Minutes of Meeting

1.	Meeting Sr. No.	:	**MRM25-001**
2.	Date	:	**23.12.2025**
3.	Time	:	**10:00 am**
4.	Venue	:	**PT conference room**
5.	Last Meeting Held On	:	**13.09.2024**

6.	**Participants**	:	Jacob Joy	Nerissa Mei Sarah Manuel
			Shaira Mae Talisay	Krizna Gail G. J

1. Review of status of actions from previous management reviews

Quality Manager has represented the actions taken as decided in the last meeting;

Sr. No.	Action	Target completion	Status
1	Update the list of existing customers in the laboratory and Review latest clients details	Dec 2025	Completed
2	Close follow-up in dealing with customer complaints, feedbacks, suggetions, etc.	Dec 2025	Completed
3	Perform customer satisfaction survey & analyze results. Including customer witnessing on monthly evaluation	Dec 2025	Completed
4	Involvement of Customer for any Technical issues/seminars/etc.	Dec 2025	Completed
5	Utilize different method to satisfy employee	Dec 2025	Completed
6	Medical Insurances: Identify best company and renew medical insurance policy.	Dec 2025	Completed
7	Allow employees to go for vacation.ie. not to keep employees more than 60 days of leave balance.	Dec 2025	Completed
8	Increase number of meeting, dialogues, discussion, etc.. between manager and employees, to report weekly to Director	Dec 2025	Completed
9	Encourage employees by regular communication for awareness related to work environment enhancements initiatives and feel them appreciated and valued.	Dec 2025	Completed
10	Review implementation of training according to training needs and training requirements.	Jul 2025	Completed
11	Regular meeting and discussion with employees for continual improvement	Dec 2025	Completed
12	Verify implementation of audit according to annual audit plan.	Dec 2025	Completed
13	Verifiy the implementation of Training as per the schedule.	Dec 2025	Completed
14	Provide needed training to all level of staffs whenever required for external/internal.	Dec 2025	Completed
15	Closure of all non-conformance by implementation of corrective and preventive actions.	Dec 2025	Completed

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	16	Reviewing of policies and procedure as per the plan.	Dec 2025	Completed
	17	Plan Accreditation of ISO/IEC 17043 scope for Material, Chemical, Microbiology and Environmental Monitoring	October 2025	Completed

2. Review of changes in internal and external issues that are relevant to the PT provider

Ms. Nerissa discusses the recent changes namely, the staff changes, expansion of scope, interested parties and issues of concern, all agreed to keep and maintain the same.

Interested parties

Interested Party	Int / Ext	Reason for Inclusion
Direct Customer	External	Purchase our products and services
Project Owners/Consultant	External	End user of our products and services
Accreditation/Certification Body	External	Audit for ISO17043 and ISO9001 compliance, issue certifications
Regulatory Body	External	Mandate regulatory requirements
Supplier	External	Provides our equipment, materials and critical support services
Local Community	External	Impacted by our activities in the region
Competitors	External	Impact on our prices/market share
Employee / Staff	Internal	Directly responsible for performing and delivery of service
Managing Director	Internal	Have direct concern over the financial health of the company
Managing Director	Internal	Has direct responsibility for management of the company

Issues of Concern

Interested Party	Issue of Concern	Bias	Processes Affected
Certification/ Accreditation Body	Level of compliance to ISO17043 and ISO 9001	Mixed	All Process
Employee / Staff	Expect to be compensated	Risk	Finance
	Require appropriate training & career progression	Risk	HR
	Expect satisfactory equipment, facilities	Risk	Operations
Investors/Owners	Company must remain financially healthy	Risk	Finance
	Concerned with growth of company	Opportunity	Management
Top Management	QMS processes must be efficient	Risk	QMS Management
Direct Customer	Expect high quality services	Risk	Operations
	Expect on time delivery	Risk	Operations
	Could be source of referrals to new customers	Opportunity	New Orders
	Effect on our cash flow	Risk	Finance
Local Community	Expect us not to pollute environment/damage utilities	Risk	Operations
Regulatory Body	Must comply with all regulations and statutes	Risk	Management
Supplier/Subcontractor	Expect to be paid promptly	Risk	Finance
	Require clearly defined requirements	Risk	Purchasing
	Require adequate notice of rush jobs	Risk	Purchasing
	Subcontractor performance impacts the quality of our services and our reputation	Mixed	Purchasing
	Could be source of intelligence information about competitors/ market	Opportunity	Operations
Competitors	Dragging market prices	Risk	Operations
	Source of benchmarking for best practices	Opportunity	Management

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3.	Review of fulfilment of objectives
	See attached Jacob Proficiency Objective Plan 2026
4.	Review of suitability of policies and procedures
	Jacob Proficiency to comply with ISO/IEC 17043:2023, incorporating an issue 02 of both Quality Manual and QP procedures.
5.	Review of outcome of recent internal audits

The meeting focused on evaluating Jacob Proficiency's alignment with the 2025 requirements of **ISO/IEC 17043:2023** Quality Management System standards. Mr. Jacob Joy presented an update on the company's current organizational structure and operational framework to the attendees.

Ms. Nerissa outlined the critical steps required to obtain PT surveillance audit approval, including updates to the Proficiency Testing (PT) schemes and the proposed expansion of the accreditation scope.

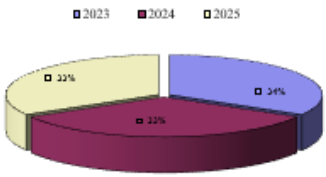
The Quality Department has implemented several initiatives aimed at strengthening management processes and enhancing operational effectiveness. These initiatives have fostered a strong sense of commitment among employees, encouraging active participation in achieving Jacob Proficiency's objectives while improving overall control and coordination.

The charts indicate a stable and consistent internal audit program over the past two years. Both management and technical (including subcontractor) audits have been conducted regularly without any increase or decrease in frequency, ensuring continuous compliance monitoring.

The audit distribution between the years remains equal (50%–50%), demonstrating balanced and systematic audit execution. This consistency reflects the organization's commitment to maintaining compliance and continual improvement in line with ISO/IEC 17043:2023 and ISO 9001 requirements.

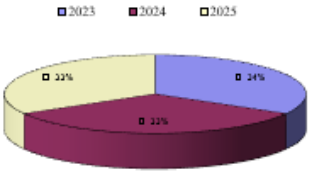
Trend From Management Internal Audit

Period	Auditors	Tot.Audit	Total Mgt. Audit	Remarks
2023	1	1	1	As per ISO 17043, ISO 9001
2024	1	1	1	As per ISO 17043, ISO 9001
2025	1	1	1	ISO 9001



Trend From Technical Internal Audit

Period	Auditors	Total Audit	Total Tech. Audit
2023	1	1	1
2024	1	1	1
2025	1	1	1



6.	Review of assessments by external bodies

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Perry Johnson Laboratory Accreditation, Inc. has cancelled the previously scheduled evaluation conducted by Mr. Matthew Sica (originally planned for October 6–9, 2025). The assessment has been rescheduled to March 23–26, 2026, and will be conducted by Mr. Douglas L. Berg.

Additionally, the Proficiency Testing Provider accreditation in accordance with ISO/IEC 17043:2023, under Accreditation Certificate No. L23-758-R1, has been extended until July 26, 2026.

The graphical representation indicates an increase in CPARs from 2023 to 2024, rising from one (1) to three (3) under ISO-related findings. No CPARs were recorded under the QMS, MOIAT, PJLA, or Client categories during this period. As of 2025, zero CPARs have been recorded to date.

The increase observed in 2024 highlights the importance of strengthening internal control mechanisms, enhancing the effectiveness of corrective action implementation, improving root cause analysis procedures, and reinforcing continual improvement initiatives. Although the audit frequency remained consistent, the higher number of CPARs in 2024 emphasizes the need for closer compliance monitoring, better process consistency, and more proactive risk-based thinking.

The table reflects the audit and CPAR trend from 2023 to 2025.

In 2023, a total of three (3) auditors conducted three (3) audits, resulting in one (1) CPAR and zero (0) observations, with activities related to PJLA accreditation, MOIAT registration, and ISO accreditation.

In 2024, two (2) auditors conducted two (2) audits, during which three (3) CPARs and one (1) observation were recorded. This period covered PJLA accreditation and ISO surveillance activities. Despite the reduction in the number of auditors and audits compared to 2023, the increase in CPARs indicates the need for strengthened compliance monitoring and corrective action effectiveness.

As of 2025, one (1) auditor conducted one (1) audit under ISO surveillance, with zero (0) CPARs and zero (0) observations recorded to date. This demonstrates improved system control, effective corrective action implementation, and enhanced compliance stability.

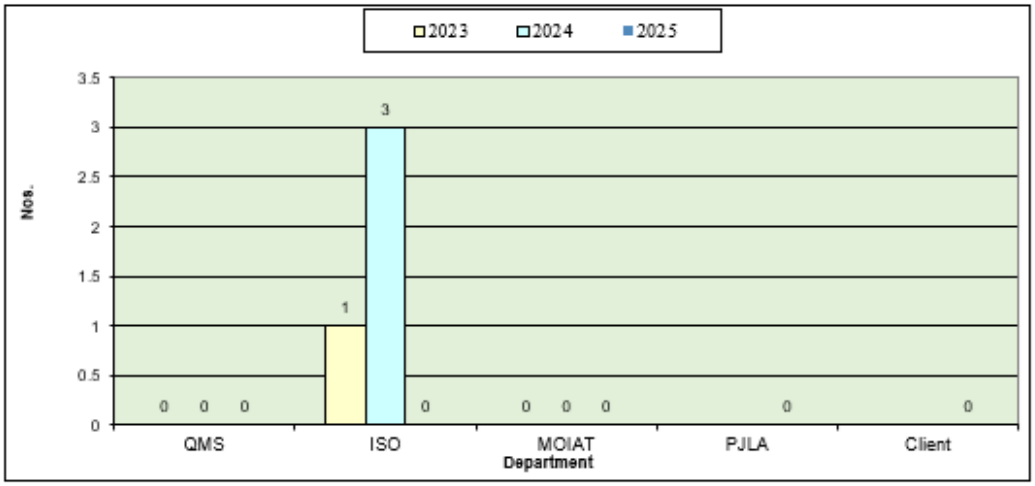
Overall, the data shows a temporary rise in findings in 2024, followed by significant improvement in 2025, reflecting the organization's commitment to continual improvement and maintaining compliance with accreditation and regulatory requirements.

Period	Total Auditors	Tot. Audit	Total CPARs	Total Observations	Total CPARs	Remarks
2023	3	3	1	0	1	Accreditation from PJLA, MOIAT Registration, ISO accreditation
2024	2	2	3	1	3	Accreditation from PJLA, ISO Survaillance
2025	1	1	0	0	0	ISO Surveillance

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7. Review of corrective actions

CPAR's Period	QMS	ISO	MOIAT	PJLA	Client
2023	0	1	0	0	0
2024	0	3	0	0	0
2025	0	0	0	0	0



The Corrective/Preventive Action Reports (CPARs) raised during external audits show a noticeable increase between 2023 and 2024, with all findings concentrated under ISO requirements. In 2023, one (1) CPAR was raised under ISO, which increased to three (3) CPARs in 2024, also exclusively under ISO. No CPARs were reported under QMS, MOIAT, PJLA, or Client audit categories in either year, indicating satisfactory compliance in these areas. For 2025 (to date), zero (0) CPARs have been recorded across all categories, including ISO, reflecting improved compliance performance and effective implementation of corrective actions from the previous year. Overall, the trend shows an increase from one (1) CPAR in 2023 to three (3) in 2024, followed by a reduction to zero (0) in 2025. The temporary rise in 2024 highlights the need for strengthened focus on ISO-related requirements, emphasizing the importance of enhancing internal control systems, improving staff awareness and competency training, strengthening root cause analysis processes, and implementing robust preventive measures to avoid recurrence. The absence of CPARs in 2025 demonstrates improved system stability, stronger compliance monitoring, and the effectiveness of corrective and preventive actions implemented.

8. Review of changes in the volume and type of the work or in the range of PT activities

Since the Jacob Proficiency assessment conducted in 2024, there have been no major changes in the laboratory's operations. The laboratory continues to maintain stability in its management system and audit outcomes, with compliance sustained across the accredited scopes.

For 2025, a new scope has been applied for, expanding the laboratory's proficiency testing activities. The proposed PT schemes include:

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PT Scheme/Program Name	PT Item Type	Measurand(s) / Characteristic(s)
Tobacco & Tobacco Products	Dokha, Molasses, Fruit Flavoured Almeasal Tobacco, Electronic Nicotine Product	Physical, Chemical, and Microbiology; Qualitative and Quantitative
Construction Materials	Miscellaneous Material	IEC

This planned expansion demonstrates the laboratory's commitment to continual improvement and alignment with evolving industry and client requirements. It will further strengthen the laboratory's service portfolio and support broader client needs.

Review of customer, participant and personnel feedback

The 2025 Customer Satisfaction Survey feedback target is 73%. The survey was designed online and takes approximately 2 minutes to complete. Once submitted, notifications are sent to the QA department for future evaluation. The form is structured to minimize the time and effort required from customers while actively encouraging them to respond promptly.

In 2025, a total of 25 customers were surveyed, and all 25 responded, resulting in a 100% participation rate. This represents a significant improvement from the 35% participation rate in 2024.

The results for 2025 show an overall customer satisfaction score of 81.7%, which, while slightly lower than 2024's 95.6%, still exceeds the target of 72%.

While the overall satisfaction in 2025 shows a decrease compared to 2024, it demonstrates that customers remain generally satisfied with the laboratory's services, quality, and reliability. The full participation of surveyed customers in 2025 provides a more comprehensive representation of customer feedback, highlighting areas for continued improvement, particularly in timely receipt of documents and technical knowledge of the PT coordinator**.**

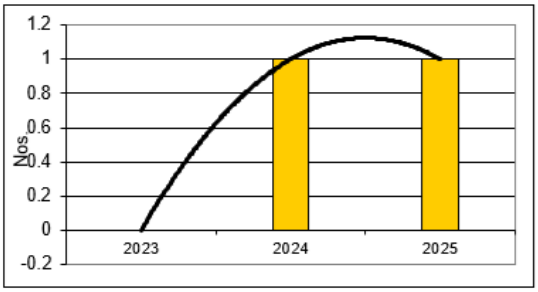
Satisfaction details	2024	2025
Number of Surveyed Customers	20	25
Number of Replies	7	25
Participation (%)	35.0	100.0
Overall Satisfaction	95.6	81.7



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9.	Review of complaints and appeals
	In terms of customer feedback, there were no complaints recorded in 2023, while one complaint was received in 2024. This isolated case was managed through the corrective and preventive action process, ensuring appropriate resolution and reinforcing the laboratory's commitment to continual improvement. No customer appeals were received in 2023 or 2024; however, in 2025, one customer appeal was received and duly addressed following the laboratory's established appeal management process. Overall, the low level of complaints and the prompt handling of the single appeal reflect strong customer confidence in the laboratory's services, with issues being rare and effectively managed when they arise.

Years	Total complaint Received from Customer
2023	0
2024	1
2025	1

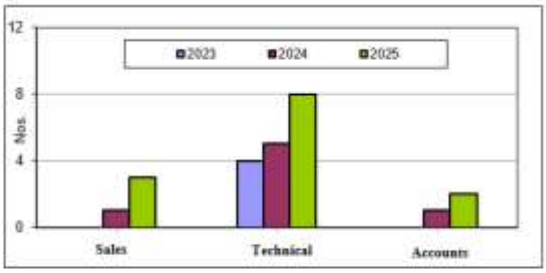


10.	Review of effectiveness of any implemented improvements
	The effectiveness of implemented improvements was reviewed during the management review period, with particular focus on operational enhancements such as the update of sample labelling stickers and improvements in packaging. The revised labelling system has contributed to clearer identification, reduced errors in sample handling, and improved traceability across processes. Similarly, the improvements in packaging have strengthened sample integrity during storage and transportation, minimizing the risk of damage or compromise. Feedback from staff and customers has been positive, confirming that these initiatives have enhanced both efficiency and reliability. In addition, the management review considered customer feedback, noting that while a single customer appeal was received in 2025, it was effectively addressed through the laboratory's established appeal management process. Overall, the implemented improvements were found to be effective in supporting continual improvement objectives, enhancing operational efficiency, and aligning with quality and customer satisfaction goals.
11.	Review of adequacy of resources
	A review of personnel changes indicates that in 2023, staffing adjustments were limited, with the addition of four technical personnel and no removals. In 2024, personnel recruitment expanded across multiple areas, with additions including one sales staff, five technical personnel, and one accounts staff. During the same year, one technical staff member was removed, reflecting normal workforce adjustments. In 2025, staffing continued to grow with the addition of three sales staff, eight technical personnel, and two accounts staff, while one accounts staff member was removed. Overall, these trends demonstrate that the organization is strengthening its resources across sales, technical, and accounts functions while managing turnover to balance staffing needs in line with operational priorities and strategic growth.

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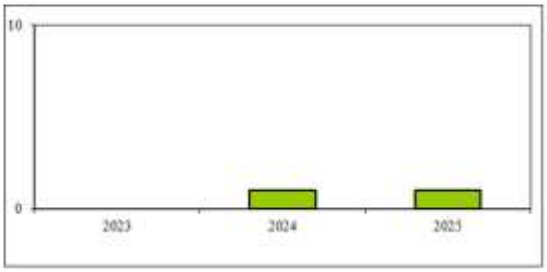
Added Personnel

Type of Personnel	2023	2024	2025
Sales	0	1	3
Technical	4	5	8
Accounts	0	1	2



Removed Personnel

Type of Personnel	2023	2024	2025
Sales	0	0	0
Technical	0	1	0
Accounts	0	0	1
Total	0	1	1



12. Review of results of risk identification

The risk identification process was conducted as per ISO/IEC 17043:2023 to assess potential threats and vulnerabilities that could impact the organization's operations. This included reviewing internal processes, external factors, and compliance requirements.

13. Review of outcomes of the surveillance of the processes

Mr. Jacob discusses the outcomes of the recent surveillance activities conducted on key organizational processes, assesses their effectiveness, and identifies areas for improvement. Surveillance activities covered processes including customer service and compliance. Surveillance conducted in 2024 showed that customer service response times had improved, and customer satisfaction scores increased from 70% in 2024 to 73% in 2025. Compliance with ISO/IEC 17043:2023 requirements was maintained, with all related documentation prepared, reviewed, and found to meet the standard. Overall, the surveillance outcomes indicate that processes are effective, improvements are being realized, and continual monitoring supports ongoing enhancement of organizational performance.

14. Review of other relevant factors, such as training

In 2025, the company reviewed the effectiveness of training initiatives and other factors influencing performance. Training programs covered technical skills, leadership development, and compliance. Technical training enhanced productivity and proficiency in PT reporting, with the PT coordinator noting increased confidence in statistical calculations. While most staff demonstrated improved capabilities, a few require additional support on advanced techniques. Leadership and compliance training further strengthened team communication and regulatory awareness.

Other organizational improvements, including employee engagement activities, recognition programs, and upgraded workplace ergonomics, contributed to higher engagement scores and reduced absenteeism. The use of statistical training through PowerPoint presentations proved effective in improving knowledge retention and overall productivity. Overall, the 2025 review confirmed that training and related initiatives positively impacted performance, while highlighting the need for continued focus on advanced skills development and expanded leadership training.

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15.	Review specific issues, if any
	Ms. Nerissa discusses the review and management of specific issues identified within the organization, assessing their impact and developing actionable solutions. The review covers issues raised over 2024 and 2025, including customer complaints, the customer appeal received in 2025, compliance deviations, and employee concerns. Each issue was addressed through established corrective and preventive action processes, ensuring timely resolution, minimizing impact, and supporting continual improvement within the organization. Additionally, Ms. Shaira presented the review of technical-specific issues, while Ms. Krizna presented the review of business development-specific issues, providing detailed insights and recommendations for improvement in their respective areas.

At the end of meeting it is concluded that we are in line with our Quality Policy and its goal.

Based on above review following actions are emerged

Sr. No.	Outputs as per 8.9.3	Action Plan Decided	Planned duration	Actual Completion	Responsibility
1	Transition	Jacob Proficiency is progressing with full compliance to ISO/IEC 17043:2023, including Quality Manual and QP procedure updates.	Completed Q4 2024, maintained in 2025	Ongoing compliance	Quality Manager
2	Review & Update Policies	Policies and procedures aligned to ISO/IEC 17043:2023. Ongoing review to ensure updates remain effective	Ongoing 2025	In Progress	Quality Manager
3	Audit Overview	Audits reviewed for alignment with ISO/IEC 17043:2023; improvement areas identified. Corrective actions monitored.	Reviewed March 2025	Completed	Quality Manager / Technical Manager
4	Customer Satisfaction	Survey target 72%, achieved 95.6% in 2024. Continue effective practices; address minor gaps.	Reviewed April 2025; Quarterly monitoring	Ongoing	Quality Manager / PT Coordinator
5	Risk Review	Risks evaluated per ISO/IEC 17043:2023. Mitigation strategies updated for operational control, customer service, and data handling	Ongoing, quarterly review 2025	Ongoing	Quality Manager / PT Coordinator

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6	Process Review	Customer service and compliance processes reviewed; improvements tracked monthly. Enhancements implemented to strengthen turnaround time and reporting accuracy.	Monthly reviews in 2025	Ongoing	Quality Manager / PT Coordinator
7	Training Review	Technical, leadership, and compliance training assessed. Advanced statistical training scheduled for mid-2025; employee feedback incorporated.	After report submission 2025	Ongoing	Quality Manager / PT Coordinator
8	Complaints, Appeals & Issues	One complaint received in 2024; one appeal received in 2025. Solutions implemented promptly; monitoring continues.	As needed in 2025	Ongoing	Quality Manager / PT Coordinator

Prepared and circulated by Nerissa Mei Sarah Manuel **Quality Manager**	Approved by Jacob Joy **Managing Director**