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1.0 PURPOSE


- 1.1 To ensure that the Authority continuously operates in accordance with the specified policies, procedures and external requirements in meeting Authority goals and objectives.
- 1.2 To ensure that improvements to the quality system are identified, implemented and suitable to achieve objectives.

2.0 SCOPE

- 2.1 This procedure includes planning, execution, reporting and follow – up of an Internal Quality Audit.
- 2.2 This procedure applies to all departments that form part of the Authority's quality system.

3.0 PROCEDURE

- 3.1 General
 - 3.1.1 Internal Quality Audit shall be scheduled semi – annually or as the need arises. This shall cover all the areas/elements included in the scope of the system. This is performed to check the established quality system's continuous suitability and effectiveness.
 - 3.1.2 Personnel who are independent of the unit that are being audited perform the Internal Quality Audit.
 - 3.1.3 All members of the Internal Audit Team shall have undergone formal IQA training. Trainees may be assigned to assist the members of the team provided that they are duly authorized by the QMR.
 - 3.1.4 The QMR or an appointed Lead Audit supervises the activity of the Audit Team.
 - 3.1.5 An Audit Notification Memo is sent to the office to be audited at least three (3) working days in advance of the audit.

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3.2 Responsibility

3.2.1 Quality Management Representative


- Prepares and/or approves an Audit Plan with the Quality Manual as basis for planning the audit.
- Appoints the Lead Auditor and the Audit Team. There are times that the Lead Auditor is also the QMR.
- Reviews the corrective and preventive actions and the follow – up audits done based on the Internal Quality Audit Report submitted.
- Reports to the Management Committee the results of the Internal Quality Audit.
- Maintains the confidentiality of the audit results.

3.2.2 Lead Auditor

- Coordinates with office heads concerned during the day of the audit.
- Plans the audit, prepares the working documents and briefs the audit.
- Consolidates all audit findings and observations and prepares IQA report.
- Reports critical nonconformities to the auditee immediately.
- Reports to the auditee the audit results clearly and without delay.
- Conducts the opening and closing of meeting.

3.2.3 Audit Team

- Supports the Lead Auditor

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- Prepares and reports the non-conformities and recommends suggestions for improvement as appropriate.
- Retains the confidentiality of audit findings.
- Acts in an ethical manner at all times.

3.2.4 Auditees

- Receives the audit report and determines, initiates and follow – ups the corrective action.

3.3 Conduct of Quality System Audit


3.3.1 Audit Plan

The Audit Plan shall be prepared by the Lead Auditor and approved by the QMR. It should be communicated to the auditors and the auditees. It should be designed flexible in order to permit changes in emphasis based on the information gathered during the audit. The Audit Plan shall include:

- The audit objective and scope.
- Office to be audited and responsible individuals in charge.
- The audit team members. The number of auditors depends on the size of the area to be audited.
- The quality system to be audited.
- The date, place and time the audit is to be conducted.
- Audit report distribution date.

3.3.2 Pre – audit Meetings

The objectives of pre – audit meetings are as follows:

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- To ensure the availability of all the resources needed and other logistics that may be required by the auditor.
- The scope of the audit is verified from the Audit Plan.

3.3.3 Opening Meeting

The following meeting is to be discussed in the opening meeting:

- Introduction of members of the audit team to the auditees.
- The purpose and scope of the audit.
- Confidentiality agreement of the audit findings and results.
- Clarification of other matters must be settled before the audit takes place.

3.3.4 Audit Execution

- The auditors will perform the internal quality audit using the following guide reference:


Quality Manual

Quality Procedure

Work Instruction Documents

Blank Audit Checklist


- Nonconformity evidence is collected through interviews, examination of documents and observation of activities and conditions of the areas of concern will be written in Correction Action Request.
- Evidences suggesting non-conformities should be noted if they seem significant, even though not covered by the checklist. Other objective evidence that may reflect positively or negatively on the quality system will be listed in the Observation List.

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- The auditors shall observe the following conduct during the internal quality audit:
 - Objectiveness, punctuality, courteousness, politeness, respect for protocols and restrictions, exercise of fairness, works within his defined authority, avoids arguments and criticize in a constructive way.

3.3.5 Audit Report

- The auditors shall have a wrap – up meeting. Agenda includes:
 - Review and analysis of findings.
 - Consolidation of all findings including grouping and tabulation.
 - Classification of findings
 - Preparation of recommendation and audit report.
 - The audit team shall review all their findings whether they are to be reported as nonconformities or as observations. Audit findings should likewise be supported by objective evidence.
- The Lead Auditor consolidates all the audit findings for the preparation of the audit report.
- The auditor classifies findings as:
 - Major Noncompliance – one or more element of the quality plan is missing.
 - Minor Noncompliance – one or more elements of the quality plans are partially complied.
 - Observation

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- A statement of fact during an audit and supported by objective evidence that may reflect positively or negatively on the quality system. Though it is not booked as nonconformity, it calls management attention to an area that requires improvement/actions lest it be elevated to nonconformity in the future quality system audits.
- The Lead Auditor shall prepare a standard Internal Quality Audit Report containing the following information:
 - Audit Reference Number
 - Date of Audit
 - Office Audited/Process Name
 - Name of Auditee
 - Name of Auditors
 - Statement of findings (all non-conformities found)
 - Reference to the quality system and standard
 - Completion Date
- The auditors shall follow a code of conduct in the manner of reporting as stated in this document.
 - The report should be concise but factual and presented in a constructive manner.
 - The findings should be within the scope of audit and shows the relationship of the standard used.
 - The report should not show bias by the individual auditor.
- The auditors shall submit copies of the internal quality audit report to the auditee to address the non-conformities found.

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- The Lead Auditor shall issue a formal Audit Report to the QMR (if the QMR is not Lead Auditor).
- The internal quality audit report shall be retained in accordance with Quality Record Procedure.

3.3.6 Closing Meeting

- The Lead Auditor shall preside over the closing meeting attended by the audit team and the auditees.
- The auditor shall report their findings, observations and recommendations.
- The auditor summarizes the good points before saying the non – conformities.
- Both parties shall safeguard the confidentiality of the internal quality audit report.
- The timescale of the corrective and preventive action of nonconformities is agreed upon.
- All queries and clarification are resolved.

3.4 Corrective/Preventive Action Follow – up

- 3.4.1 The auditor is only responsible for identifying the non-conformities.
- 3.4.2 The auditees are responsible for correcting the reported non-conformities.
- 3.4.3 Approved corrective/preventive actions shall be based on the agreed timescale.
- 3.4.4 The auditor shall make a follow – up audit if nonconformities still exist. Normally, the audit procedure is followed. The frequency of follow – up depends on the result of audits.

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3.5 Audit Follow – up

The QMR will meet with the auditors and take overall responsibility for follow – up activities of audit results with the auditees. Follow – up action will not be considered complete until all corrective actions or measures have been implemented and the status has been reported to the Lead Auditor.