

Finding Detail

GT002, rev. 2

Document # F103-21

Release Date: 04-feb-2013

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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 actualizar los documentos cuando sea necesario.
 4.3.3 g) prevenir el uso no intencionado de documentos obsoletos y aplicarles una identificación adecuada en el caso de que se mantengan por cualquier razón.

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 revisarán los documentos obsoletos, de manera de dejar en el sistema los de reciente data, y en caso de mantener documentos históricos mantener una adecuada revisión y control
 C) Actualizar el manual de calidad a la nueva revisión ISO 2015

Correction (if not required, please justify)

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Corrective action plan (Required in all cases)

A) Sobre el punto A descripto más 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 trabajará con la Dirección 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:
dias

90

Signature:

PIP. ALPEMAR S.A.
CUI 30-81564734-5
A.T.A. 06/5-6
DAMIAN DOMINELLO
CUI 20-13403837-1
P.N.A. RC 20-13403837-1

Date:

7/12/2016

SECTION 4: ACCEPTANCE OF CORRECTIVE ACTION PLAN (Required in all cases)

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:

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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

Audit Criteria reference # : 6.2.2

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 IIManagement 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 determinar la competencia y evaluar la eficacia de la formación.

Requirement:

Mantener los registros apropiados de competencia (e), determinar 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)

SE TRABAJARA SOBRE EL PUNTO OBSERVADO DEL PROCESO DE COMPETENCIA.
SE ANALIZARA CON LA DIRECCION LA CONVENIENCIA DE LLEVAR UN REGISTRO FISICO SOBRE LOS
REQUERIMIENTOS DEL DTO DE RRHH PARA LAS PERSONAS QUE VAYA A INGRESAR A LA EMPRESA

Correction (if not required, please justify)

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Corrective action plan (Required in all cases)

EL PROCESO DE COMPETENCIA SERA REVISADO POR EL REPRESENTANTE DE LA DIRECCION, COMO ASI TAMBIEN LAS ACCIONES QUE SE INCORPOREN CON RESPECTO A EL DTO DE RRHH

Plan for verification of effectiveness (Required in all cases)

Target date for completion:

Signature:

P.P. ALPEMAR S.A.
CUT 30-81584734-5
A.T.A. 65/8-8
Lic. DAMIAN DOMINELLO
Reg. D.G.A. 20-13403837-1
Reg. P.N.A. T.C. 20-13403837-1

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:

Finding Detail

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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

Audit Criteria reference # : 7.5.1

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 Sistema 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 considerar 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)

SE REVISARA Y TRABAJARA SOBRE LA OBSERVACION DE LAS COMUNICACIONES ENTRE OPERACIONES PARA QUE SEAN RECIBIDAS TAMBIEN POR LA GENTE DE ADMINISTRACION

Correction (if not required, please justify)

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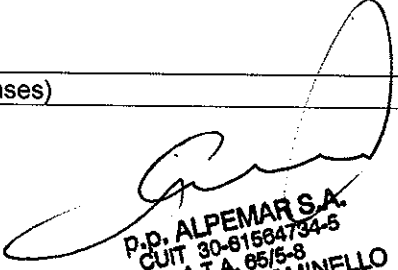
Corrective action plan (Required in all cases)

SE IMPLEMENTARA UNA LINEA DE ACCION DIRECTA DE COMUNICACIÓN LINEAL A TAL EFECTO

Plan for verification of effectiveness (Required in all cases)

Target date for completion:

Signature:



P.P. ALPEMAR S.A.
C.U.I.T. 30-81584734-5
A.T.A. 85/5-8
Lic. DAMIAN DOMINELLO
Reg. D.G.A. 20-13403837-1
Reg. P.N.A. T.C. 20-13403837-1

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.

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Date:

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

Implementation of the corrective action plan

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

Verified by:

Date:

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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

Audit Criteria reference # : 8.2.2.

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 # : Procedimiento de Auditorias Internas P05

Finding: **OM#1**

Alpemar S.A. ha realizado las auditorías internas según el programa de auditorías establecido por la Dirección con una frecuencia 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)

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Corrective action plan (Required in all cases)

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SECTION 1: BASIC DATA - AUDIT

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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

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 # :

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)

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Date: