Intertek

Finding Detail

SECTION 1: BASIC DATA - AUDIT	
Client: **Alpemar S.A.**	Client ID#: **CMPY-058123**
Audit Criteria: **9001:2008**	Date(s) of audit: **7 y 8 de noviembre de 2016**

SECTION 2: FINDING DATA

Finding # : NC#1

Finding classification
- ☐ Major Nonconformity
- ☐ Minor Nonconformity
- ☐ Opportunity for improvement
- ☐ Minor Area of concern for Stage II
- ☐ Major Area of concern for Stage II

Audit Criteria reference # : 4.2

Action required
- ☐ Submit corrective action plan by (date): _____
- ☐ Submit corrective action by (date): 8 diciembre de 2016
- ☐ No response required
- ☐ No response required. Action to be taken prior to Stage II

Management system documentation reference # : Manual del SGA P01

Finding:
Se ha establecido un manual del Sistema de gestión ambiental que no ha sido actualizado. Hay documentación que no ha sido revisada y actualizada. Se identifica en el Sistema Sugar de manejo de documentos, la existencia de documentos obsoletos que no han sido identificados como tal.

Requirement:
4.2.3 b) revisar y acualizar los documentos cuando sea necesario.
4,3,3 g) prevenir el uso no intecionado de documentos obsoletos y aplicarles una identificación adecuada en el caso de que se mantengan por cualquier razon.

Objective Evidence: (Evidence recorded at, if multi site:)
Manual del SGA, Documentos P01 13/11/2003

Issued by: Miguel Angel León

SECTION 3: CORRECTIVE ACTION PLAN (To be completed by the client)

Root Cause (Required in all cases)

A) Revisar y actualizar aquellos documentos en el sistema de gestión que no han sido actualizados al año 2016
B) Sobre el sistema de archivos SUGAR se revisaràn los documentos obsoletos, de manera de dejar en el sistema los de reciente data, y en caso de mantener documentos historìcos mantener una adecuada revisión y control
C) Actualizar el manual de calidad a la nueva revisión ISO 2015

Correction (if not required, please justify)

Intertek

Finding Detail

Corrective action plan (Required in all cases)

A) Sobre el punto A descripto màs arriba se propone internamente revisar los documentos cada 3 meses y actualizarlos al presente año.
B) Por desconocimiento guardamos todos los documentos históricos en el sistema, estos serán aplicados y guardados en papel y archivados, y en el sistema SUGAR gestionaremos la forma de mantener archivos de años anteriores como referencia histórica con una adecuada revisión efectos no se confundan con los archivos del año 2016.
C) Se trabajarà con la Direcciòn de la Empresa en la adaptación del Manual de Calidad en base a la nueva revisión.

Plan for verification of effectiveness (Required in all cases)

Target date for completion: 90 dias	**Signature:** p.p. ALPEMAR S.A. CUIT 30-61564734-5 A.T.A. 65/5-8 DAMIAN DOMINELLO CUIT 20-13403637-1	**Date:** 7/12/2016

SECTION 4: ACCEPTANCE OF CORRECTIVE ACTION PLAN (For Intertek's use only)

Major nonconformity: Acceptance of corrective action plan stated above.

Accepted by:	**Date:**

Minor nonconformity: Acceptance of corrective action plan stated above. Implementation to be verified during the next audit.

Accepted by:	**Date:**

SECTION 5: VERIFICATION OF IMPLEMENTATION (For Intertek's use only)

Implementation of the corrective action plan

Effectiveness of corrective action

Nonconformity closed: Corrective action(s) verified to be implemented.

Verified by:	**Date:**

Intertek

Finding Detail

SECTION 1: BASIC DATA - AUDIT

Client: **Alpemar S.A.**	Client ID#: **CMPY-058123**
Audit Criteria: **9001:2008**	Date(s) of audit: **7 y 8 de noviembre de 2016**

SECTION 2: FINDING DATA

Finding # : NC#2

Finding classification
- ☐ Major Nonconformity
- ☒ Minor Nonconformity
- ☐ Opportunity for improvement
- ☐ Minor Area of concern for Stage II
- ☐ Major Area of concern for Stage II

Action required
- ☐ Submit corrective action plan by (date): _____
- ☐ Submit corrective action by (date): 8 diciembre de 2016
- ☐ No response required
- ☐ No response required. Action to be taken prior to Stage II

Audit Criteria reference # : 6.2.2

Management system documentation reference # : Documentación d capacitación.

Finding:
El proceso de competencia y formación no se ha completado en su totalidad y no se evidencian algunos de los registros para determiner la competencia y evaluar la eficacia de la formación.

Requirement:
Mantener los registros apropiados de competencia (e), determiner la competencia (a) y evaluar la eficacia de las acciones de formación tomadas (c)

Objective Evidence: (Evidence recorded at, if multi site:)
Resultados de las entrevistas con personal a cargo de RRHH capacitación. Registros de formación

Issued by: Miguel Angel León

SECTION 3: CORRECTIVE ACTION PLAN (To be completed by the client)

Root Cause (Required in all cases)

Correction (if not required, please justify)

Corrective action plan (Required in all cases)		
Plan for verification of effectiveness (Required in all cases)		
Target date for completion:	**Signature:**	**Date:**

SECTION 4: ACCEPTANCE OF CORRECTIVE ACTION PLAN (For Intertek's use only)

Major nonconformity: Acceptance of corrective action plan stated above.	
Accepted by:	**Date:**

Minor nonconformity: Acceptance of corrective action plan stated above. Implementation to be verified during the next audit.	
Accepted by:	**Date:**

SECTION 5: VERIFICATION OF IMPLEMENTATION (For Intertek's use only)

Implementation of the corrective action plan	
Effectiveness of corrective action	

Nonconformity closed: Corrective action(s) verified to be implemented.	
Verified by:	**Date:**

Intertek

Finding Detail

SECTION 1: BASIC DATA - AUDIT	
Client: **Alpemar S.A.**	Client ID#: **CMPY-058123**
Audit Criteria: **9001:2008**	Date(s) of audit: **7 y 8 de noviembre de 2016**

SECTION 2: FINDING DATA

Finding # : NC#3

Finding classification
- ☐ Major Nonconformity
- ☒ Minor Nonconformity
- ☐ Opportunity for improvement
- ☐ Minor Area of concern for Stage II
- ☐ Major Area of concern for Stage II

Action required
- ☐ Submit corrective action plan by (date): _____
- ☐ Submit corrective action by (date): 8 diciembre de 2016
- ☐ No response required
- ☐ No response required. Action to be taken prior to Stage II

Audit Criteria reference # : 7.5.1

Management system documentation reference # : Manual del Sisten de Gestión/ Documentación de Facturación

Finding:
Se identifica resolución 00251 que no ha sido comunicado al personal de administración que puede ocasionar errores de facturación teniendo en cuenta que existen cambios en los valores a considerer en la facturación.
Requirement:
La organización debe llevar a cabo la prestación del servicio bajo condiciones controladas

Objective Evidence: (Evidence recorded at, if multi site:)
Resolución 00251 aplicable a San Nicolás

Issued by: Miguel Angel León

SECTION 3: CORRECTIVE ACTION PLAN (To be completed by the client)

Root Cause (Required in all cases)

Correction (if not required, please justify)

Corrective action plan (Required in all cases)		
Plan for verification of effectiveness (Required in all cases)		
Target date for completion:	**Signature:**	**Date:**

SECTION 4: ACCEPTANCE OF CORRECTIVE ACTION PLAN (For Intertek's use only)

Major nonconformity: Acceptance of corrective action plan stated above.	
Accepted by:	**Date:**

Minor nonconformity: Acceptance of corrective action plan stated above. Implementation to be verified during the next audit.	
Accepted by:	**Date:**

SECTION 5: VERIFICATION OF IMPLEMENTATION (For Intertek's use only)

Implementation of the corrective action plan
Effectiveness of corrective action

Nonconformity closed: Corrective action(s) verified to be implemented.	
Verified by:	**Date:**

Intertek

Finding Detail

SECTION 1: BASIC DATA - AUDIT	
Client: **Alpemar S.A.**	Client ID#: **CMPY-058123**
Audit Criteria: **9001:2008**	Date(s) of audit: **7 y 8 de noviembre de 2016**

SECTION 2: FINDING DATA

Finding # : OM#1

Finding classification
- ☐ Major Nonconformity
- ☐ Minor Nonconformity
- ☐ Opportunity for improvement
- ☐ Minor Area of concern for Stage II
- ☐ Major Area of concern for Stage II

Action required
- ☐ Submit corrective action plan by (date): _____
- ☐ Submit corrective action by (date): _____
- ☐ No response required
- ☐ No response required. Action to be taken prior to Stage II

Audit Criteria reference # : 8.2.2.

Management system documentation reference # : Procedimiento de Aduitorias Internas P05

Finding: OM#1

Alpemar S.A. ha realizado las auditorías internas según el programa de auditorías establecido por la Dirección con una fecuencia semestral. Se identifica como una oportunidad de mejora el registrar además de los sectores a auditor, cuales son los elementos de la norma auditados. Esta OM permitirá evidenciar de manera mas clara el cumplimiento de lo establecido en el procedimiento de Auditorias (se audita a todas las áreas y todos los puntos de la norma ISO 9001)

Requirement:

Objective Evidence: (Evidence recorded at, if multi site:)

Issued by: Miguel Angel León

SECTION 3: CORRECTIVE ACTION PLAN (To be completed by the client)

Root Cause (Required in all cases)

Correction (if not required, please justify)

Corrective action plan (Required in all cases)		
Plan for verification of effectiveness (Required in all cases)		
Target date for completion:	**Signature:**	**Date:**

SECTION 4: ACCEPTANCE OF CORRECTIVE ACTION PLAN (For Intertek's use only)

Major nonconformity: Acceptance of corrective action plan stated above.	
Accepted by:	**Date:**

Minor nonconformity: Acceptance of corrective action plan stated above. Implementation to be verified during the next audit.	
Accepted by:	**Date:**

SECTION 5: VERIFICATION OF IMPLEMENTATION (For Intertek's use only)

Implementation of the corrective action plan
Effectiveness of corrective action

Nonconformity closed: Corrective action(s) verified to be implemented.	
Verified by:	**Date:**

Intertek

Finding Detail

SECTION 1: BASIC DATA - AUDIT	
Client: **Alpemar S.A.**	Client ID#: **CMPY-058123**
Audit Criteria: **9001:2008**	Date(s) of audit: **7 y 8 de noviembre de 2016**

SECTION 2: FINDING DATA

Finding # :OM#2

Finding classification
- ☐ Major Nonconformity
- ☐ Minor Nonconformity
- ☐ Opportunity for improvement
- ☐ Minor Area of concern for Stage II
- ☐ Major Area of concern for Stage II

Audit Criteria reference # :

Action required
- ☐ Submit corrective action plan by (date): _____
- ☐ Submit corrective action by (date): _____
- ☐ No response required
- ☐ No response required. Action to be taken prior to Stage II

Management system documentation reference # :

Finding:
La organización Alpemar S.A. ha realizado la Revisión por la Dirección cumpliendo con el requisito de 9001:2008. Sin embargo, se identifica como una mejora a este proceso que se incorporen en la documentación los ítems de entrada y de salida. Esta Oportunidad de mejora permitirá evitar omisiones de algunos de los elementos requeridos.
Requirement:

Objective Evidence: (Evidence recorded at, if multi site:)

Issued by: Miguel Angel León

SECTION 3: CORRECTIVE ACTION PLAN (To be completed by the client)

Root Cause (Required in all cases)

Correction (if not required, please justify)

Corrective action plan (Required in all cases)		
Plan for verification of effectiveness (Required in all cases)		
Target date for completion:	**Signature:**	**Date:**

SECTION 4: ACCEPTANCE OF CORRECTIVE ACTION PLAN (For Intertek's use only)

Major nonconformity: Acceptance of corrective action plan stated above.	
Accepted by:	**Date:**

Minor nonconformity: Acceptance of corrective action plan stated above. Implementation to be verified during the next audit.	
Accepted by:	**Date:**

SECTION 5: VERIFICATION OF IMPLEMENTATION (For Intertek's use only)

Implementation of the corrective action plan	
Effectiveness of corrective action	

Nonconformity closed: Corrective action(s) verified to be implemented.	
Verified by:	**Date:**