INTEGRATED MANAGEMENT SYSTEMS MANUAL
(GSPCB-IMSM-01)

ISO 9001:2015 QUALITY MANAGEMENT SYSTEMS
ISO 14001:2015 ENVIRONMENT MANAGEMENT SYSTEMS
OHSAS 18001:2007 OCCUPATIONAL HEALTH AND SAFETY ASSESSMENT SYSTEMS

GOA STATE POLLUTION CONTROL BOARD
1st and 4th Floor, Dempo Towers, EDC Plaza, Patto, Panaji-403 001

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(Management Representative)

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This document is to be strictly adhered to by all GSPCB employees and related staff in the interest of the satisfactory fulfilment of the QEHS requirements.

ISSUE

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1.0 COMPANY PROFILE:
The Goa State Pollution Control Board (GSPCB or the Board) is an Autonomous Statutory Organisation constituted on 1st July 1988 under the Water (Prevention & Control of Pollution) Act, 1974. Prior to that, when Goa formed part of the erstwhile Union Territory of Goa, Daman and Diu, the Central Board for the Prevention and Control of Water Pollution was performing the functions of the State of Goa. The Central Pollution Control Board at Ponda - Goa had established a Section Office for the Purpose. The same arrangement continued till the constitution of the State Board.

The Goa State Pollution Control Board, after its constitution, established its office in the Goa Medical College Complex at Bambolim. In June 1991, the Government of Goa allotted independent premises for the Board at Patto-Panaji, where the Board shifted its office in September 1991.

On 15th August, 2002 the Board acquired new premises on the 1st floor in Dempo Tower at Patto Plaza, Panaji and shifted its full set-up to this new premise. Subsequently, on 15th August 2005, the Board acquired additional premises measuring 311.86 Sq. mt. on the 4th floor of the same building. The Physical and part of the instrumentation Laboratory is set up on the 1st Floor and the Physical, instrumentation, analytical and the microbiological Laboratory is set up on the 4th Floor.

The Board presently has 133 staff employed including contract staff.

GSPCB also has a NABL accredited laboratory facility to cater to the testing activities of metals and chemical parameters. This Laboratory is NABL / ISO17025:2005 Certified vide certificate no. T-1666 valid till 23/05/16. Application for renewal is in process. Additionally the Board Laboratory also carries out monitoring and analysis in Air, Stack, hazardous waste, pesticides and microbiological parameters.

The Board is presently in the process of establishing a new Office cum Laboratory building in Saligao, scheduled to be completed in early 2017. The Board has also recently adopted SAP practices w.e.f February 2016.

1.1 PURPOSE:
The purpose of this QEHS (Quality Environment Health and Safety) Integrated Management System (IMS) Manual is to define the Goa State Pollution Control Board’s activities and contains:

a) The Environmental Policy;

b) Statements of responsibility and authority;
c) An overview of the Board’s QEHS procedures and controls;
d) The identification of the resources and training allocated to management, performance of work and verification activities including internal audit;
e) The appointment of the QEHS Management Representative (MR); and
f) The arrangement for periodic management reviews.
g) Organisation chart

The Manual is the commitment of the Top Management of the Goa State Pollution Control Board to demonstrate that this QEHS - IMS meets the ISO 9001:2015 (QMS), 14001:2015 (EMS) & BS OHSAS 18001:2007 requirements and provide guidance and direction for the implementation and operation of the QEHS IMSM to all Board and contract personnel including all relevant documents.

The Goa State Pollution Control Boards overall commitment to quality, environment, health and safety compliance in work practice and customer service is defined through its Core and Support services. This QEHS Integrated Management System Manual (QEHS-IMSM-01) provides an overview of the quality, environment, health, Safety & policies and related key requirements for the organization. It is the source of reference for all matters dealing with QEHS. It is available for inspection by our customers, potential customers, third party quality auditors, and regulatory agencies.

This QEHS Manual QEHS-IMSM-01 is available to all personnel for reference, instruction & guidance and will be the Ultimate Auditing Criteria along with the Standards ISO 9001:2015, ISO 14001:2015 & OHSAS 18001:2007.

1.2 SCOPE:
The Goa State Pollution Control Board (GSPCB), is an Autonomous Statutory Body functioning under the mandates of the stipulated provisions under the Water & Air Acts. The Boards functions are as follows:

1. Conduct comprehensive programmes for the prevention, control or abatement of air and water pollution
2. Inspecting and Processing of units Applications for Consents under Water & Air Act
4. Redressal of Complaints/RTI's
5. Monitoring and Testing of samples through approved methodologies and its related Test Reports.
6. Laboratory developed test methods,
7. Requirements as stated in the relevant rules and regulations.
8. Other Requirements including those of the interested parties

1.3 DEFINITIONS:
a Aspects : Elements of an organization's activities or products or services that can interact with the environment.
b Auditor : Person with the competence to conduct an ISO audit.
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<td>c</td>
<td>Continual Improvement: Recurring process of enhancing the QEHS Management System in order to achieve improvements in overall performance consistent with the organization’s QEHS policy.</td>
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<tr>
<td>d</td>
<td>Corrective Action: Action to eliminate the cause of a detected nonconformity.</td>
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<td>e</td>
<td>Document: Information pertaining to the QEHS requirement and its supporting media.</td>
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<td>f</td>
<td>Department: Is the respective functional Section within the Organization.</td>
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<td>g</td>
<td>Environment: Surroundings in which an organization operates, including air, water, land, natural resources, flora, fauna, humans, and their interrelation.</td>
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<td>h</td>
<td>Ergonomics: Defines all aspects of a job, from the physical stresses it places on joints, muscles, nerves, tendons, bones and the like, to environmental factors which can effect hearing, vision, and general comfort and health.</td>
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<td>i</td>
<td>Impact: Any change to the environment/person, whether adverse or beneficial, wholly or partially resulting from an organization’s QEHS aspects.</td>
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<td>Interested party: Person or group or Organization concerned with or that which can affect, be affected by or perceive to be affected by a decision or activity of GSPCB with respect to its QEHS performance. (Customers, media, public, suppliers, contract workers, Board Staff, consultants, regulators, or any entity seeking redressal with the Board).</td>
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<td>k</td>
<td>Internal audit: Systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the QEHS management system audit criteria set by the organization are fulfilled.</td>
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<td>l</td>
<td>Management System (MS): Set of interrelated or interacting elements of an organization or a part of an organization’s management system used to establish and implement its policies, objectives and processes and manage its related aspects, fulfill compliance obligations and address risks and opportunities. The Management System includes organizational structure, planning activities, responsibilities, practices, procedures, processes and resources.</td>
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<tr>
<td>M</td>
<td>Nonconformity: Non-fulfillment of a specified or desired requirement.</td>
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<td>n</td>
<td>Occupational Health &amp; Safety (OH&amp;S): Condition and factors that can/could affect the health and safety of employees or other workers (including temporary workers and contractor personnel), visitors or any other person in the work place.</td>
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<td>o</td>
<td>Organization: A company, corporation, firm, enterprise, authority or institution, or part or combination thereof, whether incorporated or not, public or private, that has its own functions, responsibilities, authorities, relationships and administration to achieve its...</td>
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established objectives, in this case, Goa State Pollution Control Board (Board)

p  Objective : Overall goal, consistent with the policy, that an organization sets itself to achieve.

q  Performance : Measurable results of an organization’s management of its aspects.

r  Policy : Overall intentions and directions of an organization related to its QEHS performance as formally expressed by top management.

s  Prevention of pollution : Use of processes, practices, techniques, materials, products, services or energy to avoid, reduce or control (separately or in combination) the creation, emission or discharge of any type of pollutants or waste, in order to reduce adverse environmental impacts.

t  Preventive Action : Action to eliminate the cause of a potential nonconformity

u  Procedure : Specified way to carry out an activity or a process, either by GSPCB or any other related entity.

v  Records : Document stating results achieved or providing evidence of activities performed.

w  Target : Detailed performance requirement applicable to the organization or parts thereof, that arises from the environmental objectives and that needs to be set and met in order to achieve those objectives. In case of GSPCB, it includes the Chairman and the ember secretary.

x  Top Management : Person or group of people who direct and control the organization at the highest level and have the power to delegate authority and provide resources within the organization.

y  Workplace : Any physical location in which work related activities are performed (including inspections or monitoring or sampling sites) under the control of the organization.
2.0 QEHS POLICY

GSPCB is committed to responsible QEHS Management and value the wellbeing of all those working for and on behalf of the Board, our customers, the community and the environment in which we operate. The Board endeavours to provide Quality Services to its customers within the ambit of the applicable legislation.

The GSPCB commits to adhere to all relevant QMS, EMS and OHSAS applicable Legislation & regulations including other requirements. The Board has a special commitment towards enhancing quality of Boards' processes, prevention of injury, ill health, protection of the environment and prevention of pollution by understanding the safety and environmental impacts of its activities, and strive for continual improvement of all its processes and services through periodical reviews, adequate empowerment, accountability and monitoring of the established QEHS Objectives, targets & programs.

Shri R.K. Sinhastava, IAS
Chief Secretary, Govt. Of Goa &
Chairman-Goa State Pollution Control Board

Date: 21st March 2016

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3.0 GS PCB CODE OF CONDUCT:

a. The Board is responsible for conducting its services with utmost ethics and integrity. The Board has defined a Code of Conduct to reinforce honourable behaviour in its approach to its commitment to QEHS.

In complying with the above stated policies, all Board personnel including contract staff working under the purview of the Board will:

a. Act with honesty and integrity, avoiding actual or apparent conflicts of interest in their personal and professional relationships.

b. Provide stakeholders with information that is accurate, complete, objective, fair, relevant, timely, and understandable, including information in our filings with and other submissions to the concerned Authorities and other public bodies as is available.

c. Comply with rules and regulations of state and Central government, and of other appropriate private and public regulatory agencies, as the case may be.

d. Act in good faith, responsibly, with due care, competence, and diligence, without misrepresenting material facts or allowing one’s independent judgment to be subordinated.

e. Respect the confidentiality of information acquired in the course of one’s work except when authorized or otherwise legally obligated to disclose.

f. Not use confidential information acquired in the course of one's work for personal advantage.

g. Share knowledge and maintain professional skills important and relevant to stakeholders' needs.

h. Proactively promote and be an example of ethical behaviour as a responsible partner among peers, in the work environment and the community.

i. Exercise responsible use, control, and stewardship over all Board assets and resources that are employed by or entrusted to us.

j. Not coerce, manipulate, mislead, accept bribe or unduly influence any authorized Inspection or audit sampling and analysis or interfere with any personnel engaged in the performance of an Inspections, monitoring, analysis, internal or independent audit of Board’s system of internal processes, controls, financial statements, or accounting books and records.

b. If any person to whom this Code applies is aware of any suspected or known violations of this Code or the Code of Conduct and Ethics, or other Board policies or guidelines, he or she has a duty to promptly report such concerns either to his or her immediate superior, or concerned authority.

c. Any detected violations will be dealt with appropriate actions, and may include verbal or written notices to the individual involved depending on the seriousness of the case.
4.0 ORGANISATION:
The GSPCB is an autonomous body, where the sole authority lies with the Chairman of the Board. The Board consists of the following Departments:

- The Technical Department, looks after Consent Management vis-a-vis inspections as well as compliance to Consents issued
- The Scientific Department which is NABL accredited (for Water parameters) is responsible for carrying out scientific testing and analysis through approved methodologies.
- The Legal Department ensures compliance to applicable regulations, legislations and follow up on show cause notices and directions issued by the board.
- The Administration Department is responsible for the well being of the staff including implementation of the Administrative reforms as per FRSR (Fundamental Rule and Supplementary Rule), Swami's handbook etc.
- The Accounts Department is responsible for the financial aspects of the Board.
- The Information Technology Department looks after e-management.
- Refer Annexure I

4.1 RESPONSIBILITY : Details of the Board staff responsibilities are as follows:

4.2 Top Management

The Top Management demonstrates leadership and Commitment by ensuring:

i) Customer and applicable statutory & regulatory requirements are determined understood and consistently met.

ii) Identify the risks and opportunities that affect conformity of products and services

The Top Management bears overall responsibility for the quality of products and services supplied by GSPCB, as well as for protection of the environment, health and safety of its staff. Thus it is under obligation to ensure the development and implementation of the IMS as per applicable standard. To this purpose, it takes decisions regarding adjustments and improvements offered by the staff, make available financial resources and create acceptable framework conditions, thereby ensuring that quality and environmental health and safety expectations and the requirements arising from the QEHS-IMSM-01 Manual are met for continual improvement. (Refer 6.1)

The Top Management has nominated a Management Representative (Refer 4.3) for the effective implementation of the QEHS Integrated Management Systems.

The Top Management Comprises of:

a. Chairman-GSPCB is the designated Unit Head has the responsibility and authority to

1. Ensure the requirements of the ISO 9001:2015 (QMS), 14001:2015 (EMS) & OHSAS 18001:2007 (QEHS) Standards are understood, implemented, and maintained in a timely manner throughout the organization.

2. Ensure that the QEHS policy and QEHS objectives are established and distributed to the concerned staff / public are compatible and consistent with the overall strategy and context.

Endorse the QEHS policy

1. Changes within the QEHS management system to address significant aspects, hazards, risks and opportunities, as and when identified.

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5. Ensure Sustainable development in all Board processes.

6. Approve appropriate resource allocation including annual budget allocation to enable the proper implementation, effective operation and continual improvement of the QEHS System and its related requirements in the Board.

7. Nominate a Management Representative, if required for ensuring that quality and environmental expectations and the requirements arising from the QEHS Integrated Management System.

8. Chairing of the QEHS Management Review Meeting (MRM) which is held once every four months for QEHS performance evaluation.

9. Jointly lead the Management Review Committee decisions along with the Functional Head in revising the objectives, targets and programmes as deemed necessary.

10. Providing leadership and account in the pursuit of QEHS issues

11. Support the Department Heads to contribute effectively and demonstrate their leadership as it applies to their areas of responsibility.

12. Demonstrate the organization’s commitment to continual improvement.

13. Analyze Performance, Progress & Resource requirements in QEHS Review meetings, and internal Audits in order to ensure the QEHS MS achieves its intended results.

14. Endorse the performance evaluation reports submitted during the concerned committee review meeting.

b. MEMBER SECRETARY is the designated Functional Head, has the responsibility and authority for

1. External and Internal communication concerning QEHS aspects including the requirement of legislative authorities.

2. Ensuring the requirements of the ISO 9001:2015 (QMS), 14001:2015 (EMS) & OHSAS 18001:2007 (QEHS) Standards are understood, implemented, and maintained in a timely manner throughout the organization and the implementation achieves its intended results.

3. Ensure that the QEHS policy and QEHS objectives are consistent with the overall strategy and context of the policy.


5. Reporting to the Chairman on the effectiveness of the QEHS – IMS through the QEHS Steering Committee meeting minutes including a review of pertinent product, process, legal and customer data.

6. Takes decisions regarding adjustments and improvements, makes available financial resources and creates acceptable framework conditions with due approval from the Chairman-GSPCB.
7. Ensuring appropriate decisions are arrived at on non-compliances observed, with timely implementation of corrective actions to resolve issues identified in internal assessments and external audits.

8. Carefully plan changes within the management system to address risks and opportunities.

9. Ensure appropriate resource allocation including annual budget allocation to enable the proper implementation, effective operation and continual improvement of the QEHS System and its related requirements in the Board.

10. Providing leadership in the pursuit of QEHS issues.

11. Support the Department Heads to contribute effectively and demonstrate their leadership as it applies to their areas of responsibility.

12. Demonstrate the organization’s commitment to continual improvement.

13. Chair the QEHS Steering Committee Meeting (SCM) which is to be held once every four months, for QEHS performance evaluation.

14. Endorse the performance evaluation reports submitted during the concerned committee review meeting.

4.3 MANAGEMENT REPRESENTATIVE has the responsibility and authority for:

1. Ensuring the requirements of the ISO 9001:2015 (QMS), 14001:2015 (EMS) & OHSAS 18001:2007 (QEHS) Standards are understood, established implemented, and maintained throughout the organization.

2. Ensuring corrective actions are implemented to resolve issues identified in internal assessments and external audits in a timely manner.

3. Conducting timely process assessments and coordinating internal QEHS audits as required by the ISO 9001:2015 (QMS), 14001:2015 (EMS) & OHSAS 18001:2007 (QEHS) Standards till satisfactory closure within a defined time frame.

4. Reporting to the Member Secretary and the Chairman on the effectiveness of the QEHS –IMS through the QEHS Steering Committee and Management Review meeting respectively including a review of pertinent product, process, legal and customer feedback through concerned Department Heads.

5. The internal communication of QEHS matters between management and employees; and promoting environmental awareness among company staff.

6. Reporting on the performance of the QEHS MS to the Top Management for review and as a basis for improvement of the same.

7. Maintaining obsolete QEHS documents including objectives, targets and programmes as per System Procedure.

Doc. No. GSPCB-SYS-PROC-01, Section No. : 07
4.4 ISO CO-ORDINATOR: has the responsibility and authority for

1. Assisting the MR to ensure the QEHS IMSM is effectively implemented and maintained in accordance with the ISO 9001:2015 (QMS), 14001:2015 (EMS) & OHSAS 18001:2007 (QEHS) standards;
2. Follow-up on all pending QEHS related jobs as directed by MR
3. Ensuring QEHS annual schedule is maintained.
4. Tracking and monitoring of QEHS objectives.
5. Ensuring all uploaded QEHS documents are available at designated site.

4.5 SINGLE POINT OF CONTACT (SPOC): has the responsibility and authority for

1. Coordinating with internal Departments for implementation of QEHS Standards.
2. Liaison between the GSPCB Departments and certification Body / Consultant.
3. Follow-up on all pending co-ordinating / liaising requests as directed by MR.
4. Scheduling and organizing, intimating and submitting documents (Bills etc.) on all matters related to QEHS.

4.6 DOCUMENT CONTROLLER has the responsibility and authority to

1. Complete upkeep, updating and security of all QEHS master documents
2. Stamping of Documents in “MASTER” or CONTROLLED” as the case may be.
3. Recovery and replacement of revised documents from point of use.
4. Retention of data till period specified in GSPCB-SYS-PROC-01, Section No. : 07
5. Obsolete Documents to be stamped “OBSOLETE” and filed in QEHS-File-07/07

4.7 DEPARTMENT HEADS

1. Ensure that the requirements of the ISO 9001:2015 (QMS), 14001:2015 (EMS) & OHSAS 18001:2007 Standards are understood, established, implemented, and maintained throughout the Department during performance of all relevant Board functions.
2. Establishing controls for the identified significant QEHS aspects for his/her function team / department according to identified and established procedures and instructions.
3. Ensure that the QEHS is properly implemented and that related matters including audit findings and CAPA are properly handled at all stages till satisfactory closure
4. All QEHS documents and records should be identified and listed in Departmental Main List of Files and Records, maintained up-to date and easily retrievable.
5. Ensure that the objectives and targets are measurable if possible, and that the progress towards achieving the objectives and targets is continually monitored and reviewed, with the same forwarded to MR, latest by the 5th of every month.

6. Ensure that the programmes are amended as appropriate for new projects and/or new or modified activities, products or services as per QEHS Policy.

7. Ensure that minutes are recorded with due responsibilities and target dates and made available for needful to Department staff within 5 days of meeting.

8. Review documents if any revision is envisioned, in QEHS Steering Committee Meeting.

9. Revise the programme as necessary and maintain documented evidence/records for the actions taken to mitigate the problems (or not possible to mitigate the problem, as the case may be), in the event that objectives and targets in the programmes are not met, under intimation to MR.

10. Ensure and implement identification and adequate competency through training and awareness for Department staff including contract staff.

In addition to the Sr. No 4.7, the respective Department Heads will be also responsible for the following:

a. ADMINISTRATION DEPARTMENT HEAD has the responsibility and authority to

   1. Ensure that administration matters of the Board such as staff related matters like salaries, promotions, leaves of absence, annual health check-ups and compliance of ergonomics are maintained in a timely effective manner in line with the QEHS requirements.

   2. To draft and execute all matters related to external communication concerning QEHS aspects including the requirement of legislative authorities (time bound references from Government bodies)

   3. Ensure satisfactory fulfilment of the staff Job responsibilities as listed in GSPCB/JR/01

   4. Ensure Records are maintained in an orderly and systematic manner.

b. TECHNICAL DEPARTMENT HEAD has the responsibility and authority to

   1. Ensure that the requirements of the QEHS are understood, established implemented, and maintained throughout the Department during performance of all related functions e.g. Inspections, sample collection, Consent management and related monitoring etc.

   2. Review documents if any revision envisioned, in QEHS Steering Committee Meeting.

   3. Ensure satisfactory fulfilment of the staff Job responsibilities as listed in GSPCB/JR/02

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c. **SCIENTIFIC DEPARTMENT HEAD** has the responsibility and authority to

1. Ensure that the QEHS requirements are understood, established, implemented, and maintained throughout the Department during performance of all Board functions e.g. Inspections, sample collection, analysis and monitoring programmes, etc.

2. Establishing controls for the identified significant environmental aspects for his/her function team / department according to procedures and instructions.

3. Ensure satisfactory fulfilment of the staff Job responsibilities as listed in GSPCB/JR/03

d. **LEGAL DEPARTMENT HEAD** has the responsibility and authority to

1. Ensure QEHS compliance to all the legal / Court matters related to the functions of the Board.

2. Ensure that the matters are filed before the Hon’ble Supreme Court, the Hon’ble High Court, the National Green Tribunal, the Administrative Tribunal the Appellate Authority under the Air Act and the Water Act and other lower courts in a timely manner


4. To draft all matters related to external communication concerning legal QEHS aspects.

5. Scrutinize, examine and screen complaints as per the requirements of the Board before initiating action in the matter.


7. Ensure satisfactory fulfilment of the staff Job responsibilities as listed in GSPCB/JR/04.

e. **INFORMATION TECHNOLOGY DEPARTMENT HEAD** has the responsibility and authority to:

1. Ensure timely waste disposal in adherence to e-waste regulations

2. Digitisation of Board Records including its maintenance and easy retrieval.

3. Timely intervention/maintenance of hardware/software available.

4. Ensure satisfactory fulfilment of the staff Job responsibilities as listed in GSPCB/JR/05.
ACCOUNTS DEPARTMENT HEAD has the responsibility and authority to

1. Ensure that accounting and financial matters of the Board such as monitoring of Revenue and Expenditures, preparation of Annual Budget, processing of all files where in financial implications are maintained in a timely manner.

2. Advises the Board on financial matters in accordance with the Government Rules and Procedures for smooth functioning.

3. Conduct periodical Audit of the Board Accounts through a Registered Chartered Accountant nominated by the Comptroller and Auditor General of India (CAAG).

4. Ensure satisfactory fulfilment of Job responsibilities as listed in GSPCB/JR/06.

BOARD STAFF (INCLUDING CONTRACT STAFF) All employees are responsible for:

1. Working in accordance with the documented QEHS procedures and instructions, specific responsibilities defined in individual procedures and instructions; and

2. Reporting problems or deviations associated with QEHS issues to concerned DH or MR.

3. Ensure satisfactory fulfilment of Job responsibilities as listed in GSPCB/JR/01, GSPCB/JR/02, GSPCB/JR/03, GSPCB/JR/04, GSPCB/JR/05 and GSPCB/JR/06.

4. Inform any requirement related to QEHS towards achieving adequate competency training and awareness requirement for self to respective Department Heads.

5.0 REVIEW COMMITTEES

The Board has constituted organizational committees to review the QEHS performance of the Organization to demonstrate the organization’s commitment to continual improvement. These committees comprise of members from Top Management extending to the Grade D employees, who are made to actively participate in the QEHS decision making process.

5.1 QEHS MANAGEMENT REVIEW COMMITTEE

The Committee comprises of:

Chairman-GSPCB
Member secretary
Management Representative
Department Heads :AD/TS/SS/LS/IT/AC - Members
Group A

Chairperson
Member
Member /Secretary
Members

5.1.1 Responsibilities:

1. Systematically examines the QEHS Management Systems to ensure the suitability, adequacy and effectiveness of the same.

2. Assessing opportunities for improvement including changes, if any, to the QEHS management systems.
3. Provide necessary guidance and support to the QEHS requirements for continual improvement.

5.2 QEHS STEERING COMMITTEE:

The Committee comprises of:

- Member secretary
- Management Representative
- Department Heads : AD/TS/SS/LS/IT/AC-Group A
- Group B,C,D Representatives
- Chairperson
- Co-Ordinator
- Members

5.2.1 Responsibilities:

1. The successful establishment and implementation of the QEHS systems;
2. The establishment, effective implementation and review of objectives, targets, operational controls and programmes under the QEHS systems.
3. Ensuring the QEHS-related activities and programmes are effectively functioning.
4. The review of complaint records, nonconformity, corrective action and preventive action reports and the adoption of preventive actions as necessary.
5. Providing guidance in the pursuit of environmental issues.
6. Holding regular meeting (at approximately four-month intervals).

Ref: Office Order No. 1/5/16-PCB/Vol.XXII/8509 dated 19/01/2016

5.3 QEHS VIOLATIONS COMMITTEE:

1. Comprises of three committee members from Board Staff.

5.3.1 Responsibilities:

a) Inspecting Board Premises and activities for deviations from QEHS requirements once every month.

b) Recording violations if any on QEHS Violations Register (Ref.QEHS-SCR-f(06-01))

c) Reporting the same to the respective SH.

d) Ensuring respective SH acknowledges the same.

e) Carry out a follow up prior to the next QEHS Inspection round.

f) Convey closures to MR for review.

g) Any other QEHS activities that are assigned by the MR.

2. Any other EMS activities that are assigned by the MR or Top Management.
5.4 QEHS COMPLAINTS COMMITTEE:

1. Comprises of three committee members from Board Staff.
   a) Scientist C
   b) Senior Legal Officer
   c) Asst. Environmental Engineer-Convenor

2. Responsible for the following
   i) Meeting every Monday
   ii) Screening and short listing the complaints requiring action under GSPCB purview.
   iii) Forward the complaints to the respective department for further investigation and inspection.
   iv) Based on inspection, initiate action deemed fit.
   v) Detailed entry in Complaint Register.

Ref: Order No. CH/GSPCB/JMN/12/04 dated 6/10/2013

5.5 TECHNICAL ADVISORY COMMITTEE

1. Comprises of six members, three from Board Staff and three external member.

2. Responsible for the following:
   i. Meeting every Monday to scrutinize and make recommendations / comments / suggestions on the applications from industrial units received by the Board for Consent to Establish / Operate / Renewal of Consents under the Water and Air Acts., Authorizations under the Hazardous Waste Rules, Bio-medical Waste Rules, etc. (except those of Green category industries)Screening and short listing the complaints requiring action under GSPCB purview.

   ii. The recommendations of the Technical Advisory Committee, in the form of Minutes, are placed before the Chairman for approval and on approval by Chairman; Consent Orders are issued by the Member Secretary.

Ref: Order no. 8/11/09-PCB/ Vol.VIII/7150 dated 10/02/2014

5.6 PURCHASE COMMITTEE

1. The GSPCB has appointed two Purchase Committees, one Scientific and one Administrative. The committees comprise of seven and four members respectively. The Scientific Purchase Committee has two external members and five members from Board staff, whereas, the Administrative Purchase Committee has four members from Board staff.

2. Responsible for the following:
   i. The committee meets for opening of commercial, technical, and scientific quotations and tenders as per Board request.

   ii. Assessment and scrutiny of tender and/or quotations
Ref: i. Scientific Department Order no.1/5/12-PCB/Vol.XV/673 dated 16/01/2013;
   ii. Administrative Department Order no. 1/5/12-PCB/Vol.XV/6732 dated 18/01/2013
   iii. Purchase Committee Guidelines

5.7 SEXUAL HARASSMENT COMMITTEE
Comprises of six members, five from Board Staff and one external member
Responsible for the following:
1. Enquiry into all types of complaints relating to sexual harassment of women at
   work place, submitted by the women employees of the Board.
2. Meet every quarter.
3. Shall submit an Annual Report to Chairman-GSPCB, if any complaints
Ref: Order no.1/5/13-PCB/Vol.XVII/4610 dated 04/09/2013

5.8 WASTE DISPOSAL COMMITTEE
Comprises of six members of the Board,
   a) Member Secretary
   b) Environmental Engineer
   c) Scientist “C”
   d) Senior Legal Officer
   e) Accts. Cum Administration Officer
   f) Office Superintendent
Responsible for the following:
1. The Committee shall schedule a meeting of all its members to ensure timely
   disposal of condemned items (vehicles, equipment, machinery, furniture and
   other related condemned items and dead stock associated with Goa State
   Pollution Control Board) as per requirement, after following necessary codal
   formalities, so as to minimize the safety risk concerning the storage of these
   non-functional items in the Board premises.
Ref: Order no. 3/20/07-PCB/Vol.VII/ Part/7286 dated 24/11/2015

5.9 DEPARTMENTAL PROMOTION COMMITTEE
Comprises of six members, one from Board and five external members
Ref: Order no.1/5/10-PCB/Vol.XVI/3622 dated 25/07/2013

5.10 DEPARTMENTAL SELECTION COMMITTEE IN RESPECT OF GROUP ‘A’ AND ‘B’ POSTS.
Comprises of six members, one from Board and five external members
Ref: Order no.1/5/10-PCB/Vol.XVI/3622 dated 25/07/2013
6.0 QEHS PROCESSES:
SI No.: 7.0 shows the relationship between various QEHS procedures and the relevant ISO 9001:2015, 14001:2015 and BS OHSAS 18001:2007 Standard clauses.

6.1 TOP MANAGEMENT: Leadership
The Top Management of GSPCB is totally committed to providing services as per statutory and other requirements. The Management Commitment is shown by the QEHS Policy, well established QEHS Objectives, and compliance to Statutory & Regulatory requirements. Performance, Progress, Communication, Trainings, respective role support and Resource requirements of effective QEHS are carefully analysed in QEHS Review meetings, and by periodic Internal Audits for continual improvement. The Top Management takes accountability for the effectiveness of the QEHS, promotes the use of the process approach and risk based thinking.

6.1.1 Quality Environment Health and Safety (QEHS) Policy
The environmental policy of GSPCB is included in Section 2 of this document. It outlines the environmental commitments of Board with respect to its operations, activities, and overall performance related to QEHS.

During the development of this policy, the appropriateness to the nature, scale, quality, environmental, health and safety impacts of Boards activities, products and services has been considered. The policy is endorsed by the Chairman-GSPCB and the policy will be reviewed during the management review meeting.

The policy stipulates the commitments of the Board to continually improve its QEHS management and provides a framework for setting and reviewing objectives and targets, and ensures that the same is clearly maintained, implemented and communicated to all employees of Board including its contractors and suppliers.

This policy is made available to the public through the Boards website.

6.2 Planning
GSPCB will follow a "PLAN-DO-CHECK-ACT" planning process to facilitate identification of external and internal issues that are relevant to the achieving of the intended results of the QEHS including risk, hazards, human element and opportunities, continual QEHS performance improvements, which further includes the identification and updating of GSPCB's QEHS Aspects Register (GSPCB-AR-01), and the Register of Legal and Other Requirements (GSPCB-LEGOR-01). Together with GSPCB'S QEHS policy, its objectives and targets are established, and appropriate programmes are formulated to achieve the same.
6.2.1 QEHS Aspects

The Board has identified and updated its QEHS aspects of its activities, products and services in order to evaluate the impacts of Board Processes. The Board has ensured that all its QEHS related aspects that may pose significant impacts to the environment or are under control and prioritised for improvements by establishing, implementing and maintaining procedures and management programmes to control and improve the QEHS aspects of its activities, products and services and those that it can influence taking into account planned or new developments, or new or modified activities, products and services. These aspects, inclusive of those arising from works carried out by contractors, are registered in the "GSPCB-AR-01".

6.2.2 Legal and Other Requirements

GSPCB has established, implement and maintain an up-dated procedure to identify and maintain access to legal requirements that are relevant to the Board, as well as other requirements that the Board subscribes to which relates to the Organization’s QEHS aspects.

The Board has identified all relevant regulations, codes of practice and guidelines that are applicable to the QEHS aspects of its activities, products and services, and record this information in the GSPCB-LEGOR-01 (Register of Legal and Other Requirements.)

6.2.3 Objectives, Targets and Programme(s)

Based on the Board’s QEHS policy and its significant aspects, the Board has established, implemented and maintained programmes for achieving its QEHS objectives and targets at each function and level within the Board’s functioning. These objectives are taken into consideration based on the legal and other requirements, significant environmental aspects, technological options, financial/operational/business requirements, and the views of interested parties, and ensure that the objectives and targets are consistent with the QEHS policy, conforms with products & services and to enhancement of customer satisfaction, and to continual improvement.

The programmes designate the responsibility for achieving measureable objectives and targets at each function and level of the Organization, together with the means and time frame by which they are to be achieved.

The Top Management (Chairman) has approved the QEHS objectives, targets and programmes proposed by the respective Departments before implementation. Most of the objectives and targets identified are measurable, and that the progress towards achieving the objectives and targets is continually monitored and reviewed and communicated. The achievement of objectives, targets and programmes is reviewed by the MR Committee every 3 months under the Chairmanship of the Unit Head - Chairman GSPCB.
6.3 Implementation, Operation, Control and Design

In order to effectively implement the QEHS policy, the Board has clearly defined roles, responsibilities, accountabilities/ and authorities of key personnel, commits to staff training, maintains effective communication channels, adopts effective document and operational controls, and maintains sufficient awareness on emergency preparedness among the staff.

The Board provides the necessary equipment needed for the Air, Water, Stack & Noise (Monitoring and Measuring) activities undertaken by the board. The Equipment/ Instruments are calibrated prior to use from NABL / NPL accredited laboratories to ensure continuing fitness to serve the purpose. The Equipment/ Instrument are also calibrated internally as per the calibration frequency and subsequent measurement results, appropriate records are maintained.

The Board has established in documented details the various stages and controls for design and development of product and services (Consents, authorisation, Directions, Reports etc.) including those externally provided through validation and verification activities to ensure adequacy, by considering the following:

a) Functional and performance requirements
b) Statutory and Regulatory requirements

6.3.1 Resources, Roles, Responsibility, Accountability and Authority

Top management of GSPCB has committed to provide resources (including human resources and specialized skills, organizational infrastructure, technological and financial resources) essential to the implementation and control of the QEHS, on need basis. The roles, responsibilities, accountability and authorities of key personnel are defined, documented, communicated and understood within this organisation in order to facilitate effective QEHS management. A conducive environment is encouraged for the sound operation of the Board’s Processes.

The Board has appointed a QEHS Management Representative (MR), ISO Coordinator, Single Point of Contact (SPOC) and Document Controller (DC) for the effective implementation and maintenance of the QEHS. Their QEHS responsibilities are described in section 5 of this manual. In addition the management and the staff have been allotted due support by the Top Management to demonstrate their commitment to QEHS performance.
6.3.2 Competence, Training and Awareness

The Board ensures all persons performing tasks for it or on its behalf, including contractors, sub-contractors, temporary staff and remote workers whose work may have a significant impact on the QEHS requirements, have had an appropriate assessment for their potential to cause a significant impact and are competent on the basis of appropriate education, training and/or experience, and retains associated records in the Administration Department.

The Board has established, implemented and maintained procedures to identify the training needs associated with its QEHS aspects, and developed training schedules and related programmes to ensure awareness and competence, at each relevant function and level, by addressing:

The Board has also established and implemented documented procedures to make its staff and those associated with the Board’s functions aware of the importance of conformity with the QEHS policy, QEHS objectives, the procedures and the requirements of the structured QEHS and the QEHS consequences, actual or potential impacts of their work activities, their behaviour and benefits of improved personal performance.

Ref: GSPCB –AR-01

6.3.3 Communication, Participation and Consultation

The Board has a documented communication procedure based on QEHS requirements concerning internal communication regarding the QEHS Management System (such as the policy, objectives, targets and programmes etc.) and related performance readily available to staff on notice board, and/or is uploaded on the intranet or hardcopies duly stamped “CONTROLLED”.

The Board Staff / Interested Parties with suggestions / complaints regarding the QEHS and/or related issues pertaining to GSPCB are required to register the same on the “Suggestion cum Complaint Register” (Ref: QEHS-SCR-F(06-01) after duly informing their respective Department Heads. The designated staff responsible for the Suggestion cum Complaint Register shall ensure that the relevant suggestions / complaints are correctly entered on the Suggestion cum Complaint Register and communicate the same to the MR.

Depending on the nature, scope and severity of the enquiry / complaint, the MR shall ensure that respective Department Head determine the corresponding action and/or discuss the same in the committee meeting and maintain relevant records to demonstrate the response and corrective actions taken in a defined time frame.

For external communication, the QEHS policy is displayed within the office premises and available on the Board’s web page. All internal and external enquiries / complaints / communications will be discussed and reviewed during the concerned Committee meeting and the decision will be recorded on meeting minutes.
The Top Management will discuss and decide whether to communicate externally about its significant aspects, on need basis and the decision will be documented in the MRM minutes. If the decision is to communicate, the mode of correspondence for this external communication will be through an official correspondence.

The Board has also ensured representation of workers including contract staff, issues concerning QEHS activities through participation in QEHS Steering Committee meetings and active involvement in QEHS related process developments and review.

Ref.: GSPCB-SYS-PROC-01 Section 05

6.3.4 DOCUMENTATION: The Board has created and documented various processes based on Board’s functions.

LEVEL 1 DOCUMENTS:
POLICY
QEHS INTEGRATED MANAGEMENT SYSTEMS MANUAL (GSPCB-IMSM-01)

LEVEL 2 DOCUMENTS:
QEHS INTEGRATED MANAGEMENT SYSTEMS PROCEDURE (GSPCB-SYS-PROC-01),
QEHS INTEGRATED MANAGEMENT SYSTEMS LEGAL AND OTHER REQUIREMENTS REGISTER (GSPCB-LECOR-01),
QEHS INTEGRATED MANAGEMENT SYSTEMS ONSITE EMERGENCY PLAN (GSPCB-ONSEP-01)

LEVEL 3 DOCUMENTS:
QEHS ASPECTS REGISTER- GSPCB-AR-01 comprising of:
QEHS Aspect Identification (HIRA, EAIA) QEHS-EAIA-F(02-01)QEHS-HIRA-F(02-02),
QEHS MANAGEMENT PROGRAMMES-QEHS-MP-F(04-01)
QEHS STANDARD OPERATING PROCEDURES- QEHS-SOP-F(08-01)
(Refer GSPCB-SYS-PROC-01)

LEVEL 4 DOCUMENTS:
QEHS related RECORDS in prescribed formats

6.3.4.1 The Quality Environmental Health and Safety (QEHS) Management System documentation encompasses four levels as described above:
The first level is the Integrated Management System Manual is a Level 1 document which is the apex manual. It provides a brief overview of the GSPCB QEHS policy, specifying its principal objectives and QEHS commitments, and requirements. It addresses pertinent requirements of the QEHS standards and includes references to documented QEHS procedures that apply to GSPCB.
Compliance is demonstrated through the formal ISO registration process and its subsidiary documents described in the GSPCB -IMSM-01 QEHS Management System of GSPCB, and complies with all applicable requirements of the ISO 9001:2015, ISO 14001:2015, OHSAS 18001:2007 Standards.

The individual document of Operating Procedures, Objectives, Targets and Programmes is developed based on the GSPCB’s QEHS policy to demonstrate its commitment on continual improvement in QEHS performance.

6.3.4.2 The second level document include the following:

QEHS System Procedures (SYS-PROC’s), which is a guidance document of the requisite procedures that GSPCB follows under the ISO 9001:2015, ISO 14001:2015, OHSAS 18001:2007 Standards. These procedures provide a detailed description of the QEHS elements and define responsibility and process.

Register of QEHS Aspects (AR) and Register of Legal and Other Requirements (LEGOR) are derived from the procedures and act as the foundation of the QEHS system which the Board subscribes to.

6.3.4.3 The Level 3 documents are operational control procedures which include guidelines or instructions, with defined responsibilities, to control the identified significant QEHS aspects associated with Board’s operations and activities. It explains details of specific tasks or activities. This level includes QEHS operating procedures, management programmes or objectives, reference work instructions, product specifications, instrument manuals, etc.

6.3.4.4 The Level 4 documents include QEHS Records, which arise from the implementation of the QEHS Integrated Management System Manual, Procedures and related Instructions. These QEHS Records may include various checklists, reports and meeting records, etc, as defined in each Standard Procedure, guideline/instruction or programme.

6.3.5 For the purpose of identification of the different departments in the Board, the following nomenclature has been given:

- QEHS 01 : Administration Department
- QEHS 02 : Technical Department
- QEHS 03 : Scientific Department
- QEHS 04 : Legal Department
- QEHS 05 : Information Technology Department
- QEHS 06 : Accounts Department
- QEHS 07 : Management Representative Office

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6.3.6 Control of Documents

GSPCB has ensured that documentation is legible, with valid dates of revision and readily identifiable, maintained in an orderly manner, and retained for a specified period. The Board has established, implemented and maintained a procedure for the creation and modification of the various types of documents and the respective responsibilities for such creation and modifications.

The Board has created QEHS documentation controls which are as follows:

1. All QEHS documents and records are identified and listed in Departmental Main List of Files and Records

2. Documents will be reviewed, revised as specified and approved for adequacy by respective Department Heads;

3. The current updated version of relevant QEHS documents will be available at all relevant locations where operations essential to the effective functioning of the QEHS management system are performed and easily retrievable;

4. The documents of external origin determined by the organization to be necessary for the planning and operation of the EMS are identified and their distribution controlled (Ref File No. QEHS-DRC-F(07-02)).

5. The obsolete documents shall be promptly removed by MR from all points of issue and use, and assured against unintended use; and

6. Any obsolete documents retained for legal and/or knowledge preservation purposes shall be suitably identified.

Ref.: GSPCB-SYS-PROC-01 Section 07

6.3.7 Operational Planning and Control

The Board has established, implemented and maintained operation control procedures to manage its identified significant QEHS aspects in terms of Standard Operational Procedures (SOP's) and Management Plans (MP's). The same are communicated to personnel whose tasks may impact the significant QEHS aspects. The Board has directed its staff and contractors by communicating its QEHS policy and other relevant SOP's and/or MP's to them for ensuring environmentally compliant safe work functioning. The Board has integrated its process operational control into its QEHS management systems. This control include compliance controls in:

1. Goods and service supply evaluation including outsourced activities
2. The product design and development process with life cycle assessment including changes/new developments.

Ref.: GSPCB-SYS-PROC-01 Section 08
6.3.8 Emergency Preparedness and Response

GSPCB has established, implemented and maintained a procedure to identify potential emergency situations and responses to such situations in order to prevent and/or mitigate environmental impacts that may associate with them.

The Board will review, by periodically testing the procedure and the preparedness where practicable by conducting mock drills and revise its emergency preparedness and response procedures involving relevant external agencies or interested parties as applicable, in particular after the occurrence of accidents or emergency situations.

Ref.: GSPCB-SYS-PROC-01 Section 09

6.4 Checking

The Board monitors and measures both qualitative and quantitatively as the case may the key characteristics of its operations and activities on a regular basis to check the performance effectiveness. These results are recorded together with nonconformity and the corrective action and preventive action. As part of the checking process, a periodic audit on the QEHS is conducted to provide a basis for management review.

6.4.1 Monitoring and Measurement

The Board has established, implemented and maintained procedures to monitor and measure, on a regular basis, the key characteristics including compliance of legal requirements, of its operations and activities that have significant impacts on the QEHS requirement. These include procedures for tracking of performance, applicable operational controls and conformity with the Board’s objectives and targets, as well as availability of resources, calibration against measurement standards traceable to international or national measurement standards and calibration and maintenance of monitoring equipment at regular intervals to maintain its integrity. The monitoring data generated will be documented and evaluated against its appropriate criteria and associated records will be maintained.

Ref.: GSPCB-SYS-PROC-01 Section 10

6.4.2 Evaluation of Compliance

To meet the Board’s commitment to compliance, GSPCB shall regularly monitor and evaluate the compliance status of the applicable QEHS legal requirements and other requirements (section 6.2.2) that the organization subscribes to. The same is documented in procedure and records of the results of the defined periodic evaluations are retained and reviewed in MRM.

Ref.: GSPCB-SYS-PROC-01 Section 11
6.4.3 Nonconformity, Corrective Action and Preventive Action

The Board has established, implemented and maintained procedures to continually improve the Board’s QEHS Management System by identifying nonconformity, determine its cause, its subsequent correcting, and preventing the nonconformity from occurring again. The procedures defined clearly identifies the responsibilities and authorities to;

i. handle and investigate nonconformity;
ii. take action to mitigate the impacts caused;
iii. initiate and complete corrective and preventive actions;
iv. inform the customer/concern entity, if required;
v. ensure that the corrective or preventive actions taken to eliminate the causes of actual and potential nonconformity are appropriate to the magnitude of problems and commensurate with the environmental impacts encountered;
vi. record the results of corrective and prevention actions taken;
vii. review the effectiveness of corrective action and preventive action taken;
viii. Implement and record the changes, if any in the documented procedures resulting from corrective and preventive action.

The above is maintained in a documented record.

Ref.: GSPCB-SYS-PROC-01 Section 09

6.4.4 Control of Records

The Board has maintained records to keep track of the Board’s QEHS performance, to demonstrate conformity to the requirements of the Integrated QEHS Management System, legal compliance, and to maintain audit trail in accordance with the requirements of QEHS Standard, the results achieved and the changes incorporated.

GSPCB has established, implemented and maintained a procedure to define the identification, storage, protection, retrieval, retention and disposition of QEHS records, to ensure that such records are legible, identifiable, and traceable to the activity, product or service involved, and that they are stored and maintained in such a way that they are readily retrievable and protected against damage, deterioration or loss. The retention period of each type of environmental records is also specified.

Ref.: GSPCB-SYS-PROC-01 Section 07

6.5 CONTROL OF EXTERNALLY PROVIDED PROCESSES, PRODUCTS AND SERVICES

The Board outsources its products and services activities like Air monitoring, housekeeping etc to MoEF approved laboratories/registered contractors.

Ref.: GSPCB-SYS-PROC-01 Section 10
6.6 INTERNAL AUDIT

GSPCB has planned, establish, implement and maintain a procedure and schedule to carry out periodic, planned QEHS Management System audits to:

a) determine whether or not the QEHS management system:
   i. conforms to planned arrangements for environmental management including the requirements of ISO 9001:2015, 14001:2015 and 18001:2015;
   ii. has been properly implemented and maintained
b) Provide audit results and information for management review for continual improvement in QEHS MS.

The audit programme, including the schedule, is based on the importance of the activities concerned w.r.t QEHS aspects and results from previous audits. The audit procedures cover the audit criteria, scope, frequency and methods, as well as responsibilities and requirements for conducting audits and reporting results and retaining associated records. These periodic audits ensure appropriate preventive actions are being taken as planned and corrective actions are being carried out on a timely basis. The internal auditors are selected from Board’s staff and are trained and competent enough to ensure objectivity and impartiality in the audit process. Audit findings are documented and reviewed by the Top management.

Ref.: GSPCB-SYS-PROC-01 Section 12

6.7 MANAGEMENT REVIEW

The Top management of GSPCB will act and review the QEHS management system periodically to ensure its suitability, adequacy and effectiveness.

The MR will schedule the Management Review (Refer 5.1) with the agenda specified.

The Board’s MRM review will initiate a “plan-do-check-act” cycle with improvements in GSPCB’s QEHS performance and further enhancement of the QEHS. The Top management review will also include assessing opportunities for improvement including changes, if any, to the QEHS management system, Findings from the management review are recorded in the meeting minutes and circulated for necessary action.

Ref.: GSPCB-SYS-PROC-01 Section 13

6.8 CONTINUAL IMPROVEMENT

The Board continually improves the suitability, adequacy and effectiveness of the QEHS MS based on the results of analysis and outputs of the QEHS performance review meetings.
## 7.0 CLAUSES: QUALITY, ENVIRONMENT, SAFETY AND HEALTH

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8.0 Abbreviations:

i. DH : Department Head

ii. EMS : Environment Management System

iii. FRSR : Fundamental Rule and Supplementary Rule

iv. IMSM : Integrated Management System manual

v. MR : Management Representative

vi. MRO : Management Representative Office

vii. MRM : Management Review Meeting

viii. MS : Management System

viii. QEHS : Quality Environment Health and Safety

ix. QMS : Quality Management System

x. SAP : System Analyses and Programme networking

xi. SOP's : Standard Operational Procedures

xii. MP's : Management Plans
## Annexure II  CONTROLLED MASTER DOCUMENT LIST: MRO

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