



MP 01 - 03

DOCUMENT CONTROL PROCEDURE

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1. Purpose/Scope

The purpose of this procedure is to set out the process to be taken to control all documents related to NiNAS accreditation activities

2. References/Definitions

DG/CEO - Director General/Chief Executive Officer

BOD - Board of Directors

CAB - Conformity Assessment Body

NiNAS - Nigeria National Accreditation System

ISO/IEC 17011 *Conformity assessment - Requirements for accreditation bodies accrediting conformity assessment bodies*

QM 1.0 NiNAS Quality Manual

3. General

The following is the NiNAS procedure to control all documents (internal and external) that relate to its accreditation activities. The procedures define the controls needed to:

- a) approve documents for adequacy prior to issue,
- b) review and update as necessary and re-approve documents,
- c) ensure that changes and the current revision status of documents are identified,
- d) ensure that relevant versions of applicable documents are available to personnel, subcontractors, assessors and experts of the accreditation body and CABs at points of use,
- e) ensure that documents remain legible and readily identifiable,



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- f) prevent the unintended use of obsolete documents, and to apply suitable identification to them if they are retained for any purpose, and to safeguard, where relevant, the confidentiality of documents.

3.1 Preparing Documents

- i. A need is identified by staff, or assessors which may be the result of new criteria or the need to make a process more efficient or complete.
- ii. The Director of Accreditation or the Quality Manager agrees, or disagrees, that the suggested change is needed and may proceed.
- iii. The Quality Manager or a staff member(s) or contractor is provided with the assignment to draft or update the procedure by the Director of Accreditation or the DG/CEO.
- iv. Documents are drafted by the Quality Manager and reviewed by the Director of Accreditation. The final draft is approved by the Director General/Chief Executive Officer (DG/CEO).
- v. In the event that the Quality Manager is not responsible for preparing the document, the responsibility for review shall lie with the Quality Manager.

3.2 Document identification conventions, formats

To ensure documents are readily identifiable:

- i. The version number (identified as issue number) is located in the upper right of the page and is qualified as a draft or a final version (using 1, 2, 3...).
- ii. The effective date is located at the bottom center of the page preceded by the document code
- iii. The page number is located in the bottom right and is formatted as Page X of Y
- iv. The approval is indicated on the first page of the document in the box provided.
- v. Templates of forms are kept in the “Documents Directory” on the Server.

Document categories for the NiNAS management system are:



QM = Quality Manual

MP = Management Procedures

PL = Policies

F 00X = Forms and records

GD = Guidance Documents

3.3 Approval, Publication, Printing, Distribution

- a) Approval may be indicated by an electronic signature or a manual signature on a copy kept in the Director's office. Approval is by the Director General/Chief Executive Officer. The DG/CEO can also approve a document through an email communication. The date indicated on the approval page of the procedure is the official date of approval and implementation of the document.
- b) Approved documents are filed on the Server as PDF documents; these are considered published as the active controlled copy.
- c) A copy of the approved documents is maintained in a private access area of the Assessor Database which provides assessors access to current documentation at remote sites.
- d) Documents that are printed are considered uncontrolled.
- e) Users of documents are notified about new additions by an email with the title of the document, an indication of its purpose and an indication of the change if it is a revision. Staff are provided with a link; Contract Assessors are provided with a notification that the new document has been uploaded to the Assessor Database.
- f) The Quality Manager shall be responsible for the controlled copy of each document in an electronic format.

3.4 Protection

- i. Only staff have access to the Server Document Directory
- ii. Only the individual responsible for quality and the Directors have the rights to add and delete documents from the Server and the Assessor Database.
- iii. Obsolete documents are moved to the "Obsolete Document Directory" and removed from the Assessor Database.



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- iv. The effective date in the footer is replaced with “Obsolete” and the date of such.
 - v. Documents being developed or revised are in Word version in the “Document Development Directory”.
 - vi. The entire document directory is backed-up weekly or more frequently if needed in the Google Drive (or some other cloud platform) for protection
 - vii. Documents are verified as part of the internal audit to ensure they are current.

3.5 Revisions

- i. The need for a revision may be brought to the attention of the Director by anyone.
- ii. A justification of the need, the approval to move forward, the assignment of the work must be recorded and stored in the Document Directory.
- iii. Drafts are completed in a “Track Changes” type format and a version of the document showing the tracked changes is maintained in the Draft Documents Directory so that revisions can be easily identified.
- iv. The revision and any comments are reviewed with the Director of Accreditation or any other person appointed by the DG/CEO prior to Approval.

3.6 External Documents

Examples of external documents are those published by AFRAC, IAF, ILAC or ISO/IEC that may be used in the course of carrying out NiNAS business operations.

- a) External documents must be approved for use by the DG/CEO prior to their entering into service.
- b) A justification for their use, a date to begin use, a distribution list, and where to access the original document must be recorded and filed in the “External Documents Directory”.
- c) External Documents are included in the verification of documents that occurs at the time of internal audits.



3.7 Training

In addition to Staff and Assessors being made aware of new or amended documents, training may be required. The Director of Accreditation will determine what if any training is required in each case and such will be documented in a Server folder “Training - New or Amended Docs”. When no training is required, staff and assessors will be asked to acknowledge receipt of the changed document by email.

3.8 RECORDS

- a) Records are completed template forms and letters, relevant incoming and outgoing correspondence and materials collected from accreditation work.
- b) Accreditation records are kept for one entire accreditation cycle plus two years. Paper records may be destroyed after this period; electronic records are archived.
- c) Records of deliberations by NiNAS Committees, including accreditation decisions are archived.
- d) Copies of all certificates, scopes and other accreditation documentation provided to CABs are archived.
- e) Other business records such as invoices, work-orders and so on, are retained to conform to contractual or legal obligations.
- f) A structured organisation of records is maintained on the Server as shown below. Only internal NiNAS staff have access to Server contents. Legal, Business, Management Review, Payroll and Staff Folders are only accessible to the DG/CEO and Directors.



3.8.1 Server Record Organisation

Main Directory

- o Contracts
- o Legal
- o Business
 - Financial
 - Annual Budgets
 - Accounts Receivable
 - Accounts Payable
 - Payroll
 - Plans and Strategies
 - Marketing
- o Internal Audits
 - Internal CARs
 - Schedules, Agendas, etc.
- o Management Reviews
- o Complaints and resolution
- o Client (*Including Applicants and Accredited Organisations*)
 - Contracts (*Accreditation Agreements, Logo licensing*)
 - Assessment
 - Application Information
 - Document Review
 - Assessment Report & CARs
 - Complaints
 - Decision
 - Miscellaneous
 - Accreditation Programme
 - Surveillance Year 1
 - Surveillance Year 2
 - Surveillance Year 3
 - Surveillance Year 4
 - Reassessment
- o Quality Management System
 - Quality Manual
 - Procedures



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- Job Descriptions
 - Committee Terms of Reference
 - Public Documents (*e.g. Handbooks*)
 - Forms Templates (*e.g. Accreditation Agreement, Logo Licensing Agreement, Assessor contract, Accreditation Scope, QMS*)
 - Draft Documents Folder
 - Obsolete Documents Folder
 - Training - New or Amended Documents
 - Justifications - New or Amended Documents
 - o External Documents
 - Current
 - Obsolete
 - Justification
 - o Personnel
 - Staff
 - Confidentiality and conflict of interest forms
 - CVs
 - Training
 - Competencies (*Summary of knowledge, skills and abilities*)
 - Performance Reviews
 - Assessors (*Any miscellaneous information not stored in Assessor database*)
 - Name 1
 - Name 2
 - Etc.
 - o Meetings
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 - BOD
 - Individuals and contact
 - Meeting minutes and actions
 - Accreditation Advisory Committees
 - Technical Committee



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Legal requirements necessitate the retention of the following document types for the following periods.

Document Type	Legal Retention Requirement (in years)
CABs' documents	Four (4)



4. Forms

Table: 1-1 Forms in use with Procedure 1	
Form Number	Title
F-1-001	Procedure Template
F-1-002	Form Template
F-1-003	Letterhead
F-1-004	Business Card Template
F-1-005	Justification for use of external document
F-1-006	Training Requirements for New or Revised Documents
F-1-007	Approval of Revision
F-1-008	Master list of Documents



Table 1-2: Master List of Internal Documents	Status
	<ul style="list-style-type: none"> ● Active - complete and In use ● Inactive - completed but not in use ● Draft - incomplete
NiNAS Handbooks	
NiNAS Handbook for Laboratory Accreditation	Active
NiNAS Job Descriptions	
NiNAS JD-Chief Executive Officer	Active
NiNAS JD-Director of Accreditation	Active
	Active
NiNAS JD-Team Leader ISO 15189	Active
NiNAS JD-Team Leader ISO/IEC 17025	Active
NiNAS JD-Team Leader Certification	Active
NiNAS JD - Team Leader ISO/IEC 17020	Active
NiNAS JD - Team Leader ISO/IEC 17024	Active
NiNAS JD-Office Manager	Inactive
NiNAS JD-Quality Manager	Active
NiNAS Terms of Reference	
NiNAS TOR ACCREDITATION ADVISORY COMMITTEE	Active
NiNAS TOR TECHNICAL COMMITTEE	Active
NiNAS TOR BOARD OF DIRECTORS	Active
NiNAS TOR TECHNICAL COMMITTEE	Active
NiNAS Procedures	
MP 01 Document Control	Active
MP 02 Personnel	Active
MP 02A - Annex NiNAS Training Requirements	Active
MP 03 Internal Audit	Active
MP 04 Management Review	Active
MP 05 Corrective & Preventative Action	Active
MP 06 Accreditation	Active
MP 07 Surveillance & Reassessment	Active
MP 08 Suspending, Withdrawing & Reducing Accreditation	Active



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MP 09 Complaints, Appeals & Disputes	Active
MProcedure 10 Committee Management	Active
MP 11 Organisational Finances & Administration	Active
MP 12 Establishing, Extending & Discontinuing Accreditation Schemes	Active
MP 13 Improvement	Active
MP 14 Cross Frontier Procedure	Active
MP 15 Impartiality Procedure	Active
MP 16 Extension of Scope of Accreditation	Active
MP 17 Risk Procedure	Active
NiNAS Manuals	
Quality Manual	Active
NiNAS Policies	
PL 001	
PL 002 Impartiality Policy	Active
PL 003	
PL 004	
PL 005	
PL 006 NiNAS Code of Conduct policy	Active
PL 009 Proficiency Testing Requirements	Active
NiNAS Guides	
NiNAS Forms and Letters	
<i>NOTE: Lists of forms or letters in use with each procedure are found in the Annex to each procedure</i>	



5.0 Document History

Modification No/Date	Proposed by	Page No.	Summary of Modification
30/04/2020	Quality Manager		Updated to reflect the requirements of ISO/IEC 17011:2017 and reference new international publications.
04/07/2021	Quality Manager		Approval page modified to replace the reviewer.
01/04/2023	Quality Manager	All	Updated to address some of the findings raised during the 2023 internal audit



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