RWANDA MANAGEMENT INSTITUTE

Towards self-driven management innovations

DOCUMENTS CONTROL PROCEDURE

APPROVING AUTHORITY			
Title	**Name**	**Signature & Stamp**	**Date**
Director General	**Dr MULINDAHABI Charline**		**01../12/2022**

The content of this procedure is controlled and shall not be copied. Any changes or amendments shall be kept in track changes until they are approved by the competent authority.

Revision 00	Effective date: 01../12/2022	Next revision: 01/12/2023

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ABBREVIATIONS/ACRONYMS

DCP: Document control procedure

DDG: Deputy Director General

DECP: Design control procedure

DG: Director General

FIN: Finance

ICT: Information and Communication Technology

QMS: Quality Management System

RMI: Rwanda Management Institute

SMT: Senior management team

SQAO: Senior Quality Assurance Officer

TRF: Transport requisition form

TRU: Training Unit

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1. PURPOSE

Documents required by the quality management system must be controlled. The purpose of this procedure is to define the controls required to:

1) Create RMI documents
2) Approve documents for adequacy prior to issue
3) Review and update as necessary and re-approve documents
4) Ensure that changes and the current revision status of documents are identified
5) Ensure that relevant versions of applicable documents are available at points of use
6) Ensure that documents remain understandable and readily identifiable
7) Ensure that documents of internal and external origin are identified and their distribution and control assured,
8) Prevent the unintended use of obsolete documents, and to apply suitable identification to them if they are retained for any purpose.

2. SCOPE

This procedure related to all documents associated with providing evidence of conformity to ISO 9001:15 requirements. Records are a special type of document and shall be controlled according to Document Control procedure DDG/DCP/01

3. RESPONSIBILITY AND AUTHORITY

The relevant RMI staff is responsible for implementing this procedure. The SMT approves this procedure after the QMS Team has ensured that it is regularly reviewed, ensure its continuing suitability, adequacy, effectiveness and efficiency and it is available at all points of use. All Heads of Units shall ensure that their respective Units implement this procedure.

4. CATEGORIZATION OF DOCUMENTS

The documents are put in different categories according to their scope and utilization:

1) Category A: Strategic documents such as policy document, strategic plan, business plan, marketing & communication strategy, research & consultancy strategy, ICT Policy, contracts, Memoranda of Understanding
2) Category B: Procedure Manuals (financial, procurement, Human resource, asset & logistics manuals, Design control Procedure)
3) Category C: different forms like the ones used for letters, mission order, leave application, absence authorization, stock requisition, purchase order, internal memo, transport requisition, evaluation form, attendance list, registration form, templates or formats
4) Category D: Activity reports regarding training, research, mission, etc.

5. DESIGN OF DOCUMENTS FORMAT

1) All documents of category A, B and D will have the appropriate cover page.

2) On each page of the document, there has to be:

a) A header: RMI logo, document title, document version number and reference number

b) The Logo itself is left aligned and will have Times new roman font and 10 font size

c) A footer: page number, effective date, next document revision date

3) The cover page shall have the header, the footer, the document title, the approving authority, the date of approval, the date of issue and the planned date of next revision.

4) The related approval details are required where applicable; for example, for the cover page of the Quality manual and procedure manuals validated by SMT or any documents that needs approval.

5) Concerning the document formatting (content):

a) The font type: Times New Roman
b) The font size: 12 pt but should be 10 pt for the figures, the flowcharts and images
c) The line spacing: 1.5 lines
d) Titles and subtitles: in bold
e) The page layout: normal margin
f) Alignment: Justify
g) The pagination is on bottom at left side

6) For letters, the reference number will appear as follows:
Letters signed by DG: DG/Initiating unit/Two letters as initials of his names starting by first name/year/current number. Example: DG/TU/VN/022/035 standing for Director General, Training Unit, initials of the initiator's names, year, serial number of the document

7) For the Units that might have specific appropriate forms, the cover page shall bear an additional field for verification.

8) All RMI QMS documents in draft form shall bear the watermark for **"DRAFT"** and "**APPROVED"** for the approved documents**.** The watermarks will have the following characteristics:

a) Color: Light Gray 25%, background darker 25%
b) Case: Upper case
c) Font size: Automatic
d) Font: Times New Roman
e) Layout: Diagonal

6. DEFINITIONS

1) **Documents control procedure**: The governing working document within the Institution that describes how each document is created, reviewed, identified, approved, kept, retrieved and disseminated. It also serves as a guide to the outside reviewer.

2) **Procedure:** A specified way of carrying out an activity or process. It also provides a description of the responsibilities pertaining to the process.
3) **Record:** A special type of document established to provide evidence of conformity to ISO 9001:2015 requirements.
4) **Obsolete document**: An old version of document which is no longer in use.

7. REFERENCE

This Document Control Procedure conforms to ISO 9001: 2015 requirements.

8. ASSOCIATED DOCUMENTS

1) Quality Manual
2) All procedures manuals
3) All forms, templates and formats

9. PROCEDURE

This section describes the format of all RMI procedure manuals. A procedure manual shall have the following structure:

9.1 PURPOSE

This should answer the question "Why does the procedure exist?" It should be short and to the point.

9.2 SCOPE

This should set the boundaries of the procedure being described. The purpose and scope may be combined.

9.3 DEFINITIONS

Those words and terms used in the procedure that might cause confusion and thus required clarification should be defined here. If there are none then state '**nil**'.

9.4 REFERENCES

Only references that give background information or from which direct quotations are taken should be listed. If there are none then state '**nil**'.

9.5 ASSOCIATED DOCUMENTS

List all documents that are used in the procedure.

9.6 PROCEDURES

All responsibilities and actions except those described in referenced documents should be given. Responsibilities should be indicated by title or rank. Actions shall be described in sufficient details so that the purpose of the procedure can be easily understood.

The description of actions will also include:

Information to be processed or distributed

1) Methods to be used
2) Equipment use, or reference to operating instructions
3) Records to be completed, the details and distribution
4) Timing and locality of actions
5) Reasons for actions, where this may be beneficial

10. NEW PROCEDURES

The need for a new procedure shall be reported to or identified by the QMS Team who shall ask one of their members or any other relevant expert to draft the new procedure. Comments shall

then be obtained from each person with a defined responsibility, and be reviewed by the QMS Team, and incorporated as necessary. Upon agreement of the QMS Team, the Procedure shall be approved by the SMT and issued in accordance with section 15.2 of this procedure.

11. APPROVALS

The SMT will approve all new and revised procedures. This approval will be followed by the placement of the new or revised procedure of the document onto RMI Network shared folder.

12. REVISIONS

The QMS Team shall be responsible for all revisions to the Quality Manual, Procedures, all forms, formats and templates used within that procedure. All queries or suggestions for changes shall be submitted to the QMS Team. The frequency of review and incorporation of changes shall be decided by the Team.

The first revision of a document shall be Revision 01, the second Revision 02, etc., which shall be included into the document number.

With each document revision, and before its issue, the QMS Team shall ensure that all sections of the revision block on the front page of the procedure and the revision sheet of the Quality Manual are completed.

The QMS Team shall maintain a record sheet showing a brief description of each change made to a procedure.

13. DOCUMENTATION NUMBERING

Documentation numbering shall indicate the document issuing Unit, the document type and the current serial number; for example: DG/PROC/01; DG standing for Office of Director General, PROC for procurement and 01 for the number of the document. Forms shall utilize the numbering series indicating the Unit, the type of form, the version number and the form title.

For example: FIN/01/ .....

FIN/TRF/01	FIN	Finance
	TRF	Transport Requisition Form
	01	Form version number

14. DOCUMENT RELEASE AND SIGNING

Following approval by the SMT, the revised document is issued and distributed to all departments and saved onto the Network shared folder. The documents must be protected by placing a password/Read only version. This process is approved by the QMS Team that ensures that relevant versions of applicable documents are available at points of use.

15. MANUALS

15.1 Control of Manuals

Manuals shall be marked either as draft, approved or obsolete.

1) Draft copies: document under development
2) In use copies: Approved manuals shall be identified as "**APPROVED"** individually numbered and issued to registered holders and kept up-to-date with current revisions.
3) Out of use copies: Obselete manuals shall be clearly marked /stamped "**OBSOLETE**" and issued for information purposes only and will not be updated with any revisions.

15.2 Manual Issue

The QMS Team shall be responsible for the issue of all Manuals. All copies will be issued to members of the Institution or other authorized individuals.It will be the responsibility of the QMS Team to ensure that all amendments are incorporated and that the Manuals are maintained up-to-date and are available to all relevant staff. A list of obsolete Manual holders will be

retained by the Senior Quality Assurance Officer. Serialization and accountability of Manuals are the responsibility of the Senior Quality Assurance Officer, who will retain a complete register of Manual holders.

15.3 Reissue

Amendments to the Manual shall be carried out as required to reflect the current Quality Assurance system. Each amended procedure is identified by the revision number on document pages of the procedure and dated on the amendments list. Amendments are numbered consecutively until such time as an issue of the new Manual incorporates all amendments. Each issue cancels and supersedes all the previous one. The amendment list indicates all the amendments to the latest issue of the Manual. Amendments will not be implemented until the relevant section has been rewritten, approved by the SMT and issued. The Senior Quality Assurance Officer distributes amendments and reissues of the Manual to all registered holders.

15.4 Internal Distribution

The Manual is available through the RMI network shared folder or RMI website with stated required restrictions. The manuals can also be distributed as hard copies.

15.5 External distribution

All other approved documents are issued by the Senior Quality Assurance Officer to all people who require a copy for the effective operation of the quality management system. The SQAO will ensure that the issued procedures are fully maintained.

16. DRAWINGS AND FLOWCHART DOCUMENTS

For issue of these documents, refer to the "Design Control Procedure" (DDG/DECP/….

17. DOCUMENTS APPROVAL

All category A documents except contracts and MoU are approved by the Board of Directors. All categories B, C and D documents are approved by DG.

18. DOCUMENTS REVIEW

All category A and B documents are subjected to be periodically reviewed at least three years or whenever deemed necessary. All other documents are subjected to be periodically reviewed at least two years or whenever deemed necessary. When the document review results to no change, the next review is updated to indicate that the document was reviewed.

19. DOCUMENT CHECKING

It is the responsibility of the users of the documents to ensure that the documents remain legible and readily identifiable. If a problem is found in a document, the SQAO should be immediately informed and then QMS Team advise accordingly.

20. OBSOLETE DOCUMENTS

To prevent the unintended use of obsolete documents any such documents will either be disposed off or will be suitably marked to identify them as obsolete if they are to be retained for any purpose.

21. DOCUMENTS RETRIEVAL

RMI documents are retrievable as soft documents on RMI network shared folder.

22. DOCUMENTS OF EXTERNAL ORIGIN

Any documents that originate from sources external to RMI and which are used in processes that might affect the effectiveness of the Quality Management System will be identified and controlled. The RMI Management shall acknowledge acceptance of customer specifications, drawings and standards that shall be subject to the same document controls.

23. REVIEW PROCEDURE

Any suggested improvements or modifications to this procedure are to be passed on to the SQAO for discussion at the next QMS Team meeting.