1.0 PURPOSE:

1.1 To establish, document, and maintain a procedure for the Agency's Internal Quality Audit (IQA).

1.2 To define the system for the planning, preparation, execution, follow-up, and reporting of IQA activities in determining whether:

1.2.1 The QMS conforms to the planned arrangements, to the requirements of ISO 9001, and to the established quality management system; and,

1.2.2 The QMS is effectively implemented and maintained.

2.0 SCOPE:

2.1 This procedure applies to the Agency's quality management system whose processes directly affect the quality of services delivered to the customer.

3.0 DEFINITION OF TERMS:

3.1 Audit- Systematic, independent, and documented process for obtaining evidence and evaluating it objectively, to determine the extent to which criteria are fulfilled.

3.2 Audit Criteria- Set of policies, procedures, or requirements, used as reference against which audit evidence is compared

3.3 Audit Evidence- Records, statements of facts or other information, which are verifiable and relevant to the audit criteria. It can be qualitative or quantitative

3.4 Audit Findings- Results of the evaluation of the collected audit evidence against audit criteria

3.5 NC- Nonconformity, Non-fulfillment of requirement

3.6 Disposition- Actions to be taken to address nonconformities

3.7 Control Measures- Measures to be taken to prevent occurrence of an identified

3.8 RFA - Request for Action form

3.9 OFI- Opportunity for Improvement; Statement of fact or condition that does not signify a failure in the system but may be enhanced

3.10 QMR- Quality Management Representative

4.0 PROCEDURE DETAILS:

4.1 Responsibilities

4.1.1 The QMS Core Team/QMS Leader/Head/IQA Team is responsible for ensuring that a complete audit on the quality management system takes place at least once a year.

4.1.2 The IQA Team Leader is responsible for ensuring the proper implementation of this procedure.

4.1.3 The QMS Leader/Head/Concerned Unit are responsible for ensuring that appropriate actions, with regard to audit findings are taken without undue delay to eliminate their causes.

4.1.4 The auditor(s) who carried out the audit, which resulted in raising audit findings, is responsible for conducting follow-up activities to verify the completeness and the effectiveness of the actions taken.

4.1.5 Auditor(s) are responsible for preparing the necessary tools and Audit Checklist to be used for the Audit.

4.2 Planning the Audit

4.2.1 An Audit Plan is prepared by the IQA Team Leader before the start of a calendar year.

4.2.2 The Audit Plan contains the schedule for a twelve-month period during which the whole of the quality management system will be audited on a semi-annual basis.

4.2.3 In addition to the planned audits, unplanned internal audits may be initiated by the QMR, if deemed necessary. Decisions for initiating unplanned internal audits should be based on:

- unusual increase of quality related problems,
- introduction of new products and services,
- changes on the quality system, personnel and processes, and,
- customer's request.

4.2.4 The Audit Plan is reviewed and approved by the President prior to its implementation.

4.2.5 Copies of the Audit Plan are disseminated to all concerned departments through a memorandum prepared by the QMR.

4.2.6 Prior to conducting an audit, both planned and unplanned audit require a notification, to be given at least a week before the conduct of audit, to affected functions. Notification of an audit shall be in the form of an Audit Schedule prepared by the IQA Team Leader.

4.2.7 An Audit Schedule shall include the:

- purpose of the activity;
- audit scope;
- departments to be audited with their designated representatives;
- assigned auditors; and,
- date and time of the audit.

4.2.8 Auditors, who are tasked to conduct the audit shall be selected from the pool of qualified personnel listed on the Special Order duly signed by the President. Auditors registered on the list are trained and qualified in accordance with appropriate education, training, skill, and experience, as suggested in ISO 19011:2002.

4.3 Preparation for the Audit

4.3.1 Upon notifying auditors and auditees, necessary documentation (e.g. Quality Manual, PAWIM, QMS and project management records) are reviewed by auditors.

4.3.2 Taking into account the audit scope, objectives, and the information gained from the review of various documents and records, Audit Checklists are developed.

4.3.3 The checklist is used flexibly. It is not used as a questionnaire which, when completed, signals the end of the interview. During the audit, the auditor may add to the checklist, depart from it, and return later, or may decide not to cover some items.

4.4 Conducting the Audit

4.4.1 An opening meeting is conducted prior to actual audit to reconfirm audit schedule, basis for the audit, and audit participants. The meeting is usually an informal one with no record being kept except those necessary for the smooth conduct of the audit.

4.4.2 An Audit proper must have the following activities:

- Establishment of facts by interviewing personnel, reviewing documents, observing processes, and verifying records.
- Recording of facts as evidence of the audit.
- Evaluation of facts to determine the objective evidence of a nonconformity.
- Classifying audit findings as to NC or OFI.

4.4.3 Closing meeting is conducted to present audit findings to the Concerned Department Heads of the audited area. RFAs are issued to the after the closing meeting.

4.5 Reporting of Audit Findings

4.5.1 Audit findings, are documented on the Request for Action (RFA) form.

4.5.2 Audit follow-up is conducted on or after the target implementation/completion date, to verify whether the appropriate action is effectively implemented.

4.5.3 Details of the actions taken and the verification results are written on the follow-up portion of the RFA.

4.5.4 In case of a rescheduled follow-up, the auditor ensures that the new follow-up date is properly recorded in the RFA.

4.5.5 “Closed” RFAs are returned to the IQA Team Leader.

4.5.6 An Audit Summary Report is prepared by the IQA Team Leader and submitted to the QMR for approval.

4.5.7 To provide evidence of a systematic audit and for useful references, the IQA Team Leader maintains all relevant records of concluded internal audits.

4.5.8 Results of internal audits are discussed and presented during management review meetings.

4.6 Verification of Actions Taken

4.6.1 RFAs are forwarded to the IQA Team Leader, who assigns control numbers for monitoring purposes.

4.6.2 The IQA Team Leader maintains a registry of all RFAs. Corrective/preventive actions are implemented without undue delay. Guidelines are given on Corrective and Preventive Action Procedure

4.6.3 Actions to address OFIs are recommended but not required.

5.0 REFERENCES:

5.1 Corrective Action Procedure
5.2 RFA form
5.3 Audit Checklist