

Name of Organization: Fantasia Narrow Fabric (Pvt) Ltd.

NC No. : 02 of 02

Section : Management

Team Leader : D. N. S. Kuruppomullage.

Relevant Standard : ISO 9001:2015

Auditor : W. W. M. S. Fernando

Relevant Clause : 9.3

Date of audit : 2020 - 06 - 04

Relevant company document : Management review meeting minutes

Non-conformity detected:

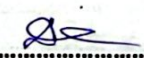
Category : Major/Minor

Certain management review meeting inputs have not been discussed in the last management review meeting conducted on 1<sup>st</sup> June 2020.

e.g: extent to which quality objectives have been met  
the performance of external providers.  
opportunities for improvement.

  
.....  
Auditor

  
.....  
Team Leader

  
.....  
Auditee

Correction:


Conducted management review meeting again with all details and sharing shared MRM minute. to the certification body

  
.....  
Auditee

2020-6-17  
.....  
Date

Root cause for Non-conformity:

Lack of practice of conducting management review meeting in initiative stage

  
.....  
Auditee

2020-6-17  
.....  
Date

Corrective action:

Date of completion:

Quality objectives, performance of external providers and opportunities for improvement have been discussed in the management review meeting

[Signature]  
.....  
Auditee

18/06/2020  
.....  
Date

Verification of corrective action:

NC Closed/  Open

Corrective action is closed

[Signature]  
.....  
Auditor

2020-06-20  
.....  
Date

Effectiveness of corrective action:

Corrective action is effective

[Signature]  
.....  
Auditor

2021.05.20  
.....  
Date

**STATUS REPORTS OF ISO 9001 MANAGEMENT REVIEW MEETING****Held on 15th June 2020****Conference Room - FNE****1 External & Internal Issues relevant to the Quality Management system**

External and internal issues have been reviewed.

Action Plan	Responsible	Target Date	Status
Lack of Employee skill levels	Training team	30/9	On - Going

**2 Customer Feedback**

Brandix carries out supplier evaluation on weekly basis on Delivery & Quality Performance. Data was analyzed from March - May 2020 and shared at management review

**Score**

Quality Performance	100%
Delivery Performance	95%

**3 The Extent to which quality objectives have been met**

KPI's have been updated in all departments aligned to company Hoshin. KPI reviews are done on weekly review .

Discussed to schedule Weekly SQDCM Review in departmental wise

KPI's are displayed in SQDCM boards in every department

Action Plan	Responsible	Target Date	Status
Weekly SQDCM review need to be scheduled in dept wise	Nishadi	1st week of July	Pending

**4 Process performance & confirmity of products & services.**

**Internal Rejections :** Daily salvadge and physical, chemical reports are shared with the management. Review & Analyse.

**External Rejections :** Complain & rejections are captured through a common mail.The records are reviewed at weekly review. Action plans for failures are discussed & recorded

Daviation/CA	Responsible	Outcome
The quality rejections are mainly due to off shade	Dye Team	On Going

## 5. Non conformities & corrective actions

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All internal & External rejections are considered as non-conformities. Pending actions will be highlighted in Weekly Review

### Internal Audits

Almost all audits were carried out according to the schedule and the areas for improvements were communicated. In general most departments have met the QMS requirements. The lapses found were discussed and the details are as follows.

Non - Conformity	Responsible	Corrective Action	Effectiveness- June-2020
Light box paint has damaged & has pen marks	Packing	Light box will re-paint in next calibration.(24/06/2020)	On - Going
No place to store cotton waste	Dye House	Need to add place to hanging cotton waste	Successful
SQDCM board P2P need to update on daily basis	Dye House	SQDCM Board need to be updated up to the standards	Successful
SQDCM boards not marked properly	RM Stores	Need to update SQDCM boards properly.	Successful
SQDCM boards not marked properly	Finance	Need to update SQDCM boards properly.	Successful
No Department structure displayed	Finance	Need to display department structure	Successful
SQDCM board weren't upto date	Planning	Need to update SQDCM boards properly.	Successful
No Department structure displayed	warping	Need to display department structure	Successful
Department structure weren't displayed	Weaving	Need to display department structure	Successful
SQDCM board need to update	Weaving	Need to update SQDCM boards properly.	Successful

Findings	Responsible	Corrective Action	Effectiveness- June 2020
Comparator has not calibrated in knitting section	Purchasing	Need to do Calibration	Successful
Workers Not wearing ear plugs	Knitting	Need to wear earplugs properly	Successful
SQDCM board need to update	Marketing	SQDCM board need to fill properly	Successful
Fire exit were blocked	Bobbing winding	Need to clear fire exit	Successful
SQDCM Board not updated properly	Jacquard	SQDCM board need to fill properly	Successful

#### 6 Performance of External Providers

Supplier evaluation is carried out by purchasing department on monthly basis. The reports were reviewed & discussed

#### 7 Adequacy of resources were discussed but no additional requirements were highlighted.

#### 8 Effectiveness of Actions taken to risks & Opportunities

Mitigation of Risk Identified	Responsible	Target Date
Pool of workers were created to mitigate labor turn over & high absenteesm	Ravindika	31/8

#### 9 On-Going projects were discussed

1. Rationalizes mini bulk & production release process
2. Daily Qc meeting
3. Weekly Quality audits
4. Weekly review meeting
5. Daily production meeting
6. Weekly sales review

Next Management Review meeting : 1 st December 2020

Venue & Time : conference room @ 10.30 am

**IND-EXPO CERTIFICATION LIMITED**  
**MANAGEMENT SYSTEMS CERTIFICATION SCHEME**  
**CORRECTIVE ACTION PLAN FOR NON-CONFORMITIES**

For all non-conformities kindly complete this form and submit with evidence within two months.

Name of organization **Fantasia Narraw Fabric (Pvt) Ltd.**

Type of audit : Stage II / Surveillance / Re-certification / Special audit (delete whichever is inapplicable)

Date/s of audit : **2020 - 06 - 04**

NCR No.	Non-conformity	Corrective actions taken & Date of implementation	Evidence of implementation
01 of 02	The requirements stipulated in the clause 5.3 of the standard has not been addressed in the job descriptions of key persons of the organization. eg: Job description of Executive laboratory & QA	The JO of executive laboratory & QA has been documented.	JO was attached.
02 of 02	Certain management review meeting inputs have not been discussed in the last management review meeting conducted on 1st June 2020. eg: Extent to which quality objectives have been met the performance of external providers, opportunities for improvement.	Quality objectives performance of external providers and opportunities for improvement have been discussed in the management review meeting.	Attached.

Signature of Management Representative /FSTL /EMR

18 / 06 / 2020  
Date

**OBSERVATIONS AND RECOMMENDATIONS**

All (02) NCR's are Satisfactory closed

Signature of Team Leader/Lead Auditor

2020 . 06 . 20  
Date

Doc. No.: QP-19-F-02

Issue No. : 07

Issue Date : 2015-01-30

Reviewed and approved by : Director

Issued by : Management Representative