

ERL MAINTENANCE SUPPORT SDN BHD

Co. Reg. No. 199901023674 (498574-T)





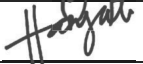
**CEO OFFICE**

**Management Procedure**

Ref. No. G00.OMQ.M11426.QP.1002.A

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**Release**

<b>Released:</b>	Thomas Baake	Chief Executive Officer	3 July 2024	
<b>Checked:</b>	Mohammad Azim Abdullah	CEO Office	27.6.24	
<b>Author:</b>	Haryati Khalil	CEO Office	26 June 24	
	<b>Name</b>	<b>Dept.</b>	<b>Date</b>	<b>Signature</b>

Amendments or additions to this procedure must be indicated with a vertical black line in the adjacent left margin.

**Change Record and Configuration Control**

A	26 June 24	New Procedure	Haryati
<b>Revision</b>	<b>Date</b>	<b>Modification</b>	<b>Name</b>

Planning Of Changes Reference for Revision: G00.OMQ.M11426.QP. 1002.A					
Issues To Consider	Checked (Please mark X)				Remarks
1) Are there any negative impacts?	Yes		No	X	
2) Will the integrity of QEMS be affected?	Yes		No	X	
3) Resources available?	Yes	X	No		
4) Allocation or relocation of responsibilities and authorities required?	Yes		No	X	

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## 1 Purpose

The purpose of this Management Procedure is to provide guidelines to:

- consistently provide products and services that meet E-MAS and Department requirements including applicable statutory and regulatory requirements;
- facilitate opportunities to enhance customer satisfaction;
- address risks and opportunities associated with its context and objectives to improve process output and prevent undesirable results
- demonstrate conformity to specified QEMS requirements

## 2 Scope, Distribution & Access

This procedure applies to business operations to meet existing Quality and Environmental requirements as defined in the Quality and Environmental Management System Manual<sup>1</sup>.

This procedure needs to be read together with the following procedure:

- Quality and Environmental Management System Manual<sup>1</sup>
- Environmental Management Procedure
- Internal Audit, Non-conformity, and Corrective Action Procedure
- Risks and Opportunities Management Guideline
- OCC Journal Meeting Procedure

Distribution and access are to be given to the CEO Office personnel via EDMS and E-MAS's portal.

## 3 Reference, Abbreviation and Definitions

APAD	Agensi Pengangkutan Awam Darat
CB	Certification Body i.e. Lloyds/ SIRIM, etc.
CEO	Chief Executive Officer
COPEMMEC	Compliance Obligations, Performance Monitoring, Measurement and Evaluation of Compliance

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<sup>1</sup> Refer to Appendices for document reference numbers

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CP	Competent Person/s
EAEI	Environmental Aspect Environmental Impact
EDMS	Electronic Document Management System
E-MAS	ERL Maintenance Support Sdn. Bhd. Co. Reg. No. 199901023674 (498574-T)
EMP	Environmental Management Program
Emergency	Incidents, e.g. fire, chemical spillage, etc.
EMS	Environmental Management System
EO	Environmental Objective
ERLSB	Express Rail Link Sdn. Bhd. Co.Reg.No.199601003493 (375839-H)
ERL	Express Rail Link also known as KLIA Ekspres
ERP & ICS	Emergency Response Plan Incorporated with Incident Command System
EPMC	Environmental Performance Monitoring Committee. Refer to EPMC Organization chart, G00.OMQ.M11110.BB.1004. *
ESG	Environmental, Social, and Government
HOD	Head of Department
ISO	Refers to the current version of ISO 9001 and ISO 14001 respectively
MNWA	Management by Walking Around - spending some part of their time listening to problems and ideas of their staff, while wandering around an office or plant.
MTN, SAS, and other department codes	Refer to Department codes as per G00.OMG.M11110.BB.0005. *
MR	Appointed Management Representative for Quality (ISO 9001) and Environmental (ISO 14001)
Normal	Activities conducted during normal condition
PIC	Person In Charge

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SESG	Safety, Environment, Social and Government
QE	Quality and Environmental
QEMR	Quality and Environmental Management Representative
QEMS	Quality and Environmental Management System
SOP	Standard Operating Procedure
SDG	Sustainability Development Goals

#### **4 Organization Structure and Responsibilities**

Refer to the following established working chart

- i. CEO's Office Working Chart
- ii. QEMR Working Chart
- iii. EPMC Working Chart

##### **4.1 Management Representative (MR)**

- i. Management Representative is appointed by the Management (there is no requirement for an MR in the ISO 9001: 2015 or ISO 14001: 2015) who irrespective of other duties, has responsibilities and authorities (but not exhaustive) for:
  - ii. ensuring that the QEMS conforms to the requirements of the International Standard;
  - iii. ensuring that the processes are delivering their intended outputs;
  - iv. reporting on the performance of the QEMS and opportunities for improvement to the Management;
  - v. ensuring the promotion of customer focus throughout the organization;
  - vi. ensuring that the integrity of the QEMS is maintained when changes to the QEMS are planned and implemented;
  - vii. act as the liaison with external parties on matters relating to the QEMS.

##### **4.2 Quality and Environment Management Representative (QEMR)**

QEMR is responsible to:

- i. ensure that the processes needed for QEMS are implemented and maintained;

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- ii. participate in internal or external audit (if requested);
- iii. follow up with HOD issues resulting from audits;
- iv. promote awareness of customer, statutory and regulatory requirements throughout the department;
- v. inform MR and respective HOD if any problem arises from the operational activities.

#### **4.3 Environment Performance Monitoring Committee (EPMC)**

EPMC is responsible to:

- i. ensure that the processes needed for EMS are implemented and maintained;
- ii. conduct performance monitoring for facilities and instruments;
- iii. conduct data analysis and interpretation (monitoring/ test results)
- iv. report or communicate any non-conformities or risks of non-conformities arising from new, current, or future processes;
- v. communicate changes (statutory and regulatory requirements) to MR, HOD, and Management;
- vi. Suggest future improvement
- vii. ensure records are kept as per Environmental Quality Act 1974 requirements;
- viii. participate in internal or external audit (if requested);
- ix. follow up with HOD issues resulting from audits;
- x. promote awareness of statutory and regulatory requirements
- xi. inform MR and respective HOD if any problem arises from the operational activities.

### **5 Quality, Environment, and Sustainability Activities**

The listed activities (non-exhaustive) are managed by the department (MR) throughout the year. The activities may be conducted by a PIC (dedicated), a team, or with assistance from EPMCs and QEMRs.

#### **5.1 Delay Report**

**Weekly report:** The PIC is required to analyze the previous week's Train Service Delay from Saturday to Friday. The template is available in the MR shared folder in the Express 66 ([\\express66](#)) server.

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Weekly report to be sent on the following Monday, before 8.15 am via e-mail to the following recipients:

- i. CEO;
- ii. EMS Maintenance HOD ([EMSMaintenanceHOD@KLIAekspres.com](mailto:EMSMaintenanceHOD@KLIAekspres.com));
- iii. EMS OPS Management ([EMSOOperationManagement@KLIAekspres.com](mailto:EMSOOperationManagement@KLIAekspres.com));
- iv. EMS RST Supervisors ([EMSRSTSupervisors@KLIAekspres.com](mailto:EMSRSTSupervisors@KLIAekspres.com));
- v. Others if requested.

The report will also be discussed in the weekly Management Meeting.

**Monthly Report:** The report is a compilation of the Weekly Report and is to be submitted to the Document Controller (DC) before the 7<sup>th</sup> working day of the next month. This report is one of the required documents for the Monthly O&M Report<sup>2</sup> to ERLSB.

## 5.2 OCC Journal

Daily analysis of failures and notifications created for the previous day. Please refer to the OCC Journal Procedure<sup>3</sup> for information.

## 5.3 Failure Analysis

During chairing or preparing the OCC J daily, the PIC could pick up significant repetitive failures or issues to be further analyzed and followed up. The analysis results could be used for further investigation and should be highlighted to the relevant parties i.e. PIC/ HOD or CEO. The CEO will give instructions if there is a need to follow up on any issue that might not be reported via the OCC J.

MR or its representative is also encouraged to practice 'Management by Walking Around (MBWA)', to observe:

- i. Work procedures performed by staff.
- ii. Equipment condition.
- iii. Staff working method or condition (ergonomics, temperature, workload, etc.).
- iv. Employee commitment towards QEMS compliance.
- v. Safety and security procedure adherence.

<sup>2</sup> Refer to Appendices for document reference numbers

<sup>3</sup> Refer to Appendices for document reference numbers



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#### **5.4 Management Review Meeting**

This meeting will be conducted annually, usually at the end of January or early February. The PIC should prepare the following:

- i. Discuss with the CEO the date for the meeting and the suitable location (December).
- ii. Prepare the Purchase Request form and liaise with FAD -ADM (December) for meeting room booking.
- iii. Prepare Management Review HOD's Presentation Template, discuss with the CEO what he wants the HOD to prepare for the meeting, usually will discuss the current KPI results, next year's KPI, current year achievements and next year's challenges.
- iv. Inform all HODs of the meeting date and location. Request the HOD to submit their presentation (forward the presentation template to the HODs) one week before the meeting date.
- v. Prepare the MR's Management Review Presentation and the draft for the MOM.

Note: Both ISO 9001 and ISO 14001 (clause 9.3) should be referred to as guidelines to ensure all elements/requirements are covered during the Management Review Meeting.

#### **5.5 Internal Audit**

The internal audit program is conducted once a year, and the Internal Auditor Team will choose who will manage the program for the year (rotatable between the Internal Auditor Team).

The PIC will start preparing the Audit plan/ schedule and the audit can start as early as September each year. However, the PIC must ensure that the audit program is completed before the end of October, this is to ensure that the Department with Non-conformity can close their findings by the end of January of the following year and the follow-up audit will be completed before the Management Review meeting.

The Internal Audit checklist will include the Anti-Bribery and Corruption Policy element. At the end of the audit, MR or PIC should prepare a separate Audit report for the overall ABC Policy Audit Status (refer to YTL Internal Audit ABC Audit elements) that will be used/referred by the YTL Internal Audit Team for their ABC Audit purposes.

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Please refer to the Internal Audit, Non-Conformity and Corrective Action Procedure<sup>4</sup> for further information.

## **5.6 External Audit**

Please liaise with the CB on the agreed audit date/ auditor by November, for next year's audit (usually 2<sup>nd</sup> week of March annually). Announce to HODs, QEMR and EPMC the agreed audit date by the end of December.

Check with the CB, by early February each year, the Audit schedule/ plan. Once received, decide the PIC to assist the auditor and liaise with respective HOD/s on the audit plan (i.e. location for visit and transportation).

Prepare:

- i. a presentation template for opening meeting.
- ii. meeting room booking and invitees for opening and closing meetings.
- iii. meeting room booking for audit purposes.
- iv. access card for the auditors.
- v. refreshment arrangements (collect cash from FAD-FIN), lunch arrangement for auditor, guides and PIC.
- vi. and update the shared folder (Audit).

## **5.7 Environmental Aspect and Environmental Impacts Assessment (EAEI)**

The EAEI is an annual assessment, done by the Department themselves, however, MR will assess and prepare the report for the supporting Departments i.e. HRD, PRC, etc.

The PIC will liaise with other Departments' PICs to arrange for review or re-assessment. The PIC will prepare a memo to report the assessment findings and submit it to the CEO for reference.

Please refer to the Environmental Management System Procedure<sup>5</sup> for further information.

## **5.8 Compliance Obligation, Performance Monitoring, Measurement and Evaluation of Compliance (COPEMMEC)**

The document will be reviewed annually and usually completed by December each year.

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<sup>4</sup> Refer to Appendices for document reference numbers

<sup>5</sup> Refer to Appendices for document reference numbers

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MR shall maintain the COPEMMEC via EDMS. The CP in charge is responsible for notifying MR, should there be any new additions or updates on the legislation.

The HODs are to notify MR regarding any changes in their processes or work activities that may affect the Department's compliance with the stipulated legislation. From the information received, MR will update the COPEMMEC<sup>6</sup> accordingly.

Please refer to the Environmental Management Procedure<sup>7</sup> for further information

### 5.9 Risks and Opportunities Register

Annually, the Department will prepare or update its Risks and Opportunity List (RORL) and reviewed by the Auditor during the Internal Audit process.

From the RORL, MR or the identified PIC will review the current E-MAS Risks and Opportunity Register (ROR), this includes evaluating the effectiveness of the action taken to address the current Risks identified during the previous Management Review Meeting.

Any changes are to be discussed during the next Management Review Meeting before updating the register and releasing it for reference.

Please refer to the Risks and Opportunities Management Guideline<sup>8</sup> for further information.

### 5.10 Environmental Emergency Preparedness and Response

Each year, based on a rotation basis, the identified Department (as listed below) is required to conduct an ERP exercise. The objective is to evaluate each Department's readiness to handle the emergency, which involves chemical handling at the workplace.

Department to initiate ERP	Year
MMT	2024
PNE	2025
RST	2026
SYS	2027
INF	2028

<sup>6</sup> Refer to Appendices for documents reference numbers

<sup>7</sup> Refer to Appendices for documents reference numbers

<sup>8</sup> Refer to Appendices for document reference numbers

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MMT	2029
PNE	2030
RST	2031
SYS	2032

MR to ensure the ERP for Environment is completed by October each year. MR has budgeted for refreshment and replacement of the spillage kits.

The MR has prepared a checklist to guide the Department in organizing a good ERP. Refer to the Environmental Emergency Preparedness and Respond Checklist<sup>9</sup> for more information.

Usually, MR or identified PICs will be invited as evaluators for the Safety ERP. There is a standard form available as guidance to the evaluator/ assessor, please refer to the Emergency Response Plan: EMS-Evaluation Checklist<sup>10</sup> for more information. This checklist can be used to evaluate both types of ERP i.e. Safety and Environment,

### **5.11 Contractor's Briefing**

Every contractor or vendor working in the E-MAS/ ERLSB premise will be requested to submit a method statement for works that they're engaged to do to SAS and MR (if works relate to Environmental elements). SDS are also requested for each chemical used for the process. If the work involves an environmental element, an environmental briefing will be conducted.

The briefing will be conducted based on the method statement and SDS provided. The Guidelines for Contractors Working in E-MAS<sup>11</sup> will be referred to during the briefing. The contractor will be required to fill in their details in the guideline and the respective department PIC will ensure the contractor adheres to all the requirements.

The completed form will be kept by SAS or MR for safekeeping and reference.

<sup>9</sup> Refer to Appendices for documents reference numbers

<sup>10</sup> Refer to Appendices for documents reference numbers

<sup>11</sup> Refer to Appendices for document reference numbers

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## 5.12 Awareness and Training

### 5.12.1 E-Learning

E-MAS has embarked on training digitalization since 2015 and MRQ was tasked to lead the E-MAS e-learning platform. MR is the Master Admin; however, a dedicated PIC/ Admin will help in technical matters.

Department Admins are responsible for maintaining their training modules and quizzes. HRD will register all new staff to the platform. Other departments could request from the MR if they require training for the new Department Admin. All issues related to the platform are to be liaised with MR and MR will discuss with the technical PIC with/without the platform service provider for a solution.

### 5.12.2 New Staff On-boarding Training

The MR or PIC will prepare an updated training module in the e-learning platform for the listed training:

- i. QEMS Awareness
- ii. ERL Group ABC Policy Awareness
- iii. ESG Awareness
- iv. Spillage Management Awareness

The HRD department will send an invitation or notification of the new hire, and the briefing will be handled by MR or PIC.

### 5.12.3 Existing Staff Annual Refresher

The MR or PIC will prepare an updated training module in the e-learning platform for the listed training:

- i. QEMS Awareness
- ii. ERL Group ABC Policy Awareness
- iii. ESG Awareness

The refresher will be conducted via the e-learning platform.

### 5.12.4 Internal Auditor, QEMR and EPMC Training

Annually, MR will plan training based on the listed needs:

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- i. New, current, or future changes (legal, statutory, ISO requirements, company policy, etc.)
- ii. Findings from internal or external audit
- iii. Feedback from QEMRs or EPMCs

The list of required training will be included in the annual Training Needs Analysis and budgeted accordingly.

### **5.13 Sustainability Activities, Data Collection and Reporting**

#### **5.13.1 ESG**

ESG stands for environmental, social, and governance. ERLSB has produced its SESG (Safety, Environmental, Social, and Governance) Framework. E-MAS is committed to support ERLSB's SESG Policy and Framework and has appointed several E-MAS personnel as the E-MAS SESG Committee.

SESG requires commitment in ensuring company commitment to reduce its carbon emission towards net zero emission by 2050, a commitment by the government during the Paris Agreement i.e. limiting global temperature increase to well below 2 degrees Celsius, while pursuing efforts to limit the increase to 1.5 degrees. Annually, ERLSB is to produce its Sustainability Report.

#### **5.13.2 Data collection**

A Sustainability Report is a disclosure and communication of environmental, social, and governance goals as well as the company's progress towards them to stakeholders, including investors, employees, customers, and the public. A Sustainability Report should provide a full description of the organization, which includes information on its mission, vision, values, structure, operations, products or services, markets, and the sustainability context in which it operates and relate it to the Sustainability Development Goals.

E-MAS is required bi-annually (Jan [previous year July to December data] and July [January to June data]) to provide or update data for the following:

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No	Required Data	Department in-charge
1	Business travel	FAD-ADM
2	Fuel use for company-owned vehicles	FAD-ADM
3	On-site fuel use	MMT/PRC
4	General waste disposal records	FAD-ADM
5	Scheduled waste sent for disposal or recovery	MMT
6	Trains total kilometers traveled	MTN
7	Total Trains trips	MTN
8	Water Bills for TPSS	FAD-ADM

Templates for the data collection are available in [\express66\ESG](#). MR or the PIC will liaise with the respective Department representative to ensure data is updated accordingly.

However, at times, requests for the relevant data may come from YTL, Government Agencies, etc.

### 5.13.3 SESG Actionable Plans

ERLSB has set a three-term period i.e. Short-Term (January 2024 to December 2025), Medium-Term (January 2026 to December 2030), and Long-Term (January 2031 to December 2050) for its actionable plans.

E-MAS is required to update the progress of the agreed actionable plans quarterly to ERLSB and a Sustainability Report will be produced to conclude its achievements towards attaining its ESG target.

The list of the agreed actionable plans is available in [\express66\ESG](#).

## 5.14 Anti-Bribery and Corruption Policy

MR was appointed as ABC Internal Audit Team, refer to ABC Internal Audit Chart. Roles and responsibilities can be referred to the Management of Anti-Bribery and Corruption Reports Procedure<sup>12</sup>.

## 6 Department Activities

The listed below is a simple explanation related to the management of various department activities.

<sup>12</sup> Refer to Appendices for documents reference numbers

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## 6.1 Annual/ O & M Budget Review

FAD-ADM will forward annually, a spreadsheet, i.e. the budget for QEMS activities either for annual or O&M (3-year period) expenditure. MR to consider the listed for the budget:

- Newspaper & Periodicals items
  - Books and Reference material
  - Membership (MARIC/Might)
  - Zoom Fee
- Professional Fees
  - ISO audit cost
  - ISO transition cost
- Entertainment
  - Management Review Meeting
  - Lunch for Auditors/ guides (during the annual external audit)
  - QEMR and EPMC appreciation lunch/ dinner
  - Environmental-related events (World Environmental Day, etc.)
  - ERP (Environment) – refreshment for participants
  - QEMS celebration events
  - ESG and QEMS-related activities/ events
- Printing and Photocopy
- Traveling Local- Others
  - Leadership conference (CEO)
- Others
  - Spill kits replacement for ERP (environment)

## 6.2 Training Needs Analysis

HRD will forward the soft copy of the Training Needs Analysis form in January annually. MR to consider the training plan for QEMR, EPMC, and the team based on current identified gaps or future requirements. This should be synchronized with the annual Training Budget for HRD.

## 6.3 Others

### 6.3.1 Emergency Preparedness and Response Evaluator

The annual exercise, led by the SAS Department tests E-MAS and ERLSB readiness in handling emergencies (approved by APAD). MR or the appointed personnel will assess the



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assigned function, as predetermined by the Project Manager. Aside from the assigned assessment, MR or the assigned personnel will assess the Environmental aspect of the exercise. The Emergency Response Plan: EMS-Evaluation Checklist <sup>13</sup> is to be used as a guideline.

The Emergency Response Plan: EMS-Evaluation Checklist shall be submitted to the Project manager and be consolidated for discussion during the post-mortem meeting.

### 6.3.2 Safety and Health Committee Member

The appointed personnel will receive an appointment letter from the Safety and Health Committee Chairman i.e. ERLSB/ E-MAS's CEO. The roles and responsibilities are self-explanatory in the appointment letter.

### 6.3.3 Department's Document Update

MR or the assigned personnel are required to review all procedures as per the Document Management Procedure and update the relevant document if required.

Document such as:

- Environmental Objective
- KPI
- RORL
- Document matrix
- Document Structure
- All relevant Organization Chart
- Commitment, Objective, and Function (COF)

Need to be updated timely according to its maturity period and readily updated before any scheduled audit.

### 6.3.4 Other Department Document Review

MR or assigned personnel are required to review all procedures by other Department before its being released.

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<sup>13</sup> Refer to Appendices for document reference numbers

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The criteria for assessment are:

- The changes will not induce any negative impact on the current QEMS processes or affect its integrity
- Resources are available
- Any allocation or relocation or responsibilities and authorities are considered before changes are made
- The changes are fulfilling QEMS requirements and meet applicable statutory and regulatory requirements;

### 6.3.5 Management Meeting

The weekly meeting with the Management Team is usually set for Monday, 9.30 am in the Rhein-Main meeting room. The PIC is to prepare the minutes of the meeting and ensure the signed minutes are circulated back by Thursday afternoon of the same week. The PIC is also responsible for confirming next week's meeting arrangement and invitation.

### 6.3.6 Leave Management

Department personnel are encouraged to plan their leave ahead of time. Leave application via Emplex will be processed by the CEO Secretary, however, the staff need to share the leave planning or application with all team members and update the E-MAS Public Calendar, refer to Leave Procedure<sup>14</sup> for more information.

## Appendices

Please note that an asterisk (\*) refers to the latest revision code for a document.

Reference code of documents/records referred to in this Management Procedure. If the reference code is not listed here, kindly refer to the Document Controller.

Document/Records	Reference Code	Document #
Anti-Corruption & Bribery Policy	G00.OMG.M11400.QB.1006.*	148979
Compliance Obligations, Performance Evaluation, Monitoring, Measurement and Evaluation of Compliance	G00.OMQ.M11426.CZ.1009.*	147878

<sup>14</sup> Refer to Appendices for document reference numbers

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Environmental Management Procedure	G00.OMQ.M11422.AF.1002.*	150378
Environmental Objective	G00.OMQ.M11421.AF.XXX.*	Running numbers in EDMS
Internal Audit, Non-conformity, and Corrective Action Procedure	G00.OMQ.M11421.AF.1018.*	148616
ISO 9001:2015 Standard: Quality Management Systems – Requirements	G00.OMQ.M11413.QG.1001.A	130537
ISO 9000:2015 Quality Management Systems: Fundamentals and Vocabulary	G00.OMQ.M11400.QG.1001.A	130538
ISO 14001:2015 Environmental Management Systems – Requirements with Guidance For Use	G00.OMQ.M11412.QG.1001.A	130536
Management Review – Agenda	G00.OMQ.M11421.AH.100*.*	Running Numbers in EDMS
Minutes of Meeting (MOM) – Management Meeting	OMG.RS0.M11143.*.*	Running Numbers in EDMS
MOM – Management Review Meeting	OMG.RS0.M11426.*.*	
MOM – Quality Management Representative Committee and Environmental Performance Monitoring Committee Meeting	OMQ.RS0.M11426.*.*	
E-MAS Organization Chart	G00.OMG.M11110.BB.0005.*	44478
O&M Contract	G00.OMG.M15000.GD.100*.*	Running Numbers in EDMS
Key Performance Indicator	G00.OMM.M11755. BK.*	Running Numbers in EDMS
Procedure List	G00.OMM.M10100.CZ.1013.*	149451
Quality and Environment Policy	G00.OMG.M11426.AB.1001.*	127455
Quality & Environmental Management Committee (QEMR) Working Chart	G00.OMQ.M11110.BA.1002.*	147396
Quality & Environmental Objectives	G00.OMG.M11426.AB.1002.*	127457
Risk and Opportunity Register- External Issues	G00.OMQ.M11426.AH.1043.*	142109

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Risks and Opportunities Management Guideline	G00.OMQ.M11426.AF.1004.*	149729
Risk and Opportunity Register- Internal Issues	G00.OMQ.M11426.AH.1042.*	142108
Risk and Opportunity Register- Significant List	G00.OMQ.M11426.AH.1041.*	142107
OCC Journal Meeting Procedure	G00.OMQ.M10100.CA.1001.*	148560
O&M Reports	OMM.ERL.M16250.*	Running number in EDMS
Non-conformity Report	G00.OMQ.M11427.AG.*	
HOD presentation for Management Review	G00.OMQ.M11426.AD.*	Running number in EDMS
Whistleblower Policy	G00.OMG.M11400.QB.1007.*	148980
Management of Anti-Bribery and Corruption Reports	G00.OMG.M11400.QB.1009.*	153302
Environmental Emergency Preparedness and Respond Checklist [for Organizer]	G00.OMQ.M11426.AF.1006.*	153308
Emergency Response Plan: EMS-Evaluation Checklist	G00.OMQ.M11426.AG.1010.*	150785