MANAGEMENT SYSTEM REQUIREMENTS PROCEDURE

ISO 17025:2017

	Prepared By	Reviewed by	Approved By
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Position:			
Date:			
Signature:			

This document is controlled under the laboratory's quality management system; any modifications or revisions shall be made only with the approval of the Quality Assurance Manager.

Revision details	Issue Date:	Revision Number
Management System Requirements Procedure	27/05/2025	00

Purpose

The purpose of this procedure is to establish, document, implement, and maintain the laboratory's quality management system in order to meet the requirements of ISO/IEC 17025:2017.

Scope

This procedure is applicable to the testing activities performed on wires and cables.

References

1. ISO/IEC 17025:2017

Terms and Definitions

Risk: Anything that prevents achieving the effectiveness of the management system, attaining improved results, and may cause negative effects if not controlled.

Risk Management: The systematic application of management policies, procedures, and processes for the analysis, assessment, and control of risk.

(For ease of use, the clause numbers of this procedure follow the numbering of the ISO/IEC 17025:2017 standard.)

8 - Requirements for the Management System

8-1 Options

8-1-1 General

The laboratory has established, documented, and implemented the requirements of the quality management system in accordance with this procedure and has selected **Option A** as defined in clause 8-1-2. The system is implemented in such a manner as to support and demonstrate consistent fulfilment of the requirements of this Standard and to ensure the quality of laboratory results.

Accordingly, to fulfill the requirements of clauses 4 to 7 of the standard, specific documented procedures aligned with the respective clauses have been developed and implemented, including:

- Procedure for General Requirements (Clause 4)
- Procedure for Structural Requirements (Clause 5)
- Procedure for Resource Requirements (Clause 6)
- Procedure for Process Requirements (Clause 7)

8-1-2 Option A

The laboratory management system includes the following elements:

- Documentation of the management system

Initially, all documentation for establishing the QMS was prepared by the project team in collaboration with the system consultant, in accordance with the national

- **F**

(Form), followed by category main codes:

  - General Requriements Procedures: GR

- Structural Requriements Procedures: SR

- Other documents: OD

- List of procedures
  - LAB-P-GR-01
  - LAB-P-SR-02

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use and are stored in separate, designated locations.

8-4 Control of Records

8-4-1 The laboratory retains records of documents and activities in both paper and electronic formats to demonstrate fulfillment of standard requirements. Paper records are stored in

To identify and assess risks, the following guiding questions are used:

- What could happen and why?
- What are the identified risks and their consequences?
- What is the likelihood of occurrence in the future?
- Are there any factors that could reduce the likelihood or impact of the risk?

Risk identification and management follow five main stages:

- Defining the risk context

- Frequent → Coefficient 3

Risk Matrix:

Unacceptable Risk / Significant Aspect H	7 to 9

8-5-3 Actions Related to Risks and Opportunities

The laboratory takes necessary actions to address risks and opportunities based on their potential impacts on the validity of laboratory

8-6 Improvement

8-6-1 The laboratory identifies and acts upon opportunities for improvement by converting risks

risks, prevent issues, and enhance the laboratory’s management system, operations, and customer service.

8-7 Corrective Action

8-7-1 Upon detection of a nonconformity, the individual who reports it completes a **Corrective Action Request Form No.**

8-7-2 Corrective actions are selected based on the magnitude of the nonconformity's impact.

8-7-3 At the conclusion of the process, the Quality Manager maintains and monitors all records of corrective actions, including the nature of nonconformities, actions taken, and their outcomes, as evidence.

8-8 Internal Audit

8-8-1 At the beginning of each year, the Quality Manager prepares the **Annual Internal Audit Program**. Each auditor may only audit requirements for which they are not responsible. The **Annual Audit Plan Form No. (**LAB-F-MS-10**)** includes

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by issuing a formal invitation in accordance with the annual internal audit and management review plan, document No. **(**LAB-F-MS-10**)**.

8-9-2 During the management review meeting, all relevant actions taken throughout the year shall be reviewed in relation to the following:

- Changes in internal and external issues relevant to the laboratory
- Achievement of objectives

8-9-3 The management review meeting is documented using the "Laboratory Management Review Meeting Minutes" form, Document No. (LAB-F-MS-13). This record included the

- Effectiveness of the management system and its processes
- Improvement of laboratory activities concerning meeting the requirements of the standard
- Provision of necessary resources

- Any need for changes

The Quality Manager shall be responsible for managing and coordinating the management review meeting, as well as maintaining all related records.

Attached Documents:

1. Ethical Charter Commitment — Form No. (LAB-F-GR-01)
   Identified Risks

4. Request Form for Development / Revision / Cancellation of Laboratory Documents — Form No. (LAB-F-MS-03)
   List of Valid Laboratory

7. List of Management System Records — Form No. (LAB-F-MS-06)
   Internal Audit Program —

19. Laboratory Objectives Program Form — Form No. (LAB-F-MS-18)