 Eskom	Procedure	
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Title: **Document and records management procedure**

Unique Identifier: **32-6**

Alternative Reference Number: **NA**

Area of Applicability: **Eskom Holdings SOC Ltd**

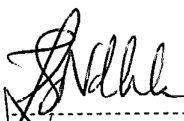
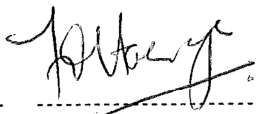
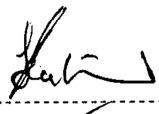
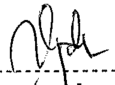
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## **1 INTRODUCTION**

The management of documentation is a critical support activity for an effective business management system. It ensures that approved documents and relevant records are available to the right people, at the right place and time.

This procedure outlines the documentation management process to be followed in managing business documents and records. It is a principle requirement that all Eskom Holdings SOC Ltd (Eskom) business functions and activities are documented to facilitate sharing of knowledge, training, standardized implementation of business processes, provide authentic, reliable and retrievable evidence. The documents must also be maintained and kept up to date for as long as the business processes they support are in use. Relevant and adequate records as required by these documents should be kept.

The principles used in compiling this document are derived from ISO 9001, ISO 14001, OHSAS 18001, document configuration management and good information management principles.

## **2 SUPPORTING CLAUSES**

### **2.1 SCOPE**

This procedure is applicable to all governance documentation types, which are created, used and controlled during the execution of functions and activities described by the Business Management System.

This procedure describes the process and requirements for the creation, registration (identification & retention), support review and authorisation, publication, archiving and disposal of documents and records at all levels and functions within the Business Management System. It also provides direction regarding the structure of document classification, document naming, revision control and taxonomy structures to support document and records control.

This procedure excludes the management of project/plant specific technical document and records which is addressed by procedure 240-53114186. See table 1 below for the differentiation regarding the use of the two procedures.

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Procedure Identifier	Class of Documentation	Definition	Characteristics	Examples
32-6	Management and Governance Documents and Records	Documents that set direction and policy, defining authority and responsibility and describe the controls and rules for a given process or set of activities.	Changes and updates according to Periodic Review Cycles described in 32-6 Document and Records Management Procedure	Policies, Standards etc.  Eskom SHEQ Policy, Management System documents, Plant Codification Standard, Plant Safety Regulations, Project Execution Plan, Project Instruction Manual, Configuration Management Plan. Project / Operational Environmental Management Plan, Engineering Management Plan
240-53114186	Project and Plant Specific Technical Document and Records	Documentation containing product-related data and information that are used and stored. Covers data and information pertaining to: product definition and specification, design, manufacturing, quality assurance, product liability, product presentation; description of features, functions and interfaces; safe and correct use; service and repair of a technical product as well as its safe disposal.	Changes and Updates as per 240-53114002 Engineering Change Management Procedure and 240-53114026 Project Engineering Change Management Procedure	Drawings, Design Reports, Analysis Reports etc.  Basic Design Report, Layout Drawing, Process and Instrumentation Diagram (P&ID). FMECA Study, RAM Analysis, FEA Model, FEA Analysis Results, Project Design Manual, Geological Test Results, Material Test Certificates, Seismograph Logs, Vibration Results, Test Certificate

Table 1: Eskom's Documentation Classes

### 2.1.1 Purpose

The purpose of this procedure is to comply with 32-1 Documentation management policy and supporting documentation management Standards, to set the direction and controls applicable for business documentation to assure standardisation, optimisation and simplification and meeting the requirements of ISO standards.

Documentation (documents and records) management enables organisations to, inter alia -

- meet legislative and regulatory requirements including archival, audit and oversight activities,

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- provide protection and support in litigation including the management of risks associated with the existence of, or lack of, evidence of organizational activity,
- protect the interests of the organization and the rights of employees, clients, present and future stakeholders,
- maintain corporate, individual or collective intellectual property,
- ensure that documentation is safely and securely stored to minimize theft, misplacement and destruction in disasters such as fires and storms, and
- prevent unauthorised access to documents resulting in confidential information leakage and adversely used against Eskom resulting in financial losses.

### **2.1.2 Applicability**

This procedure is applicable to all employees, including contractors, performing tasks for Eskom Holdings SOC Ltd and its wholly owned subsidiaries.

### **2.1.3 Effective Date**

The effective date for the implementation of this procedure in all Divisions and subsidiaries will be 6 months after the authorisation date.

## **2.2 NORMATIVE/INFORMATIVE REFERENCES**

Parties using this document shall apply the most recent edition of the documents listed in the following paragraphs.

### **2.2.1 Normative**

- [1] 32-1: Documentation Management Policy
- [2] 32-9: Definition of Eskom documentation standard
- [3] 32-644: Eskom documentation management standard
- [4] 32-1216 Process Control Manual for Document and Record Management
- [5] ISO 9001 Quality management systems – Requirements

### **2.2.2 Informative**

- [6] ISO 9000 Quality management systems — Fundamentals and vocabulary
- [7] ISO 14001 Environmental management systems -- Requirements with guidance for use
- [8] OHSAS18001 Occupational Health and Safety Standard

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[9] ISO 28001 Security management system for the supply chain – Best practices for implementing supply chain security, assessment and plans – Requirements and guidance

[10] ISO 55001 Asset management - Management systems - Requirements

[11] ISO 15489 -1 Information and documentation – Records management Part 1: General

[12] ISO 15489-2 Information and documentation - Records management Part 2: Guidelines

## 2.3 DEFINITIONS

**2.3.1 Records** – information created, received, and maintained as evidence and information by an organization or person, in pursuance of legal obligations or in the transaction of business.

**2.3.2 Document** – information and its supporting medium. For example: policy, specification, procedure, drawing, report, standard, instruction, etc.

**Note:**

- The medium can be paper, magnetic, electronic or optical computer disc, photograph or master sample, or a combination thereof
- Documents must be under revision control and need to be kept up to date

**2.3.3 Document and Records management** – field of management responsible for the efficient and systematic control of the creation, receipt, maintenance, use and disposition of documents & records; including processes for capturing and maintaining evidence of and information about business activities and transactions in the form of records.

**2.3.4 Documentation** – term used to collectively refer to both documents and records

**2.3.5 Disposition** – The actions taken to fulfil the requirements outlined in appraisal reports and retention and disposal schedules to retain destroy or transfer records. Note that disposal is not synonymous with destruction, though destruction may be one disposal option

**2.3.6 Draft** – a preliminary version of a document that is not authorised. Also a status used to reflect such a version

**2.3.7 Authenticity** – The quality of being genuine and not corrupted. An authentic record is one that can be proven to:

- be what it intended/purports to be,
- have been created or sent by the person identified to have created or sent it, and
- have been created or sent at the time recorded.

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**2.3.8 Reliability** – The quality of being trustworthy; in reference to records, reliability is confirmed by ensuring that a record was created by a competent authority according to established processes and that the record contains all the necessary elements of an official record.

**2.3.9 Integrity** - The integrity of a record refers to its being complete and unaltered, i.e. protected against unauthorized alteration.

**2.3.10 Document Controller** is the person appointed to manage the Eskom/Divisional/BU/Departmental documents and has the title Officer or Assistant Officer Documentation Management

**2.3.11 Document Metadata** - is all additional related document information that describes the attributes of a specific document (or record). Metadata includes but are not limited to the following; document title, document identifiers, document revision number, document compiler, document revision dates, document types, and areas of applicability.

**2.3.12 Document Type** - is a descriptor of the intended purpose and function of the document.

**2.3.13 Taxonomy** - The classification of information according to a pre-determined system providing a conceptual framework for retrieval. Typically, taxonomies consist of groups of similar entities organised in a hierarchical structure, related by presumed relationships amongst the different entities

**2.3.14 Controlled Copy** – Authorised documentation subject to controlled distribution to identified person or entity; for the purpose of controlling authenticity or access due to security classification at the point-of-use

**2.3.15 External documents** - Documents created and mastered outside Eskom, owned by National and International authorities, e.g. SANS, ISO, ASME, DIN, NNR, Acts. But does not include documents created by external parties as deliverables to Eskom

**2.3.16 Business Management System** - Set of policies, practices, procedures, and processes used in developing and deploying strategies, their execution, and all associated management activity.

**2.3.17 Legible:** capable of being read or deciphered, especially with ease, as writing or printing; easily readable.

**2.3.18 Minor changes:** A minor change is generally a change that is not large in size and/or does not change the original intent of the content). Defined as the following:

- A change in *position* title in the *content*
- A *formatting or grammatical* correction
- *Extending* the review date
- *Minor word* changes to standardize language
- Change in *signatory*
- Change to *normative/informative* reference
- Deletion of a *template as an annexure* in a procedure, template referenced under para 2.7

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- Changes in names of people *accepting* the document

**2.3.19 Major change:** A major change is generally a change where there are significant changes to the content and/or intent). Defined as any one of the following:

- Policy – **new** principle
- Procedure – **process** changes
- Where there has been a **change in legislation and/or best practice**
- Change as a result of **audit findings**
- **Major changes on Policies** will be supported at CARAT for approval at EXCO.

**2.3.20 Governance documents:** Documents that set direction and policy, defining authority and responsibility and describe the controls and rules for a given process or set of activities.

**2.3.21 Technical documents:** Documentation containing product-related data and information that are used and stored. Covers data and information pertaining to: product definition and specification, design, manufacturing, quality assurance, product liability, product presentation; description of features, functions and interfaces; safe and correct use; service and repair of a technical product as well as its safe disposal.

## 2.4 ABBREVIATIONS

Abbreviation	Description
CARAT	Complete, Accurate, Relevant, Available and Timely
DC	Documentation Centre
DRM	Document and Record Management
EDC	Eskom Documentation Centre
EDMS	Electronic Documentation Management System
EDRMF	Eskom Document and Records Management Forum
EXCO	Executive Committee
ISO	International Organisation for Standardisation
NP	Non-Permanent
OHS	Occupational Health and Safety
OHSAS	Occupational Health and Safety Assessment Series
P&P	Policies & Procedures
PAIA	Promotion of Access to Information Act
PDF	Portable Document Format
QA	Quality Assurance
QC	Quality Control

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## 2.5 ROLES AND RESPONSIBILITIES

### 2.5.1 Eskom Documentation Manager

The Eskom Documentation Manager is accountable to ensure that this procedure is applied and continually improved. Other responsibilities are outlined on 32-644 Eskom documentation management standard.

### 2.5.2 Documentation Manager/Management Representative

The Documentation Manager at Group/Divisional level shall be appointed by the Management System Owner or Group/Divisional Executive in terms of 32-644: Eskom documentation management , who shall ensure compliance to this procedure and the 32-1 Documentation management policy and the requirements of 32-644: Eskom documentation management .

The Documentation Manager shall chair and manage the Group/Divisional documentation management committee, which shall include record management issues.

The Documentation Manager or Portfolio Manager shall ensure that the Document Controller/s is/are compacted on documentation management as indicated on 32-644: Eskom documentation management .

### 2.5.3 Documentation Controller

Where the Documentation Control position is not full time the Management System Owner or Functionally Responsible Manager shall appoint the Documentation Controller/s using 240-53519752 Appointment Letter Document Controllers - in terms of 32-644: Eskom documentation management standard.

**Note:** Full time documentation control positions have job descriptions hence no appointment letter is required.

The Documentation Controller shall be responsible to facilitate the correct implementation of this procedure including;

- providing administrative support during the document and record management lifecycle (i.e. registration, review and authorisation, publication, archiving and disposal), and
- reporting on document controls including draft document status, redundant documents, templates, adherence to procedure, training and other document and record management related issues.

Documentation Controllers shall establish and manage a document register identified as captured on the approved documentation system or identified as 240-44047082 Document Register and for all documents and records.

**Note:** If the EDMS is able to generate a metadata report then that shall be considered a register.

The register shall as a minimum list the following information regarding each document –

- clearly defining the ownership (functional responsibility / process owner),
- unique identifier,

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- document title,
- status,
- storage location (electronic and hard copy), and
- next review date

Documentation Controllers shall be trained in the documentation management principles and use of the relevant Document Management System. They shall facilitate the administrative duties and responsibilities in registering and maintaining approved documents.

#### 2.5.4 Document Compiler

The Compiler, identified by the Functional Responsible Person (Process owner / Line manager) to compile the document, shall:

- compile the document using the latest authorised revision of the applicable template (Refer to section 3.1.1.8),
- ensure that minimum document requirements (as described in section 3.1) are adhered to,
- ensure that there is no duplication with existing documentation, regarding the document's objective and content,
- ensure that the document is reviewed, applying the acceptance process, when changes are submitted, or when the document is due for review,
- ensure that the document content is technically accurate, with integrity and pertinent to the subject matter,
- ensure that proof reading is performed on the developed document, and
- identify and communicate the impact of implementing the document. This is the dual responsibility of the Compiler as well as the Functional Responsible Person (Process Owner)
- ensure that the document is seen by the Document Controller for QA before going for signatures

Any employee may be identified as a Document Compiler, on condition of having applicable knowledge and competency in the subject matter being documented.

#### 2.5.5 Comment Reviewer

The Comment Reviewer, on a voluntary basis **may** offer review and development comments during the development phase of a document. These comments, being part of the first phase review for document quality and completeness shall be captured as per 3.2.1.4.2 and could include issues of technical content and accuracy, syntax, template compliance and language accuracy.

#### 2.5.6 Acceptance Reviewer

Acceptance Reviewers' are persons identified by the Compiler as representative of the discipline / area in which the developed procedure shall be applicable by virtue of its direct impact or indirect effects, of

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implementation. The Acceptance Reviewer comment/s shall be captured using the document acceptance process and forms. The panel of Acceptance Reviewer/s shall be listed, for reference purposes, within the document in the table prescribed.

The Acceptance Reviewers shall review the document to evaluate if the intended purpose and scope are;

- fit for purpose, and
- acceptable for application in the specific discipline / area.

Further, the Acceptance Reviewers may review the document for technical and quality perspectives by reviewing:

- document layout, language and grammar,
- technical accuracy and completeness,
- possible document duplication, or
- compliance to legislation, regulation or higher level document requirements including referenced documents

## 2.5.7 Functional Responsible Person (Document/Process Owner)

The Functional Responsible Person (manager, supervisor, subject matter specialist or process owner) shall:

- ensure that the document does not duplicate an existing document purpose and content,
- ensure the use of the correct templates and that layout requirements are met,
- facilitate the documentation of critical businesses processes within the business management system or as a product realisation deliverable,
- have the responsibility to approve the document, and
- perform the final review of the document, including the technical accuracy and compliance to requirements.
- ensure that records for the functional area are identified and record categories/series captured in the 240-43723778 Records Retention Matrix for the area.

**Note:** *Do not capture individual records but records series titles.*

- ensure that documents applicable to the area of responsibility are implemented within the effective date
- assess the impact of implementing the document in the area of applicability.

The Functional Responsible Person shall determine if the document is fit for purpose, before the document is submitted for authorisation.

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### 2.5.8 Document Authoriser

The Document Authoriser is a duly delegated person with the responsibility to review the document for:

- alignment to business strategy, policy, objectives, requirements, and
- accept the impact of implementing the document in the area of applicability.

The Document Authoriser shall authorise the release and application of the document and is accountable for the document implementation within the Business domain.

### 2.5.9 Policies and Procedures Steering Committee

The P&P SteerCo's responsibility is to:

- establish, standardise and simplify **policies and procedures**,
- **recommend policies** to the B2B CARAT committee for submission to EXCO
- **recommend procedures** to the B2B CARAT committee for approval
- ensure **universe** of policies and procedures is known and documented,
- ensure effective **change control** process is in place for revisions and that version control is established,
- ensure that policies and procedures are aligned to the relevant **process control manuals**
- enable Eskom to achieve **strategic goals**
- **note minor changes** to reviewed policies and procedures

### 2.5.10 B2B CARAT Committee

The B2B CARAT Committee is responsible for:

- Recommending the policies to EXCO for approval
- Approving procedures and process control manuals (PCMs) for implementation in the business

### 2.5.11 EXCO

EXCO approves policies for implementation in the business.

## 2.6 PROCESS FOR MONITORING

This procedure will be monitored via Internal Audit Procedure and self-assessments.

### 2.6.1 Process measures

The adequacy, effectiveness and efficiency of this procedure will be monitored by reports on document status, documents generated, reviewed and obsolete statistics.

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- The Eskom Document and Records Manager shall share the Eskom wide applicable (Level 1) document status monthly with the Eskom Document and Records Management Forum (EDRMF) and the Sustainability Division Management Committee through the Quality Management Senior Manager.
- Divisional Representatives at the EDRMF shall share the implementation status of the procedure and the documentation status at the EDRMF and **Divisional Management Committee** every month and the Eskom Document and Records Manager shall verify the status of Divisional documents on a quarterly basis.

### 2.6.2 Product measures

When implementing this procedure, the product will be a completed form as stipulated in each lifecycle phase (this is the record), authorised document, review cycle authorised document, obsolete document. The product will be measured by identifying if all sections of each form were adequately completed, the document metadata fields are populated and records of reviews captured.

## 2.7 RELATED/SUPPORTING DOCUMENTS

- [1] 32-21 Documentation Registration Form
- [2] 32-23 Document Comment Review Authorisation Form
- [3] 32-2 Policy / Directive Template
- [4] 32-4 Eskom Document Template
- [5] 32-184 Template for Technical Specifications or Technical Standards
- [6] 32-606 Terms of Reference Template
- [7] 32-145 Handling of classified items
- [8] 240-43898815 Document Transmittal Form
- [9] 32-423 Change document or record status form
- [10] 240-53519752 Appointment Letter Document Controllers
- [11] 32-1289 EXCO Policy Principles Approval Form
- [12] 240-43723893 Record Disposal Authorisation Form
- [13] 240-44047164 Disposal of Critical Records Register Format
- [14] 240-43898846 Externally Generated Document Register Format
- [15] 240-43723778 Record Retention Matrix Format
- [16] 32-552 Document Quality Assurance Checklist.
- [17] 240-71603242 Vital Records Destruction Certificate Template
- [18] 240-71603538 Vital Record Determination Checklist
- [19] 240-71603832 Eskom (MWP) Record Archive Transfer Form

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### 3 DOCUMENT AND RECORD MANAGEMENT PROCEDURE

#### 3.1 DOCUMENT REQUIREMENTS

##### 3.1.1 General Document Requirements

All governance documents shall be registered and controlled using approved Eskom Document Management Systems (EDMS) – for governance documents or for technical documents as a minimum to comply with the following:

- the document ownership must reside within the Business domain,
- document must be unique in its purpose, content and aim, and
- the document to be uniquely identified.

Further, the Document Compiler shall ensure that the following listed document requirements are adhered to.

##### 3.1.1.1 Document Titles

The Document Compiler shall ensure that the document title is descriptive of the document content and intention and as far as possible include the Document Type (Policy, Procedure, Drawing, Plant Design Document, Standard, Guideline etc.) within the title wording.

##### 3.1.1.2 Unique Identifier

Every governance document shall have a unique identification number, as issued from the document management system.

Document Controllers shall control the issue of unique identifier per document/vital record on receipt of a completed 32-21 Documentation Registration Form (or part of a workflow process) and after verification by the Compiler that such a document (based on available attributes – title, description, process owner, type etc.) does not exist within the business.

##### 3.1.1.3 Version Control

Version Control is used for internal review processes, and will typically be used in cases where a document is Draft or is checked out by a Compiler for work-in-progress changes/modification to the content, normally managed in the document / drawing development application or outside of an application.

**Note** – A number of version control changes could occur before a Revision Control change is published.

The Document Compiler shall capture the version control number of the document with a numeric value in the document template, depending on which of two version schemes is used, i.e. 0.1 or 0A.

The first draft revision of a document shall commence at version number 0.1 and any further version made to the draft document will increment the number by the value of 0.1 or 0A.

Any draft revisions made to an approved revision will show the decimal number increased by a value of 1, and commence at the next whole revision and version e.g.

- **32-6 Document Management Procedure Version 1.1 (alternate 1A)**

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#### 3.1.1.4 Revision Control

When a document is authorised for the first time it will start at Rev 1 and it will be the latest revision. But the authorised document will only show the Revision number, e.g.

- **32-6 Document Management Procedure Rev 1**

- a. All drafts shall be clearly marked with a watermark in bold capitals (**DRAFT**) diagonally across all pages.
- b. The compiler must ensure that a summary of changes made to the document are captured in the Revision History of the document (point 6 Revisions in the template)

**Note:** It is recommended that the latest revision be on top of the Revisions table.

#### 3.1.1.5 Effective Date

The Functional Responsible Person (Process Owner) shall set an “effective date” for each document created or updated. The effective date of a document can be a date of document authorisation or any date before or after the authorisation date (the date the Authoriser signed the document), from which compliance to the document requirements shall be effective. The effective date of the document must be indicated within the document.

#### 3.1.1.6 Disclosure classification

The compiler shall review the content of the document or record and determine the suitable disclosure classification applicable to the document or record. All pages of a document or record should reflect the disclosure classification. The following disclosure classification categories shall be used:

- a. **Public domain:** published in any public forum without constraints (either enforced by law, or discretionary).
- b. **Controlled disclosure:** controlled disclosure to external parties (either enforced by law, or discretionary).

For definitions on confidential, secret and top secret see 32-143 Procedure for the handling of classified items

**Note:** When compiling, handling, storing and distributing documents classified as confidential, secret and top secret, always refer to the document **32-143 Procedure for the handling of classified items** to ensure that these are well managed.

**Note:** For records received from external parties it might not be possible to include the disclosure classification on them (e.g. quotations, invoices, etc.). If the record is a classified item (i.e. confidential, secret or top secret then it is important that it is stamped as such to ensure it is handled appropriately. It will be possible to receive a “redacted” document if it is classified as confidential, secret and top secret.

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### 3.1.1.7 File Naming

File naming for controlled electronic documents will as a minimum always include the document unique identifier and the title.

**Documents:** File naming for documents will be Document number Version/Revision Title

For example,

Draft document: 32-6 Rev 0.1 Document and Records management procedure

Authorised document: 32-6 Rev 1 Document and records management procedure

### 3.1.1.8 Document Templates

The applicable Functional Responsible Person/Process owner per process shall ensure applicable templates/forms are established and authorised, which shall be used in the creation of the documents, drawings and records pertaining to the process. The document, drawing or record Compiler shall use the latest revision of the applicable template/forms.

Examples include Eskom Corporate Templates for the development of governance documents:

- policies and directives: [32-2]
- procedures, standards, work instructions, and specifications: [32-4]
- terms of references: [32-606]

All forms and registers shall use the header and footer template: Header and Footer Landscape Template 240-43921898 or Header and Footer Portrait Template 240-43921804.

**Note:**

- Templates used for documents must be in a manner that ensures documents are legible, i.e. the font type and font size must be readable

### 3.1.1.9 Eskom Document and Records Management Training

It is important that the various role players have an understanding of their document and records management responsibilities, the DRM process, principles and what their role is in the management of documents and records in the business. The DRM training will be undertaken as and when required as identified by the employees. The DRM training can be broken down into the following major types:

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TYPE	DESCRIPTION	LEVEL OF COMPETENCY	CONTENT	SUGGESTED ATTENDEES	PRESENTERS	DURATION
<b>DM for compilers</b>	Document compilation LSO #: 50265319	Understand DM principles, process and different document types	<ul style="list-style-type: none"> <li>The different document types</li> <li>Which templates to use</li> <li>The need to avoid duplication of documents</li> <li>How to search for documents</li> <li>Their role and responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>Document compilers</li> </ul>	<ul style="list-style-type: none"> <li>EAL facilitators</li> <li>EDRM</li> </ul>	3-4hrs
<b>DRM for Document Controllers</b>	DM for document Controllers LSO #: 50265322	Advanced understanding of the DM process, principles and the application thereof	<ul style="list-style-type: none"> <li>Highlights the ISO DRM requirements</li> <li>Basic rules of DM</li> <li>Outline the key DM documentation</li> <li>Roles and responsibilities</li> <li>Assistance to compilers on document compilation with templates, searching for duplicate documents and administrative review</li> </ul>	Document Controllers	<ul style="list-style-type: none"> <li>EAL facilitators</li> <li>EDRM</li> </ul>	8hrs
<b>DRM course</b>	DM or Records Management	Understanding of filing, indexing, storage and archiving methods and principles	<ul style="list-style-type: none"> <li>The course must cover aspects such as filing, indexing, document control, distribution and recall, storage and archiving. Learners are exposed to different types of documents and how each of these should be handled, from draft stage through to archiving.</li> </ul>	Document Controllers/Archive Officers/Assistant Officers	External Service Providers	1 day
<b>DRM for Managers</b>	DM awareness for Functionally Responsible Managers and Authorisers	General understanding of DRM principles, process, responsibilities of managers	<ul style="list-style-type: none"> <li>Introduce the delegate to the basics of documentation management</li> <li>Highlight the purpose of documentation management</li> <li>Outline the DM role and responsibility of the managers</li> </ul>	<ul style="list-style-type: none"> <li>Managers</li> <li>Middle Managers</li> <li>Senior Managers</li> <li>Executives</li> </ul>	Divisional DRM Managers and EDRM Manager	20-30 min
<b>Hyperwave Document Mngt Overview</b>	Outlines the importance of DM principles and practices at Eskom and why Hyperwave and SharePoint	Basic understand of the DM principles and practices	<ul style="list-style-type: none"> <li>Introduction to Document Management,</li> <li>Positioning of Hyperwave and SharePoint in Eskom,</li> <li>Business Rules for Document and Records Management.</li> </ul>	<ul style="list-style-type: none"> <li>All employees</li> </ul>	eLearning	Self-paced

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TYPE	DESCRIPTION	LEVEL OF COMPETENCY	CONTENT	SUGGESTED ATTENDEES	PRESENTERS	DURATION
<b>Hyperwave Read Only</b>	Search for and view documentation on Hyperwave.	Understanding of how the HW system works	Document Management System Roles, Access Hyperwave, Search for Documentation, View Documentation. Logout	<ul style="list-style-type: none"> <li>All employees</li> </ul>	eLearning	Self-paced
<b>Hyperwave Contributor</b>	Publish, edit and maintain documentation on Hyperwave	Able to use the Hyperwave system	Hyperwave Authoring Mode, Publishing files and collections, Editing Attributes, Replace Duplicate and Move files and collections, Deleting content, Version Control Hyperwave Explorer, Access rights.	<ul style="list-style-type: none"> <li>Document Controllers</li> <li>Document Compilers</li> </ul>	eLearning	Self-paced

Table 2: DRM Training Matrix

### 3.2 DOCUMENT AND RECORD MANAGEMENT PROCESS

The following figure outlines the framework for managing document and record/s including registration, support review and authorisation, publication and notification, archive and disposal, as published within the ARIS application.

#### 3.2.1 Document control

##### 3.2.1.1. Document initiation

The compilation of a document must be based on need; the following are triggers to creating a document:

- Business need, based on mapped process
- Business/Organisational changes
- Legislative or Regulatory requirements

The intention to create a policy and procedure must be indicated and approved by the Policies and Procedures Steering Committee (see process for managing policies and procedure on Figure 1)

Before compiling a document the Document Compiler must check the Documentation Management System and ensure that there is no similar document already in existence. If there is a similar document they must engage with the document owner (i.e. Functionally Responsible Manager) to incorporate their requirements if not covered and the document must be reviewed and changed to be at the right level if required.

Where no document exists, the compiler must register the new document with the applicable Documentation Centre.

- Documents applicable to the whole of Eskom or to more than one Division (level 1) shall be registered with the Eskom Documentation Centre.

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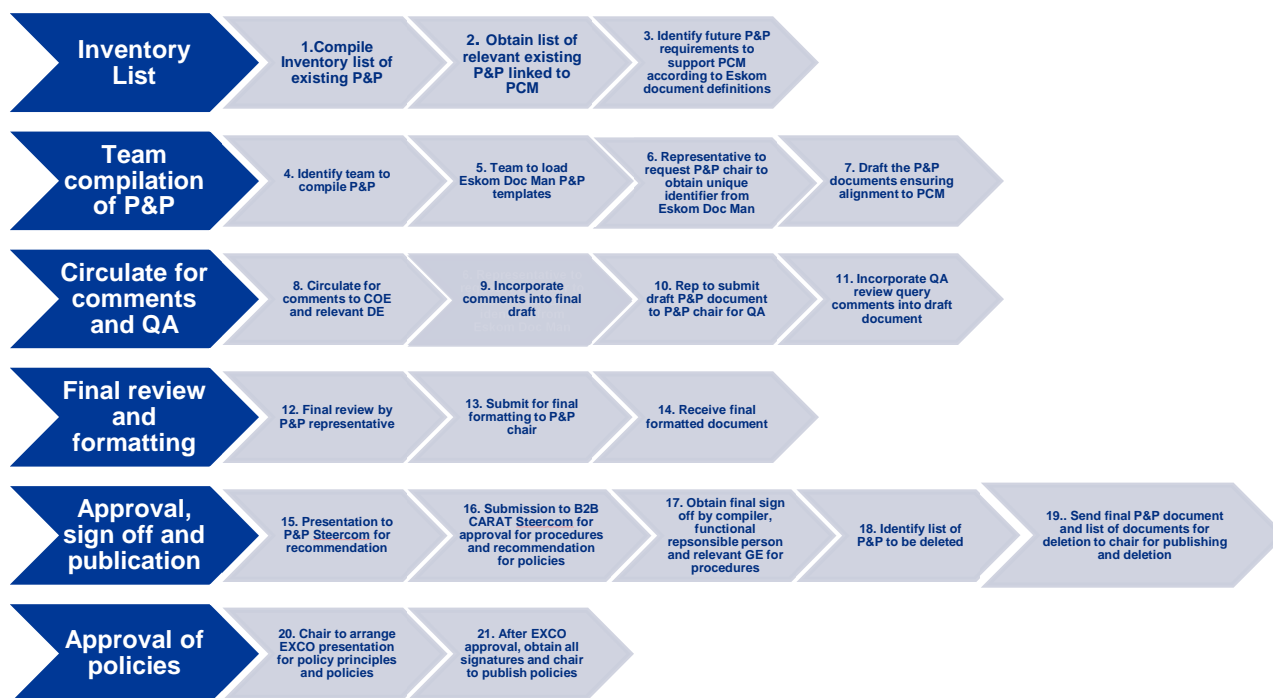
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- Documents applicable to the Division/BU/Department shall be registered with the Division/BU/Department Documentation Centre/Controller.

The following should be taken into consideration by the document compiler during the compilation of documents:

- Ensure that compliance and legal issues (i.e. legislation and regulations) that the business must comply to have been addressed and consult with the Divisional Compliance Officer and Legal to confirm all compliance aspects have been addressed.
- Also ensure all issues pertaining to safety, health, environment, risk, quality and security (SHERQS) have been addressed and consult the subject matter experts or request them to review the document to ensure all SHERQS issues have been addressed
- Ensure that best practices in the specific field and current best business practices have been adopted
- Ensure that the proposed business principles and processes support and does not conflict with the business objectives and initiatives



(Representative = Functional representative on P&P Steercom, Chair = P&P Steercom Chairman)

**Figure 1: Process to manage policies and procedures**

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### 3.2.1.2 Registration

The Document Compiler shall complete and submit the 32-21 Documentation registration form to the Document Controller for registration of a new document or vital record.

The minimum metadata required for controlled documents includes:

- Proposed document Title
- Proposed document Type
- Document Compiler
- Functional Responsible Person
- Document or Drawing Authoriser/Approver
- Area of Applicability
- Disclosure Classification
- Supplier name (where applicable)
- Date Created

The metadata shall be used to perform a document request review by the Document Controller to validate possible duplication of documents, after which a Unique Identifier shall be generated and submitted to the Compiler.

The Document Controllers shall manage a **6 month document development period** with the exception of **Process Control Manuals (PCMs)** whose development period is **9 months**. After 3 months of registering a document a reminder will be sent to the Document Compiler to establish the status of the document development.

**Table 3: Registration responsibility matrix**

Document applicability	Responsibility for registering
Eskom wide documents	Eskom Documentation Centre Document Controllers
A document applicable to more than 1 Division	Will be registered by the Document Centre of the document origin with the Eskom Document Centre
Division specific documents	Divisional Documentation Centre Document Controllers. Where there is no Divisional Doc Controller the EDC Doc Controllers will assist
Business/Operating Unit documents	Business Unit Document Controllers
Departmental documents	Departmental Document Controllers

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**Note:**

- Policies and Procedures shall be at an Eskom Level (Level 1) not at Divisional level to support the principles of standardization, optimization and simplification.
- The Document Controller shall verify the registration of policies and procedures with the Chairperson of the Policy and Procedures Steering Committee or Chairperson of the relevant Technical Governance Committee using email. The Document Controller must only register the policy or procedure after receiving written confirmation from the Policy and Procedures Steering Committee Chairperson or Technical Governance Committee Chairperson and should file the confirmation.

Where the Chairperson has signed the registration as an Authoriser, no verification must be done by the Document Controller.

**3.2.1.3 Retrieve a Document**

Documents published on the applicable EDMS, depending on access and security levels assigned, maybe viewed directly by all employees by accessing the business domain documentation taxonomy within the EDMS. The metadata search functionality can also be utilised to retrieve the document. Document users may also request the business domain Document Centre for the required documents. The identified documents shall be provided in soft copy (electronic protected PDF Format) or an EDMS link to the protected document.

The latest revision of the business domain Master Document Index of all documents and records, maybe obtained from the applicable Document Controller, if required.

**Note:** The Master Document Index will be the report from Hyperwave for all documents registered using Hyperwave DocMan.

**3.2.1.4 Support of Document Review and Authorisation**

The document review covers both the process of reviewing an existing authorised document as well as the meaningful influencing of draft documents by relevant parties or subject matter experts.

**3.2.1.4.1 Update a Document**

Any Eskom controlled document requires regular review (at least every 3 years unless the document Compiler and Functional Responsible Person sets an alternative review cycle) to ensure currency with internal/external requirements and continuous improvement in the provision of an effective system to meet the business needs.

The review process includes consideration of the following:

- Suitability and relevance to the workplace
- Identified areas requiring improvement
- Effectiveness in achieving desired outcomes, in particular where non-conformance or corrective action is required
- Compliance with legislative requirements.

All documents shall be reviewed and or updated 6 months before the assigned document review cycle expires or when changes have been identified.

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The document review cycle process may commence either via the Document Controller issuing a notice to the document Compiler to conduct the review or by the document Compiler or Functional Responsible Person initiating a review (normally due to identified changes) and informing the relevant Document Controller.

The Document Compiler shall submit the final draft version of the document to the Document Controller for record keeping on the EDMS, this is particularly important after each acceptance review process in which comments have been applied to the draft document. After the final draft revision has been compiled and received by the Document Controller, the document will enter the document review process step 3.2.1.4.2.

**Note:**

- Documents that have passed the “next review date” shall remain valid until they are superseded, archived or cancelled
- The Document Centre shall notify the compiler of the review date in advance. The compiler shall then notify the Document Centre of a plan to review the document or notify to cancel or re-sign the document with a new assigned review date.
- If no response is received and there is no indication of a plan to review the outdated documents, the responsible Documentation Centre shall first escalate the matter to the Authoriser and then issue a non-conformance to the Document Owner (Functionally Responsible Person)
- The Functionally Responsible Manager/Area can request the Document Controller to extend the review date on the system provided there is a valid reason for the delay and a document review plan is attached. The area or Manager must take note that this does change the actual review date on the document and the extension of the review date shall only be **done once** by the Document Centre.
- Changes to Policies and Procedures approved by EXCO and the EXCO Back-to-Basics (B2B)-CARAT Committee must be submitted using the Change Request presentation template. This is to ensure that impact of the proposed change to business process, performance management, system and training is evaluated.
- All Eskom Finance Company (EFC) documents shall be approved by the EFC Chairman of the Board or CE

#### 3.2.1.4.2 Document Review (meaningful influence)

During the Document Review process, the responsible Document Compiler shall ensure that;

- a broad spectrum of subject matter expert reviewers (Comments Reviewers and Acceptance Reviewers) are involved in reviewing the document – this list should be verified by the Functional Responsible Person prior to the actual review,
- the document is clearly marked with watermark **DRAFT** document on all pages whilst under review, and

The document review process can either be done using 1 of the following methods:

- Document Controller sending the 32-23 Document Comment Review Authorisation Form to people identified by the compiler and/or Document Owner and the Document Controller must keep the form and/or emails as evidence,
- Using a collaboration tool or system,

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- Presentation in a meeting or workshop where minutes can be used as evidence that the document was reviewed for comments or acceptance.

In cases where a document affects more than one Division, the Document Centre of the originating Division shall forward the registered draft document to the Document Centre/s where users will be affected. The receiving Divisional Document Centre will then forward the draft document to the subject matter experts for meaningful influence. Once comments have been received by the affected Document Centre, they will be consolidated and forwarded to the originating Document Centre.

Following below is the description of the four phases of the Document Review Process; please note that the phases can happen simultaneously not that the review must be done sequentially.

- **Comments Review:** The Document Compiler shall submit the draft document to the Document Controller who shall distribute the draft document together with 32-23 Document Comment Review Authorisation Form to all identified Comment Reviewer/s (as identified by the Compiler). All returned forms shall be captured as records by the Document Controller and returned to the Compiler.
- **Functional Review:** After receipt of the updated draft document, the Document Controller shall distribute the document to the Functional Responsible Person together with a 32-23 Document Comment Review Authorisation Form. All returned forms shall be captured as records by the Document Controller and returned to the Compiler.
- **Acceptance Review:** After receipt of the updated draft document, the Document Controller shall distribute the document to the Acceptance Reviewer/s together with 32-23 Document Comment Review Authorisation Form. All returned forms shall be captured as records by the Document Controller and returned to the Compiler.
- **Authoriser Review:** After receipt of the updated draft document, the Document Controller shall distribute the document to the Document Authoriser with 32-23 Document Comment Review Authorisation Form. All returned forms shall be captured as records by the Document Controller and returned to the Compiler.

The review period of **5 working days** is given and **if there is no response from the reviewer within that period, the draft document is taken as accepted.**

After each review, the Compiler shall consolidate all comments, clarify issues with Comments Reviewer/s and update the document as required, update the draft revision and return the updated revision to the Document Controller to commence the next phase.

Where the document review took place in a meeting or workshop, the Compiler must send to the Document Controller the extract of the minutes or the minutes where the document was reviewed and accepted.

When all comments have been consolidated the document will then enter the Document Authorisation Process step

**Note:**

- The compiler shall submit the final draft of the reviewed level 1 Policy or Procedure to the Policy and Procedures Steering Committee Chairperson for quality assurance, acceptance review by the P&P Steering Committee and EXCO Back-to-Basics (B2B)-CARAT Committee.
- When the policy has been accepted, the P&P Steering Committee Chairperson will submit the policy to EXCO Back-to-Basics (B2B)-CARAT Committee and EXCO for approval with the 32-1289 EXCO Policy Principles Approval Form for approval.

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### 3.2.1.4.3 Authorise a Document

After the document has passed through all review phases, the Document Controller shall perform quality verification of the final version before submission for authorisation using the 32-552 Document Quality Assurance Checklist. Once the QA has been completed the Document Controller shall facilitate the administration of the Document Authorisation (sign-off) Process. The Document Controller shall request / obtain signatures from the Document Compiler, Functional Responsible Person as well as the Document Authoriser on the final version of the document.

**Note:** Documents that have not been quality checked by the Document Controller and have discrepancies in them shall not be published until rectified and resigned.

Acceptance and authorisation shall take place on the highest level of accountability. Signatures indicate responsibility for compilation, functional acceptance of document content and approval for implementation of a document. See Authorization Matrix below.

**Table 4: Authorization Matrix**

Document level	Approval before signatures	Functional Responsibility (Document Owner)	Document Authorizer
Policies	EXCO	Manager of functional area responsible for compilation of the policy	Group Executive for the responsible Division
Process/Procedure	EXCO Back-to-Basics (B2B)-CARAT Committee	Manager/Supervisor/Process owner or Content Specialist	Delegated Functional Manager
Standards/manual	Not applicable	Manager/Supervisor/Process owner or Content Specialist	Delegated Functional Manager
Work instruction	Not applicable	Manager/Supervisor /Process owner or Content Specialist	Delegated Functional Person
Technical documents	Technical Governance Committee	Manager/Supervisor/Process owner or Content Specialist	Delegated Functional Manager

After all signatures have been obtained, the document is now fully authorised and shall be published in accordance to the Document Publishing Process.

### 3.2.1.5 Document Publication & Notification

The Document Controller shall publish the authorised document, according to the disclosure classification and to users identified by the Compiler i.e. a distribution list, including Compiler, Reviewer/s (comments and acceptance), the Functional Responsible Person and the Document Authoriser to whom a copy of the Authorised documents shall be sent.

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The Document Controller shall administrate, with the detail inputs from the Functional Responsible Person, the issue of a notice / bulletin / e-mail communication announcing the authorised document within 5 working days after document has been published and setting out the intention of the document, changes / updates, effective date and required actions by the organisation, i.e. read and understand, identify training requirements etc.

The relevant Documentation Centre shall publish documents that have been recently published in a space that is accessible to employees and that space shall be communicated to the impacted employees and also indicate the frequency of updates.

**Note:** The Eskom Documentation Centre shall publish the recently published documents on its Document and Records Management Website once a month and an initial communique shall be issued through Corporate Affairs indicating where employees can always check the latest published documents and how often EDC will update the information.

All published documents must be converted to PDF or password protected (only applies to documents previously as MS Word files before PDF was made a standard) to maintain their integrity as well as OCR'd to ensure that they can be identified using content within the document other than metadata. Where OCR settings are not available during scanning, it is recommended that Adobe Acrobat is used.

**Note:** On publishing the authorised document, the Document Controller must ensure the following:

- The Title, Document Compiler, Functionally Responsible Manager and Approver on the document aligns to what is captured on the system
- The date when document was approved and the next review date are captured correctly to facilitate document review

For documents affecting the more than one Division, the originating Document Centre shall inform the affected Division Document Centre to notify users of the publication.

#### **3.2.1.6 Publication of documents on websites**

Documents must only be published on the EDRMS and if there is a need to view them on websites or any other system employees shall use hyperlinks to publish in those areas. The usage of a hyperlink ensures that users always see the latest document when it has revised and one does not need to update the site every time there is a change on the document.

#### **3.2.1.7 Issue of “Controlled Copy” documents (Hard Copy)**

The document compiler/functional responsible person shall identify to the Document Controller those documents that are to be issued as “controlled copy” documents, and identify the “controlled copy holder” by name, organisation and location.

“Controlled copy” documents shall only be issued on instruction from the Compiler or Functional Responsible person for the process.

The 240-44047082 Master Document Index shall maintain record of those documents for which “controlled copies” have been issued, including the name of the holder, date of issue, revision number, organisation and location.

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“Controlled copy” documents shall be sent to the holder via 240-43898815 Document Transmittal Form, with signed receipt, being returned to the Document Controller for record purposes. Where email is used to issue a “controlled copy” documents, one can also activate the delivery receipt and read receipt under Options on Outlook message.

All revised “controlled copies” shall be returned by the holder to the Document Controller (at the time the revised document is delivered) via transmittal form.

#### **3.2.1.8 Obsolete documents**

Obsolete controlled documents are those which are no longer required, replaced or superseded as determined by the needs of the business system. Obsolete documents may be identified as part of the review process and shall be removed from the document management system and appropriately archived to prevent unintended use. Archived documents must be retained and accessible for system evaluation and legal purposes.

All archived, cancelled or superseded documents shall be moved from the active collection to the Archived and Cancelled Documents Collection on the EDMS. Rights for everyone to view the document shall be removed.

If an obsolete document is requested, the Document Controller must clearly state in the email that the document is no valid and can only be used for reference purpose or be clearly marked as obsolete, archived or cancelled.

#### **3.2.1.9 Control of external documents**

External documents are mostly managed by the Eskom Information Centre, this includes thing like standards, books, reports and journals. Management system documents or documents necessary for operation of external origin shall be recorded in the respective Department's register using 240-43898846 Externally Generated Document Register Format.

#### **3.2.1.10 Control of project related documents**

The project related documents must be managed within a project and the control stipulated in the project plan following the requirements of the document and records management process.

For project documents affecting more than one Division, the affected Divisions shall specify which documents are expected from which area and in which format.

#### **3.2.1.11 Control of Eskom documents movement to external parties**

Parties outside of Eskom requesting information must lodge their requests to the Eskom Promotion of Access to Information Act (PAIA) by completing the necessary forms on (<http://www.eskom.co.za/about/companyinformation/Legislation/PAIAResponseForm.asp>).

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The Eskom PAIA office will forward the requests to appropriate Deputy Information Officer to approve the release of the information. The information will be given provided the requester complies with the procedural requirements and no ground for refusal is applicable.

### **3.2.2 Records Control**

Records will be maintained to provide evidence of conformity to the requirements and effective operation of the business. They shall be protected and controlled.

Records shall remain legible, readily identifiable and retrievable.

#### **3.2.2.1 Creation of Records**

Business Records should be adequate and created to:

- a) Provide evidence of decisions;
- b) Provide evidence of actions taken;
- c) Provide evidence of compliance to legislative and/or statutory requirements;
- d) Inform other staff of actions taken and decisions made;
- e) Track the progress of actions/project; and
- f) Monitor service delivery.

An adequate record is one that:

- a) Can be trusted as an accurate and complete account of the policy, actions or decisions;
- b) Records factual information, not supposition or rumour;
- c) Has been created at the time of the matter arising, or soon after;
- d) Is credible and its validity can be relied upon;
- e) Its authenticity can be relied upon and proven;
- f) Has integrity and can be proven to have been adequately protected from unauthorised alterations;
- g) Can be located, retrieved, accessed and understood both alone and together with other related records.

#### **3.2.2.2 Creation of File structure/taxonomy**

The Documentation Manager/Controller/Management Representative shall facilitate the development of the file structure/taxonomy on the EDMS in the Division/BU/Department/Section.

#### **3.2.2.3 Record Identification**

Each BU/Department/Section shall identify records that are generated within the area and capture the record grouping/cluster/category/series on the 240-43723778 Records Retention Matrix for the area.

To identify these records one can use the following:

- Process/activity inputs
- Process/activity outputs
- Interfaces such as, correspondence, minutes, etc.

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- If a BU does not exclude any clause from ISO 9001:2008, a minimum of 21 record should be maintained.

Non-critical records must be captured on the informal space of the Document Management System under the Division/BU/Departmental filing structure/taxonomy. The main identifier for these records will be the file name or title of the record. Refer to 3.1.1.7 for file naming convention.

Minimum information requirements to be indicated on records shall include:

- Record title
- Disclosure classification (Note: Does not apply to records received from external parties. The record template for internally generated records should cater for the classification)
- Date on which the record was created

#### 3.2.2.3.1 Record file naming

File naming for records will as a minimum reflect the descriptive title of the record. Other naming record conventions will be as agreed within the relevant areas and should be applied consistently in the area. The areas file naming for records must be documented.

#### 3.2.2.4 Identification of vital records

Vital Records are records that are essential to an organization's functions and ongoing business operations. Such records are typically impossible and/or expensive to replace (e.g. Accounts Receivable records). Vital records cannot be re-created i.e. once an original invoice is destroyed it is impossible to re-create as a legally binding record. These records provide evidence of the organization's legal status, financial status, and/or basic operations. They are required for any organization to be able to resume operations in the immediate aftermath of a disaster.

On average, no more than 3 to 10 % of an organization's records have vital status. Most records will therefore fall into one of the following three categories:

- **Important Records** are records that are necessary, but not essential, to the organization's functions and ongoing business operations, such as accounts payable records. In the event of theft or unscheduled destruction, these records can be replaced or reproduced (although this may involve substantial costs concerning time and/or money).
- **Useful Records** are records that are required to support the organization's functions and ongoing business operations, such as bank statements. Loss of these records typically results in inconvenience. In the event of theft or unscheduled destruction, these records can be readily replaced or reproduced.
- **Nonessential Records** are records with no value to the organization's functions and ongoing business operations, such as vendor advertisements and announcements. These records should be destroyed after immediate usage has expired.

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**List of potential vital records**

The purpose of this list is to assist you in identifying the types of records that might be seen as vital records.

**A. Vital records require to activate and continue Business Continuity procedures****a. Operations**

- Emergency response plans and procedures
- Business continuity plans and procedures
- Emergency staffing assignments, including:
  - Call hierarchy
  - Emergency personnel and their alternates, with their access information
  - Employee work and home telephone/email addresses
  - Organizational strategy
  - Lines of authority in the succession plan
  - Delegation of authorities
  - Contingency plan for re-establishing authority
  - Organizational charts
- Contracts and agreements with all disaster support agencies and businesses, including salvage and reconstruction, alternative sites and vendors of equipment and suppliers

**b. Infrastructure and equipment**

- Plans and drawings of the physical infrastructure
- Emergency operations centre access
- Building plans and building systems operations manuals
- Inventory of essential equipment with operating instructions
  - Fire apparatus
  - Communications equipment
  - Rescue equipment
  - Plant information
  - Medical equipment and supplies
- Computer equipment, operating instructions and supplies
- Documentation and procedures for computer applications
- Emergency systems – systems documentation
- Alternate facilities and field offices
- Business policies and procedures
- Office supplies

**c. Vital records**

- Inventories of vital records related to critical, vital, necessary and desired services
- Indexes, registers, file plans and other tools for records search and retrieval
- Floor plans of vital records locations
- Priorities of protection and recovery of vital records
- Arrangements for records relocation and contact persons
- Records restrictions and access conditions

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**d. External contacts**

- Key municipal contacts
- Instructions for contacting outside organizations – why, what role and services
- Maps of the areas
- List of hospitals and other facilities
- List of key customers
- List of television, radio and newspaper telephone, addresses and email addresses, fax numbers
- List of vendors

**B. Vital records to support critical, vital, necessary and desired services**

- Current client/customer/stakeholder/partner/service provider files
- Policies relating to functions
- Standard operating procedures to initiate and conduct service process
- Forms – the most important forms for each function
- Other required records as determined by the Division

<b>Safety, business and/or revenue critical services:</b> Must be provided immediately (within 24 hours) or will definitely result in loss of life, infrastructure destruction, loss of confidence in the business, or significant loss of revenue
--

<b>Mission critical services:</b> Must be provided within 3 days (72 hours) or will likely result in loss of life, infrastructure destruction, loss of confidence in the business, or significant loss of venue, or disproportionate recovery costs
---

<b>Business critical services:</b> Must be provided within 2 weeks or could result in considerable loss, further destruction or disproportionate recovery costs
---

<b>Business supplemental services (Normal and non-essential):</b> Must be provided within 2 weeks or longer, but as required or in order to return to normal operating conditions and alleviate further disruption or disturbance to normal conditions
--

**C. Vital records needed to preserve legal and financial rights and obligations**

- Records that must be presented as evidence to owners, creditors, debtors and insurance organizations
- Records of ownership (property, equipment, vehicles, products, intellectual property) interest, legal status, party to a contract or agreement, and employment
- To collect outstanding receivables
- To protect against unjust claims
- To comply with acts and regulations
- Employee, pay and pension records
- Insurance records
- List of bonds, debentures, insurance records, and securities investment records including those held in trust
- Revenue records
- Financial records
- Tender records
- Records pertaining to the purchase of, payment for land (also servitude rights)
- Leases, deeds, transfers, agreements, contracts, easements and attachments
- Human resources/personnel records,
- Medical records,

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- Employment records

**D. Vital records needed to establish organization**

- Acts
- Regulations
- Board minutes
- Memorandum of understanding with other bodies

**E. Other records to consider as vital**

- Survey information
- Research and technical data, including maps, plans and charts that are irreplaceable, and special studies and surveys covering long periods of years and considerable expense
- Current or unaudited accounting and tax records, current personnel and payroll records
- Work in progress such as customer negotiations, orders received but not processed, laboratory notebooks and other research materials
- Major projects under consideration or development

Use the 240-71603538 Vital Records Determination Checklist to assess if a record series is a vital record and if vital indicate as such on the Division/BU/Department records retention matrix.

**3.2.2.5 Record capturing**

On receipt or creation of a record (native format or approved preservation format) for capturing the employee, shall capture the record within the business domain taxonomy.

The employee shall ensure that the minimum unique identification information is on the recorded.

The Record creator shall ensure that any record created is legible and is in a format that will preserve the integrity of the record or in a format that can be converted into a format to preserve the integrity of the record, typically PDF or similar.

The employee shall, on receipt of a record not in a format to preserve the integrity, apply applicable conversions to ensure preservation.

Records already created shall not be modified or altered in anyway. Should such an occurrence arise a new record shall be generated.

The Taxonomy Administrator or Document Controller shall conduct checks to ensure that employees are capturing records correctly in the taxonomy

**Note:**

- Records captured on electronic systems do not need to be recaptured on the DMS .e.g. Leave forms, training information, invoices, receipts, etc.
- Record with a short retention period must be converted to PDF
- For long term preservation, records must be converted to PDF-A or PDF-E.

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- All records converted to PDF (either by scanning or software conversion) must be OCR'd which ensures that records can be identified using content within the document, other than metadata.
- Where OCR settings are not available during scanning, it is recommended that Adobe Acrobat is used.

### 3.2.2.6 Retention of Records

All records generated shall be assigned a retention classification type which shall set the retention period, namely lifetime or non-permanent. The classification shall consider the regulatory, business (warranty requirements) and stakeholder requirements. For further guidance on retention periods, see 240-56296995 Standard for records retention periods

**Lifetime records are required to be maintained for the life of the particular item while it is in use, installed in plant or stored for future use.**

#### 3.2.2.6.1 Lifetime Records

Lifetime records are those that meet one or more of the following criteria:

- those that would be of significant value in demonstrating capability for safe operation,
- those that would be of significant value in maintaining, reworking, repairing, replacing, or modifying an item,
- those that would be of significant value in determining the cause of an accident or malfunction of an item, or
- those that provide required baseline data for in-service inspections.

#### 3.2.2.6.2 Non-permanent Records

Non-permanent records are those required to show evidence that an activity was performed in accordance with the applicable requirements, but need not be retained for the life of the item because they do not meet the criteria for lifetime records.

Non-permanent records shall be maintained for the identified retention period.

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Class	Non-permanent record classifications
NP1	Records requiring access for a period of 12 months from date of creation e.g. building access control sheets
NP3	Records requiring access for a period of 3 years from date of creation e.g. short term contracts approvals/reviews
NP5	Archived Records requiring access for a period of 5 years from date of creation e.g. general financial records unless longer period specified, routine QA audit reports
NP10	Archived Records requiring access for a period of 10 years from date of creation e.g. OHS monitoring records unless longer period specified
NP15	Archived Records requiring access for a period of 15 years from date of creation e.g. closed-out occurrence reports unless longer period specified

**Table 5: Non-permanent record classification**

All Divisions/Business Units shall complete a record register so as to have a picture of the records series created in the area, how long should these be kept, where and how these are kept and also who is responsible for the record series.

### 3.2.2.7 Storage control of Records

The Document Manager/Controller shall facilitate and manage the establishment and maintenance of records) storage facilities, to support all business process activities in order to ensure records are stored to maintain record authenticity, reliability, integrity and usability.

All records created through the execution of the business domain process activities shall be stored at the right location of the file structure/taxonomy within an approved Electronic Document Management System

The Record Compiler and Functional Responsible Person shall set the access rights for the record, whether hard copy or electronic versions.

The records storage facilities should take into account the frequency that the record may need to be accessed, the point at which a record should be disposed of or archived and the method of disposal or archiving.

#### 3.2.2.7.1 Storage of Hard-copy Records

The Document Controllers shall before storing any hard-copy records, which is not available in an electronic format, create a scanned Portable Document Format (PDF) format copy on the taxonomy/file structure if it will provide value to the business and the cost of scanning is acceptable to the business.

The Document Manager/Controller shall ensure that any hard-copy storage facility meets the following requirements for a storage facility:

- a. Provisions to prevent damage from harmful conditions (i.e. excessive light, stacking loads, electromagnetic fields, other environmental conditions (flooding, fire, etc.)), as applicable to the type of media being stored,

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- b. Provision to prevent damage from infestations, moisture, temperature and pressure, and
- c. Provision to store hard-copy records in binders, placed in folders, boxes or envelopes for storage in steel file cabinets or on shelving.

The Document Manager/Controller shall control all access to the hard-copy storage facilities and prohibit any activity considered detrimental to the records. Access to the processing, storage, and retrieval of records shall be limited to authorized personnel. If records are lost or damaged, steps shall be taken to replace them.

All records classified as confidential, secret and top secret shall be stored in accordance with the 32-143 Procedure for handling classified items.

#### **3.2.2.7.2 Storage of Electronic Records**

Storage of electronic records shall be in accordance with business requirements and the storage plan with associated disaster recovery actions.

Lifetime electronic records should be reviewed periodically for legibility. This review should also confirm the accessibility and that the record is retrievable, thus providing assurance that compatible software and hardware systems are available.

#### **3.2.2.8 Record access, Distribution and Retrieval**

All personnel (including contracted persons operating under the Business Management System) are responsible to ensure that the distribution of records within or external to the organisation is in accordance with the security and access rights assigned to the respective record.

Active records are available to personnel via the Document Management System subject to the assigned classifications for security and access.

#### **3.2.2.9 Access to original hard-copy Record**

Subject to the life-cycle status of the record and the access rights applicable the Record Owner or Document Manager/Controller shall establish controls to ensure full traceability of any hard copy record removed from any storage facility irrespective of media, form, and type.

Only the Record Owner or Document Manager and assigned Document Controllers shall retrieve any hard copy record from a storage facility.

**No original record** may be removed from the document and record storage facility; an applicable copy shall be made and issued, subject to being stamp marked or so labelled as a "Controlled Copy". The document issue shall be supported by a completed transmittal form, with signature of receipt.

When such records are issued the following information shall be captured in the Document/Record issue Register –

- a. unique number (where applicable),

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- b. title,
- c. date issued,
- d. to whom the record was issued, and
- e. return date.

Any person with assigned access may obtain from the Document Management System any electronic record. Records with the status "Archived/Cancelled" may only be retrieved via a Document Controller.

### **3.2.2.10 Handling of correspondence**

Correspondence is received through traditional methods including fax, letters or forms, as well as online through email, web forms and social media channels. All correspondence is records and must be managed like records, namely be allocated a security classification, be included in the records retention matrix, stored and handled appropriately based on its security classification.

### **3.2.2.11 Record Archiving**

#### **3.2.2.11.1 Identification of records to be archived**

The term 'archives' traditionally refers to records that have been appraised as having continuing value, but are no longer required for current use and so have been selected for permanent preservation.

The term is more widely used in the general to also include records that are not permanent, but are required to be retained for a specified period of time before they can be destroyed.

Divisions/Business Units/Departments should undertake an appraisal of the records across their offices on a yearly or two-yearly basis. This process involves determining which files are no longer actively used within the area, and organising their local storage, secondary storage, or destruction, depending on retention requirements.

Records should not be dumped in storerooms without being managed appropriately. 'Out of sight' 'out of mind' is not an acceptable approach to records management.

#### **3.2.2.11.2 Transferring records to the Eskom Archive**

If your area does not have any local storage available for official records that are no longer accessed, they can be sent to the Archives (internal or external) for storage.

To manage Archive space efficiently for the business as a whole, business will only archive official records that are:

- no longer required to conduct current business but need to be retained temporarily until the retention period expires, or

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- classified as having continuing/permanent value according to their legal, financial, administrative or historical value.

Records will not be accepted for storage by Archives without prior arrangement and accompanying paperwork.

#### **3.2.2.11.3 How to transfer records to the Archives**

To transfer records to the Archives, the following procedure must be followed:

#### **3.2.2.11.4 Contact the Archives**

Inform Archives that you are intending to transfer records. Provide the following information:

- your name, Division/Business Unit and contact details
- type of records being transferred
- volume of records being transferred and number of boxes required.

Archive boxes can be requested from the Archives (internal or external) for a minimum fee.

#### **3.2.2.11.5 Prepare the records for transfer**

- If files were kept in lever-arch binders, ring binders, hanging folders, etc., they need to be replaced with manila folders or official file covers. Keep documents in their original order and place the file number and title on the front.
- Ensure records are free of mould and infestation. Check if files are ready for destruction. These files may be destroyed locally, rather than boxed and transferred to archives. This will reduce the work required, both by your area and by the Archives.

#### **3.2.2.11.6 Box the records being transferred**

- Do not overload the boxes. Ensure files can be removed from the box and replaced easily.
- Avoid sending half-empty boxes if possible, as storing half-empty boxes wastes valuable storage space.
- When boxing, sort the records in order of destruction date and record type. For example, keep files which will be destroyed in 2010 separate from those which will be destroyed in 2018. Keep all permanent records boxed together and separate from temporary records.
- Organise the required transfer documentation

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- Complete the Archive Transfer Form when you are transferring boxes to the Archives (one form is required to summarise each deposited set of boxes). For the Eskom Archives use 240-71603832 Eskom (MWP) Record Archive Transfer Form

#### 3.2.2.11.7 Arrange the transfer with Archives

- Inform the Archives of the final number of boxes to be transferred. Ensure the lists and transfer forms have been sent.
- Archives will organise an appropriate time to receive the boxes.
- When the transfer is approved by Archives and a time is organised, the boxes will be transferred.
- Indicate destruction date on the Archive Transfer Form

When received, the records will be processed and stored in the Archives.

#### 3.2.2.12 Archived Record Retrieval

Records can be retrieved by the area responsible for the records

Personnel requiring access to records not available in the “public readable space on the EDMS” due to archiving processes may request such record from a Document Controller providing reason for requesting such record and the record unique identification information. Subject to such person having the required access and security rights the record will be made available; in all cases the Document Manager/Controller shall be consulted.

Records shall be retrievable for their respective life cycles.

#### 3.2.3 Disposal of Records

The destruction of records is an irreversible act, while the cost of preserving records worthy of permanent preservation is high and continuing. 240-56296995 Standard for records retention periods provides the minimum retention periods as stipulated by Law.

It is the responsibility of the Functionally Responsible Manager to identify the records which can be destroyed.

Records identified for disposal shall only be conducted after:

- the applicable retention period has expired, and written confirmation has been obtained from the Functional Responsible person, using 240-43723893 Record Disposal Authorisation Form
- receiving 32-423 Change documentation status form

The following methods shall be applied for the disposal of records based on media.

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Medium	Method of disposal
Paper	Shredding, pulping, recycling
Microfilm or Microfiche	Recycling, pulverizing
CD/DVD	Reformatting, Pulverizing, shredding, cutting, incineration
Computerised data	Degaussing
Magnetic tapes	Demagnetizing, pulverising, shredding, incineration
Hard drives/USB/Flash drives as well other plug in devices	Sanitise
Electronic	Permanent deletion

The physical destruction of the storage media is a preferable alternative since both the record data and the media are permanently destroyed in the process.

The Document Manager/Controller shall issue 240--71603242 Vital Records Destruction Certificate Template recording all vital records disposed (identification metadata), date and nature of disposal, for record purposes.

Disposal of records identified as critical records shall also be captured using 240-44047164 Disposal of Critical Records Register Format or noting the applicable information on the EDMS.

### 3.3 RECORDS AND DOCUMENTS DISTRIBUTED TO EXTERNAL ENTITIES

The distribution of records to the Customer, Supplier, Regulator or external Stakeholder shall be in accordance with agreed protocols, as agreed by the Document Manager/Controller and the applicable interface manager. See paragraph 3.2.1.5 regarding "Controlled Copy" documents being issued.

The protocols shall include a 240-43898815 Document Transmittal Form issued by the Document Manager/Controller that shall certify the records issued, media type, revision and include a facility for the receiving party to confirm receipt of the records as being correct and complete. The records shall be supplied using PDF format or similar on optical disk, other means and media shall be subject to the Document Manager/Controller approval.

The Document Manager/Controller shall maintain a Document/Record issue Register of all distributed documents/records to external entities.

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**3.4 DOCUMENT MANAGEMENT BUSINESS CONTINUITY**

<b>Risk</b>	<b>Action</b>
Inability to register document	<ul style="list-style-type: none"> <li>DC must provide a temporary number captured manually in a document registration book and an official number must be issued once the document management system is accessible. The first issued temporary number must reflect the namespace ID and two digits ending with T for temporary, e.g. 32-01T</li> </ul>
Unavailability of document management system	<p>Users must contact DC via alternative channels, namely:</p> <ul style="list-style-type: none"> <li>Walk to the DC and request document</li> <li>Write DC an e-mail indicating your request (Preferably the DC should have a single inbox to get requests to avoid requests not being addressed when one DC employee is not present)</li> <li>Users to contact DC telephonically to request a copy document, if urgently required scan and email hard copy to user and if not urgent not request and send document once the EDMS is available</li> </ul>
Inaccessibility of the document controller	<ul style="list-style-type: none"> <li>DC to have one contact point where users register requests which is not linked to one person or ensure email and telephone message indicate who must be contacted if not available.</li> </ul>
Compiler leaving functional area	<ul style="list-style-type: none"> <li>Working file to be on the network drive and shared with document controller</li> <li>DC to request functional area manager to assign compiler to document</li> </ul>
Information from other databases	<ul style="list-style-type: none"> <li>Database owner to specify business continuity plans</li> </ul>
Illegible document	<ul style="list-style-type: none"> <li>DC to arrange for retyping of document</li> <li>DC to ensure that documents are legible throughout their lifecycle</li> </ul>
Loss of document out for authorization	<ul style="list-style-type: none"> <li>DC to collect documents from signatories to prevent loss of authorised document</li> </ul>
Unauthorized access	<ul style="list-style-type: none"> <li>DC must ensure that documents are stored in the right environment based on their classification</li> </ul>

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## 4 RECORDS

The following records are generated through implementation of this procedure and are controlled in accordance with this procedure.

**Table 6: Documentation management records**

Number	Description
1.	32-21 Documentation Registration Form
2.	32-23 Document Comment Review Authorisation Form
3.	240-43898846 Externally Generated Document Register Format
4.	32-423 Change documentation status form
5.	240-43898815 Document Transmittal Form
6.	240-43723893 Record Disposal Authorisation Form
7.	240-44047164 Disposal of Critical Records Register Format
8.	240-53519752 Appointment of Document Controller
9.	32-1289 EXCO Policy Principles Approval Form
10.	32-552 Document Quality Assurance Checklist.
11.	Records Destruction Certificate
12.	Vital Records Determination Checklist

## 5 AUTHORIZATION

This document has been seen and accepted by the Eskom Document & Records Management Forum, and approved by:

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Matome Makwela	Human Resources (Management Rep Exec)
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## 6 REVISIONS

Date	Rev.	Compiler	Remarks
November 2014	3	T LNdlela	Reviewed to address issues from the A&F adequacy guidance regarding DRM training, communication reporting, process for approval of policies and procedures and monitoring of document implementation
October 2013	2	T L Ndlela	Document revised to address non-conformances, business identified gap and proposed process improvements such as the process for approval of policies and procedures, DRM training matrix, managing information on websites and handling of correspondence.. Also added the responsibilities for the P&P SteerCo, B2B CARAT Committee and EXCO,
August 2012	1	T L Ndlela	Document revised to align with the Document & Records Process Control Manual and new process for Policy and Procedures approval
May 2008	0	T L Ndlela	This document supersedes EPC0001, 32-6 Rev 0 and was reviewed as follows: <ul style="list-style-type: none"> <li>Excluded the document identification and numbering as it became document 32-392</li> <li>Simplified document using flowcharts in describing the process and sub processes reflecting responsibilities and controls</li> </ul>
June 2005	0	P Faku	ESKPVAAA0 was edited to meet the new Eskom document criteria with the following changes: <ul style="list-style-type: none"> <li>Reference number ESKPVAAA0 was changed to EPC0001</li> <li>The procedure was reformatted according to ETE0002: <i>Document Template</i></li> </ul>
January 2004	1		Procedure ESKPVAAA0 was revised in compliance with ISO requirements (ISO9001:2000) It was not finalised, due to Eskom's restructuring
April 1993	0		A procedure was developed to supersede EVD1001 and was assigned with reference number ESKPVAAA0

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## 7 DEVELOPMENT TEAM

The Eskom Document & Records Management Forum members were involved in the review of this procedure.

## 8 ACKNOWLEDGEMENTS

I would like to thank the EDRMF members for their contribution in reviewing this procedure and a special thank you to the following employees for being part of the work group to review the document. Thank you for the time, effort and support given during the review of this procedure.

- Thabo Mothupi
- Allison Seckle

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