المركز السعودي للاعتماد
Saudi Accreditation Center

Document record and coding procedure

P-02-04

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1. Purpose

This document gives general guidelines for organizing and controlling the records of the Saudi Accreditation Center and maintaining the documents of the quality management system, including the procedures of the coding system, collection, indexing, review, classification, archiving, accessing, preservation, storage and protection of documents .and records, and the disposal of canceled documents

2. Scope

This procedure applies to all quality management documents in the center, including the quality manual, policies, procedures, appendices, forms, external documents, reports, minutes, decisions, certificates and every document .used within the center

This procedure applies to all documents (internal and external), used by the Saudi Accreditation Center, which will - :be subject to control, as it includes the following

Quality manual -

Components of the management system of the Saudi Accreditation Center - -

Procedures, policies, appendices, records, forms, guides and publications issued by the Saudi Accreditation - - Center

National regulations, laws, legislative texts and regulations - -

National and international specifications - -

Evidence issued by regional and international organizations concerned with accreditation, especially ILAC, IF, - - APAC and Arak

References issued by relevant regional and international organizations such as: International Bureau of - Measures and Weights (BIPM)

3. Normative References -

Conformity assessment – General requirements for accreditation bodies providing accreditation services for - conformity assessment bodies ISO/IEC 17011:2017

4. Terms and Definitions -

Documents: Represents all documents, references and evidence of the Saudi Accreditation Center subject to - - .audit, whether internal or external, and is considered according to this procedure as an official document

Quality Manual: A document that explains the general direction of the Saudi Accreditation Center in the - - operation of processes and procedures in the quality management system and its obligations, in view of the .requirements of the provisions of the standard 17011

Procedure: A document that links to a quality manual and includes a description of the processes, steps and - responsibilities that are taken together to accomplish a particular task.

Policy: A document that includes the terms and conditions guiding the decision-making to achieve the - objectives of the Center.

Appendix: A document linked to the quality manual and containing a description of certain policies and - procedures.

Form: A document used for the purpose of clarifying the results to be achieved or to provide evidence of the activities to - be accomplished and to record the management system of the Center applied.

5. Policies

5.1 Identification and coding of documents and records

5.1.1 Identification of documents and records

All electronic documents, if published on the Center's website, are considered controlled unless they are printed, and when canceled, they are removed from the website and replaced with the amended documents.

5.1.2 Document encoding

All internal center documents at the bottom of each page (footer) are encoded as follows:

N-VV-II	DD/MM/YYYY	**T**	P out PP Page

N-VV-II**: Document coding :**

N: Abbreviation of document type (QM for Quality Manual - P for procedures - A for policies - F for forms - G for manuals)

VV: Document serial number (quality manual does not contain serial number)

II: Issue Number

DD/MM/YYYY: Document issue date: DD day, MM month, YYYY Year

T:Document Name

P out PP : P Page number, PP total number.

Checklist forms and assessment programs at the bottom of each page (footer) are coded as follows:

N-LL-KK-GG	DD/MM/YYYY	**T**	P out PP Page

N-LL-KK-GG:Document coding :

N: Abbreviation of document type (QM for Quality Manual - P for procedures - A for policies - F for forms - G for manuals)

LL:The model number of the checklist or evaluation program is as follows :

KK :The symbol of the document (consisting of character codes)

ML: Used for medical laboratories

T: Used for testing laboratories

C: Used for measurement and calibration laboratories

I: Used for inspection bodies

M: Used for certification bodies

H: Used for certification bodies – Halal

P: Used for certification bodies – products, processes and services

GG: Version number

DD/MM/YYYY: Document Issue Date: DD day, MM month, YYYY Year

T: Document Name

P out PP : P Page number, PP total number.

The sample checklists for technical regulations that are used in evaluations are encoded at the bottom of each page :(footer) as follows

N-LL-KK-GG -SS	DD/MM/YYYY	**T**	P out PP page

N- LL-KK-GG -SS:Document coding :

N: Abbreviation of document type (QM for Quality Manual - P for procedures - A for policies - F for forms - G for : manuals)

LL: .Inspection list form number

KK :It is made up of symbol

GG: Technical Regulation Number

SS: Version numbe

DD/MM/YYYY: Document Issue Date: DD day, MM month, YYYY Year

T: Document Name

P out PP : P Page number, PP total number.

Compile documents, distribute and access documents and records

Documents and records are kept in the joint file of the General Directorate of Quality on the internal network of the Center, while the canceled documents after renaming them are kept in a file for the canceled documents, while electronic documents if published on the Center's website are considered controlled unless they are printed.

5.2.1 Electronic record keeping

Paper record keeping: Electronic records of the accreditation process shall be kept on the electronic accreditation system

Paper records, if any, are kept for a full accreditation cycle

Paper records, if any, of the accreditation cycle preceding the current session are saved and archived so that they are easy to refer to if needed.

5.2.3 :Review the Center's documents whenever needed and determine

Changes to external documents

The need to update the current internal documents of the Saudi Accreditation Center

Ensure the availability of the relevant versions of the documents in force in the areas of use whether on the website of the Saudi Accreditation Center or in the storage space in the internal network of the center's employees

Ensure that documents are clear and easily identifiable, and update the list of key documents. F-29

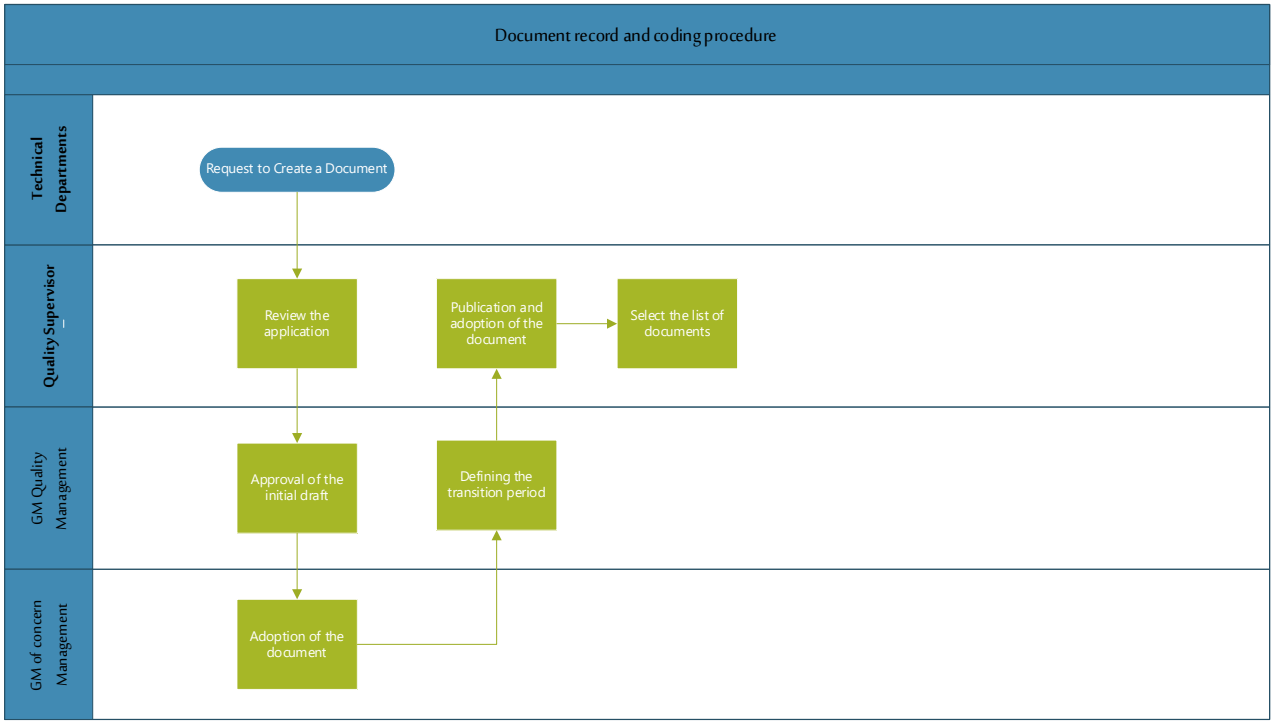
6. Procedures

#	Procedures	Responsibility	Relevant Documents/Link
1-8	**Procedure for issuing and approving documents**		
1-1-8	Request to create a document with the initial draft document attached	Concerned Management	F-46
2-1-8	Make sure : -Fit for purpose - They do not conflict with or exclude the requirements of the relevant international standards or other reference documents	Quality Supervisor	-
3-1-8	Approval of the initial draft document	GM Quality	-
4-1-8	Approval of the document	GM Concerned Management	-
5-1-8	Determining the transition period for the implementation of the document	GM Quality	-
6-1-8	Publishing the document and including it within the quality system	Quality Supervisor	-
7-1-8	Update document list	Quality Supervisor	F-29
2-8	**Amendment and updating of management system documents**		
1-2-8	Request to Amend an Approved Document	Concerned Management	F-46

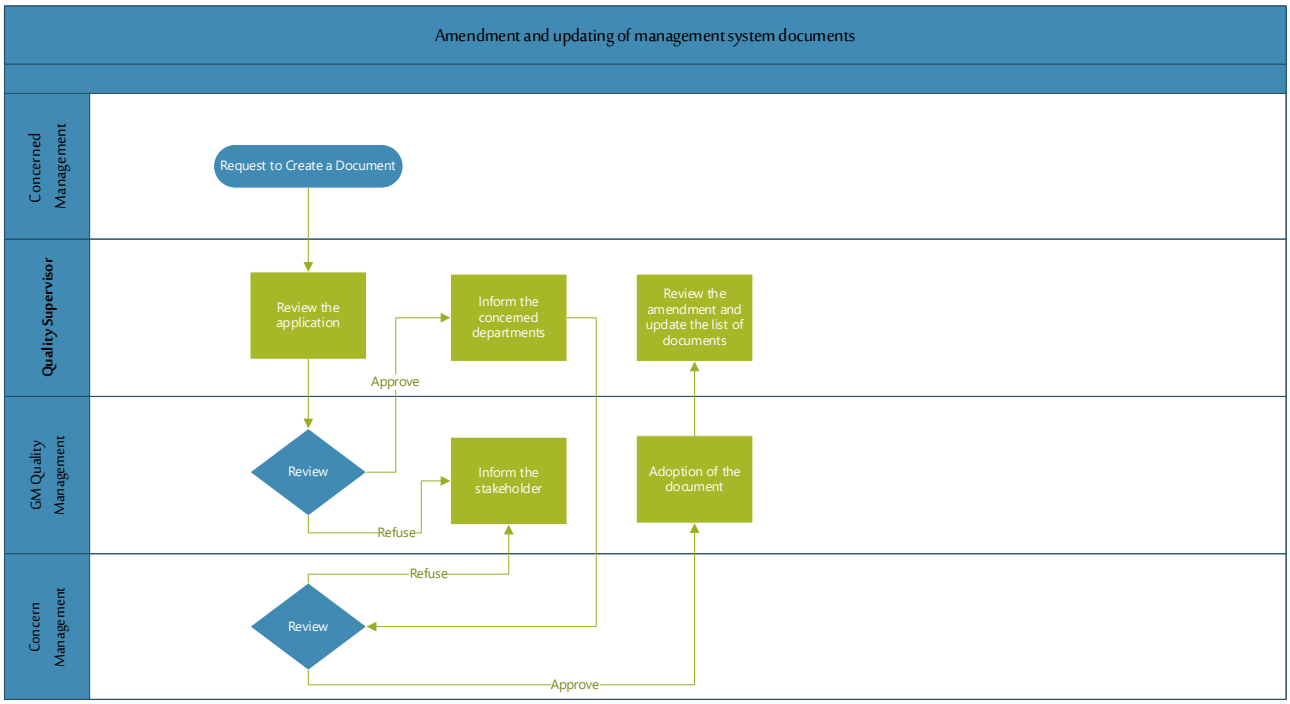
2-2-8	Studying the amendment and ensuring that it meets the requirements of the quality system	Quality Supervisor	F-46
3-2-8	- If accepted (move to stage 8-2-4) - In case of rejection, the stakeholder will be informed	GM Quality	F-46
4-2-8	Inform the concerned administrations of the amendment request	Quality Supervisor	Email
5-2-8	- If the amendment is accepted, the document will be approved - In case of rejection, the stakeholder will be informed of the reasons	Concerned Management	Email
6-2-8	Adoption of the amendment to the document	GM Quality	F-46
7-2-8	Review the amendment and change the version number of the modified document and update it in the main list of documents	Quality Supervisor	F-29
8-2-8	Mark any modification by keeping a copy of the modifications while tracking changes	Quality Supervisor	-

7. Flowchart procedures:

7.1 Procedure for issuing and approving documents



7.2 Amendment and updating of management system document



8. Exception

No exception

9. Relevant Document

Accreditation Process Procedure-P-01

All procedures of the quality system in the center