NANYANG TECHNOLOGICAL UNIVERSITY SINGAPORE

Reg. No. 200604393

Ref: CINTRA/SOP/002.01	Date of issue: 12 Jan 2021	Next review date: 11 Jan 2024
Title : CINTRA Standard Operating Procedure on Control of Documents		
Audience : All Faculty, Research Staff and Students in the Workplace		

1. Aim

This document stipulates requirements for the control of Occupational Safety and Health (OSH) documents; identification, approval, issuance, review and removal in the implementation of OSH Management System.

2. Scope

This SOP is applicable to CNRS International-NTU-Thales Research Alliance (CINTRA) in the implementation of the OSHMS at the workplace.

3. Definitions

Author refers to the person who penned the document such as Policy, Directives, Standard Operating Procedure, Guidelines or Safe Work Practices, which form part of the OSHMS.

Document Controller (DC) refers to the person(s) who control OSH document on behalf of CINTRA.

CINTRA OSHMS refers to the Occupational Safety and Health Management System of CINTRA

Management Representative refers to the person appointed by the Director of CINTRA to oversee the implementation of the Centre's safety management system. Usually is the Deputy Chairman of CINTRA Safety Committee.

OSH refers to Occupational Safety and Health

Shall indicates an essential requirement.

Should indicates a recommendation.

SOP refers to Standard Operating Procedure

SWP refers to Safe Work Practice

Users refers to all faculty, research staff and students who access, use or implement the OSH document

Workplace - refers to the place where a person is to work

4. Responsibilities

4.1 The Director of CINTRA shall establish a process in the Centre for the management of OSH documentation.

4.2 CINTRA Safety Committee Management Representative shall:

4.2.1 Implement the process for the control of OSHMS documentation for CINTRA.

4.2.2 Appoint person(s) as the Document Controller (DC) for the control of OSH documentation.

4.2.3 Maintain an overview of the OSHMS documentation.

4.2.4 Initiate review of OSH document at appropriate frequency.

4.3 Author shall:

4.3.1 Follow the established procedure when writing or revising OSH document(s).

4.3.2 Ensure the document has been approved the Management Representative before publication.

4.3.3 Reviews and determines need for new procedures or revision of procedures and to convey that need to Document Controller.

4.3.4 Review document before the due date.

4.3.5 Inform DC on errors and deficiencies.

4.3.6 It is the responsibility of the author of a document to include sufficient detail that the process or procedure can be followed by another person when needed.

4.4 Document Controller (DC) shall:

4.4.1 Implements and maintains document control system

4.4.2 Coordinates reviews and revisions of quality system documents.

4.4.3 Maintains Documents Register of all approved Level 1 & 2 OSH documents for the Centre and to ensure active and revised documents are provided to staff. Documents Register must contain, Document Number, Title, Revision Level and Review date.

4.4.4 Archives superseded or obsolete documents.

4.4.5 Issue each document with unique number, including revisions made.

4.4.6 Check submitted document by the Author has been approved and is in accordance with the requirements having all relevant information.

4.4.7 Communicate new document released.

4.5 Users of OSH document shall:

4.5.1 Ensure the OSH document being referred is current by verifying with the official version of the document in the Documents Register kept by the Document Controller.

4.5.2 Not circulate any OSH document to a third party without the approval from CINTRA Safety Committee.

4.6 Lab Manager shall:

Approves and authorizes all safe work procedures (SWP).

4.7 Management Representative shall:

Approves and authorizes all standard operating procedures (SOP).

5. Requirements for the Control of Document

5.1 Documents required by OSHMS shall be controlled. These may include at University level, Centre level, and laboratory specific level. Some examples of OSHMS documents may include directives, procedures, guidelines, safe work practices, checklists and forms, etc.

5.2 The Level 1 and Level 2 OSHMS documentation are managed by Document Controller (DC). While Level 3 documentation is managed directly by the assigned staff of each Laboratory.

5.3 The Author should be someone who is in-charge or is knowledgeable to the topic or process involved when writing the document. Few examples showing different tiers of OSHMS documentation may be as follows:

(a) At Centre level – members of CINTRA Safety Committee as Author for writing the Centre's SMS or SOPs;

(b) At laboratory level - the respective equipment or process or system owner as Author in writing the activity specific safe work practices (SWPs) for the operation of the equipment or process or system after conducting risk assessment.

5.4 All published OSH documentation in CINTRA shall bear (See Appendix 1: Template for CINTRA OSH Document):

(a) CINTRA as the Centre originating the document (this may or may not include the cluster name);

(b) The document title;

(c) The document number;

(d) The date of issue;

(e) The next review date; and

(f) The approver's name.

5.5 DC is to ensure all OSH document (procedural requirements, checklists and forms) are approved prior to use. Approval of OSHMS document shall be by authorized persons such as the Director of CINTRA, Safety Committee Dy Chairman, or Area Owner in-charge, etc. He/she may also be the direct reporting officer of the author for the subject matter involved. Author shall not be the approver.

5.6 A system of issuing unique document number together with all revisions shall be implemented. An example of a unique document number for each document is as shown:

CINTRA/SOP/012.00 (Centre name/document type/document number)

CINTRA/SOP/012.01 (Revision 1 of the document)

CINTRA/SOP/012.02 (Revision 2 of the document)

5.7 A system of issuing unique document number together with all revisions shall be implemented within the Laboratory. An example of a unique document number for each document is as shown:

CINTRA/XXXXXX/SWP/010.00 (CINTRA/Lab name/ document type/document number)

CINTRA/NOVITAS/SWP/010.01 (Revision 1 of the document)

CINTRA/NOVITAS/SWP/010.02 (Revision 2 of the document)

5.8 All documents are to be reviewed and approved by Management Representative prior to use. Current revisions of appropriate documents are available at CINTRA Safety Website. Obsolete documents are removed from the CINTRA Safety Website by the DC.

5.9 Document shall be reviewed:

5.9.1 at least once every 3 years if no changes are noted; or

5.9.2 when there is a change in legal requirement, risk assessment review, incident follow up or procedural changes.

All revisions made are to be approved and changes shall be highlighted.

5.10 Document Controller (DC) shall ensure that documents posted are current (obsolete document shall not be used) and broadcast relevant communications to the affected user group when the document is revised. Older revisions shall be archived following the established record retention schedule.

5.11 Where documents of external origin are used as part of the CINTRA OSHMS, such document shall be identified, acknowledgement given and distribution on the use shall be controlled.

5.12 All safety data sheets (SDS), technical manuals and operating manuals used in projects, processes and experiments are to be properly documented and controlled to ensure that that they are current and valid.

Appendix 1: Template for CINTRA Document

NANYANG TECHNOLOGICAL UNIVERSITY SINGAPORE

Reg. No. 200604393R

Ref: CINTRA/ SOP/xxx.xx	Date of issue: dd-mmm-yyyy	Next review date: dd-mmm-yyyy
Title :		
Audience :		

1. Aim

This document is to provide the working procedures …….

2. Scope

The procedure is applicable to those who …….

3. Definitions

CINTRA – refers to the CNRS International-NTU-Thales Research Alliance

LSR – refers to Laboratory Safety Representative

NEA – refers to the National Environment Agency

4. Responsibilities

4.1 Lab Safety Representative (LSR) – Appointed by the Dy Safety Chairman to be the person to:

5. [Description of SWP/SOP]

6. Appendix (If Any)

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Version History

This Table below reflects the summary of changes made to the document. The full change information is indicated with yellow highlight in the document content.

Revision	Section	Details of Change	Document Author	Effective Date	Approved
00.0	N.A	Initial Release	Jing Fei	21 Aug 2017	Dr Dinh Xuan Quyen
00.1	Appendix 1	Review and update	Choo Hwee Pin	12 Jan 2021	Dr Dinh Xuan Quyen

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