Internal Quality Audit Procedure

1.0 PURPOSE

1.1 An Internal Audit shall be conducted at planned intervals to provide information on whether the Management Systems:

1.1.1 conforms to its own organizational requirements;
1.1.2 is effectively implemented and maintained.

1.2 The Internal Audit Team shall:

1.2.1 plan, establish, implement and maintain an audit programme(s) including the frequency, methods, responsibilities, planning requirements and reporting, which shall take into consideration the importance of the processes concerned, changes affecting the organization, and the results of previous audits;

1.2.2 define the audit criteria and scope of each audit;

1.2.3 select auditors and conduct audits to ensure objectivity and the impartiality of the audit process;
1.2.4 ensure that the results of the audits are reported to relevant management;
1.2.5 take appropriate correction and corrective actions without undue delay;
1.2.6 retain documented information as evidence of the implementation of the audit programme and the audit results.

2.0 SCOPE

This procedure shall apply to the Structural Repair Solutions Ltd Management System process on Internal Quality Audit.

3.0 DEFINITION OF TERMS

3.1 Audit – a systematic, independent, and documented process for obtaining objective evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled.

3.2 Audit Programme – set of one or more audits planned for a specific time frame and directed towards a specific purpose.

3.3 Audit Plan – description of the activities and arrangements for an audit.

3.4 Audit Criteria – set of policies, procedures, or requirements, used as a reference against which objective evidence is compared.

3.5 Audit Evidence – records, statements of fact or other information, which are relevant to the audit criteria and verifiable.

3.6 Disposition – action or set of actions to be taken.

3.7 Conformity – fulfilment of a requirement.

3.8 Nonconformity (NC) – non-fulfilment of a requirement.

3.9 Opportunity for Improvement (OFI) - an observed situation which is not a nonconformity but where the results achieved may not be optimal, less than well-organized, or over complicated.

3.10 Request for Action (RFA) - document utilized by anyone in the Academy in recording and reporting any detected or potential nonconformity

4.0 RESPONSIBILITIES

4.1 Auditors - carry out the audit, conduct follow-up activities, and verify the completeness and effectiveness of the actions taken.
- prepare the necessary tools to be used for the audit.

4.2 Heads/Process Owners - ensure that corrections and corrective actions are carried out without undue delay
-ensure that all RFAs issued to his/her Unit is properly responded,
and that documented information is retained.

4.3 Director - prepares and endorses the audit programme;
- leads/manages the implementation of audit;
- reports audit findings to the employees.

5.0 PROCEDURE DETAILS

5.1 Planning the Audit

5.1.1 The Audit Programme for a specific year shall be prepared by the Director.

5.1.2 An unscheduled IQA may be initiated by the Director based on any of (but not limited to) the following:

5.1.2.1 Unusual increase in quality-related problems;

5.1.2.2 Introduction of new products and services;

5.1.2.3 Changes on the quality system, personnel and processes; and

5.1.2.4 Customer's request.

5.1.3 The auditor should not be assigned to an area they belong to and/or responsible for, organizationally. The Audit Plan shall guarantee that an auditee will not be audited by someone who emanates from the same unit.

5.1.4 The auditors are likewise discouraged to audit the areas where they have had involvement in any manner for at least one (1) year prior to the audit.

5.2 Preparation for the Audit

5.2.1 An Audit Plan shall be sent to the Auditee within a week before the conduct of audit. It shall serve as the confirmation of the audit activity.

5.2.3 The prescribed document to be used in recording data/information gathered from the audit is the Audit Checklist.

5.3 Conducting the Audit

5.3.1 An opening meeting shall start the audit where the audit plan is reconfirmed with the auditee/s. The auditor should also discuss the objective, scope, and criteria of the audit.

5.3.2 The audit proper shall include the following activities:

5.3.2.1 Establishment of facts by interviewing the personnel, examining the documents, observing the processes and verifying records;
5.3.2.2 Recording of facts as evidence of the audit;
5.3.2.3 Evaluation of facts to determine objective evidence of nonconformity.
5.3.2.4 Classification of audit findings as to NC or OFI.
5.3.2.5 Recapitulation of the audit findings with the auditee.
5.3.3 A closing meeting shall be conducted to report the audit findings to the auditees/concerned heads of the unit.

5.4 Reporting the Audit Findings

5.4.1 NCs and OFIs resulting from the audit shall be documented in the RFA form. Upon review of the Team Leader, the RFA will be addressed and issued to the concerned person.
5.4.2 In recording the RFA, the following coding system shall be observed:
Example: PDC-2021-001
Note: All RFAs should be coursed through the IQA Team. RFAs which are not products of audit, and have emanated from anywhere within the company, shall also adopt the above coding system.
Sequence No. (nth RFA)
4-Digit Year
Name of business area

5.4.3 A summary of findings shall be prepared by the IQA Team Leader to be reported

to the business.

5.4.4 An overall assessment on the implementation and effectiveness of the system, shall be reported by the Management during a Management Review.

5.5 Monitoring on the submission of RFA

5.5.1 The Auditee has fifteen (15) working days, upon receipt, to accomplish and submit the RFA.

5.5.2 At the end of the month, should there be outstanding RFAs (un-submitted within 15 working days) a follow-up letter shall be issued to the concerned staff for its immediate submission. The Follow-up up letter shall be signed by the Director.

5.5.3 Failure to accomplish and submit the RFA to the business, despite a Follow-up Letter, shall be reported to the Director for appropriate action.

5.6 Verification of Actions

5.6.1 The Director shall verify the implementation of actions as provided in the RFA. If the corrective action is not fulfilled upon 1st verification, the auditee will then provide a new implementation date, subject to 2nd verification.

5.6.2 The effectiveness of corrective actions taken can be ascertained if there is no recurrence of NC in the succeeding audit.

Signed – Neil Smuts Date: 24.05.2024

Name: Neil Smuts Date of Review: 24.05.2025