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INTERNAL AUDIT

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Summary

This procedure defines the process and methods for conducting internal quality management system (QMS) audits.

The Directors are responsible for implementation and management of all internal audits, using suitably trained internal auditors or utilising external resources.

Terms and Definitions

Audit – systematic and formal comparison of documentation and practice against requirements, performed for the purpose of finding areas of nonconformity or opportunities for improvement.

Evidence – data or examples which can be proven true and verified for the purposes of proving an audit finding.

Finding – any summary of audit evidence; findings may be positive (reports of compliance) or negative (reports of nonconformity)

Major Nonconformity – a nonconformity that shows an ISO9001 clause or internal requirement has not been implemented at all, or has been implemented in such a way that the requirements are not met at all.

Minor Nonconformity – a single instance, or small set of single instances, that show a requirement has not been met. At the Auditor's discretion, a large number of related Minor Nonconformities may instead be filed as a single Major Nonconformity.

Observation – any instance where practice or evidence has not been followed but will not affect the service levels

N.B An observation may also be of a positive nature where good practices are observed

Procedure

Internal quality audits are conducted to ensure ongoing compliance with requirements of the QMS standards, company's policies and procedures. This is accomplished by auditing against all processes and areas, and by applying all applicable sections of the standard. Audit requirements include those of ISO 9001, the company's quality system documentation, as well as requirements of customers or regulatory authorities, as applicable.

Audits are conducted by process, and each process must be audited at least once annually.

The Auditor under instruction from the Directors plans audits according to need, management decision, or customer requirements. Audit scheduling is agreed at the annual management review and recorded in the Internal Audit Schedule portion of the QMS Database.

Auditors are independent of the area being audited; Grant Walker Engineering may use an approved External Quality Resource for its internal audit program; or a suitably trained internal engineer.

Auditors will then conduct the audit by following the steps defined on the Internal Audit Report. These are:

Step One: Audit Planning – definition of the scope of the audit, dates of audit, auditors, applicable clauses of affected standards, and documents to review.

Step Two: Document Review – a comparison of the quality system documentation against the requirements of the applicable standard.

Step Three: Auditing – comparison of actual practice vs. the requirements of both the company QMS documentation and the applicable standards.

Step Four: Verifying Effectiveness of the Process – general questions aimed at verifying that the process being audited is effective and not prone to generating nonconformities.

Step Five: Summarise Findings – a detailed list of the negative findings to be entered into the Corrective Action Reporting system.

Step Six: Review of Report – a review by the Auditor of all findings and evidence to ensure the audit report is complete, clear, objective, and provides traceable objective evidence.

Auditing shall be performed by obtaining and documenting objective evidence to support each requirement, or indicate where non-conformances are found. All findings are recorded on the Internal Audit Report**.** The internal auditor submits Corrective Action Reports as necessary to address the non-conformances recorded on the report.

When recording nonconformities, each negative finding must include three elements:

Indication of the Requirement – the document or clause of the applicable standard which is thought to have been violated.

Objective Evidence – traceable indication of the evidence found which supports the claim of a nonconformity (e.g.: documents, products examined, interview results). In all cases, objective evidence must be recorded in sufficient detail to ensure a third party can find the exact evidence at a later date.

Details of the Nonconformity – a brief statement on why the objective evidence shows a nonconformity against the requirement.

The nonconformities shall be rated as either “Major” or “Minor” per the requirements of customers and some regulatory bodies. Findings shall be rated by Type, whether Corrective, Preventive or Opportunity for Improvement (OFI).

Once Corrective Action Reports are filed, the responsible managers or parties shall ensure timely corrective action is taken to remedy any non-conformances found.

This shall be in the form of a re audit undertaken against actions declared on the Corrective Action Reports.

The Auditor shall update the audit schedule within the Internal Audit Log to reflect to closure of the audit, and enter a summary of audit findings. Based on the results of the audits, and previous audits, the Auditor will then schedule the next audit of the particular process. Processes for which internal audits discover a high number of findings, or critical findings of any number, should be audited more frequently until the process is proven effective again.

The completed Internal Audit Report is then published on the company’s server and/or sent to the appropriate managers of the areas audited, in order to report the findings and results.

In this way, and in conjunction with the submission of Corrective Action Reports all necessary managers are notified of the audit results and may make informed decisions for their departments based on those results.

The results of internal audits are also gathered for review by top management during management review.