RAIL INDUSTRY SAFETY AND STANDARDS BOARD

ABN: 58 105 001 465

ADMIN 3.3
DOCUMENT CONTROL PROCEDURE

VERSION 7

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28 November 2025

1 Purpose

This procedure defines the document management requirements and is applicable to the RISSB Management System content, including Policy documents, Procedures, Forms, Work Instructions, Guidelines and Templates.

2 Procedure

2.1 Overview

Only the documentation approved by the process described in this procedure is to be used unless otherwise authorised by the RISSB CEO.

2.2 Management System Content

It is the responsibility of specific and defined personnel to ensure that the contents for which they are responsible are maintained in Management System (MS) Framework.

2.2.1 Management System Documentation

MS documentation covered by this procedure includes the:

- Policy Documentation;
- Process Documentation, including Policies, Procedures, Guidelines, Forms and Work Instructions; and
- Management System and Business Plans.

2.2.2 Policy Documentation

RISSB's Policy Documentation is the first tier of the Management System documentation and provides information and guidance on the policy, organisation, procedures and practices within RISSB. The Policy Documentation is supported by the Procedures and, where required, work instructions, forms etc.

The Policy Documentation is prepared by the RISSB CEO in consultation with other staff and approved by the RISSB Board.

2.2.3 Process Documentation

RISSB's Procedures are issued to provide staff with instructions for the implementation of the system described in the Policy Documentation. Each Procedure outlines:

- the scope of the procedure;
- how to perform, accomplish and control the activities within the scope of management policies;
- what is to be done, by whom and when; and

- records required.

2.3 Document Control

All MS content is to be uniquely identified and stored in the RISSB SharePoint DEPOT Quality (under the control of the QA Lead).

2.4 Control of Documents

Documentation control will be applied to all QMS content and developed standards. All such documents are to be reviewed and approved for adequacy prior to issue. The control of documents will ensure that:

- the correct documents are available to all staff where operations essential to the effective functioning of RISSB are performed;
- electronic documentation is controlled using the network security profiles;
- the QMS is available in electronic media; any printed (hard) copy is considered uncontrolled; and
- a record is kept whenever hard copies of controlled documents are released and provided to a third party.

Note: Documents may be in the form of any type of media, such as hard copy or electronic media.

2.4.1 Documentation Control and Issue

The QA Lead is responsible for:

- establishing a system for the issue, control and update of all QMS documentation; and
- ensuring that ready access to the current QMS documentation is available to all RISSB staff.

The General Managers and Standard Development Managers are responsible for ensuring that relevant QMS documentation is made available for use by the RISSB Development Groups.

2.4.2 Documentation Changes/Modifications

The document author is to ensure that draft changes to controlled documentation are filed separately from released documents.

The document author will also be responsible for ensuring that any changes and/or modifications are properly reviewed and approved in accordance with the appropriate document control process before release.

2.4.3 Record Retention of Superseded Documentation

Where required for traceability, a hard or soft copy of a superseded document may be kept for reference purposes. Such documents will be clearly identified as superseded and be filed separately from the current documents to prevent their unintended use.

Note: Superseded document identification may be a separate storage area in the case of electronic documents.

2.5 Control of Records

Process records will be maintained:

- where the absence of such records would reduce confidence in the quality of the product and/or service supplied by RISSB; and
- to demonstrate compliance with SDAC Requirements (for standards).

Process records are to be legible and identifiable, clear in intention and are to be self-explanatory or supported by documentation that provides precise descriptions of each entry contained on the record.

Records are to be stored and maintained in such a way that they are readily retrievable in facilities that provide a suitable environment to prevent damage or deterioration and to prevent loss.

Retention times of Process records are to be kept for a minimum period of ten years or two review cycles and recorded. Process Records will be made available for evaluation by the SDAC Auditor and other interested parties.

Note: Records may be in the form of any type of media, such as hard copy or electronic media

2.6 MS Changes

2.6.1 MS Structural Changes

When the MS Framework requires modifications to the structure, the request for this must be forwarded to the QA Lead for enacting the change.

2.6.2 Change Control

All changes to Management System Documentation are managed by the QA Lead or Senior Standards Development Manager.

2.6.3 Authority to Change

Changes to the Policy Documentation are authorised for issue by the RISSB Board.

Changes to the QMS content that alters company policy are authorised for issue by the General Manager.

Changes to the QMS content, which does not alter company policy, are authorised for issue by the General Manager.

2.6.4 Communication of Change

The QA Lead is responsible for communicating changes to QMS content to affected staff. Records of change will be maintained in the RISSB DEPOT Quality document libraries.

3 Records Management

The following records are retained as evidence of compliance with this procedure:

- QMS content update (RISSB Depot Quality)
- Review Records