

# QHSE MANAGEMENT SYSTEM



Document Name:

QHSE Ref. No.

IMS/QHSE/COM/11 Rev.01

**Communication Procedure**

Date:

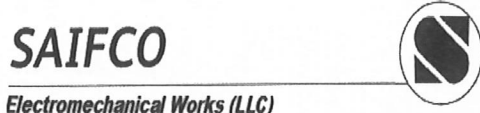
6<sup>th</sup> of June 2019

## COMMUNICATION PROCEDURE

Rev	Date	Revision Record	Updated by	Reviewed by	Approved by
00	07/07/10	1 <sup>st</sup> Issue			
01	06/06/19	Updated procedure as per the new version of the standards ISO 9001:2015, ISO 14001:2015 & ISO 45001:2018	3 <sup>rd</sup> Party	RM	



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<b>QHSE MANAGEMENT SYSTEM</b>		
	<b>Document Name:</b>	QHSE Ref. No. IMS/QHSE/COM/11 Rev.01
<b>Communication Procedure</b>	Date:	6 <sup>th</sup> of June 2019

## 1.0 PURPOSE

To define the system for internal communication between various levels and function within the company, and external communication with interested parties about relevant aspects of Integrated Management system.

## 2.0 SCOPE

This procedure applies to communications related to QHSE Management System within M/s Saifco.

## 3.0 DEFINITIONS

### Interested party

Individual, group or organization concerned with or affected by QHSE management system performance of the company.

## 4.0 RESPONSIBILITY

4.1 Management Representative (MR)

4.2 Department / Section Heads

## 5.0 PROCEDURE

### 5.1 Internal Communication

Management Representative shall be responsible for establishing and maintaining clear lines of communication about QHSE Management System within the organization.

The communication shall include, but not limited to:

- Communications about QHSE management system policy updates
- QHSE management system objectives
- Significant environmental aspects and impacts
- OH&S hazards & risks
- QHSE management system performance
- Outputs of management reviews
- Audit results
- Nonconformities
- Legal and regulatory issues
- Accomplishments

QHSE management system policy and objectives shall be posted on notice boards. QHSE management system policy shall be translated to relevant languages in order to ensure that all staff understands it.

Management Representative shall actively encourage feedback and communication from employees through Preventive & Improvement Action Request in improving organization's performance and achievement of QHSE management system objectives.

# QHSE MANAGEMENT SYSTEM

**SAIFCO**

Electromechanical Works (LLC)



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MR shall avail suitable means such as internal memos, emails, notice boards, telephone, meetings, etc. for internal communication. All communication related to QHSE management system shall be filed by MR in the communications file.

Management Representative shall represent employees on matters relating to health and safety.

## 5.2 External Communication

Management Representative shall handle all communications with interested parties outside the organization, including suppliers and subcontractors, regarding the QHSE Management System. Records of such communication shall be maintained in the communication file.

Any complaints received shall be brought up at the management review meeting. All personnel receiving visits, calls, letters, faxes and e-mail regarding the QHSE Management System shall forward all inquiries to the MR.

### References

- ISO 9001: 2015 Clause 7.4
- ISO 14001: 2015 Clause 7.4
- ISO 45001:2018 Clause 7.4

## 6.0 ATTACHMENTS

Type	Name	Number / Code
Form	Controlled Document Revision Record	IMS/QHSE/COM/11/01
Form	Toolbox Talk Report	IMS/QHSE/COM/11/02
Form	Site Health & Safety Induction Report	IMS/QHSE/COM/11/03
Form	Environmental Induction Report	IMS/QHSE/COM/11/04
Form	Short Term Visitor Induction Questionnaire	IMS/QHSE/COM/11/05
Form	Induction Assessment Questionnaire	IMS/QHSE/COM/11/06

<b>QHSE MANAGEMENT SYSTEM</b>	<b>SAIFCO</b> <i>Electromechanical Works (LLC)</i>
<b>Document Name:</b>	IMS/QHSE/COM/11/01 Rev.00
<b>Controlled Document Revision Record</b>	QHSE Ref. No.: Date:

Sr No.	Document Name	Revision Numbers						Remarks	
		Rev.00	Date	Rev.01	Date	Rev.02	Date		Rev.03
1									
2									
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**Note:** This controlled document revision history must be updated whenever approved documents are revised and distributed

# QHSE MANAGEMENT SYSTEM

## SAIFCO

Electromechanical Works (LLC)



Document Name:

**Tool Box Talk Report**

QHSE Ref. No.

IMS/QHSE/COM/11/02 Rev.00

Date:

### TOOL BOX TALK

TBT NO: \_\_\_\_\_

DATE: \_\_\_\_\_

Sheet: \_\_\_\_ of \_\_\_\_

Project Name/ Code:

Location/ Area:

#### Language Used:

Arabic  Bangali  English  Hindi  Malayalam  Punjabi  Tamil  Urdu

#### SAFETY ISSUES / POINTS DISCUSSED:

#### Suggested Discussed:

S/R	Description	Discussed Issues <i>(please tick)</i>	Remarks
1	What is Tool Box Talks		
2	Why to give Tool Box Talks		
3	P.P.E. (Personal Protective Equipment), Head, Eyes, Hearing and Feet protection.		
4	Project HSE Rules and Procedures		
5	Permit to work system and procedures (Hot Works, Confined Space, Energized Electrical Rooms, Digging Permit, Hydro Pressure Test permit, Shaft & Riser Permit)		
6	Ladder Safety		
7	Housekeeping and trip hazards		
8	Material Stacking, Site Store safety		
9	Temporary work shop safety Hand tools		
10	Power tools		
11	Fire extinguishers and it's use, how to use.		
12	Lifting equipment		
13	Scaffolding		
14	Working at height, Safety Full Body harness		
15	Excavations		
16	Hazardous substances		
17	Vehicles		
18	Temporary electrics		

# QHSE MANAGEMENT SYSTEM

**SAIFCO**

*Electromechanical Works (LLC)*



Document Name:

## Tool Box Talk Report

QHSE Ref. No.

IMS/QHSE/COM/11/02 Rev.00

Date:

19	Radiography		
20	Site Emergency procedures		
21	Assembly Point		
22	Emergency Contact Nos.		
23	Emergency Coordinators		
24	Emergency Exit routes		
25	Near Miss Reporting		
26	Accidents Reporting		
27	First Aider & First Aid room Details		
28	Site Environmental & Welfare facilities - etc.		

**QHSE MANAGEMENT SYSTEM**

**SAIFCO**

*Electromechanical Works (LLC)*



Document Name:

**Tool Box Talk Report**

QHSE Ref. No.

IMS/QHSE/COM/11/02 Rev.00

Date:

**For Concerned Supervisors/Foremen/Charge Hands Name :**

SR NO.	NAME	DESIGNATION	SIGNATURE

**Complaints received from Artisans:**

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**QHSE MANAGEMENT SYSTEM**

**SAIFCO**

*Electromechanical Works (LLC)*



Document Name:

**Tool Box Talk Report**

QHSE Ref. No.

IMS/QHSE/COM/11/02 Rev.00

Date:

We hereby acknowledge that we received Safety Tool Box Talks Training

**TBT ATTENDANCE SHEET**

S. NO:	EMPLOYEE NAME	TALLY NO.	DESIGNATION	SIGNATURE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Conducted by :

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## QHSE MANAGEMENT SYSTEM

# SAIFCO

Electromechanical Works (LLC)



Document Name:

### Site Health & Safety Induction Report

QHSE Ref. No.

IMS/QHSE/COM/11/03 Rev.00

Date:

### PROJECT H&S INDUCTION REPORT

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**Language Used:**

Arabic  Bangali  English  Hindi  Malayalam  Punjabi  Tamil  Urdu

### SAFETY ISSUES / POINTS DISCUSSED:

**Suggested Topics:** *Please check any subject has to add or remove.*

S/R	Description	Discussed Issues <i>(please tick)</i>	Remarks
1	Company HSE Policy & Procedures		
2	Safety First Principle		
3	5 Steps to Safety		
4	Project HSE Rules and regulations (DM/ EHS)		
5	Introduction of site management		
6	Consultant, Main contractor and HSE Department		
7	Store Layout & House Keeping		
8	PPE, Dress Code		
9	Emergency Evacuation Procedure		
10	Assemble points		
11	Power Tools & Electricity		
12	Unsafe Acts and Safe working Procedure		
13	Accident and Near Miss Reporting		
14	Fire Prevention		
15	Permit to works		
16	LOTO procedures		
17	No smoking Areas		
18	Environment Pollution and Protection		
19	Welfare Facilities		
20	Discipline		
21	General Safety		

This is to confirm the delegate has attended the Site H&S Induction presented by project HSE Department.

Conducted by: \_\_\_\_\_ Translated By: \_\_\_\_\_

**QHSE MANAGEMENT SYSTEM**

**SAIFCO**

*Electromechanical Works (LLC)*



**Document Name:**

**Site Health & Safety Induction Report**

QHSE Ref. No.

IMS/QHSE/COM/11/03 Rev.00

Date:

I hereby acknowledge that I received Induction Training in the Following as mentioned above.

SR	Name	Tally number	Company	Trade	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10					
11					

Conducted by: Project Safety Officer

\_\_\_\_\_  
Name/ Sign

Noted by: HSE Manager

\_\_\_\_\_  
Name/ Sign

**QHSE MANAGEMENT SYSTEM****SAIFCO**

Electromechanical Works (LLC)



Document Name:

QHSE Ref. No.

IMS/QHSE/COM/11/04 Rev.00

**Environmental Induction Report**

Date:

**ENVIRONMENTAL INDUCTION REPORT**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**Language Used:**Arabic  Bangali  English  Hindi  Malayalam  Punjabi  Tamil  Urdu **SAFETY ISSUES / POINTS DISCUSSED:****Suggested Topics:** *Please check any subject has to add or remove.*

S/R	Description	Discussed Issues (please tick)	Remarks
1	Environmental Policy		
2	Pollution of Water, Air and land Mitigation		
3	Noise abatement		
4	Environmental Awareness		
5	Welfare Facilities		
6	Housekeeping		
7	Proper Disposal of Waste		
8	Fire Prevention		
9	No Smoking Policy		

This is to confirm the delegate has attended the Environmental Induction presented by project HSE Department.

Conducted by: \_\_\_\_\_ Translated By: \_\_\_\_\_

**QHSE MANAGEMENT SYSTEM**

**SAIFCO**

*Electromechanical Works (LLC)*



**Document Name:**

**Environmental Induction Report**

QHSE Ref. No.

IMS/QHSE/COM/11/04 Rev.00

Date:

I hereby acknowledge that I received Induction Training in the Following as mentioned above.


SR	Name	Tally number	Company	Trade	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10					
11					

Conducted by: Project Safety Officer

Noted by: HSE Manager

\_\_\_\_\_  
Name/ Sign

\_\_\_\_\_  
Name/ Sign

<b>QHSE MANAGEMENT SYSTEM</b>	<p style="text-align: center;"><b>SAIFCO</b> <i>Electromechanical Works (LLC)</i></p> 	
<b>Document Name:</b>  <b>Short Term Visitor Induction Questionnaire</b>	QHSE Ref. No.	IMS/QHSE/COM/11/05 Rev. 00
	Date:	

This induction is applicable to short term visitor/s such as contractor personnel visiting company offices or site for business purposes.

Employees/Sub Contractor Name: \_\_\_\_\_

Company: \_\_\_\_\_

Location/Project Name: \_\_\_\_\_


Have you been shown or explained the following:

	YES	NO
1 The emergency assembly point/ areas	_____	_____
2 All means of escape and location	_____	_____
3 Office or site specific PPE related policy	_____	_____
4 Office or site specific Smoking related policy	_____	_____
5 Any planned fire or emergency drills	_____	_____
6 Any ongoing operations that may present a hazard	_____	_____

**Safety Officer Signature:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>QHSE MANAGEMENT SYSTEM</b>		
<b>Document Name:</b> <b>Safety Induction Assessment Questionnaire</b>	QHSE Ref. No.	IMS/QHSE/COM/11/06 Rev. 00
	Date:	

Employees/Sub Contractor Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Location/Project name: \_\_\_\_\_

**The following are to be answered by the employee:**

**Questions:**

**Answer:**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Have you had safety instruction from Safety Officer?</li> <li>2. What is the minimum PPE required for work at site?</li> <li>3. Have you been instructed on the Safety Standards?</li> <li>4. What does TBT stand for?</li> <li>5. Who should you inform if you have an injury, including First Aid?</li> <li>6. Who is responsible for Safety?</li> <li>7. Do you know where the assembly point in the event of an emergency?</li> <li>8. What items are prohibited on site?</li> <li>9. What is the first action in the event of a fire?</li> <li>10. Do you understand the Smoking Policy implemented on site?</li> </ol> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
|--|---|

**Safety Officer Signature:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_