This procedure has been completely reviewed. Therefore no individual paragraphs have been starred (*) to indicate changes.

1. AIM

The aim of this operating procedure is to define the means by which the quality systems referred to within the Company's Quality Manual, will be audited to ensure compliance with the Company's documented procedures and to identify possible improvements to the quality system.

2. SCOPE

The Documented Quality Management System

3. REFERENCES

ISO 9001: 2015

Audit Report
Audit Schedule
Audit Summary Report
Audit Tracking Register
Auditor Aide-Memoir

4. RESPONSIBILITY

Finance & Operations Director: for agreeing the annual audit schedule in conjunction with the Quality Consultant.

Quality Consultant: for coordinating audits and reviewing and collating information ready for management review.

5. IMPLEMENTATION AND CONTROL OF THE PROCESS

The Quality System is audited in accordance with the Audit Schedule, which is planned in advance for the following year, nominally January to January.

Audits are conducted by the Quality Consultant.

Audit frequencies may be adjusted due to the number of non-conformances raised and/or the perceived risk of an area of the QMS or product or service quality.

Should a situation arise which indicates that any part of the organisation or the system is not operating effectively, a special audit may be instigated by agreement with the Directors.

Auditing includes a review and analysis of the records generated during procedure operation.

There are two audit processes:

a) Individual audits of Departments – these are reported actioned as follows

The audit findings and any non-compliances should be verbally communicated to the auditee at the end of the audit. An Audit Summary Report Form together with any Audit Reports Forms 302-01 containing details of non-compliances raised will be provided to the Manager of the person/function having been audited within 10 working days of the audit. The manager shall sign the Audit Summary Report as a record of the audit having taken place. During the audit notes are taken by the auditor on an Aide-Memoire as a record of items viewed/examined. All non-compliances are individually identified and tracked using the Audit Tracking Register.

Line Management are responsible for clearing non-compliances found during an audit and establishing the effectiveness of the action taken. The non-compliances are expected to be cleared within 20 working days or an action plan produced to resolve the non-compliance with an agreed timescale. The auditor will verify that the non-compliance are cleared at the time of the next audit or before if considered necessary i.e. if relative to operational effectiveness.

Periodically for reasons of certification or because of specific contract requirements the Quality Management System will be audited by external assessors. Any non compliances raised during external visits are actioned immediately following the visit. A reply to BAB detailing planned corrective action is made within 30 days of the visit. The Quality Constulant is responsible for monitoring the progress of the corrective action.

All Audit Reports are retained as records and are reviewed during the Management Review Procedure.

6. RECORDS

We will keep the following documents as quality records:

Audit Reports, Audit Summary Reports, Audit Schedule, Audit Tracking Register and Auditor Aide-Memoire.

Cross references

Risk Based Approach & Preventative Action
Management Review Procedure