The overall responsibility for implementing and maintaining this procedure is with the Management Representative. The specific responsibility for updating and implementing this procedure is with sectional/office heads.

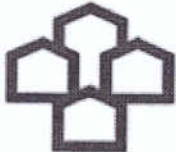




4.0 Procedure:

4.1. Internal Documents:

- SQMM
- Quality Procedure
- Process Manual
- Work Instruction
- Formats
- Transportation Layout Plan
- Zonal Development Plan
- Layout Plan
- Building Drawings
- Quality Control Manual
- Technical Circular
- Office Orders, etc.

4.1.1. Review and Approval:






All documents used by UPHDB while implementing the SQMS are controlled. All documents are reviewed for adequacy prior to approval and issue. The details of authorities designated for review, approval and issue of documents is as follows:-

| | | | | |
|---|--|------------------------------|-------------|---|
| IS 15700:2018  सेवोत्तम प्रमाणित Ref. Clause 4.2 | Quality Procedure | Doc. No: UPHDB/QP/01 | Prepared By | TA  |
| | Title: Control of Documents (Internal & External) | Issue No.:02 Rev. No.: 00 | Reviewed By | AMR  |
| | | Eff. Date: 01.08.2020 | Approved By | HC  |
| | | Page: 2 of 6 | Issued by | MR  |

| S. No | Documents Name | Prepared By | Reviewed By | Approved By | Issued by |
|-------|--------------------------------|-------------------|-------------------------------|-----------------|-----------------|
| 1 | SQMM | AMR | MR | HC | M.R. |
| 2 | Quality Procedure | AMR | MR | HC | M.R. |
| 3 | Process manual | HOD | HOD | HC | M.R. |
| 4 | Work Instruction | HOD | HOD | HOD | M.R. |
| 5 | Formats | HOD | HOD | HC | M.R. |
| 6 | Drawings | A.P. | S.A.P./ C.A.P. | C.A.P/H.C | A.P. |
| 7 | Quality Plans | E.E. | E.E. / P.M./D.D. | S.E./C.E. | E.E. |
| 8 | Officer Orders | HOD | HOD/ Add. H.C. & Sec. | HOD /H.C | HOD |
| 9 | Officer Orders (Tech.) | HOD | CAP/CE | CAP/C.E. | AP/S.E |
| 10 | Specifications (Arch/ Eng.) | HOD | SAP/ S.E(P) | CAP/C.E./ HC | AP/ S.E (P). |
| 11 | Quality Control Manual | Director, QC&D | C.E. | H.C. | C.E. |
| 12 | Rules & Regulations | HOD | HOD/Add. H.C. & Sec. /H.C. | Board | HOD |
| 13 | Building Bye Laws | Govt. | CAP/HC | Board | SAP |

All the documents referred to above are uniquely identified. The numbering systems adopted for the identification are as follows: -

- a) **SQMM** - Abbreviation of the organization/ Abbreviation of the document / document number
e.g. UPHDB /SQMM/01....
- b) **Quality Procedure** - Abbreviation of the organization/ Abbreviation of the document /document number
e.g. UPHDB /QP/01.....
- d) **Process Manual** - Abbreviation of the organization/ Abbreviation of the documents/ Abbreviation of the department/ document no...
e.g. UPHDB /PM/...../01.....
- e) **Work Instructions** - Abbreviation of the organization/ Abbreviation of the documents/ Abbreviation of the department/ document no.
e.g. UPHDB /WI/...../01.....

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|---|--|------------------------------|--|---|
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- f) **Quality Plans** - Abbreviation of the organization / Abbreviation of the documents/ Project ID/ document no.
e.g. UPHDB /Q Plan/Project ID/01.....
- g) **Formats** - Abbreviation of the organization/ abbreviation of document/ abbreviation of department / document no.
e.g. UPHDB/FOR/...../01.....

The system adopted for other documents like drawings, specifications, officer order, manual etc. is -

Architectural Drawings/ Specifications-

UPHDB/APD/ Unit Name/ Concerned SE /Concerned Division / Yojna Code/ Sector Name or No. / Approving Authority/ Date of approval / Drawing Register Serial Number
e.g. (UPHDB/APD/AP Unit .. /SE.../ CD... /Yojna Code / Sector-name or no. / HC / dt of approval / D.R.S.No.....)






Engineering Drawings-

UPHDB/ENG/Concerned SE/ Concerned Division/Unit /Yojna Code/ Sector Name or No./Approving Authority/ Date of approval / Drawing Register Serial Number
e.g. (UPHDB/ENG/SE-.../ CD/CU-... /Yojna Code / Sector-name or no. / HC/ dt. of approval / D.R.S.No....)

- Office Order** - Dispatch no./ Section Name/file no./ dt.
- Engineering Specifications** - Dispatch no. / Section name/file no. /dt.
- Office Manual** - Department Name/Subject Name/Unique no.
- Quality Control Manual** - Department Name/Subject Name/Unique no.
- Building Bye Laws** - Department name/Subject Name/Year/ Rev. no.
- Drawing File** -Department name/Scheme Name/Sector name/no.

4.1.2. Issue and Distribution:

- a) Original Copy of all the documents related to Sevottam implementation e.g. SQMM, Quality Procedure, Process Manual, Format, Work instruction etc. shall be maintained by AMR. He shall control their original copy and publish it on official website of Parishad. Issuance of all above documents is password protected.

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| <p>IS 15700:2018</p>  <p>सेवोत्तम प्रमाणित</p> <p>Ref. Clause 4.2</p> | Quality Procedure | Doc. No: UPHDB/QP/01 | Prepared By | TA  |
| | Title: Control of Documents (Internal & External) | Issue No.:02 Rev. No.: 00 | Reviewed By | AMR  |
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- b) The designated office head such as SAO(Admin)/SAO(Vig.)/SAO(PRP)/RO(PRO)/SAO(LEG)/FO(F&A)/CAO(CO)/SSO(ENG)/Asst. Registrar (COH) for Head Office and for field offices SE/Director, QC&D/Director, Global Cell /CAP/ JHC (Zone) shall download the SQMM, procedures, relevant processes, , formats, work instructions etc, and make requisite number of photocopies and distribute controlled copies of the documents to the identified users of subordinate offices and maintaining distribution list. The M.R. and other authority for issue of documents shall ensure legibility of documents. All the controlled copies are identified by "**CONTROLLED COPY**" seal with unique number, on first page of each document. The holder of the controlled copies are responsible for its proper maintenance, safe custody and updating the changes received from time to time. The copyholder shall ensure that no unauthorized photo copying of the documents takes place.

4.1.3. Identification of Revision Status:

All the documents shall be uniquely numbered in such a way that clearly identifies the current revision of the documents to enable all the users access the right documents. The revision numbering of the documents begins at "00" and is incremented in steps of one for every change / revision in the documents. This increase of the revision number will go on till 20. When it is reset, issue no. is incremented to next and revision number brought back to "00". Any changes to the documents are identified with change or use of different font. This applies only to additions. In case of deletions the nature of changes is indicated in the amendment record sheet.

4.1.4. Changes to Documents:

Any employee of UPHDB or concerned may propose changes, as necessary, to the documents. The employee shall then initiate a note giving the details of the change proposed to the approving authority. On acceptance of the proposal, the necessary changes shall be incorporated and approved by the designated authority before issue of the revised documents. The revised documents shall be distributed to all

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| | Title: Control of Documents (Internal & External) | Issue No.:02 Rev. No.: 00 | Reviewed By | AMR  |
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the identified users of the document as per the distribution list of the master list of documents.


4.2. External Documents:

- UPHDB Act
- Land Acquisition Act
- Registration Act
- Arbitration Act
- Contract Act
- IRC Codes
- Technical Circular
- Building Bye Laws
- Regulations of Building Operations Act
- National Building Code & B.I.S. Codes
- Customer Designs/Customer Drawings, etc.
- Government Notifications, Orders & Instructions.
- PWD Schedule of Rates/Specifications/Skeleton of Rates
- UP Jal Nigam Design Criteria/Specifications/Schedule of Rates
- UP Power Corporation Schedule of Rates/Specifications/Skeleton of Rates

4.2.1 Distribution of External Documents:

All external documents used while implementing the SQMS are controlled to ensure only right documents are used by the user of the UPHDB. The details of the external documents available and being used will be maintained in Sevottam Cell by A.M.R. and in other offices of UPHDB by nominated Nodal Officer for Sevottam implementation in an External Document List.

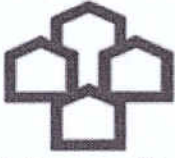




Designated HOD shall correspond with external agencies at least once in a year or as required to obtain information about the revision status of the relevant documents through internet or it is communicated by department itself. The HOD arranges to make available the latest revised documents.

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|---|--|------------------------------|--------------|--------------------|
| IS 15700:2018  सेवोत्तम प्रमाणित | Quality Procedure | Doc. No: UPHDB/QP/01 | Prepared By | TA <i>Law Noli</i> |
| | Title: Control of Documents (Internal & External) | Issue No.:02 Rev. No.: 00 | Reviewed By | AMR <i>Belh...</i> |
| Eff. Date: 01.08.2020 | | Approved By | HC <i>Am</i> | |
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| Ref. Clause 4.2 | | | | |

4.3 Removal of Obsolete Documents:

As and when changes to the documents are made and revised document issued, the registered copy holder is responsible for disposing the obsolete copy in a suitable manner immediately after its receipt. In case the obsolete documents are required for any reference or legal purposes then the decision to retain such copy shall be taken by concerned HOD and the document are clearly identified and marked "**FOR REFERENCE ONLY**" and only one copy of such obsolete document are maintained with the respective offices. AMR shall keep one copy of all versions of the document for future reference & shall maintain the Obsolete Document List.

5.0 Change Detail: Nil

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|---|--|---|--|---|
| IS 15700:2018  सेवोत्तम प्रमाणित | Quality Procedure | Doc. No: UPHDB/QP/02 | Prepared By | TA  |
| | Title: Control of Records | Issue No.: 02 Rev. No.: 00 | Reviewed By | AMR  |
| Eff. Date: 01.07.2020 | | Approved By | HC  | |
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| Ref. Clause 4.2 | | | | |

1.0 Objective:

To establish a system for controlling all records in a manner that will provide evidence of conformity and effective operation of SQMS.

2.0 Scope:

All departments/offices of UPHDB.

3.0 Responsibility:

The overall responsibility for implementing and maintaining this procedure is with Management Representative. The specific responsibility for updating and implementing this procedure is with sectional/office heads.

4.0 Procedure:

4.1 Identification of records:

Each record required to be maintained by UPHDB shall be identified in the following manner-

Files - UPHDB/Section or Office name/Yojna Name /Year/ File Serial No.

Register - UPHDB/Section or Office name/Yojna Name /Year/ Reg. Serial No.


Internal audit Reports - UPHDB/IAR/ Section or Office name / Sl. no. / dt..

Non Conforming Report - UPHDB/NCR/ Section or Office name /Sl. no./ dt.

4.2 Storage, Protection & Retention of Records:

4.2.1 All the records are stored under the control of respective Sectional/Office Head at the Head Office and field offices respectively. Records are properly stored in the serial order in the cloth bag, folder, box, rack, almirah, etc., which are well protected, uniquely indexed and maintain a Master List for all records.

4.2.2 The records are stored in a manner that provides easy access to users. Any requisition of records has to be made by Sectional Heads at the head office & Office Head at the field offices.





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|---|--|---|-----------------------|------------------------|
| IS 15700:2018  सेवोत्तम प्रमाणित | Quality Procedure | Doc. No: UPHDB/QP/02 | Prepared By | TA <i>[Signature]</i> |
| | Title: Control of Records | Issue No.: 02 Rev. No.: 00 | Reviewed By | AMR <i>[Signature]</i> |
| Eff. Date: 01.07.2020 | | Approved By | HC <i>[Signature]</i> | |
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| Ref. Clause 4.2 | | | | |

4.2.3 The methods and responsibilities for storage, protection, retention and disposal of records after retention period is as follows-

| Sl. No. | Department | Location | Storage | Responsibility |
|---------|------------|----------------------------------|------------------------------------|------------------------------------|
| 1. | ADM | Administration Section, HQ | Almirah, rack, cloth bag, box etc. | SAO/DHC |
| 2. | VIG | Vigilance Section, HQ | Almirah, rack, cloth bag, box etc. | SAO/DHC |
| 3. | F&A | F&A Section at HQ | Almirah, rack, cloth bag, box etc. | AAO/FO |
| 4. | LAC | LAC Section at HQ | Almirah, rack, cloth bag, box etc. | EE(LAC) |
| 5. | APD | AP/CAP office at Neelgiri, LKO | Almirah, rack, cloth bag, box etc. | AP/CAP |
| 6. | ENG | ENG Section/CD/CU.... Office | Almirah, rack, cloth bag, box etc. | EE/PM/SE/SE(P)/ SSO/ D.GCC Cell/CE |
| 7. | PRP | EMO/AHC/ DHC/JHC Offices | Almirah, rack, cloth bag, box etc. | EMO/SAO/DHC/JHC |
| 8. | LEG | Legal Section, HQ | Almirah, rack, cloth bag, box etc. | SAO/Legal Advisor |
| 9. | PRO | PRO, HQ | Almirah, rack, cloth bag, box etc. | AO/RO |
| 10. | COC | Computer Cell, HQ | Almirah, rack, cloth bag, box etc. | Incharge Comp. Cell |
| 11. | CO | Coordination Section, HQ | Almirah, rack, cloth bag, box etc. | C.A.Officer |
| 12. | COH | Cooperative Section/ Offices, HQ | Almirah, rack, cloth bag, box etc. | AHC/DHC (Nibandhan) |
| 13. | MRO | AMR at Sevottam Cell | Almirah, rack, cloth bag, box etc. | AMR |

4.2.4 A separate master list of records on Format No. - UPHDB/MR/FOR/04 shall be available with the designated Nodal Officer giving the records details with their storage location, storage, retention period, and disposition (shredding method) etc.

5.0 Changes details: Nil.

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|---|-------------------------------|---------------------------------|---|--|
| IS 15700:2018  सेवोत्तम प्रमाणित | Quality Procedure | Doc. No: UPHDB/QP/03 | Prepared By | TA  |
| | Internal Quality Audit | Title: | Issue No.: 02 Rev. No.: 00 | Reviewed By |
| | | Eff. Date: 01.08.2020 | Approved By | HC  |
| Ref. Clause 4.2 | | Page: 1 of 1 | Issued by | MR  |

1.0 Objective:

To establish a system for planning and implementation of Internal Quality Audit to verify the effectiveness of the SQMS.

2.0 Scope:

All departments/offices of UPHDB.


3.0 Responsibility:

The overall responsibility for implementing and maintaining this procedure is with Management Representative.

4.0 Procedure:

- 4.1 Annual audit schedule is prepared in such a way that each section/office is covered once in a year or on importance of the activity.
- 4.2 The Internal audit schedule is circulated to the auditors and auditee to ensure their availability on the respective dates. Third party audits are also acceptable.
- 4.3 Internal auditors could be selected internally or externally for conducting the quality audits.
- 4.4 Internal audits are organized and carried out through auditors with audit check list for the area allocated for them.
- 4.5 The auditor carries out the audit as per schedule and obtain evidences of effective implementation of the SQMS and achievement of the planned results through interviewing, examination of documents, activities, objects, records, data, result sheets etc.
- 4.6 In case of any Non-Conformity of the system, Non Conforming Report is issued by auditor as applicable. Auditee reviews NCRs and takes corrective/preventive action and send the report to the auditor.
- 4.7 If any follow up audits is required, the same shall be indicated in the Non Conforming Report on format no. UPHDB/MR/FOR/11, corrective action taken shall be verified and the auditor shall close NCR.
- 4.8 A summary report of audits is prepared based on NCRs and a review is presented in MRM.
- 4.9 Changes as a consequence of NCRs are implemented with a view to remove deficiencies in concerned document.

5.0 Change detail: Nil.

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|---|---|------------------------------|-------------|---------------------|
| IS 15700:2018  सेवोत्तम प्रमाणित Ref. Clause 4.2 | Quality Procedure | Doc. No: UPHDB/QP/04 | Prepared By | TA <i>Low Nait</i> |
| | Title: Control of Non Conforming Process | Issue No.:02 Rev. No.: 00 | Reviewed By | AMR <i>P. P. P.</i> |
| | | Eff. Date: 01.08.2020 | Approved By | HC <i>My</i> |
| | | Page: 1 of 2 | Issued by | MR <i>Q</i> |

1.0 Objective:

To establish a system for appropriate identification, segregation, documentation, disposition and prevent inadvertent use of non-conforming process.

2.0 Scope:

All departments/offices of UPHDB.

3.0 Responsibility:

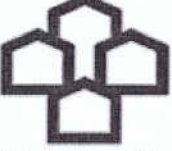




The overall responsibility for implementing and maintaining this procedure is with Management Representative. The specific responsibility for updating and implementing this procedure is with sectional /office heads-

| S. No. | Department | Responsibility |
|--------|------------|------------------------------|
| 1. | ADM | Addl. HC& Sec |
| 2. | VIG | Addl. HC& Sec |
| 3. | F&A | FC |
| 4. | LAC | Addl. HC& Sec |
| 5. | APD | CAP |
| 6. | ENG | C.E. |
| 7. | PRP | Addl. H.C. |
| 8. | LEG | Legal Advisor |
| 9. | PRO | JHC |
| 10. | COC | S.S.O. |
| 11. | CO | C.A.O. |
| 12. | COH | Addl. H.C. (Addl. Registrar) |
| 13. | MRO | MR |

4.0 Procedure:

4.1 Identification of Non-Conforming Process:

UPHDB has adopted the definition of **non-conforming process as non fulfillment of specified requirements**. Using this definition, UPHDB has identified non-conformance by Remarks/endorsement on file notes in different service areas.

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|---|---|---|--------------------|---|
| IS 15700:2018  सेवोत्तम प्रमाणित Ref. Clause 4.2 | Quality Procedure | Doc. No: UPHDB/QP/04 | Prepared By | TA  |
| | Title: Control of Non Conforming Process | Issue No.: 02 Rev. No.: 00 | Reviewed By | AMR  |
| | | Eff. Date: 01.08.2020 | Approved By | HC  |
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4.2 Control of Non-Conforming Process:

On the observation/identification of non conforming process in any of the service areas will be dealt with the non-conformances in a manner that is appropriate for the identified non-conformity. In such cases it is recorded in office notes if deemed necessary. Where the non-conformity requires a detailed review & analysis for deciding the corrective measures then a suitable corrective action request is raised and submitted to the HOD for deciding appropriate action.

The records of non-conformities giving the nature of non-conformities are maintained by UPHDB in the form of office notes/corrective action requests. When non-conformity is corrected, the officer who has initially observed the non-conformance subjects it to re-verification. If the non-conformity is again observed then the HOD of the concerned department shall decide the suitable action to be taken. UPHDB deals with non-conformity in any one or more of the following ways:

- 4.2.1 By taking action to eliminate the detected non-conformity.
- 4.2.2 By taking action to preclude its original intended use of application.
- 4.2.3 A concession for authorization of use, release or acceptance is allowed by Housing Commissioner.

5.0 Change detail: Nil.

| | | | | |
|---|--|---|--------------------|--------------------|
| IS 15700:2018  सेवोत्तम प्रमाणित Ref. Clause 4.2 | Quality Procedure | Doc. No: UPHDB/QP/05 | Prepared By | TA <i>hantant:</i> |
| | Title: Corrective Actions | Issue No.: 02 Rev. No.: 00 | Reviewed By | AMR <i>Reba:</i> |
| | | Eff. Date: 01.08.2020 | Approved By | HC <i>dy</i> |
| | | Page: 1 of 2 | Issued by | MR <i>R</i> |

1.0 Objective:

To establish a system for eliminating the root cause of non-conformities related to process or service quality management system performance, in order to prevent its reoccurrence.

2.0 Scope:-

All departments/offices of UPHDB.

3.0 Responsibilities:






The overall responsibility for implementing and maintaining this procedure is with respective HODs /Office in charges.

4.0 Procedure:

4.1 Review disposition & closure


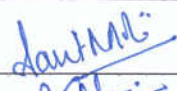

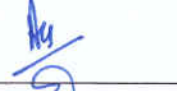

Any non conformity which requires a detailed analysis and study for identifying the root cause is recorded in office notes or corrective action requests. The various authorities identified for review and disposition of non-conformities as follows:

| S.No. | Department | Reviewed By | Verified By |
|-------|------------|--------------------------|------------------------------|
| 1 | ADM | SAO/DHC | Addl. HC& Sec |
| 2 | VIG | SAO/DHC | Addl. HC& Sec |
| 3 | F&A | AAO/FO | FC |
| 4 | LAC | EE(LAC) | Addl. HC& Sec |
| 5 | APD | AP | CAP |
| 6 | ENG | EE/PM/SE/SE(P) /SSO | C.E. |
| 7 | PRP | EMO/SAO/DHC/JHC | Addl. H.C. |
| 8 | LEG | SAO | Legal Advisor |
| 9 | PRO | AO/RO | JHC |
| 10 | COC | In charge Comp. Cell | S.S.O. |
| 11 | CO | Administrative Officer | C.A.O. |
| 12 | COH | AHC(Assistant Registrar) | Addl. H.C. (Addl. Registrar) |
| 13 | MRO | AMR | MR |

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| IS 15700:2018  सेवोत्तम प्रमाणित Ref. Clause 4.2 | Quality Procedure | Doc. No: UPHDB/QP/05 | Prepared By | TA  |
| | Title: Corrective Actions | Issue No.: 02 Rev. No.: 00 | Reviewed By | AMR  |
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- 4.2 The senior officer designated for reviewing the non conformity may either do it himself or nominate another officer or a team of officers for detailed analysis. UPHDB applies the methods of brain storming and/or why-why analysis for identifying the root cause of non conformances.
- 4.3 The officer or team of officers identified for the task will carry out analysis and prepare the proposal containing the action required to be taken for eliminating the causes of non conformity.
- 4.4 The designated HOD will review the proposals and determine the actions to be implemented and arrange to provide the necessary recourses. The designated HOD shall also fix the target date for the completion of the action which will be recorded in the office notes or corrective action request.
- 4.5 The officer or the team of officers will report back to the designated HOD with data/results on the effects of action taken. If the HOD is satisfied with the effectiveness of corrective action taken and that the root causes have been eliminated and the non conformity will not reoccur then he may close the corrective action request or office note with appropriate remark.
- 4.6 The methods for dealing with non conformities identified by internal and external audit will remain the same. The HOD may also identify the necessary improvement/changes to be made to the concerned document and send recommendations for incorporation in Proposed Change Request format (UPHDB/MR/FOR/22) to the MR.

5.0 Change Detail: Nil.

| | | | | |
|---|--|---|--------------------|---|
| IS 15700:2018  सेवोत्तम प्रमाणित Ref. Clause 4.2 | Quality Procedure | Doc. No: UPHDB/QP/06 | Prepared By | TA  |
| | Title: Preventive Actions | Issue No.: 02 Rev. No.: 00 | Reviewed By | AMR  |
| | | Eff. Date: 01.08.2020 | Approved By | HC  |
| | | Page: 1 of 1 | Issued by | MR  |

1.0 Objective:

To establish a documented system for preventing the occurrence of any potential non-conformity.

2.0 Scope:

All departments/offices of UPHDB.

3.0 Responsibilities:

The specific responsibility for updating and implementing this procedure is with sectional/office heads.






4.0 Procedure (Review, disposition & closure):

The following table describes the various authorities identified for review, analysis, and deciding the preventive action to be taken for potential non conformities -

| S. No. | Department | Reviewed By | Verified By |
|--------|------------|--------------------------|------------------------------|
| 1. | ADM | SAO/DHC | Addl. HC& Sec |
| 2. | VIG | SAO/DHC | Addl. HC& Sec |
| 3. | F&A | AAO/FO | FC |
| 4. | LAC | EE(LAC) | Addl. HC& Sec |
| 5. | APD | AP | CAP |
| 6. | ENG | EE/PM/SE/SE(P) /SSO | C.E. |
| 7. | PRP | EMO/SAO/DHC/JHC | Addl. H.C. |
| 8. | LEG | SAO | Legal Advisor |
| 9. | PRO | AO/RO | JHC |
| 10. | COC | In Charge Comp. Cell | S.S.O. |
| 11. | CO | Administrative Officer | C.A.O. |
| 12. | COH | AHC(Assistant Registrar) | Addl. H.C. (Addl. Registrar) |
| 13. | MRO | AMR | MR |

Each HOD will request for compilation of data on process performance, complaints and non conformity as per review frequency of concerned process. The HOD may also identify the necessary improvement/changes to be made to the concerned document and send recommendations for incorporation in Propose Change Request format (UPHDB/MR/FOR/22) to the MR.

5.0 Change detail: Nil.

| | | | | |
|---|--|------------------------------|-------------|---|
| IS 15700:2018  सेवोत्तम प्रमाणित Ref. Clause 4.2 | Quality Procedure | Doc. No: UPHDB/QP/07 | Prepared By | TA  |
| | Title: Management Review Meeting | Issue No.:02 Rev. No.: 00 | Reviewed By | AMR  |
| | | Eff. Date: 01.08.2020 | Approved By | HC  |
| | | Page: 1 of 2 | Issued by | MR  |

1.0 Objective:

To establish a system for conducting Management Review Meeting and to assess the effectiveness of established Service Quality Management System.

2.0 Scope:

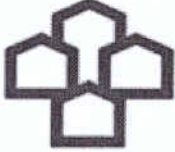
Monitoring effectiveness of Service Quality Management System in UPHDB.

3.0 Responsibility:

The overall responsibility for implementing and maintaining this procedure is with AMR/MR.

4.0 Procedure:


- 4.1 Management Review Meeting is conducted after every Internal Audit or as when required.
- 4.2 Management Review Meeting is chaired by the Housing Commissioner and coordinated by Addl. H.C. & Sec. / MR.
- 4.3 All the core functional team personnel are the members of the Management Review Meeting. AMR in consultation with the HC shall inform (Date, Time, Venue & Agenda) to all the members before One Week of Management Review Meeting.
- 4.4 In case of any change in the MRM schedule/agenda, the AMR shall intimate the members and other invitees.
- 4.5 The agenda for Management Review Meeting is as follows:
 - Follow up actions from previous reviews.
 - Results of internal audits and actions taken.
 - Status of Corrective and Preventive Actions.
 - Process Performance
 - Review of Policies and Objectives
 - Deployment of Policies and Objectives
 - Changes and their Impact on SQMS
 - Improvement and effectiveness of the SQMS
 - Effectiveness of Training.

| | | | | |
|---|---|---|--------------------|---------------------|
| IS 15700:2018  सेवोत्तम प्रमाणित Ref. Clause 4.2 | Quality Procedure | Doc. No: UPHDB/QP/07 | Prepared By | TA <i>Lautanoli</i> |
| | Title: Management Review Meeting | Issue No.: 02 Rev. No.: 00 | Reviewed By | AMR <i>R. S. S.</i> |
| Eff. Date: 01.08.2020 | | Approved By | HC <i>R. S. S.</i> | |
| Page: 2 of 2 | | Issued by | MR <i>R. S. S.</i> | |

- Resource requirements/needs
- Employee Participation Status
- Customer Feed Back
- Improvement of product related to the customer requirements
- Any other issue with permission of the Chairperson.

4.6 AMR shall maintain the minutes of the Management Review Meeting including the action plans with the target date and name of the person responsible for the action. This record shall be retained for a minimum period of three years.

5.0 Change detail: Nil.

| | | | | |
|---|--------------------------------------|---|--------------------|------------------------|
| IS 15700:2018  सेवोत्तम प्रमाणित Ref. Clause 4.2 | Quality Procedure | Doc. No: UPHDB/QP/08 | Prepared By | TA <i>[Signature]</i> |
| | Title: Training | Issue No.: 02 Rev. No.: 00 | Reviewed By | AMR <i>[Signature]</i> |
| | | Eff. Date: 01.08.2020 | Approved By | HC <i>[Signature]</i> |
| | | Page: 1 of 2 | Issued by | MR <i>[Signature]</i> |

1.0 Objective:

To establish a system to enhance the working culture & skill development of staff by providing training.

2.0 Scope:






It covers all personnel required to perform activities affecting quality and their competence analysis, recruitment, placement, induction program, identification of training needs, planning & organizing training programs & maintaining training records in UPHDB.

3.0 Responsibilities:

Sectional / Office heads and Director, Center for Excellence and Training.

4.0 Procedure:






- 4.1 General training needs of the employees are identified by CET and a training schedule is prepared once in a year.
- 4.2 Further training needs of the employees are identified by a sectional/office head and Director, CET at the following stages in addition to regular training -
- Induction training for new recruitment
 - Promotion to higher level
 - Transfer to different function.
 - Adoption of New Technology/System.
 - Change in customer's requirement
 - Competence Assessment / Performance Monitoring
 - Findings of Internal Audit.
- 4.3 The Sectional/office heads identifies the gaps between specified requirements and schedule training program and decides training requirements.
- 4.4 The identified training needs are communicated to Director, CET who incorporates them into training schedule.
- 4.5 CET arranges faculty (Internal/External), as required. He identifies, contacts, organizes training and circulates the dates, venue and training schedule to the concerned employees.

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| IS 15700:2018  सेवोत्तम प्रमाणित Ref. Clause 4.2 | Quality Procedure | Doc. No: UPHDB/QP/08 | Prepared By | TA  |
| | Title: Training | Issue No.: 02 Rev. No.: 00 | Reviewed By | AMR  |
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4.6 CET verifies the effectiveness of training imparted by assessing the trainee, on continual basis or through taking feedback from employees or otherwise as appropriate and gives his feedback to D.G., CET regarding the effectiveness of training imparted.

4.7 Shortcoming conducted training is taken as input to the training calendar. Records of training shall be kept by Director, C.E.T.

5.0 **Change detail:** Nil.

| | | | | |
|---|--|---|--------------------|---|
| IS 15700:2018  सेवोत्तम प्रमाणित Ref. Clause 4.2 | Quality Procedure | Doc. No: UPHDB/QP/09 | Prepared By | TA  |
| | Title: Customer Feedback & Complaint Handling | Issue No.: 02 Rev. No.: 00 | Reviewed By | AMR  |
| | | Eff. Date: 01.08.2020 | Approved By | HC  |
| | | Page: 1 of 2 | Issued by | MR  |

1.0 Objective:

To establish a documented system for monitoring customer feedback including customer complaint received in UPHDB.

2.0 Scope:

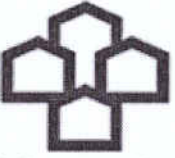




Applicable to all kind of feedback received in writing or verbal from the customer.

3.0 Responsibility:






Respective HOD's / Office Heads of UPHDB.

4.0 Procedure:

- 4.1 Customer Feed Back is collected on format UPHDB/MR/FOR/19 or any type (By hand/ fax/ e-mail/ phone/ post) given by the customer.
- 4.2 Analyzing data by nominated Nodal Officer at Section/Office level and submitting Report to Sectional/Office head
- 4.3 Deciding Improvement Action and thereafter implementation.
- 4.4 Any activity if not performed as per the stipulated time period given in Citizen Charter shall be treated as complaint.
- 4.5 All the complaint prone areas are identified in a systematic manner and the time norms for their redress are established in Grievance Redress Mechanism in Citizen Charter.
- 4.6 Information concerning complaints handling process is provided in clear language and formats accessible to all as it is available on official website. This information includes-
 - i) Where and how the complaints can be made,
 - ii) Minimum information to be provided by the complainant, and
 - iii) Time limits within which the complaint will be closed.
- 4.7 The name, address, telephone number and other contact details of the Public Grievance Officer of the organization is displayed prominently at the reception in the organization and on official website.
- 4.8 Any complaint received at UPHDB (By hand/ fax/ e-mail/ phone/ post) is logged in concerned section/office complaint register.

| | | | | |
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| IS 15700:2018  सेवोत्तम प्रमाणित Ref. Clause 4.2 | Quality Procedure | Doc. No: UPHDB/QP/09 | Prepared By | TA  |
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- 4.9 In complaint register Unique Identification Number is given to each complaint and details of complainant & complaint, due date of redress, relevant data related to the complaint and immediate action to be taken are maintained.
- 4.10 Complaint received on Parishad toll free number are categorized as critical, major or minor depending upon its seriousness and severity as defined in Citizen Charter and referred to concerned section for redress.
- 4.11 If the complaint cannot be immediately resolved, it is dealt in a manner which would lead to its effective redress as soon as possible and the complainant is intimated.
- 4.12 Communication of the decision to the complainant regarding his complaint immediately after the decision is taken and getting his feedback. In case the decision is not in line with the remedy requested by the complainant, the justification for the decision taken along with alternative internal and external recourse available for appeal is also intimated, after which the complaint is treated as closed.
- 4.13 Record of the corrective actions taken and their effectiveness is verified by concerned officer in the complaint Analysis Report.
- 4.14 To monitor the employees' satisfaction level, their feedback is collected once in a six month By Administration & Pension Section through Staff Feedback Form which is also available on our official website. All information is gathered from users on prescribed format and analysis of feedback is done on annually basis.
- 5.0 **Change detail:** Nil.

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| IS 15700:2018  सेवोत्तम प्रमाणित Ref. Clause 4.2 | Quality Procedure | Doc. No: UPHDB/QP/10 | Prepared By | TA  |
| | Title: Maintenance | Issue No.: 02 Rev. No.: 00 | Reviewed By | AMR  |
| | | Eff. Date: 01.08.2020 | Approved By | HC  |
| | | Page: 1 of 1 | Issued by | MR  |

1.0 Objective:

To establish a system for preventive maintenance of infrastructure and equipments of UPHDB.

2.0 Scope:

Applicable to all Parishad premises and computers of UPHDB.

3.0 Responsibilities:

In-charge Maintenance at office levels & In-charge Computer Cell.

4.0 Procedure:

4.1 Maintenance:

4.1.1 List of equipments and computers is maintained at HO & various field offices.

4.1.2 The preventive maintenance schedule of equipments and suppliers for services are identified as per established procedure. It is maintained by In-charge Maintenance while annual maintenance contract of computer is looked after by In-charge computer cell.

4.1.3 Maintenance is carried out as per the work instructions or office orders issued time to time on the basis of work.

4.1.4 In case any equipment falls under breakdown, supplier/vendor is informed and break down is attended immediately and record is maintained.

4.1.5 In case repeated problem is faced, root cause is determined and corrective actions to be taken to avoid their reoccurrence.

4.2 Sanitation & General Housekeeping

4.2.1 Schedule for the cleaning of campus is established and implemented to maintain proper hygienic condition within the premises.

4.2.2 It is ensured that Plant, equipment & personnel hygiene is maintained as per office orders/ work instructions issued.

4.2.3 Sanitation & hygiene is checked on regular basis.

5.0 Change detail: Nil.