KENYA FORESTRY RESEARCH INSTITUTE
(KEFRI)

IMS MANAGEMENT PROCEDURES MANUAL

KEFRI/SOP/IMS/03

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PROCEDURE 1: CONTROL OF DOCUMENTS

1.0 Purpose

The purpose of this procedure is to ensure effective control of Integrated Management System documents in KEFRI.

1.1 Scope

This procedure applies to all IMS documents in KEFRI.

1.2 Reference

a) ISO 9001:2015 Standard
b) ISO 14001:2015 Standard
c) KEFRI Integrated Management System Manual

1.3 Terms, Definitions And Acronyms

a) KEFRI - Kenya Forestry Research Institute
b) IMS – Integrated Management System
c) IT - Information Technology
d) MR – Management System

1.5 Responsibility

Management Representative (MR) shall be responsible for ensuring that this procedure is adhered to

2.0 STEPS

2.1 Document generation and approval prior to use

2.1.1 All IMS documents within the Institute shall be developed by the ISO champions drawn from every division and regional offices in consultation with the respective process owners.

2.1.2 Upon development of any document, the ISO champions shall review the documents with the respective process owner for verification and ownership.

2.1.3 All reviewed documents shall be submitted to the MR by the process owner to facilitate approval and issuance.

2.1.4 The MR shall forward the IMS documents to the Director for consideration and approval through signing a declaration at the end of each document.

2.1.5 The declaration shall have the following wordings:

Approved by: .....
Director, KEFRI
Signature: ..... Date: .....

2.2 Document Identification

2.2.1 All IMS documents shall be indexed as follows;

a) The first part shall be „KEFRI" denoting that the document belongs to the Kenya Forestry Research Institute followed by a forward slash (/).
b) The second part shall be allocated as per the document type initial followed by a forward slash (/).
c) The third part shall be originating department followed by a forward slash (/) the office ensuring adherence to the document.
d) The fourth and final part shall be allocated a unique document number depending on the documents being controlled starting from 001.

Example: Indexing the Institute's Quality Policy: **KEFRI/QP/MR/001**: - Denoting that the document belongs to the Kenya Forestry Research Institute, is a Quality Policy, is controlled from the Management representative's office and is the first documents.

2.2.2 The footer and footer for every document shall be in the format below:

2.2.3 Laboratory Standard Operating procedures shall be serialized as: **KEFRI/LAB/SOP/section** explained as below:

a) The first and the second parts denote that it is a KEFRI laboratory document.
b) The third part shall denote that the document is a Standard Operating Procedure.
c) The fourth part shall denote the specific laboratory discipline. This could be soil, biotechnology, entomology, seed etc.
d) Sample serialization shall be as below:

KEFRI/LAB/SOP/FPD; KEFRI/LAB/SOP/SOIL; KEFRI/LAB/SOP/PATHOLOGY; KEFRI/LAB/SOP/ENTOMOLOGY; KEFRI/LAB/SOP/BIOTECH

2.3 Document Packaging

All IMS documents shall be packaged into Policy, Manuals or procedure manuals as applicable.

2.4 Document Issuance and circulation

2.4.1 All hard copy documents shall be properly filled and recorded as per registry requirement.

2.4.2 Soft copies of all documents shall be hosted online and shall be accessible to anyone with login rights.

2.4.3 The IMS policy shall be displayed at strategic locations within the Institute.

2.4.3 Upon uploading of the documents the MR shall ensure of access to the documents by the respective process owners by filling in IMS documents distribution list.

2.4.4 Every Division shall maintain their respective document distribution list showing the staff who have been issued with the relevant procedures

2.4.5 The MR shall keep the records of documents and forms using the master list of documents and records respectively

2.5 Document Review, Updating and Re-approval

2.5.1 Any member of staff can initiate review and up-dating of any IMS documents by filling in a change request form.

2.5.2 Upon filling the form, the staff shall forward the filled form to the Process Owner as per the communication procedure for verification.

2.5.3 If there is no need for the proposed review of the document, the process owner shall inform the originator accordingly.

2.5.4 Upon verification of the need for review the process owner shall in liaison with the MR endorse the review.

2.5.5 The MR shall effect the changes to the affected document, archive the previous revision and upload the reviewed document.

2.5.6 Where changes are made, the document shall be re-issued as the subsequent revision starting Revision **0** unless such changes represent a significant shift in operations where the document shall be re-issued as the subsequent version starting from version **A** but revision **0**. The document version and revision status shall be captured in the footer section of the document.

2.5.7 Re-approval of the documents shall proceed as per clause 2.1.4 in this procedure.

2.6 Document Protection

All editable versions of the IMS documents shall be maintained by the MR.

3.0 APPLICABLE DOCUMENTS

a) Documents distribution list.
b) Documents change request form.
c) Documents Master list.
d) Forms and Registers master list.
e) Record of changes

KEFRI/F/MR/02

Documents distribution list

No.	Document title	Serial number	No of copies issued	Recipient name/office	Recipient signature	Date

KEFRI/F/MR/03

DOCUMENT CHANGE REQUEST FORM

Document title/Procedure	**Department/ section**	**Clause**	**Change initiated by**	**Sign**	**Date**
Description of change:					
Reason for change:					
Remarks by Management Representative:					
Management Representative: **Approved:** ☐ **Not approved:** ☐			**Sign:**		**Date:**

KEFRI/F/MR/01

MASTER LIST OF DOCUMENTS

Document	Reference	Issue/revision status	Issue date

KEFRI/F/MR/12

FORMS AND REGISTERS MASTER LIST

Record (Form/Register)	Reference	Department/ section	Retention period	Disposal method

KEFRI/F/MR/11

RECORD OF CHANGES

S.NO.	DATE	DETAILS OF CHANGE	AUTHORIZATION

PROCEDURE 2: RECORD CONTROL

1.0 Purpose

The purpose of this procedure is to ensure effectiveness and efficiency in the control of records within KEFRI.

1.1 Scope

This procedure is applicable to all records within KEFRI.

1.2 Reference

a) IMS manual
b) ISO 9001:2015
c) ISO 14001:20115
d) ISO 27001:2013

1.3 Terms, Definitions And Acronyms

a) KEFRI- Kenya Forestry Research Institute
b) Record- Document stating results achieved or providing evidence of activities performed
c) IMS-Integrated Management System

1.4 Responsibility

Management Representative shall be responsible for ensuring that this procedure is followed

2.0 STEPS

2.1 General

Records in KEFRI shall be broadly categorized into forms, and Registers. Each of these categories shall be identified as in 2.2 below.

2.2 Identification of records

2.2.1 Identification of Registers

Registers within KEFRI shall be identified by the title and indexed as follows;

a) The first part shall be KEFRI denoting that the document is the property of the Institute
b) The second part shall be Reg. denoting that it is a register
c) The third part shall provide for the initials of the respective Department/Division
e) The fourth part shall be a number starting 01
f) The last part shall indicate the volume number

Example: KEFRI/Reg./ADM/01/Vol.1

2.2.2 Identification of Forms

Forms shall be identified by a title and indexing as follows;

a) The first part shall be „**KEFRI'** denoting that the form is the property of the Institute.
b) The second part shall be „**F'** denoting that it is a Form.
c) The third part shall be the Department/Division / Initial.
d) The fourth part shall be a serial number depending on the number of forms in the Department/Division.

2.2.3 Records in Soft Copy

System generated records shall be identified by the unique numbers allocated by the

system.

2.3 Filing and Storage

2.3.1 All hard copy documents shall be stored in safe and accessible place.

2.3.2 Soft copies in PDF version shall be backed up in retrievable external storage devices.

2.4 Protection:

2.4.1 All soft copy records shall be protected from potential hazards through the use of passwords.

2.4.2 All hard copy records shall be securely stored from hazards.

2.5 Retrieval

2.5.1 Soft records shall be maintained in clearly labelled folder for ease of retrieval and shall be available online.

2.5.2 Hard copy records shall be stored in clearly labelled storage facilities and shall be availed upon request.

2.6 Retention and Disposal

The retention and disposal of all records shall be as per the Registry Management procedure

3.0 APPLICABLE RECORDS

PROCEDURE 3: IMS INTERNAL AUDIT

1.0 Purpose

The purpose of this procedure is to ensure that the Integrated Management System (IMS) internal audits are carried out in a timely and effective manner.

1.1 Scope

This procedure is applicable to IMS internal audits in KEFRI.

1.2 References

a) ISO 9001:2015 Standard
b) ISO 14001:2015 Standard
c) ISO 19011:2015 Standard
d) KEFRI Integrated Management System Manual
e) Departmental Service Delivery Charters

1.3 Terms, definitions and acronyms

a) IMS–Integrated Management System
b) MR – Management Representative

1.4 Responsibility

The MR shall ensure that this procedure is adhered to.

2.0 STEPS

2.1 Scheduling of Audits

2.1.1 Internal audits for IMS shall be carried out at least once a year.

2.1.2 The MR shall prepare an annual audit schedule by the beginning of the financial year using the IMS internal audit form.

2.1.3 In preparing the audit schedule, the MR shall consider:

a) Status and importance of the processes in relation to scope
b) Areas to be audited
c) Results of the previous audits
d) Certification contract

2.1.4 Upon preparation of the schedule, the MR shall present it to the Director for consideration and approval with any proposed amendments.

2.2 Appointment of Auditors & Audit Notification

2.3.1 The MR shall appoint an audit team leader and team of auditors from the trained IMS auditors.

2.3.2 In appointing the team leader and the audit team, the MR shall consider:

a) Objectivity of the Audit
b) Application of the auditing principles
c) Audit Scope

2.3.3 At least 14 days prior to the audit date, the MR shall issue an audit notification to process owners and auditees outlining:

a) Audit objective
b) Audit scope
c) Audit dates
d) Audit criteria
e) Audit timetable

2.3 Auditors' Preparation

2.3.1 The appointed team leader shall convene an auditors meeting to review the audit criteria, timetable and formulate a checklist to act as a guide during the audit including legal

compliance evaluation.

2.3.2 The audit team leader shall follow up with the auditees to agree on the proposed audit dates.

2.3.3 The audit team leader shall ensure the familiarity with the audit scope and availability of the IMS audit working papers including:

a) Opening and closing meeting agenda
b) Attendance register
c) Checklist
d) Audit reporting form
e) Audit criteria
f) Corrective action request form
g) Legal compliance evaluation form
h) Any other applicable working documents

2.4 Execution of the Audit

2.4.1 During the actual audit date (s), the team leader in liaison with the audit team members, shall ensure the execution of these four phases of an audit as per the audit timetable:

a) The opening meeting
b) Audit evidence gathering and recording
c) Auditors' meeting and report development
d) The closing meeting

2.4.2 Evaluation to compliance with legal requirement shall be done during internal audits.

2.5 Audit Reporting

2.5.1 The team leader shall within 3 working days of the audit submit the audit report to the auditees and a copy to MR.

2.5.2 The auditees shall develop and forward corrective action plan for any areas of improvement and non-conformities identified during the audit to the MR within 5 working days

2.7 Audit finding classification

2.7.1 Audit findings shall be classified as positives, areas of improvements and non-conformities

2.7.1 The non-conformities shall be either minor or major.

2.7.2 Major non-conformities shall include those audit findings which do not conform to the requirements the ISO 9001:2015 and ISO 14001:2015 standard, legal requirements, findings which might lead to systemic failure and recurrence of previous minor non-conformities

2.7.3 Minor non-conformities shall include such audit findings which do not conform to the requirements of the standard operating procedures

2.6 Analysis of the Audit

2.6.1 The MR shall analyze the consolidated audit findings to establish areas of common deficiency and areas of improvement across the functional areas for presentation in the management review forum.

2.7 Audit follow up

2.8.1 Non-conformities and areas of improvement as captured in the Corrective action plan (CAP) shall be closed within 30 days

2.8.2 The team leader shall conduct an audit follow up to verify that corrections, corrective actions have been undertaken within the agreed timeframes as applicable

3.0 Applicable Records

a. Audit report
b. Evaluation of compliance to legal requirements
c. Audit schedule
d. Audit notification
e. Corrective action request (CAR) form
f. Attendance register
g. Checklist
h. Corrective action plan (CAP)

KEFRI/F/MR/02

ATTENDANCE REGISTER FOR IMS INTERNAL AUDIT

Audit Centre: ..... Date: .....

SNO.	NAME	DESIGNATION	SIGNATURE	
			Opening meeting	Closing meeting

KEFRI/F/MR/04

CORRECTIVE ACTION REQUEST (CAR) FORM

CAR NO……**OF ……..**

CENTRE……	SECTION……:…….
AUDIT DATE: ……	AUDIT NO: ……
Area of Standard/Procedure under review: ……	Clause: ……
Requirement: Nonconformity/evidence: Signed: Auditor_____ Auditee _____	
Category: ☐ MAJOR ☐ MINOR	
Root Cause:	
Correction (as applicable):	
Corrective action to be taken to prevent recurrence: Signed: Auditee_____ Auditor _____ Date of completion _____	
Follow up (to be completed by the auditor): Action fully completed ☐ Action partially completed ☐ No action taken ☐ Details:	
Signed…… …… …… Auditor Name Date	

Signed.....	.....	.....
Auditee	Name	Date

Effectiveness of corrective action

Was the corrective action taken effective? YES ☐ NO ☐

Details:

Signed.....	.....	.....
Auditor	Name	Date

KEFRI/F/MR/14

Corrective Action Plan

S/no	Audit finding	Department/ Section	Root Cause	Correction	Corrective action	Responsibility	Completion Timeline

KEFRI/F/MR/07

IMS INTERNAL AUDIT NOTIFICATION

Centre to be audited: .....

Audit number: ..... Audit date: .....

Purpose of audit: To evaluate implementation, including effectiveness, continual improvement, of the IMS in the centre

Scope of the audit: All departments within the centre

Basis of audit: ISO 9001:2015 standard
ISO 14001:2015 Standard
Applicable legal requirements
Service Delivery Charter

Audit team:

Audit timetable

Time	**Activity**	**Auditee (s)**

The following shall be audited throughout the audit:

1. Service Delivery Charter
2. Control of documents
3. Control of records
4. Awareness of the policy
5. Compliance to applicable legal requirements

Requirements:

1. Room for opening and closing meetings
2. Room for auditors meeting
3. Printing/photocopy facilities as necessary
4. Personal protective equipment

KEFRI/F/MR/06

INTERNAL AUDIT CHECKLIST

Centre: ..... Audit No.: ..... Date: .....

Name of Auditors 1. 2. 3.		
SNO.	Audit question	Reference clause

KEFRI/F/MR/08

INTERNAL AUDIT REPORT

Centre: ..... Audit no: ..... Audit date: .....

Persons/departments audited:

1.
2.
3.

Audit criteria: .....

Audit team leader: .....

Auditors:

1.
2.

SUMMARY OF THE AUDIT

Brief introduction

Statistical summary of audit findings

Section	**Positives**	**Areas of improvement**	**Observations / recommendation**	**Non-conformities**	
				Major	Minor
Total					

a) Positive findings
b) Areas of improvement
c) Non-conformities
d) Conclusion

SIGNATURE.....

KEFRI/F/MR/09

IMS INTERNAL AUDIT SCHEDULE

Year: .....

Audit site/Section	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	Audit team leader	Audit team members

KEFRI/F/MR/10

OPENING/CLOSING MEETING AGENDA

Centre:.....

Date: .....

OPENING MEETING AGENDA

1. Introductions and recording of attendance
2. Purpose of the audit
3. Scope of the audit
4. Basis of the audit
5. Audit methodology
6. Confidentiality
7. Method of communication
8. Request for resources
9. AOB

CLOSING MEETING AGENDA

1. Introduction and recording of attendance
2. Reconfirm purpose of the audit
3. Reconfirm scope of the audit
4. Reconfirm basis of the audit
5. Audit findings
   i. Positives
   ii. Areas of improvement
   iii. Non conformities
6. Discussions
7. Auditors recommendations
8. Reconfirm confidentiality
9. Audit report
10. AOB

KEFRI/F/MR/05

EVALUATION OF COMPLIANCE TO LEGAL AND OTHER STATUTORY REQUIREMENTS

S.No	Regulation	Regulatory Agency	Specific Provision	Requirement	Status
1	Occupational Safety and Health Act, 2007	DOSHS	7(1)	(a) KEFRI shall prepare a written statement of Safety and Health Policy (b) KEFRI shall communicate the statement to all employees	
			9(1)	KEFRI shall establish a safety and health committee	
			11(1)	KEFRI shall undertake a safety and health audit at least once a year by a safety and health advisor	
			44(1)	KEFRI shall register its premises with DOSHS as a work place	
2	NSSF Act Cap 258	NSSF	10(2)	KEFRI shall remit deductions by 15 of the following month	
	NHIF Act Cap 255	NHIF	16(3a)	KEFRI shall remit deductions within one month of such deduction	
	HELB Act Cap 213(a)	HELB	16(2)	KEFRI shall remit HELB deductions within 15 days after the end of each month	
	The Income Tax Act Cap 470	Income Tax	130-10(1)	KEFRI shall remit PAYE deductions before the tenth day of the following month	
3	Clinical Officers (Training, Registration and Licensing) Act Cap 260	Clinical Officers Council	7(3) 11(3)	The clinical officer shall have a certificate of registration The clinical officer shall have a valid practicing licence	
4	Nurses Act Cap 257	Nursing Council of Kenya	23	The Nursing officer shall have a certificate under the seal of the council	
5	The Nurses licensing regulations	Nursing council of Kenya	6(1)	The nursing officers shall have a valid practicing licence	
7	Foods, Drugs and Chemical Substances Act 2012	Public Health	15 (1b)	KEFRI shall ensure that all persons handling food undertakes medical examination by Government medical institution at regular intervals of not more than 12 months and a health certificate kept at the facility.	
8	Foods, Drugs and Chemical	Public Health	4	KEFRI shall register its facilities that offer catering services.	

S.No	Regulation	Regulatory Agency	Specific Provision	Requirement	Status
	Substances Act 2012				
9	The Medical Laboratory Technicians and Technologists Board Act 1999	KMLTTB	15(5)	All medical lab technologists shall have a certificate of registration from KMLTTB.	
	Public Procurement and Asset Disposal Act 2015	PPADA	Part 5(44)1 & 2	The Director shall establish procedures on functions of procurement consistent with Act	
			Part V (44) 2b	The Director shall constitute all procurement and asset disposal committees in accordance with the Act	
			Part V(47) 1	KEFRIs Procurement functions shall be handled by procurement professionals whose qualifications are recognized in Kenya	
			Part IX (92)	KEFRI shall use open tendering or alternative procurement procedures (Low value procurement, restricted tender request for quotations/proposals, two stage tendering, direct procurement, specially permitted procurement)	
			Part V(68)1	The Director shall keep records for each procurement for at least six years after the resulting contract was entered into or, if no contract resulted, after the procurement proceedings were terminated	
			Part XIV (163)1	The Director shall establish a disposal committee as and when prescribed for the purpose of disposal of unserviceable, obsolete, obsolescent, surplus stores ,equipment or assets	
			Part XII (155)1	Articles 227(2) of the constitution and despite any other provision of this Act or any other registration, KEFRI shall comply with the provisions of this part	
			Part VII(71)1	The DDSCM shall maintain and continuously maintain and continuously update the list of registered suppliers, contractors, and consultants in various categories.	

S.No	Regulation	Regulatory Agency	Specific Provision	Requirement	Status
			Part VII(74) 1&2	The Director shall ensure the preparation of an invitation to tender as per Section (74)1(a-j) & 2	
10	Public Archives and Documentation Service Act 2012	Kenya National Archives and Documentation Service	5A(1)	The Director KEFRI shall submit two copies of any published or generally circulated document or report produced by KEFRI to KNADS	
11	Employment Act, 2007	National Labour Board	5(2)	KEFRI shall promote equal opportunity in employment	
			6(2),(4)	KEFRI shall issue and communicate a policy on sexual harassment	
			9(2)	KEFRI shall be responsible for drawing a contract of service/letter of appointment to all employees	
			17(1)	KEFRI shall pay the entire amount of the wages/salary earned or payable to an employee in respect of work done	
			20(1)	KEFRI shall give, a written statement (payslip) to an employee at or before the time at which any payment of wages or salary is made to the employee.	
			24(1) 78	KEFRI shall notify the labour office of any death or/and termination of employee within two weeks	
			34(1)	KEFRI shall ensure provision of medical services to all employees	
			51(1)	KEFRI shall issue to an employee a certificate of service upon termination of his employment	
			74(1)	KEFRI shall keep a record of all its employees	
12	The Public Officer Ethics Act, 2003	Public Service Commission	Part IV(26)	KEFRI employees shall declare their income, assets and liabilities every two years	
13	Work injury Benefits Act 2007	DOSHS	7(1)	KEFRI shall obtain and maintain an insurance policy for its employees	
			10(2)	KEFRI shall pay compensation in accordance with the provisions of this Act to an employee injured while at work.	
14	Public Finance Management Act, 2012	Public Sector Accounting Standards Board	73(1a)	KEFRI shall put appropriate arrangements in place for conducting internal audits according to the guidelines of the Accounting	

S.No	Regulation	Regulatory Agency	Specific Provision	Requirement	Status
				Standards Board	
			81(1)	KEFRI shall prepare financial statements at the end of every financial year.	
			82	KEFRI shall prepare an account in respect of the revenue received and collected by the receiver during that financial year.	
			83(a)	KEFRI shall submit the accounts to the Auditor-General and a copy to the National Treasury annually	
15	Records Management Procedures Manual for Public Service 2010	Ministry of State for Public Service	All chapters	All KEFRI registries shall adhere to all requirements in the records management manual of 2010	
16	Science Technology and Innovation Act,2013	NACOSTI	(21)	KEFRI shall be established or operated as a research institute by obtaining a Certificate of Registration.	
			(22)	KEFRI shall maintain the standards and ensure compliance with the code of conduct or other regulations prescribed by the Commission	
			25(1)	KEFRI shall retain all rights in any discoveries, inventions and improvements in respect of processes, apparatus and machines made on behalf of the institute and may avail them for use in the public interest.	
			25(2)	Any publication arising from research work carried out by a researcher for or on behalf of KEFRI shall be subject to approval by the institute.	
			(26)	KEFRI shall store and disseminate research findings and information as may be prescribed by the Commission from time to time	
17	Physical planning Act, 2009	County Government	30 & 31	KEFRI shall apply and obtain development permission from the area local Authority before carrying out any infrastructural development	

PROCEDURE 4: IMS MANAGEMENT REVIEW

1.0 PURPOSE

The purpose of this procedure is to guide the top management in undertaking systematic reviews of Integrated Management System (IMS) to ensure its continued suitability, adequacy, effectiveness and alignment with the strategic direction of KEFRI

1.1 SCOPE

This procedure applies to management review meetings in KEFRI Headquarters and all Regional and Sub- regional Centres

1.2 REFERENCE

a) IMS Manual
b) ISO 9001:2015
c) ISO 14001:2015

1.3 Terms, Definitions & Acronyms

a) KEFRI – Kenya Forestry Research Institute
b) MR – Management Representative
c) Management review -A meeting set by the management to be held annually to assess the implementation of IMS to ensure its continued suitability, adequacy and effectiveness
d) Top management – A person or a team of people who direct and control KEFRI
e) CA – Centre Administration
f) RD – Regional Director
g) OiC – Officer in Charge

1.4 Responsibility

Management Representative shall ensure this procedure is adhered to

2.0 STEPS

2.1 Planning and scheduling

2.1.1 The Top Management in each KEFRI Centre shall conduct review of the IMS at least once a year
2.1.2 The meeting attendees shall comprise representation from all functions within each centre
2.1.3 The meeting shall be chaired by the Director at the Headquarter, RD at the Regional Head Offices and by the OiC at the sub-centres
2.1.4 The MR shall take minutes of the proceedings at the headquarters while the CA shall take minutes at the regional centres.
2.1.5 At the Headquarter, the review shall be held during the Executive meeting in quarter 4 of every financial year.
2.1.6 At the regional offices, the respective Management Representative or CA shall prepare schedule for the Management review at the beginning of each financial year
2.1.7 The schedule shall be approved by the Regional Directors for Regional Head Offices and Officer-in-Charge for Sub-centres
2.1.8 The Management Representative shall prepare a presentation, preferably power point, outlining each of the agenda in 2.2 and take members through each agenda item.

2.1.9 The deliberations of the meeting shall be recorded and action points noted during the meeting

2.1.10 The minutes shall be recorded in the format provided at the end of this procedure

2.2 Agenda

The following shall be the agenda of the management review meeting:

a) The status of actions from previous management reviews;
b) Changes in external and internal issues that are relevant to the management system;
c) The extent to which quality and environmental objectives have been met;
d) Information on the performance and effectiveness of the management system, including trends in:
    1. Customer satisfaction and feedback from relevant interested parties;
    2. Process performance and conformity of products and services;
    3. Nonconformities and their corrective actions;
    4. Monitoring and measurement results;
    5. Fulfilment of its compliance obligations
    6. Audit results;
    7. The performance of external providers;
e) The adequacy of resources;
f) Relevant communications from interested parties including complaints
g) The effectiveness of actions taken to address risks and opportunities;
h) Opportunities for continual improvement;
i) Any need for changes to the integrated management system;

3.0 Applicable records

Management review minutes

MINUTES OF INTEGRATED MANAGEMENT REVIEW MEETING HELD AT …. ON ……

Present

1.
2.
3.

Introduction

Agenda	**Outcome/decision**	**Timeframe**	**Follow up by**
The status of actions from previous management reviews			
Changes in external and internal issues that are relevant to the management system			
The extent to which quality and environmental objectives have been met			
Information on the performance and effectiveness of the management system, including trends in.			
Customer satisfaction and feedback from relevant interested parties			
Process performance and conformity of products and services			
Nonconformities and their corrective actions;			
Monitoring and measurement results			
Fulfilment of its compliance obligations			
Audit results			
The performance of external providers			
The adequacy of resources			
Relevant communications from interested parties including complaints			
The effectiveness of actions taken to address risks and opportunities.			
Opportunities for continual improvement.			
Any need for changes to the integrated management system.			

PROCEDURE 5: CORRECTIVE ACTION

1.0 Purpose

The purpose of this procedure is to ensure effective elimination of causes of nonconformities to prevent recurrence.

1.1 Scope

This procedure is applicable to all corrective actions identified within KEFRI

1.3 Reference

a. IMS Manual
b. ISO 9001:2015
c. ISO 14001:2015 Standard

1.4 Terms, definitions and acronyms

a. Corrective action - Action to eliminate the cause of a detected nonconformity and to prevent recurrence
b. Non Conformity - Non-fulfilment of a requirement
c. HOD – Head of Division

1.5 Responsibility

a. The management representative shall ensure that this procedure is followed
b. HODs shall be responsible ensuring that non-conformities identified in their respective divisions are effectively addressed.

2.0 STEPS

2.1 Introduction

2.1.1 Nonconformity in the Institute may be identified by customers, audit reports, survey reports or members of staff.

2.1.2 The non-conformity could be an emergence of a matter that triggers undesired outcome hence affecting to ability of KEFRI to conform to the quality and environmental management system requirements

2.1.2 Where a non-conformity is identified during internal audits, the procedure for internal audit shall be followed.

2.1.3 In case a non-conformity is identified by a staff member, the staff shall fill in the relevant sections of the Corrective Action Request (CAR) Form

2.1.4 **T**he filled form shall be submitted the respective HOD for root cause analysis, correction and identifying the appropriate corrective action to prevent recurrence of the non-conformity

2.2 Reviewing nonconformities

The process owner shall within one week of receipt of the Corrective Action Notice Form, review it to determine the effect of the nonconformity as reported.

2.3 Determining the causes of nonconformities

The process owner shall within 1 week of receipt of notice ensure determination of root cause of nonconformities with a view to eliminate it.

2.4 Evaluating the need for action to ensure that nonconformities do not recur

The process owner shall within 1 week of receipt of the Corrective action request (CAR) evaluate the need for a corrective action to ensure that nonconformities do not recur.

2.5 Implementing action needed

2.5.1 The process owner within 2 weeks of receipt of CAR shall determine the corrective action and submit the same to the auditor/MR.

2.5.2 The MR shall facilitate if the action requires management decision.

2.5.3 After the MR / auditor endorse the corrective action, the process owner shall without undue delay implement the agreed corrective action.

2.5.4 The records of actions taken shall be maintained.

2.6 Reviewing the effectiveness of the corrective action taken.

2.6 In-case of non-conformities identified during an audit, lead auditor shall review effectiveness of the corrective action taken during subsequent internal audits.

2.7 For nonconformities identified out of an audit, the respective section heads shall periodically review the effectiveness of the corrective action undertaken to prevent recurrence.

Applicable Records:

Corrective Action Request (CAR) form

CORRECTIVE ACTION REQUEST (CAR) FORM

CAR NO……**OF ……..**

CENTRE……	SECTION……:…….
AUDIT DATE: ……	AUDIT NO: ……
Area of Standard/Procedure under review: ……	Clause: ……
Requirement: Nonconformity/evidence: Signed: Auditor_____ Auditee _____	
Category: ☐ MAJOR ☐ MINOR	
Root Cause:	
Correction (as applicable):	
Corrective action to be taken to prevent recurrence: Signed: Auditee_____ Auditor _____Date of completion _____	
Follow up (to be completed by the auditor): Action fully completed ☐ Action partially completed ☐ No action taken ☐ Details:	
Signed…… …… …… Auditor Name Date Signed…… …… …… Auditee Name Date	

Effectiveness of corrective action

Was the corrective action taken effective? YES ☐ NO ☐

Details:

Signed…… …… ……

Auditor Name Date

PROCEDURE 6: CONTROL OF NONCONFORMING PRODUCTS

1.0 Purpose

The purpose of this procedure is to ensure effective identification and control of nonconforming KEFRI products and operations

1.1 Scope

This procedure applies to all the nonconforming products and operations within KEFRI

1.2 Reference

a) IMS Manual
b) ISO 9001:2015
c) ISO 14001:2015

1.3 Terms, Definitions & Acronyms

a) KEFRI – Kenya Forestry Research Institute
b) MR – Management Representative
c) Nonconformity- non- fulfilment of a requirement
d) IMS – Integrated Management Systems

1.5 Responsibility

Management Representative shall be responsible for ensuring that this procedure is followed.

2.0 STEPS

2.1 Any member of staff upon identifying a nonconforming product or service shall raise an allegation to the MR as per communication procedure.

2.2 The MR shall within one week of receipt of the reported nonconforming service confirm its authenticity.

2.3 If the MR establishes that the reported service is conforming, he shall within week communicate the same to the staff who raised the allegation

2.4 The MR shall endorse the allegation as either a nonconformity or potential nonconformity and raise a corrective / preventive action as applicable

2.5 The MR shall ensure the process owner effects the correction without undue delay or proposes a corrective / preventive action.

2.6 Follow up and evaluation of the effectiveness of action taken shall be verified within 30 days

Approved By:

Ben E.N. Chikamai (PhD)

Director KEFRI

Signature  Date: 12th February 2018