



BIHAR RAJYA BEEJ NIGAM LIMITED

Integrated Management System (IMS) Procedures

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| Prepared by Mr. A. K. Kumar, Senior Quality Control Officer & IMS Coordinator | |



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| Company Secretary | 8 |
| Sr Quality Control Officer- IMS Coordinator | Master Copy |
| Regional Manager cum plant in charge | 9 |



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Amendments

| Proc No. & Page No. | Amendment details | Date | Approval (Signature of MD) |
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Introduction

1. This document contains Procedures including guidelines for implementation of planned requirements for IMS, as mentioned in the Apex Document, Doc . BRBN/IMS/APEX.
2. There are 2 Procedures (Proc) common to QMS, EMS & ABMS which constitute the IMS, namely Procedure for creating, updating and control of documented information for IMS and procedure for Internal Audit for IMS, 1 procedure namely Procedure for determination of risks and opportunities common for QMS and EMS, 2 procedures namely Procedure for determination of environmental aspects and Procedure for Emergency Preparedness applicable for EMS and 1 procedure namely Procedure for Bribery Risk Assessment is applicable for ABMS. The numbering of documents has been given as Proc 01 – 06 as indicated in the Content.



BRBN/IMS/Proc/01

Procedure for Creating, Updating and Control of Documented Information

1. Introduction

There are 4 levels of documents established, implemented and maintained addressing the Company's IMS developed in accordance with ISO 9001:2015, IS/ISO 14001:2015 and ISO 37001: 2016. The levels of documented information are as follows:

- Level 1 – Apex Document of IMS;
- Level 2- Quality, Environmental and Anti-bribery Policy, Quality, Environmental and Anti-bribery Objectives, Procedures, Documents of external origin (Indian/International Standards, Journals etc), Instruction Manual(s)
- Level 3 - Registers, Records, Files
- Level 4 – Forms and Formats

All documents have been prepared by IMS Coordinator and approved by Managing Director. These documents are under control following the specified requirements. Documents are usually written in English. However, documents can also be written in Hindi.

2. Responsibility: All Heads/Incharges of Departments

3. Procedure for creating and updating documentation

i) Levels of documentation

a) Level 1 document:

The front cover has the title, issue number and status, date of issue, the designated persons, who approved the contents, who prepared it. The document has been prepared by Senior Quality Control Officer, who is also IMS Coordinator and approved by MD and their signatures are available on the first/cover page of each of such document. The "Authorization" and "Quality Policy" given in the document has been signed by the Managing Director. The document contains clause wise details of QMS, EMS & ABMS according to ISO 9001:2015, ISO 14001: 2015 & ISO 37001: 2016. The contents give direction for development of other levels of documentation for IMS.

b) Level 2 documents

The front cover except the 'Documents from external origin' has the title, issue number and status, date of issue, approval by MD, the designated person and also signature of IMS Coordinator who prepared it. These documents contain application requirements of IMS as come out of the contents given in the Apex Document of IMS.

c) Level 3 documents:

These documents contain information as evidence of establishment, implementation and/or maintenance of the requirements of the management systems standards. The documents of this level, namely Risk Register, Legal Register, Register for Environmental Aspects and Impacts, Register for bribery risk, Master List of Documented Information, as applicable for the entire organization, have been prepared by the IMS Coordinator. Documents pertaining to any particular department/function shall be prepared and issued by the HODs of the respective department/function.



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d) Level 4 documents:

Various approved forms and formats, used for retaining/maintaining evidence of activities performed, results of monitoring, measuring activities, performing activities, functions etc.

ii) Identification of documents:

Each document, irrespective of its assigned level, shall be identified as follows:

| Type of Document | Identity |
|--------------------------------|-----------------------------|
| Level 1 - Apex document | BRBN/IMS/APEX/XX |
| Level 2 | |
| - Objectives | BRBN/IMS/OBJ/XX |
| - Procedures | BRBN/IMS/Proc/XX |
| Level 3 | |
| - Register | BRBN/IMS/Sub/Rg/XX |
| - File | BN//Dep/Sub/Year of opening |
| - Record | BRBN/IMS/Sub/R/X |

iii) Amendment

A correction/amendment in any document shall be indicated by changing the last element (e.g. 01, 02, 03... etc.) of the identity of the document. In addition, details of each amendment shall be given on the page earmarked for it in the respective document.

iv) Revision

A document shall be revised when there are several corrections in it or due to any reason decided by the competent authority of the Organization. Issue status with evidence of approval and issue shall be indicated on the first/cover page of the document.

4. Procedure for Document control

- i) The original "Quality, Environment, Anti-bribery Policy" bearing the signature of the Managing Director shall be held by the organization in a file. Copies of the Policy shall be distributed to all concerned. However, no such record is maintained.
- ii) All documents are prepared by one level and approved by the same or higher level of authority for adequacy prior to issue. However, level of approval will be the same that had approved the original document in case of amendment/revision.
- iii) A document stamped as "MASTER COPY" on the top cover shall bear the original signature of the person who prepared it and of the approving person. "CONTROLLED COPY" marked on the top cover or first page of a document is distributed to the copy holder as per list appearing in its Document Distribution Page. Documents not in use for any reason will be stamped as "OBSOLETE". However, these markings are not applied in case of records. A record will be in use till its last page is filled up or as decided by the HOD. Retention period of a record shall be indicated in the 'Master list of Documented Information'.
- iv) Documents of external origin determined by the organization as may be necessary for planning and operations of IMS will be identified and indicated in the 'Master list of Documented Information'



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- v) The Organization shall ensure that correct, pertinent documents and latest issues are available at all appropriate locations / points of use. It shall also be ensured that documents remain legible, dated and readily identifiable.
- vi) Any obsolete document retained for legal and/or knowledge preservation purposes will be suitably identified.
- vii) A Master List of all Documents will be maintained by IMS Coordinator (Ref Annexure-I)
- viii) The retention period of a document other than record will be decided by holder of the document/HOD or according to the requirement of compliance obligations.



Doc.: BRBN/ IMS/Proc/02

Procedure for determination of risks and opportunities

1. Introduction

The following are the inputs considered for risk – opportunities analysis- External & Internal issues, needs and expectations of interested parties, environmental aspects, and the associated risk, broadly classified as follows:

- Availability of all approvals, licenses, consents, permits (compliances to statutory and regulatory requirements);
- Customer related processes – inquiries, tenders and/or samples, feedbacks, complaints;
- Procurement issues - raw material, accessories, components, spares, packaging materials;
- Operations and production related activities;
- Maintenance – requirements and activities;
- Storage of seeds;
- Facilities for mitigations in respect of accident, incident including first-aid, medical attendance at the work places or external facilities;
- Training status of personnel; and
- All routine and non-routine activities, where risks, hazards may occur.
- Inputs from planned work place audits/inspection.
- Facilities at the work places, whether provided by the organization or others.

2. Responsibility

Heads of all Departments are responsible in ensuring that identification and assessment of risks & opportunity and determination significant risks done with implementation of the controls.

3. Identification of Risk and Opportunity:

The Organization has identified the risks related to its activities, products and services, environmental aspects through an initial review and process as summarized below:

A survey has been done in consultation with a cross section of employees, stakeholders and information collected about risks related to all activities, product handling, services, requirements of interested parties. The areas have been identified for obvious physical improvements to strengthen production and environmental requirements. The criteria followed for carrying out effective risk assessment are classification of work activities, identify and determine risk, and decide whether the risk is tolerable. If it is not tolerable, plan is prepared to deal with any issues found by the assessment.

2. Evaluation:

- i) The evaluation of the identified risks to determine non-tolerable risk level has been done. Key questions for risk assessment were:
 - the sources of harm;
 - what could be harmed and
 - how could harm occur.
- ii) The evaluation has been done considering the two parameters, namely **Probability** of occurrence and the **Impact**:
 - Probability – the likelihood of occurrence of a risk; and
 - Impact - the potential severity of a harm



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iii) Simple 3 X 3 qualitative risk assessment matrixes have been used for determination of the risk index. Numerical values have been assigned to categories to arrive at a score. The risk level is defined as follows:

$$\text{Risk Index} = \text{Probability} \times \text{Impact}$$

iv) The categories of Impact of a risk is given in Table 1. Probability of occurrence of a risk is given in Table 2.

Table 1 Impact

| Sl. No. | Impact (severity of harm) | Assigned values |
|---------|---|-----------------|
| 1. | Extremely harmful (serious), examples <ul style="list-style-type: none">– Loss of business– Breach of statutory and regulatory requirements– Non-renewal of consent by PCB– Displeasure of stake-holders– Death/disabling injury, illness/life shortening illness | 3 |
| 2. | Harmful <ul style="list-style-type: none">– Customer complaints– Occasionally not meeting service schedules– Isolated cases of defectives sent to customer– Medical treatment due to minor injury | 2 |
| 3. | Slightly harmful <ul style="list-style-type: none">– Infrequent breakdowns of minor nature– Delay in processing to renew consent/permit– Near misses, nuisance, irritation, temporary discomfort– Minor glitches | 1 |

Table 2 Probability

| Sl. No. | Probability (likelihood of occurrence of harm) | Numerical values assigned |
|---------|--|---------------------------|
| 1. | Likely - Frequent or probable | 3 |
| 2. | Unlikely - Infrequent or occasionally | 2 |
| 3. | Highly unlikely - Remote or improbable | 1 |

v) The risk assessment matrix is given in Table 3.



Table 3 Risk assessment matrix

| | | | |
|---|-------------------------|---------------------|-------------------------|
| Probability (likelihood of harm)  Impact (severity of harm)  | Highly Unlikely (1) | Unlikely (2) | Likely (3) |
| Slightly harmful (1) | Not significant (1x1=1) | Tolerable (1x2=2) | Moderate (1x3=3) |
| Harmful (2) | Tolerable (2x1=2) | Moderate (2x2=4) | Substantial (2x3=6) |
| Extremely harmful (3) | Moderate (3x1=3) | Substantial (3x2=6) | Not tolerable (3 X 3=9) |

vi) Not significant risk is the one that has been reduced to the lowest level as that is reasonably practicable. A risk assessed as "Tolerable risk" or at higher level shall be considered for achieving the intended results in IMS. Any risk assessed as "Not significant risk" shall be monitored and action to be taken if it becomes a "Tolerable risk". The scores assigned for each level of risk is given in Table 4.

Table 4 Score vis à vis risk level

| Assigned score | Risk Level |
|----------------|-----------------|
| 1. | Not significant |
| 2. | Tolerable |
| 3. - 4. | Moderate |
| 6. | Substantial |
| 9. | Not tolerable |

Risk Level = Severity of harm X Likelihood (Probability) of harm

3. Risk control action plan

The approach to the Organization's risk management is as follows:

- i) if possible eliminate risk altogether;
- ii) if elimination is not possible reduction of risk will be tried;
- iii) take advantage of available technical progress for improving the existing control. A blend of technical and procedural control is usually introduced, such as
 - a) planned maintenance of machineries;
 - b) adopt personal protective equipment (PPE) in case of environment or safety risks;
- iv) training of manpower;
- v) that control measures and urgency should be proportional as given in Table 5. This approach is used for taking control of identified risk; and



Table 5 Risk based control plan

| Risk Level | Priority And Action |
|---------------------|--|
| Not tolerable (9) | Stop or prohibit activity immediately until risk has been reduced. Contingency planning essential. |
| Substantial (6) | Do not start activity until risk has been reduced. If activity is in progress, take urgent action. |
| Moderate (3 - 4) | Implement risk reduction measure within a defined period. Cost may be considered and limited. More detailed risk assessment of serious consequences to determine more precisely the probability of occurrence. |
| Tolerable (2) | No additional controls are required. Monitoring may be required to verify ongoing effectiveness of control. Investigate more cost effective control |
| Not significant (1) | No Action is required. However, watch is required with need based control. |

4. Verification, corrective and preventive actions and review

The Director Administration shall ensure effective implementation of this procedure. He shall also undertake periodic review of the Risk Register and ensure that it is kept up to date. If any deviation observed, he shall take appropriate corrective and preventive action. The record of deviation and reasons shall be maintained. The relevant issues shall be brought to notice of MD for guidance, if any, for improvements, as may be required. MD shall take necessary steps for continual improvement. The salient aspects in context of risk assessment and control/management have been summarized and are:

The format of Risk Register shall be as follows:

| Sl. No. (1) | Process/ Activity (2) | Type of Risk (3) | Probability (P = 3 - 1) (4) | Impact (I = 3 - 1) (5) | Risk Index (P x I) (6) | Action Plan (7) |
|-------------|-----------------------|------------------|-----------------------------|------------------------|------------------------|-----------------|
| | | | | | | |
| | | | | | | |



Doc.: BRBN/IMS/ Proc/03

Procedure for determination of Environmental aspects

1. Introduction

- i) Initially review was conducted examining all activities of the Organization within the defined scope including those concerning external providers, namely contractors/suppliers/transporters where it has influence. The concise details of processes and their interactions within the Organization have been prepared and given at Annex I of the Apex Document. The environmental aspects of all products, services and activities during normal (N), abnormal (A) and emergency (E) conditions were identified. The method of evaluation of the identified environmental aspects and determination of aspects with significant impacts are described in the following paragraphs.
- ii) Input-process-output analysis of all products, services and activities have been done as mentioned in the column, "Activity" in Register for Environmental Aspects - Impacts, Doc: BRBN/IMS/ASPECT/Rg/01.

2. **Responsibility:** Chief Production/Regional Manager assisted by IMS Coordinator

3. Basis and Criteria

- i) The basis of determining the environmental aspects were:
 - a) Generation of dust;
 - b) Operations of the machines;
 - c) Generation of noise;
 - d) Use of papers;
 - e) Generation of biodegradable waste (dry cotton waste, papers, damaged card-board boxes etc);
 - f) Generation of non-biodegradable waste (metals, plastics, woods);
 - g) Generation of hazardous waste (cotton waste contaminated with lubricant/grease, E-waste);
 - h) Release of effluent/water to public drain;
 - i) Contamination of land;
 - j) Consumption of natural resources (electricity and water);
 - k) Any other local environmental and/or community issues etc.
- ii) **Criteria for evaluation of aspects for determining significance of the impacts**
 - a) All applicable legal and other requirements (LC) have been identified, taken into consideration and included in Legal Register. All environmental aspects having legal importance has been considered as having significant environmental impact, irrespective of the total score. The parameters are recorded in the Register for Environmental Aspects - Impacts and explained below:
 - b) The severity of impact of all environmental aspects as assigned are as follows:
 - High: noise \geq 90 dB; SPM \geq 500; no effective control available; human health affected or mechanism in place but not reliable.
 - Moderate: noise \geq 80 dB; SPM \geq 250; consumption of resources; causes discomfort or nuisance; or inbuilt secondary control available.
 - Low: noise \geq 75 dB; SPM \geq 100; negligible visual impact; control available.



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- d) Occurrence is assigned as per the following:
5 = continuous; 4 = several times/day; 3 = once/day; 2 = once/week;
1 = once/ month or less
- e) All environmental aspects have been assessed considering the environmental impact on 1 to 5 scales for different parameters for normal/abnormal/emergency condition based on knowledge and experience available with the Organization.
- f) The Total Score is obtained by multiplying the scores of individual parameters as:
Legal concern X Severity X Occurrence.
- g) An environmental aspect having environmental impact score 50 or more has been taken as Significant Environmental Impact. Such aspects shall be addressed in future for monitoring/ control/ improvement in a phased manner. Other aspects will also be kept under monitoring. Action plans developed based on aspects with significant impacts.
- h) The environmental aspects have been approved by MD and would be reviewed once in a year. Review will also be done when there is a change in legislation/ modification in process/ project undertaken or if there is a customer/interested party requirement.
- i) The identification of aspects, their evaluations for determination environmental significance are given in Register for Environmental Aspects - Impacts, Doc: BRBN/IMS/ ASPECT/Rg/01 and it will be kept up to date.

The format of Aspect Impact Register shall be as follows:

| Sl No | Process/ Activity | Environment al Aspect | Environme ntal Impact | Evaluation Parameter | | | | S/ NS | Control Action |
|-------|-------------------|-----------------------|-----------------------|----------------------------|----------------------|-------------------------|---------------------|-------|----------------|
| | | | | Impact/ Severity (A) (5-1) | Occurrence (B) (5-1) | Legal Concern (C) (5-1) | Total score (AxBxC) | | |
| | | | | | | | | | |
| | | | | | | | | | |



Doc.: BRBN/IMS/ Proc/04

Procedure for Bribery Risk Assessment

1. Introduction

i) Initially review was conducted examining all activities of the Organization within the defined scope including those concerning external providers, namely contractors/suppliers/transporters where it has influence. The method of evaluation of the identified Bribery risk and determination of their significance are described in the following paragraphs.

Bribery includes the act of offering, promising, giving, accepting or soliciting of an undue advantage of any value (which could be financial or non-financial), directly or indirectly and irrespective of location (s), in violation of applicable law, as an inducement or reward for a person acting or refraining from acting in relation to the performance of that person's duties.

An effective bribery risk assessment process involves gathering sufficient, relevant information about the organization's business activities, its context (both internal and external) and the requirements of its stakeholders to enable it to determine how these features expose it to bribery risk.

BRBN tries to prohibit bribery in all forms. Thus, while analysing the impact of bribery, in addition to the direct financial loss, perceived financial losses pertaining to the analysed impact are also taken into consideration.

For the activities/job/processes of BRBN, the following impacts may occur due to bribery-

- Supply of substandard equipment/material
- Loss of value to the company i.e. non-delivery of services as per contract/MoUs
- Disregard to the guidelines/rules/manuals/standard procedures
- Extending undue favour to somebody and acting in partisan manner
- Loss of reputation of the organization
- Fine/prosecution/legal action against the organization
- Loss of business opportunity
- Infusion of undue delay in the processes
- Negative effect on employee morale
- Relation with regulator get impacted

The aforesaid impact list is for illustrative purpose only. Impact is anticipated, as per activity of the department and taking into consideration of the specific transactions or activity. The geographical location in which transactions or activity is being undertaken, the business sector, the work type and business model and the business associate.

Purpose: The assessment of bribery risk is a specific concept requiring composite expertise towards the technical operations, the existing management system and the principles as laid down in ISO 37001: 2016. For making this assessment trained persons from each department act as key agents.

The purpose of this assessment is to know the process/activities of different departments/sections of BRBN and their associated bribery risks. The significance of bribery risk is identified on the basis



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of a defined criteria considering the impact and probability of the bribery risk associated with the service.

A two-tier risk assessment process is adopted in BRBN for implementing its Anti-bribery management system.

Responsibility

MD, Director Administration, Anti-bribery compliance Team (ABCT)

Procedure

The Anti-bribery risk assessment is carried out in the month of January every year or when specially advised by MD/Director Administration.

HODs of all departments arrange a meeting with all his officers and identify, analyse and prioritize the Anti-bribery risk pertaining to the activities/jobs/processes of his department. The impact and probability score are allocated based on the criteria. These scores for impact and likelihood are purely based on the perception and judgement of the respective HODs, keeping in mind the past events, the current regulatory/obligatory guidelines, rules, manuals, standard procedures and external environment.

While assessing point score as per criteria given below in the table, the following shall be taken into consideration:

- 1) Routine and non-routine activities of all departments.
- 2) Human behaviour, capability and other human factors.
- 3) Anti-bribery risk originating outside BRBN's work place but are capable of becoming a source of concern for the organization.
- 4) Infrastructure, equipment, material provided at their workplace by either BRBN or any of its business associate.
- 5) Applicable legal and other obligation.

| Factor | Point Score | Significance / Criteria of the bribery risk |
|-------------|-------------|--|
| Impact | 1 | Perceived losses to the organization- None |
| | 2 | Perceived losses to the organization- Minor |
| | 3 | Perceived losses to the organization- Medium |
| | 4 | Perceived losses to the organization- High |
| | 5 | Perceived losses to the organization- Severe |
| Probability | 1 | Not likely, almost impossible to occur |
| | 2 | Likely, may occur once or twice between 2 to 3 years |
| | 3 | Possible, may arise once or twice |
| | 4 | High, may arise several times |
| | 5 | Chances of bribery extremely high |

The risk score will be obtained by multiplying Impact score with Probability score. The result of these assessments in the record format are sent to MD/Director Administration who in turn forward these report to the Anti-bribery Compliance Team (ABCT) for giving their point score.

The ABCT performs the same risk assessment process in the same record format, their rating being established on the basis of the criteria as above. While giving impact score it may also be kept in the mind that the same impact coming out of the different activities of the same department or different department may attract different scores based on the strategic



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importance and magnitude of the particular activity/operation of the department and aforesaid factors.

The score for each of the risk obtained after evaluation of ABCT is now tabulated in the same record format. The final risk score of each of these risks is obtained by adding the risk scores of the respective departmental HODs and of the ABCT, with weightage of 40% for Departmental risk score and 60% for the assessment done by ABCT. The final risk score of each risk is then calculated by adding the two risk in above proportion. The risks are then ranked according to their score. Risk is categorised as follows-

| Category of Risk | Point Score |
|------------------|-------------|
| High | 18 to 25 |
| Major | 13 to 18 |
| Moderate | 6 to 12 |
| Low | 1 to 5 |
| | |

Depending upon the scores of this review and the above given criteria, the corresponding processes and associated risks are considered to be significant which have the highest score ratings for the next financial year and propose objectives and action plan to achieve these objectives accordingly.

The above bribery risk assessment is reviewed by Top Management every year in the month of January considering the following situations:

- 1) If any changes in the organizational set up happens or any new information of bribery is received in the previous year
- 2) In the event of a significant change in the structure or activities of BRBN, new markets or service, legal requirements and/or experience gained.

The above review result is comprehensively compiled and maintained by ABCT as record for future references and distribution of the relevant portions to all concerned functions for awareness and taking actions, if required.

The format of Aspect Impact Register shall be as follows:

| Sl no. | Process/Activity/Job of the Department | Element of the Process/Activity/Job having bribery risk | Departmental Score | | | ABCT Score | | | 40 % of Departmental risk score | 60% of ABCT risk score | Final Risk score |
|--------|--|---|--------------------|-------------|------------|------------|-------------|------------|---------------------------------|------------------------|------------------|
| | | | Impact | Probability | Risk Score | Impact | Probability | Risk score | | | |
| | | | | | | | | | | | |
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Doc.: BRBN/IMS/ Proc/05

Procedure for Emergency Preparedness and Response

Introduction

As a part of Environmental Management System, BRBN strives to ensure that Environmental impacts associated with any emergency situations are minimized to the greatest extent possible. In BRBN utmost safety precautions are taken to prevent any fire, injury to work persons due to electrical shock etc. In spite of these precautions, there may be emergency situation at any moment, due to operational, manmade or natural factors cannot be ruled out. Although total elimination of all these hazards is not possible, the loss can be minimized by preparing an Emergency plan in advance to handle different types of situations. The main objective of this emergency plan is

- i) To prevent fire in order minimize property loss
- ii) To minimize loss of life and injuries to personnel

In order to have an effective implementation BRBN has formed a safety committee having the responsibility to identify and/or attend the emergency scenario and ensure implementation of the procedure.

Responsibilities

Director Administration, Members of Safety Committee and Security personnel

Procedure

Following broad guideline shall be followed in case of occurrence of emergency in the Mill.

| Activity | Details of follow up action | Responsibility |
|---------------------------|--|--|
| a) Detection of emergency | When a person detects an emergency, he shall immediately inform Head of the section. In case of any fire, if possible, the person shall also initiate action to contain the emergency with the help of others present at the area. Considering the seriousness of emergency, the HOD shall inform the Director Administration. | Any person detecting the emergency event. Any person detecting the emergency event HOD |
| b) Alarm | If Director Administration declares emergency, immediately the emergency alarm shall be sounded. | Security Guard |
| c) First Action | On sounding of the emergency alarm / information, Director Administration in consultation with other HOD will assess the situation and Decision shall be immediately taken for necessity and extent to which outside assistance to be sought. | Director Administration All HODs |
| d) Evacuation | On sounding of the emergency alarm all the personnel present inside the office shall come out through designated exit points (This shall be properly displayed with signage) and assemble at | All Individual |



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| | | |
|------------------------|--|------------------|
| | the designated Assembly Point in the down stair. In case of fire everyone shall use the staircase instead of lift (This shall be properly displayed near the lift) | |
| e) Disaster mitigation | Members of safety committee shall initiate appropriate action to contain the disaster. | Safety committee |

PREVENTION OF FIRE

Following steps shall be taken in order to prevent fire-

- Identify all the activities / location where there is a potential for fire and explosion.
- Do not keep any flammable material near the potential hazardous area and electrical points.
- Ensure that the electrical earthing is in place.
- Follow safe electrical practices while handling electrical gadgets.
- Ensure availability of adequate number(s) of appropriate type Fire Extinguishers in the fire prone places
- In the kitchen always keep the LPG Cylinders in upright condition. Periodically change the rubber tubes; use approved tubes only.
- Keep yourself informed about the type of fire and extinguisher to be used
- Participate actively in the periodic Mock Drills to ensure emergency preparedness.
- Know your CLASS of Fire:
 - **"Class A fire"**- Fire due to combustible materials such as wood, textiles, paper, rubbish and the like.
 - **"Class B fire"** - Fire in flammable liquids like oil, petroleum products, elements, paint etc.
 - **"Class C fire"** - Fire arising out of gaseous substances like LPG and electrical fires.
- Train all the personnel, especially the security staff on use of the fire extinguishers
- Periodically conduct mock drill on usage of the fire extinguishers; **there shall be at least 1 mock drill in six months.**
- Periodically check / test / refill the fire extinguishers as per manufacturer's specification stated on the body of the fire extinguishers.

Name and Phone number of the persons to be contacted during any emergencies-

| Sl No | Name of the person with designation | Phone number |
|-------|--|--------------|
| 1 | Shri Sanjay Chandra, Director Admin | 9431426511 |
| 2 | Shri Shivadhar Pandey, Chief of Production | 8210607496 |
| 3 | Shri Rajesh Agarwal, Company Secretary | 9430356334 |
| 4 | Shri Shraddha Band Pandey, Head Clerk | 9470275832 |
| 5 | Shri Aman Ravi, Asstt Director Engineering | 7792094535 |



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MOCK DRILL RECORD

| Date of Drill | Location of Drill | Facilities Operated | Duration of Drill |
|---|-------------------|---------------------|-------------------|
| | | | |
| Observers: | | | |
| Names of Persons participating in the drill: | | | |
| Time Alarm Raised | | Response time | |
| Incident Record: | | | |
| Discrepancies and defects observed during the drill and Remarks: | | | |
| Suggestions for Improvement (include Document changes, Training Need etc) | | | |

Frequency of Mock Drill: Once in six months.

Signature of President, Safety Committee
(Security)

Date:

Signature of Manager

Date:

- RECORDS:**
1. Fire Record register
 2. Mock Drill Record
 3. Training Calendar for Fire Fighting
 4. Register for Fire fighting equipment



Doc.: BRBN/IMS/ Proc/06

Procedure for Internal Audit of IMS

1. Introduction

Internal audit shall be conducted in the organization in a manner such that all the sections are audited at least once in six months period. However, if MD desires more frequent audit of any department/section due to its complexity of functioning or findings of previous audit of the activity was not satisfactory or for any other reason, such audit shall be performed.

2. Responsibility: IMS Coordinator – Senior Quality Control Officer shall coordinate the activity under directions of the Director Administration, with assistance by the HODs and the Internal Auditors.

3. Procedure:

- i) The IMS Coordinator prepares Audit Schedule including allotment of Internal Auditors, duration of audit of each department/section and obtains approval of Director Administration.
- ii) The Internal Auditors are those persons having successfully participated in the internal auditors training programme. However, independence of auditor and function to be audited, are strictly maintained. Auditors do not audit their own work. Auditors are selected and audits conducted in a manner so that audit process is objective, impartial and transparent.
- iii) The checklists for QMS/EMS/ABMS are available and distributed in advance so that the auditors get conversant with the requirements to be audited as well as the requirements of the respective standards and documentation.
- iv) Internal Audit Observation Report are filled up. Non-conformity Report is filled up recording each nonconformity if need arises during audit.
- v) Internal Audit Observation Report summarizes the outcome of audit, highlighting the noteworthy achievements, opportunities for improvement. This is done by the Auditor before handing over to the IMS Coordinator.
- vi) Nonconformity is communicated to the auditee by handing over a photocopy of the Nonconformity Report (NCR) and the original report is handed over to IMS Coordinator. Auditee shall take appropriate corrective action based upon the report without any delay. The Auditor then verifies the corrections and corrective actions taken and closes the NCR, records appropriately on the original NCR and handover to IMS Coordinator.
- vii) IMS Coordinator prepares Audit Summary Report, enclosing all NCRs and such reports which contain opportunities for improvement and commendable achievements. This report is submitted to Director Administration and also discussed at the management review meeting.

4. Forms and Records

- i) Internal Audit Schedule, BRBN/IMS/IA/01; (see below)
- ii) IMS Audit Matrix, BRBN/IMS/IA/02;
- iii) Nonconformity Report BRBN/IMS/IA/03; (see below)
- iv) Audit Observation Report BRBN/IMS/IA/04; (see below)

Formats of records



BIHAR RAJYA BEEJ NIGAM LIMITED

Internal Audit Schedule [BRBN/IMS/IA/01]

| Sl. No. | Date | Time | Department | Auditee |
|---------|------|------|------------|---------|
| | | | | |
| | | | | |

Date:

(Signature, IMS Coordinator)

Communication: All auditors/auditees stated in the schedule.

Audit Observation Sheet [BRBN/IMS/IA/07]

Department:

Name of Auditee

Date of Audit:

| Sl No. | Title and Clause reference of Standards ISO 9001: 2015, ISO 14001: 2015, ISO 37001: 2016 | Observation | Remarks (C/NC/OFI)* |
|--------|---|--|---------------------|
| | Context of the organization (4.1 - 4.4) Bribery Risk Assessment (4.5 of ISO 37001) | Internal & External issues identified and addressed in the Manual. Interested parties with their need and identification identified. Scope defined Bribery risk assessment carried out | |
| | Customer Focus (5.1.2 of ISO 9001) Top Management (5.1.2 of ISO 37001) | Customer's requirements are identified and met. Top management took action in establishment of policy, objectives, providing adequate resources etc | |

*C: Conformity; NC: Nonconformity

OFI: Opportunity for improvement

Name and Signature, Auditor(s)



BIHAR RAJYA BEEJ NIGAM LIMITED

Nonconformity Report [BRBN/IMS/IA/06]

| | | | | | | |
|-----------------------|----------------------|----------|-----------|-------------|----------|----------|
| Internal audit cycle: | Internal audit date: | Section: | Activity: | Report No.: | Auditee: | Auditor: |
|-----------------------|----------------------|----------|-----------|-------------|----------|----------|

Audit observation & Document Reference

ISO 9001:2015 or ISO 14001:2015 or ISO 37001: 2016 clause reference and Nonconformity

Auditor

Acknowledged by
Auditee

Correction:

Root cause of nonconformity:

Proposed corrective action with time frame:

Auditee

Follow up audit observation

Auditor

Date:

Status of Nonconformity

Review date:

Tick appropriate box:

- NCR closed
- NCR reissued

Signed (IMS Coordinator)



Doc.: BRBN/IMS/ Proc/07

Procedure for Anti-bribery control and commitment

Introduction: As a part of Anti-bribery Management System, BRBN strives to ensure zero tolerance towards act of bribery, corruption and lack of integrity. For the purpose a procedure has been developed in the form of guidelines to make aware all employees and stakeholders of the organization about their responsibility towards effective implementation of ABMS. The main objective of this procedure is to have a better control over bribery through participation and commitment of all concerned.

Responsibility: All employees and stake holders

Procedure: All employees shall follow the following guidelines-

- 1) Conduct all business transaction with utmost honesty, integrity and highest possible ethical standards. Act professionally, fairly and objectively in all business transaction and dealings.
- 2) Don't involve in any corrupt practice for private gain.
- 3) If any corrupt practice comes to notice of any employee, he should inform his superior authorities without any fear reprisal or victimization.
- 4) No employee or stake holder shall secure or accept any payment, promise, offer or anything of value for self or any other individual in order to provide business.
- 5) No employees or stakeholders is allowed to accept money gifts, entertainment, hospitality or other favours directly or through another person or organization in return of business favours granted or possible to be granted. No employee shall act in a manner that would place any vendor or customer in a position where he/they may feel obliged to make a gift, provide entertainment or provide personal favours. There are certain cases where gifts and hospitality are never acceptable, namely
 - i) gifts or cash equivalents
 - ii) gifts and hospitality that are indecent or inappropriate or would damage integrity and reputation of the organization
 - iii) Gifts and hospitality that breach any law or regulation
 - iv) Gift given secretly
 - v) Gifts, entertainment being lavish, extravagant

However modest gifts and hospitality within limits prescribed under rules may be offered or accepted provided there is no expectation or belief that something will be given in return.

- 6) All employees will help to ensure that entries into Company's books and records are accurate and that all internal controls and procedures of the organization are maintained and followed when making or receiving payment. It shall be ensured that all receipts and expenditure are properly recorded and accounted for. The payment and receipt procedure, management authorization and financial controls must be followed and any gaps that may be discovered during internal control must be reported to the senior authorities.
- 7) All employees shall ensure that there shall not be any conflict of interest while handling any matter of the organization. If any such conflicts exists, it must be disclosed to his/her controlling officer without any delay.
- 8) No employee shall favor or disfavor any individual or entity or treat unfairly. Everyone shall observe utmost objectivity and impartiality in dealing with any stake holder.
- 9) No employee shall misuse his position for personal gains



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- 10) No employee will willfully cause any loss or injury to the organization financially or cause damage to its reputation.
- 11) For all employees the interest of the organization shall be paramount and at no stage it shall be compromised.
- 12) No employee shall take any decision contrary to own conscience under any external influence particularly those detrimental to the interest of the organization.
- 13) All procurement strictly shall be done according to the purchase guidelines of the organization.

Strict action as per the decision of the Top Management and/or the service conduct rule of the organization shall be taken if any employee or stake holder is found in violation of above guidelines.

Following few approaches is being followed in order to tackle bribery-

- 1) Reduction in discretions in decision making by laying down transparent rules, guidelines, procedures
- 2) Making decision and process system driven and rule based in order to reduce human influence
- 3) Increasing use of information technology through establishment of ERP, on line payment etc.
- 4) Proactive disclosure of vital information
- 5) Implementing effective grievance redressal mechanism
- 6) Transparency in public procurement

Top Management is committed to prohibit bribery in the organization by making all the employees and stake holders aware about the Anti-bribery policy and the guidelines to be followed and also the consequences for violation of the same. The organization also shall enter into a integrity pact with the business associates when the transaction amount exceeds a threshold value decided by the Board of the Directors of the organization. The organization has committed the following under the pact:

“The organization undertakes that no official of the organization, connected directly or indirectly with the transaction, will demand, take a promise for or accept any bribe, consideration, gift, favor or any other advantage either for themselves or any person, organization or third party related with the business in exchange for an advantage in the business process.”



Doc.: BRBN/IMS/ Proc/08

Procedure for Concern Raiser and Investigation

Introduction: For effective implementation of ABMS in order to prohibit bribery Concern raisers play an important role. Hence it is necessary for Top Management to encourage the employee of the organization to come forward for the purpose. The purpose and objective of this procedure is to provide an opportunity to employees to report to the Management instances of unethical behavior, actual or suspected, fraud or violation of the Code of conduct of the organization. This is to provide necessary safeguards for protection of employees from reprisals or victimization.

However a disciplinary action against the concern raiser which occurs on account of poor job performance or misconduct shall not be protected by this procedure.

Responsibility: Managing Director, Anti-bribery Compliance Team (ABCT), All HODs.

- Procedure:**
- 1) The role of concern raiser is to bring to the notice of the Competent Authority about any concern in respect of bribery with reliable information.
 - 2) The concern raiser is not required or expected to conduct any investigation on his own.
 - 3) He/She may also be associated with the investigation, however he/she shall not have a right to participate.
 - 4) Concern raised shall be appropriately dealt with by the Competent Authority on time bound basis.
 - 5) The concern raiser shall have the right to be informed of the disposition of the concern raised by him except for overriding legal or other reason.
 - 6) Complete confidentiality of the concern raiser shall be maintained.
 - 7) Genuine concern raiser shall be accorded protection from any kind of harassment/unfair treatment/victimization. However motivated and superficial information shall be discouraged.
 - 8) Concern raiser is required to give evidence in disciplinary proceedings, arrangements will be made for the concern raiser to receive advice about the procedure.
 - 9) Any other employee assisting in the said investigation shall also be protected to the same extent as concern raiser.
 - 10) Anonymous or pseudonymous information shall not be entertained.
 - 11) Investigation into any improper activity which is the subject matter of an inquiry under State Government shall not come under the purview of this procedure. However after internal inquiry if felt by the Competent Authority of the organization, the activity under question may be passed on to the authority of the State Government for further investigation.

Investigation: Investigation shall be launched if the Anti-bribery compliance team (ABCT) is satisfied after preliminary review that:

- i) the alleged act constitutes an improper or unethical activity or conduct



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ii) The allegation is supported by information and specific enough to be investigated or in cases where the allegation is not supported by specific information, it is felt that the concerned matter deserves investigation.

- iii) The decision taken by ABCT to conduct an investigation is by itself shall not be construed as an acquisition and is to be treated as neutral fact finding process
- iv) The person (s) concerned will normally be informed of the allegations at the commencement of formal investigation and will be given opportunities for providing their inputs during the investigation. He should have an duty to cooperate with the investigator during investigation and not try to influence the investigator
- v) The investigation shall be completed normally within 45 days from the day of the decision of ABCT for carrying out the investigation or such extended period as the Competent Authority may permit for the reasons to be recorded.
- vi) The person (s) concerned shall have the right to be informed of the outcome of the investigation.
- vii) Investigators are required to conduct a process towards fact finding and analysis and shall perform their role in an independent and unbiased manner.
- viii) Investigators have a duty of fairness, objectivity, thoroughness, ethical behavior and professionalism.
- ix) After completion of the investigation, the investigator (s) shall submit the report to the Head of the ABCT, who in turn review the report and put up with his remarks to the Competent Authority.
- x) If the Competent Authority is of the opinion that the investigation discloses the existence of improper activity which is an offence punishable in law, he may direct to take disciplinary action against the person concerned or may take some other remedial action as deemed fit to remedy the improper activity and/or to prevent the recurrence of such improper activity.
- xi) The Competent Authority may also handover the case depending upon the severity to the authority of the State Government in order to investigate and take appropriate action according the provision in the State Government Vigilance Act.
- xii) If the investigation discloses that no further action on the case is warranted, the report shall be filed and kept confidential.



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Annexure- I

Master list of Documented Information (Doc: BRBN/IMS/ML/01)

Department/Function: Office of Coordinator

| Sl. No. | Title of the Document | Identification No. |
|---------|---|-----------------------|
| 1. | Quality & Environmental Policy | |
| 2. | Apex Document of IMS | BRBN/IMS/APEX/01 |
| 3. | Record of Objectives and Targets | BRBN/IMS/OBJ/02 |
| 4. | IMS Procedures | BRBN/IMS/PR/03 |
| 5. | Risk Register | BRBN/IMS/RISK/Rg/01 |
| 6. | Legal Register | BRBN/IMS/LEGAL/Rg/02 |
| 7. | Register on Environmental Aspects - Impacts | BRBN/IMS/ASPECT/Rg/03 |
| 8. | Record of Internal Auditors Training on QMS & EMS & List of Internal Auditors | BRBN/IMS/CO/04 |
| 9. | Internal Audit Schedule | BRBN/IMS/IA/01 |
| 10. | IMS Audit Matrix | BRBN/IMS/IA/02 |
| 11. | Nonconformity Report (NCR) | BRBN/IMS/IA/03 |
| 12. | Audit Observation Report | BRBN/IMS/IA/04 |
| 13. | Notice & Agenda for Management Review Comm. (MRC) Meeting | BRBN/IMS/MRC/01 |
| 14. | Minutes of MRC Meeting with Approval by JMD | BRBN/IMS/MRC/02 |
| 15. | Master List of Documented Information | BRBN/IMS/ML/01 |

Notes:

1. Document includes records, files, drawings etc.
2. 3 years retention period for each record/files, unless otherwise decided by HOD for any reason
3. The documents listed above are maintained by IMS Coordinator

.....
Senior QC Officer *cum*
IMS Coordinator

.....
MD



BIHAR RAJYA BEEJ NIGAM LIMITED

Department wise Documents

| Sl. No. | Title of the Document | Identification No. |
|-----------------------|---|------------------------------|
| Administration | | |
| 1. | Minutes books of board meeting & general meeting- AGM/EGM | |
| 2. | Director's attendance register at board meeting | |
| 3. | Shareholders attendance register at general meeting | |
| 4. | Register of Directors and KMP and their shareholding | |
| 5. | Register of charges, if any | |
| 6. | Register of transfer of shares | |
| 7. | File containing government notification with respect to change in Board of Director | |
| 8. | Register of loans and investment made by the company | |
| 9. | Register of contracts/arrangements where directors are interested | |
| 10. | Copies of annual accounts and annual return filed with Registrar of Companies | |
| 11. | File containing other e-forms filed with ROC | |
| 12. | Copies of Memorandum of Association and article of Association | |
| 13. | File for Right to Information (RTI) | BN/Est/Misc/RTI/19-21 |
| 14. | Procurement of different material from GEM | BN/Est/Misc. 16-20 |
| 15. | For appointment of apprentice from labour department | BN/Est/Misc. 20 |
| 16. | File for contractual appointment of employee against sanctioned post | BN/Est/Misc/Appointment/2019 |
| 17. | File for extension of service of retired employee | BN/Est/Misc/2017 |
| 18. | File for Deputation of Assistant Technology Manager (ATM) from agriculture department | BN/Est/Misc/2021 |
| 19. | File for selection of security agency | BN/Est/Misc./2020 |
| Marketing | | |
| 20. | File Expression of Interest for selection of suppliers and dealer and distributor | BN/Mark/EOI/2020 |
| 21. | File for allotment of seed to dealer and distributor | BN/Mark/Allotment/2021 |
| 22. | File for Payment to seed supplier | BN/Mark/Payment/2020 |
| 23. | Customer Feedback | BN/Mark/COMP/2021 |

Notes:

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3. The documents listed above are maintained by the respective departments

.....
Departmental HOD

.....
MD



BIHAR RAJYA BEEJ NIGAM LIMITED

Department wise Documents

| Sl. No. | Title of the Document | Identification No. |
|------------------------|--|-----------------------------------|
| Finance | | |
| 1. | File for Tax deducted at source –Salary | BN/Acctt/01/2020 |
| 2. | File for digital payment solution payment gateway | BN/Acctt/02/2020 |
| 3. | File for Publication of balance sheet & PL account in news paper | BN/Acctt/1/04/2020 |
| 4. | File regarding audit report to AG (Audit) | BN/Acctt/05/2020 |
| 5. | File for contingent crop expense & withdrawal | BN/Acctt/06/2020 |
| 6. | File regarding UC of plants & regional offices | BN/Acctt/01/2020 |
| 7. | File for verification of cash book | BN/Acctt/08/2020 |
| 8. | File for Garma 2020-21 | BN/Acctt/09/2021 |
| 9. | File for budget of financial year 2021-22 | BN/Acctt/09/2021 |
| Processing | | |
| 10. | Installation of New Processing plant of 4 & 8 TPH capacity | BN/Proc/Plant-10/2017 |
| 11. | Installation of 1 TPH plant and 500 MT capacity of godam in 32 government farm | BN/Proc/Construction-13/2018 |
| 12. | Purchase of equipment related to processing | BN/Proc/Plant-01/2017 |
| 13. | File related to bag purchase | BN/Proc/Purchase-03/2019 |
| 14. | File for purchase of chemical | BN/Proc/Purchase-14/2017 |
| 15. | File for building 11 godam at different places | BN/Proc/Construction-09/2013 |
| 16. | Renewal and repairing of godam and residential building of plant campus | BN/Proc/Construction-14/2018 |
| 17. | Tender document for selection of transporter | BN/Proc/Trans-12/2017 |
| Production | | |
| 18. | Seed Collection Guideline | BN/Produ/Misc/03/2008 |
| 19. | Determination of purchase price of produced raw seed by farmer | BN/Produ/Rate/02/98-P-IV |
| 20. | Agreement with Progressive farmer | BN/Produ/Misc/01/2019 |
| 21. | Extension of seed production area in Patna and Gaya Pramandal | BN/Produ/Project Area/018/2020-21 |
| 22. | Mission 4.0 | BN/Produ/M.4.0/2020-21 |
| 23. | For Hybrid Maize seed production | BN/Produ/Misc/23/2020-21 |
| 24. | For vegetable seed production | BN/Produ/vegetable/24/2020-21 |
| 25. | For fund | BN/Produ/52/91-P-IV |
| Quality Control | | |
| 26. | Field visit and investigation report | BN/QC/01/2019 |
| 27. | File for training of field staff | BN/QC/Training/02/2019 |
| 28. | ISO certification | BN/QC/ISO certification/03/2020 |
| 29. | Customer Compliant Redressal System | BN/QC/CRS/04/2020 |
| 30. | Customer Compliant-Investigation | BN/QC/CRS-Investigation/01/2021 |
| 31. | Heavy metal, Pesticide Residue & Nutritive Value analysis test | BN/QC/Laboratory-Testing/02/2021 |

Notes:

1. Document includes records, files etc.
2. 3 years retention period for each record/files, unless otherwise decided by HOD for any reason
3. The documents listed above are maintained by the respective Departments

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Departmental HOD

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MD