Purpose:	To maintain a controlled master record of all Internal Quality Audit (IQA) reports and their results issued since the OHSMS launch on 1 Sept 2026.
Scope:	This Annex is a record register only and applies to completed OHSMS IQA reports; detailed audit reports, evidence, findings and corrective-action records remain in their referenced controlled files.
Duties & Responsibilities	(1) Managing Director (MD): Approves resources and reviews significant OHSMS performance and improvement matters. (2) Executive Director (ED): Oversees implementation and verifies this controlled record. (3) ISO Manager (IM): Maintains the master record, coordinates inputs and controls supporting files. (4) Safety and Health Officer (SHO): Validates OH&S information, results, findings and effectiveness. (5) Head of Department (HOD): Provides accurate departmental records and completes assigned actions. (6) Project Manager (PM): Provides accurate project records and completes assigned actions.
ISO Reference:	MS ISO 45001:2018 Clause 9.2

Revision History			
Revision No.	Revision Date	Originator	Description of Changes
0	01 Sept 2026	ISO Manager	Initial issue for implementation of MS ISO 45001:2018 Clause 9.2

Abbreviation & Definition	
ED	Executive Director
HOD	Head of Department
IM	ISO Manager
IQA	Internal Quality Audit
MD	Managing Director
NC	Non-Conformity
OFI	Opportunity for Improvement
OHS	Occupational Health and Safety
OHSMS	Occupational Health and Safety Management System
PIC	Person in Charge
SHO	Safety and Health Officer

Step	Activity	PIC	Reference
1	**Master Record Administration** **1.1 Commencement Date** All IQA reports issued from 1 September 2026 shall be recorded in this Annex.	IM / SHO	OHSMS-07N; OHSMS-07O

Step	Activity	PIC	Reference
	1.2 Record Integrity Each entry shall carry a unique IQA report number and shall not be deleted. Corrections shall remain traceable. **1.3 Supporting Files** The signed IQA report, checklist, evidence, findings and closure evidence shall be retained in the stated file reference. **1.4 Status Updating** The IM shall update results and closure status after corrective action and effectiveness verification.		
2.1	**IQA Report Record 1** IQA Report No.: _____ Audit Date: _____ Department / Process / Location: _____ Audit Scope / Criteria: _____ Lead Auditor: _____ Report Issue Date: _____ Result: Conforming / Major NC / Minor NC / OFI Summary of Results / Findings: _____ Corrective Action Due / Closure Status: _____ IQA Report File Reference / Link: _____	IM	IQA Report File
2.2	**IQA Report Record 2** IQA Report No.: _____ Audit Date: _____ Department / Process / Location: _____ Audit Scope / Criteria: _____ Lead Auditor: _____ Report Issue Date: _____ Result: Conforming / Major NC / Minor NC / OFI Summary of Results / Findings: _____ Corrective Action Due / Closure Status: _____ IQA Report File Reference / Link: _____	IM	IQA Report File

Step	Activity	PIC	Reference
2.3	**IQA Report Record 3** IQA Report No.: _____ Audit Date: _____ Department / Process / Location: _____ Audit Scope / Criteria: _____ Lead Auditor: _____ Report Issue Date: _____ Result: Conforming / Major NC / Minor NC / OFI Summary of Results / Findings: _____ Corrective Action Due / Closure Status: _____ IQA Report File Reference / Link: _____	IM	IQA Report File
2.4	**IQA Report Record 4** IQA Report No.: _____ Audit Date: _____ Department / Process / Location: _____ Audit Scope / Criteria: _____ Lead Auditor: _____ Report Issue Date: _____ Result: Conforming / Major NC / Minor NC / OFI Summary of Results / Findings: _____ Corrective Action Due / Closure Status: _____ IQA Report File Reference / Link: _____	IM	IQA Report File
2.5	**IQA Report Record 5** IQA Report No.: _____ Audit Date: _____ Department / Process / Location: _____ Audit Scope / Criteria: _____ Lead Auditor: _____ Report Issue Date: _____ Result: Conforming / Major NC / Minor NC / OFI Summary of Results / Findings: _____ Corrective Action Due / Closure Status: _____	IM	IQA Report File

Step	Activity	PIC	Reference
	IQA Report File Reference / Link: _____		
2.6	**IQA Report Record 6** IQA Report No.: _____ Audit Date: _____ Department / Process / Location: _____ Audit Scope / Criteria: _____ Lead Auditor: _____ Report Issue Date: _____ Result: Conforming / Major NC / Minor NC / OFI Summary of Results / Findings: _____ Corrective Action Due / Closure Status: _____ IQA Report File Reference / Link: _____	IM	IQA Report File
2.7	**IQA Report Record 7** IQA Report No.: _____ Audit Date: _____ Department / Process / Location: _____ Audit Scope / Criteria: _____ Lead Auditor: _____ Report Issue Date: _____ Result: Conforming / Major NC / Minor NC / OFI Summary of Results / Findings: _____ Corrective Action Due / Closure Status: _____ IQA Report File Reference / Link: _____	IM	IQA Report File

Verified By: Name: Eng Choon Leong Appointment: Executive Director Date: 01 Sept 2026	Approved By: Name: Amos Haw Chee Seng Appointment: Managing Director Date: 01 Sept 2026

End