Management Review Meeting Agenda

Date 10/09/2026

Meeting Started at : 3:30pm hrs.

Meeting chaired by: Mr. Hammad Kayani (Managing Director)

Persons to be Present:

Mr. Hammad Kayani	- Managing Director
Mr. Jithin Nizamudden	- General manager
Mr. Vilas Nair	-Lab Manager
Mr. M. Sarwar	- Head of Department (Geotechnical)
Ms. Salma Sohail	- HR/Admin Manager
Mr. Sarath Nair	- Sr.Quality Officer
Mr. Aswin AK	- Sr.Microbiologist/QA Executive
Mr. Sajesh Kumar	- Laboratory Supervisor
Mr. Sharoof Khalid C.P	- Geotechnical Engineer
Ms. Nafeesa TKP	- Geotechnical Engineer

Agenda of the Meeting:

1. Changes in internal and external issues that are relevant to the laboratory;
2. Fulfillment of objectives;
3. Suitability of policies and procedures;
4. Status of actions from previous management reviews;
5. Outcome of recent internal audits;
6. Corrective actions;
7. Assessments by external bodies;
8. Changes in the volume and type of the work or in the range of laboratory activities;
9. Customer and personnel feedback;
10. Complaints;
11. Effectiveness of any implemented improvements;
12. Adequacy of resources;
13. Results of risk identification;
14. Outcomes of the assurance of the validity of results; and
15. Other relevant factors, such as monitoring activities and training.
16. Incidents, injuries, ill-health, nonconformities and OH&S performance trends
17. Monitoring & measurement results (environmental performance, OH&S performance)

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Agenda Discussion & Key Points (MRM – 2026):

Changes in internal and external issues that are relevant to the laboratory

Following are the Internal & External Issues

1. Organizational changes – It was discussed and noted that a change in ownership has taken place within the Operations Department and the Quality Department. The revised ownership structure will be responsible for the respective departmental functions going forward, ensuring continuity of ongoing activities and compliance requirements. The committee acknowledged the change and agreed that all concerned personnel shall be informed accordingly.
2. Scope Expansion - The management reviewed the possibility of expansion of scope of accreditation and decided to explore the same based on business requirements, customer demand, and available technical resources, with further action to be taken as deemed necessary.
3. TAT -Clients have raised concerns about our current turnaround time and are requesting it be reduced. We need to identify where the delays are occurring and determine how much the TAT can realistically be shortened without compromising quality.

1. **Fulfillment of Objectives:**
   Mr. Sarath Nair reviewed the quality and operational objectives set for 2025 and confirmed that most objectives were achieved satisfactorily. *M. Jithin* and *Mr. Vilas.* Discussed the need to Ensure all reports are submitted within the stipulated TAT.

2. **Suitability of Policies and Procedures:**
   The Quality Manual, Quality Policy, and associated SOPs were reviewed and found to be suitable and adequate for the current scope of testing/calibration activities. Impartiality risk assessment procedure reviewed; no new risks identified; existing controls remain effective.

3. **Status of Actions from Previous Management Reviews:**
   Mr. Sarath Nair presented the status of action points from the previous MRM. Most actions were closed successfully. A few items requiring additional time were discussed, and revised completion timelines were agreed upon.

4. **Outcome of Recent Internal Audits:**
   Mr. Sarath Nair briefed the team on recent internal audit results, highlighting minor nonconformities and observations. *Mr. SajeshKumar* confirmed that corrective actions were implemented at the laboratory level and are being followed.

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5. **Corrective Actions:**
The effectiveness of corrective actions was reviewed. *Mr. Sarath Nair* explained the root cause analysis and verification of effectiveness. Management agreed that the actions taken were satisfactory and emphasized the importance of continuous monitoring.

6. **Assessments by External Bodies:**
Mr. Vilas Nair discussed outcomes of recent surveillance assessments & other client assessments. All nonconformities and observations were closed within the required timeframe, and supporting evidence was submitted. The team agreed to maintain readiness for future assessments.

7. **Changes in the Volume and Type of Work or Range of Activities:**
Mr. Sajesh reported an increase in Chemical department and laboratory testing activities. The discussion focused on managing higher sample volumes, improving coordination, and evaluating the feasibility of expanding the test scope.

8. **Customer and Personnel Feedback:**
Ms. Salma Sohail presented a summary of the feedback gathered from staff, which primarily concerned matters of workload distribution and training requirements. Customer feedback was largely favorable, though a number of suggestions were raised regarding report turnaround times; these have been duly noted by management for further improvement.

9. **Complaints:**
Mr. Sarath Nair confirmed that no major customer complaints were received during the review period. Minor issues were handled promptly, and preventive actions were implemented to avoid recurrence.

10. **Effectiveness of Implemented Improvements:**
Mr. Vilas Nair reviewed the improvements made over the past year, including streamlined processes and stronger coordination. Management agreed these measures had proven effective and should be continued and reinforced in 2026.

11. **Adequacy of Resources (Including Management Decision):**
Resource adequacy was discussed in detail. *Ms. Salma Sohail* reviewed current manpower status and training plans. *Mr. Sajesh Kumar* highlighted equipment and consumable requirements due to increased workload.
The Managing Director emphasized that, following the transition of responsibilities previously handled by Mr. Ahmed Salah, there is a strong need to hire an experienced Operations Manager to ensure smooth coordination, effective operational control, and sustained performance across laboratory and geotechnical activities. HR was requested to initiate the recruitment process accordingly.

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12. **Results of Risk Identification:**
Mr. Sarath Nair presented the risk register, covering operational, technical, and compliance-related risks. Mitigation measures and assigned responsibilities were reviewed and accepted by management.

13. **Outcomes of Assurance of Validity of Results:**
Mr. Aswin AK & Mr. Sarath Nair discussed internal quality control, calibration status, and proficiency testing performance. The results were found satisfactory, confirming the reliability and validity of test results.

14. **Other Relevant Factors (Monitoring, Training & Competence):**
Mr. Sarath Nair presented the proposed 2026 training and competency development plan. Management emphasized continuous improvement, skill enhancement, and maintaining staff competence in line with laboratory growth.

15. **Incidents, injuries, ill-health, nonconformities and OH&S performance trends**

Ms. Salma Sohail presented during the review period, no work-related incidents, injuries, or cases of ill-health were reported across the organization's operations. This reflects the continued effectiveness of the implemented OH&S controls, risk mitigation measures, and employee awareness programs.
With regard to nonconformities identified during the internal audit, all raised NCs were reviewed, addressed through appropriate corrective actions, and subsequently closed to satisfaction. Verification of closure confirmed that root causes were adequately addressed and that corrective actions were effective in preventing recurrence.

16. **Monitoring & measurement results (environmental performance, OH&S performance)**

Mr Vilas Nair declared that the monitoring and measurement activities conducted in accordance with the organization's Environmental Management System (EMS) and Occupational Health & Safety Management System (OHSMS) for the period have been reviewed, and all measurement results were found to be satisfactory and within the established acceptable limits, legal requirements, and internal performance criteria.

Meeting Adjourned at: 4:45pm (2.5 hrs)

Minutes Prepared by:
Name: Sarath Nair
Designation: Sr.Quality Officer.

Date: 10/09/2026

MRM OUTPUTS & ACTION PLAN – 2027

S. No.	Action / Decision	Responsible	Target Date
01	Non-conformance / Corrective Action closure –close CAPAs within 30 days	Quality Officer/Lab Manager	For all the audits
02	Review to be conducted for the competency of staff and the adequacy of equipment allocated to the existing scope of work.	Quality Officer/Lab Manager	30/04/2027
03	Review of environmental/facility conditions	Lab. Manager / Quality Engineer	30/04/2027
04	Maintain equipment calibration compliance	Quality Engineer	30/09/2027
05	Timely calibration of MU-critical equipment	Quality Engineer	30/09/2027
06	Ensure timely preventive maintenance of equipment	Laboratory Supervisor	30/09/2027
07	Improve document control compliance	Quality Engineer / Geotechnical Team	30/04/2027
08	Improve internal audit coverage	Quality Officer/Lab Manager	30/04/2027

Management Commitment Statement

Mr. Hammad Kayani (Managing Director) reaffirmed top management's commitment to maintaining and continually improving the effectiveness of the management system. Management confirmed its support for providing adequate resources, ensuring staff competence, maintaining impartiality, and addressing risks and opportunities to achieve reliable and valid laboratory results. Continuous improvement, customer satisfaction, and regulatory compliance remain key priorities for 2027.

Signatures

Prepared By:
Name: Sarath Nair
Designation: Sr.Quality Officer
Date: 10/09/2026

Reviewed & Approved By:

Mr. Hammad Kayani
Managing Director

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ELEMENT ENGINEERING LABORATORY

INTERNAL AUDIT-Findings and Corrective Action Report

Integrated Management System

ISO 9001:2015 | ISO 14001:2015 | ISO 45001:2018

Company / Site:	ELEMENTS ENGINEERING LABORATORY	**Audit Date:**	20.09.2026
Department(s) Audited:	Laboratory Premises	**Audit No.:**	Vertical Audit -1 (2026)
Auditor:	Mr.Vilas Nair/Ms. Salma Sohail/Mr. M Sarwar/Mr. Sarath	**Auditee / HOD:**	Mr. Sajesh /Mr. Sharoof

NC Register - Minor Non-Conformities

SN	Standard	Clause	NC Description / Objective Evidence	Corrective Action	Responsibility	Target Date
1	9001	7.1.5	Calibration sticker on measuring instrument (vernier caliper) expired by 2 weeks; instrument still in use.	The equipment had been calibrated, but the calibration sticker was absent. An updated sticker has since been applied.	Lab Supervisor/Lab Technician	25.09.2026 (Closed)
2	9001	7.5	Obsolete revision of work instruction displayed at workstation instead of current controlled version.	A new revised work instruction has been placed in the laboratory.	Quality Engineer/ Lab Supervisor	20.09.2026 (Closed)
3	9001	7.2	Training record for new operator incomplete - Evaluation form not signed off by supervisor.	The evaluation form has been reviewed, verified, and signed off.	Lab Supervisor	22.09.2026 (Closed)
4	45001	8.1.1	Operator observed without safety gloves in the chemical lab	Operator was immediately issued and directed to wear chemical-resistant safety gloves. A toolbox talk on mandatory PPE usage was conducted for all lab staff. Evidence: signed toolbox-talk attendance sheet and photograph of operator wearing gloves on file.	Quality Engineer/Lab Supervisor	22.09.2026 (Closed)
5	45001	9.1.1	First-aid box found with two items past expiry date during verification.	The two expired first-aid items were removed and replaced with new stock. The first-aid box inventory checklist was updated and a monthly expiry-verification schedule was implemented. Evidence: updated first-aid	Quality Engineer	22.09.2026 (Closed)

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INTERNAL AUDIT-Findings and Corrective Action Report

SN	Standard	Clause	NC Description / Objective Evidence	Corrective Action	Responsibility	Target Date
				checklist and replacement receipt on file.		
6	9001	8.6	Inspection/test record for one batch signed but did not indicate actual inspection date.	The inspection/test record was corrected to show the actual inspection date, and the responsible technician was retrained on record-completion requirements. Evidence: corrected inspection record and retraining acknowledgement on file.	Lab Supervisor/Quality Engineer	30.09.2026 (Closed)
7	45001	9.1.2	Fire extinguisher inspection tag missing in one of the fire station	The fire extinguisher was re-inspected and a valid inspection tag was affixed. All fire stations were checked to confirm inspection tags are present and current. Evidence: photograph of the reinstated inspection tag and updated fire-safety inspection log.	Facilities Team/Quality Engineer	25.09.2026 (Closed)
8	45001	8.1.4	Purchase order for new chemical did not require SDS to be obtained prior to delivery.	The purchase order procedure was revised to make SDS submission mandatory prior to delivery of any new chemical. The SDS for the chemical in question was obtained retroactively, and the procurement team was briefed on the updated requirement. Evidence: revised purchase-order procedure, SDS document, and briefing attendance record on file.	Lab Technician/Lab Supervisor	30.09.2026 (Closed)

Prepared By :

Sr.Quality Officer

Verified By :

Lab manager

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ELEMENT ENGINEERING LABORATORY

RECORD FOR NON-CONFORMANCE & CORRECTIVE ACTION

Non Conformance No.:	NC-01
Standard / Clause:	ISO 9001:2015 - Clause 7.1.5 (Control of Monitoring & Measuring Resources)
Department / Process:	Laboratory Premises - Calibration & Measuring Equipment
Date Raised:	20.09.2026
Raised By (Auditor):	Mr. Vilas Nair/Ms. Salma Sohail/Mr. M Sarwar/Mr. Sarath

1. Non-Conformity Statement (Requirement vs. Objective Evidence)

Clause 7.1.5 requires monitoring and measuring resources to be calibrated at specified intervals, with current calibration status verifiable at the point of use. During the audit, the vernier caliper in use in the laboratory carried a calibration sticker that had expired two weeks earlier, and the instrument remained in active use without visible evidence of current calibration status.

2. Immediate Correction (Containment Action Taken)

The vernier caliper was withdrawn from use pending verification. Calibration records were checked and confirmed the instrument had in fact been calibrated within schedule; only the physical sticker was missing/expired. An updated calibration sticker was applied and the instrument was returned to service.

3. Root Cause Analysis (Why did it occur?)

The calibration due-date tracking register was not cross-checked against the physical stickers fitted on equipment, and responsibility for renewing stickers immediately after calibration had not been clearly assigned, creating a lapse between calibration being performed and the sticker being updated.

4. Corrective Action (To prevent recurrence)

A calibration tracking register will be maintained and cross-checked monthly against physical equipment labels. Responsibility for updating and affixing calibration stickers immediately upon calibration completion has been assigned to the Lab Supervisor/Lab Technician, with a calendar-based reminder set four weeks before each due date.

Responsibility:	Lab Supervisor/Lab Technician
Target Completion Date:	25.09.2026

5. Verification of Effectiveness (Auditor Review)

Follow-up verification confirmed the calibration sticker on the vernier caliper is current and legible, the calibration tracking register is being maintained and cross-checked monthly, and a spot-check of other measuring instruments found no further expired stickers. The corrective action is assessed as effective.

Status (Open / Closed):	Closed
Closure Date:	26.09.2026
Auditee Signature:	
Auditor Signature:	

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ELEMENT ENGINEERING LABORATORY

RECORD FOR NON-CONFORMANCE & CORRECTIVE ACTION

Non Conformance No.:	NC-02
Standard / Clause:	ISO 9001:2015 - Clause 7.5 (Documented Information)
Department / Process:	Laboratory Premises - Document Control
Date Raised:	20.09.2026
Raised By (Auditor):	Mr. Vilas Nair/Ms. Salma Sohail/Mr. M Sarwar/Mr. Sarath
1. Non-Conformity Statement (Requirement vs. Objective Evidence)	
Clause 7.5 requires that documented information be controlled so that only the current, approved revision is available at points of use. An obsolete revision of a work instruction was found displayed at the workstation instead of the current controlled version.	
2. Immediate Correction (Containment Action Taken)	
The obsolete work instruction was removed from the workstation and replaced with the current, controlled revision, which has since been placed in the laboratory.	
3. Root Cause Analysis (Why did it occur?)	
The document control register was not cross-checked against copies in circulation when the work instruction was last revised, so the outdated version was not withdrawn from the workstation.	
4. Corrective Action (To prevent recurrence)	
A documented-information checklist will be used at each revision to confirm all superseded copies are retrieved from work areas. The Quality Engineer will conduct a quarterly walk-through to verify only current controlled documents are displayed at workstations.	
Responsibility:	Quality Engineer/Lab Supervisor
Target Completion Date:	21.09.2026
5. Verification of Effectiveness (Auditor Review)	
Follow-up check confirmed only the current revision of the work instruction is displayed at the workstation, and the document control register has been updated to record retrieval of the obsolete copy. The action is assessed as effective.	
Status (Open / Closed):	Closed
Closure Date:	05.10.2026
Auditee Signature:	
Auditor Signature:	

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ELEMENT ENGINEERING LABORATORY

RECORD FOR NON-CONFORMANCE & CORRECTIVE ACTION

Non Conformance No.:	NC-03
Standard / Clause:	ISO 9001:2015 - Clause 7.2 (Competence)
Department / Process:	Laboratory Premises - Training & Competence
Date Raised:	20.09.2026
Raised By (Auditor):	Mr. Vilas Nair/Ms. Salma Sohail/Mr. M Sarwar/Mr. Sarath
1. Non-Conformity Statement (Requirement vs. Objective Evidence)	
Clause 7.2 requires evidence of competence for personnel, including completed training/evaluation records. The training record for a new operator was found incomplete, as the evaluation form had not been signed off by the supervisor.	
2. Immediate Correction (Containment Action Taken)	
The evaluation form was located, reviewed, verified against the operator's demonstrated competence, and signed off by the supervisor.	
3. Root Cause Analysis (Why did it occur?)	
The training-completion process did have the mandatory sign-off checkpoint before the record was filed, but the Lab supervisor missed to add the signature which was mandatory.	
4. Corrective Action (To prevent recurrence)	
Retrieved the affected training record(s) from the file.Obtained the missing signature from the Lab Supervisor after re-verifying that the training content and assessment were satisfactorily completed.	
Responsibility:	Lab Supervisor
Target Completion Date:	21.09.2026
5. Verification of Effectiveness (Auditor Review)	
Review confirmed the operator's evaluation form is now complete and signed, and a sample check of other training files found no further incomplete records. The action is assessed as effective.	
Status (Open / Closed):	Closed
Closure Date:	22.09.2026
Auditee Signature:	
Auditor Signature:	

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ELEMENT ENGINEERING LABORATORY

RECORD FOR NON-CONFORMANCE & CORRECTIVE ACTION

Non Conformance No.:	NC-04
Standard / Clause:	ISO 45001:2018 - Clause 8.1.1 (Operational Planning & Control)
Department / Process:	Laboratory Premises - Chemical Lab / PPE Compliance
Date Raised:	20.09.2026
Raised By (Auditor):	Mr. Vilas Nair/Ms. Salma Sohail/Mr. M Sarwar/Mr. Sarath
1. Non-Conformity Statement (Requirement vs. Objective Evidence)	
Clause 8.1.1 requires operational controls, including PPE use, to be established and followed to eliminate/reduce OH&S risks. An operator was observed working in the chemical lab without wearing the required safety gloves.	
2. Immediate Correction (Containment Action Taken)	
The operator was immediately issued safety gloves and directed to wear them. A toolbox talk on mandatory PPE usage was conducted for all lab staff on the same day.	
3. Root Cause Analysis (Why did it occur?)	
PPE compliance was not being actively monitored during routine lab activities, and refresher reminders on mandatory PPE use had lapsed.	
4. Corrective Action (To prevent recurrence)	
Random PPE compliance checks will be conducted by the Lab Supervisor/Quality Team, and PPE usage will be reinforced through a documented toolbox-talk schedule (at minimum quarterly).	
Responsibility:	Lab Supervisor
Target Completion Date:	21.09.2026
5. Verification of Effectiveness (Auditor Review)	
Follow-up spot-checks confirmed all lab staff were observed wearing the required PPE in the chemical lab, and the toolbox-talk attendance sheet was on file. The action is assessed as effective.	
Status (Open / Closed):	Closed
Closure Date:	22.09.2026
Auditee Signature:	
Auditor Signature:	

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ELEMENT ENGINEERING LABORATORY

RECORD FOR NON-CONFORMANCE & CORRECTIVE ACTION

Non Conformance No.:	NC-05
Standard / Clause:	ISO 45001:2018 - Clause 9.1.1 (Monitoring, Measurement, Analysis & Performance Evaluation)
Department / Process:	Laboratory Premises - First-Aid Provisions
Date Raised:	20.09.2026
Raised By (Auditor):	Mr. Vilas Nair/Ms. Salma Sohail/Mr. M Sarwar/Mr. Sarath

1. Non-Conformity Statement (Requirement vs. Objective Evidence)

Clause 9.1.1 requires monitoring of OH&S performance, including the condition of first-aid provisions. During verification, the first-aid box was found to contain two items past their expiry date.

2. Immediate Correction (Containment Action Taken)

The two expired items were removed from the first-aid box and replaced with new stock of the same items.

3. Root Cause Analysis (Why did it occur?)

The first-aid box did not have a scheduled expiry-check routine, so expired items were not identified and replaced in a timely manner.

4. Corrective Action (To prevent recurrence)

A first-aid box inventory checklist has been introduced with a monthly expiry-verification schedule, assigned to the Quality Engineer, including a log of check dates and replacement actions.

Responsibility:	HSE Officer
Target Completion Date:	21.09.2026

5. Verification of Effectiveness (Auditor Review)

Follow-up check confirmed the first-aid box contents are within date, and the monthly expiry-check log is being maintained. The action is assessed as effective.

Status (Open / Closed):	Closed
Closure Date:	22.09.2026
Auditee Signature:	
Auditor Signature:	

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ELEMENT ENGINEERING LABORATORY

RECORD FOR NON-CONFORMANCE & CORRECTIVE ACTION

Non Conformance No.:	NC-06
Standard / Clause:	ISO 9001:2015 - Clause 8.6 (Release of Products and Services)
Department / Process:	Laboratory Premises - Inspection & Testing
Date Raised:	20.09.2026
Raised By (Auditor):	Mr. Vilas Nair/Ms. Salma Sohail/Mr. M Sarwar/Mr. Sarath
1. Non-Conformity Statement (Requirement vs. Objective Evidence)	
Clause 8.6 requires evidence of conformity at appropriate stages, including verifiable inspection/test records. The inspection/test record for one batch was signed but did not indicate the actual inspection date.	
2. Immediate Correction (Containment Action Taken)	
The test record was corrected to show the actual test date, verified against the batch testing log.	
3. Root Cause Analysis (Why did it occur?)	
The test record template did have the date field as mandatory, and the technician has not filled same omitting the date rendered the record non-conforming.	
4. Corrective Action (To prevent recurrence)	
The record was traced back to the actual test date using supporting evidence, and the responsible technicians will be retrained on record-completion requirements, with supervisor review of records prior to filing.	
Responsibility:	Lab Supervisor/QC Technician
Target Completion Date:	22.09.2026
5. Verification of Effectiveness (Auditor Review)	
Follow-up review confirmed the test record now shows the actual inspection date and a sample check of other records found all dates properly completed. The action is assessed as effective.	
Status (Open / Closed):	Closed
Closure Date:	30.09.2026
Auditee Signature:	
Auditor Signature:	

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ELEMENT ENGINEERING LABORATORY

RECORD FOR NON-CONFORMANCE & CORRECTIVE ACTION

Non Conformance No.:	NC-07
Standard / Clause:	ISO 45001:2018 - Clause 9.1.2 (Evaluation of Compliance)
Department / Process:	Laboratory Premises - Fire Safety Equipment
Date Raised:	20.09.2026
Raised By (Auditor):	Mr. Vilas Nair/Ms. Salma Sohail/Mr. M Sarwar/Mr. Sarath
1. Non-Conformity Statement (Requirement vs. Objective Evidence)	
Clause 9.1.2 requires evidence of compliance with legal/other requirements, including current inspection of fire safety equipment. A fire extinguisher inspection tag was found missing at one of the fire stations.	
2. Immediate Correction (Containment Action Taken)	
The fire extinguisher was re-inspected on the spot and a valid, dated inspection tag was affixed.	
3. Root Cause Analysis (Why did it occur?)	
The fire-safety inspection checklist did not include a verification step to confirm tags remained attached after inspection, so a missing tag was not detected until the audit.	
4. Corrective Action (To prevent recurrence)	
The fire-safety inspection checklist will be updated to include tag-presence verification at every round, and all fire stations were checked to confirm tags are present and current.	
Responsibility:	Quality Engineer/Facilities Team
Target Completion Date:	21.09.2026
5. Verification of Effectiveness (Auditor Review)	
Follow-up check confirmed inspection tags are present and current at all fire stations, and the updated checklist is in use. The action is assessed as effective.	
Status (Open / Closed):	Closed
Closure Date:	25.09.2026
Auditee Signature:	
Auditor Signature:	

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ELEMENT ENGINEERING LABORATORY

RECORD FOR NON-CONFORMANCE & CORRECTIVE ACTION

Non Conformance No.:	NC-08
Standard / Clause:	ISO 45001:2018 - Clause 8.1.4 (Procurement)
Department / Process:	Laboratory Premises - Procurement / Chemical Handling
Date Raised:	20.09.2026
Raised By (Auditor):	Mr. Vilas Nair/Ms. Salma Sohail/Mr. M Sarwar/Mr. Sarath

1. Non-Conformity Statement (Requirement vs. Objective Evidence)

Clause 8.1.4 requires that hazards associated with procured goods, including chemicals, be identified and controlled prior to their introduction into the workplace. A purchase order for a new chemical did not require the Safety Data Sheet (SDS) to be obtained prior to delivery.

2. Immediate Correction (Containment Action Taken)

The SDS for the chemical in question was obtained retroactively from the supplier and reviewed prior to further use of the chemical.

3. Root Cause Analysis (Why did it occur?)

The purchase order procedure included a mandatory field but while receiving technician missed to ensure the availability of SDS.

4. Corrective Action (To prevent recurrence)

Retrieve the SDS from the supplier/manufacturer before release to the requesting department.

Responsibility:	Lab Supervisor/Lab Technician
Target Completion Date:	24.09.2026

5. Verification of Effectiveness (Auditor Review)

Audit a sample of receiving records over the next 1–3 months to confirm SDS availability is documented at time of receipt for all applicable items. The action is assessed as effective.

Status (Open / Closed):	Closed
Closure Date:	30.09.2026
Auditee Signature:	
Auditor Signature:	