Quality Procedure

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Purpose

This procedure is established and maintained to ensure that ISO internal audit is performed to determine that the quality management system has been implemented effectively as well as meeting the stated quality objectives; to provide the opportunity to improve the system; and to facilitate the external audit.

Scope

This procedure shall apply to all areas and processes that are relevant to the requirements of ISO 9001: 2015.

Process

1.0 Preparation of Internal Audit Program

1.1 In the month of January every year, the Quality Management Representative (QMR) shall prepare the ISO Internal Audit Program.

1.1.1 The ISO Internal Audit Program shall be prepared based on the status and the importance of the areas and processes to be audited, as well as the results of the previous year's audit.

2.0 Assembling of an Audit Team

2.1 After the ISO Internal Audit Program has been prepared, the QMR shall assemble an audit team at least 20 working days prior to the audit exercise.

2.1.1 The audit team shall consist of a lead auditor and one or more auditors.
2.1.2 The Lead Auditor and auditors shall be selected from the Internal Auditor Team master list.
2.1.3 The lead auditor shall be responsible to provide complete instructions to each auditor.
2.1.4 The audit team members should not have direct responsibility for the areas and processes they are to audit.

3.0 Notification of Audit

3.1 After the audit has been formed, the lead auditor shall notify the Heads of Sectors (HOS)/Heads of Divisions (HOD) by e-mail about the areas or processes to be audited at least 10 working days before the date of the audit.

4.0 Preparation of the ISO Audit Plan

4.1 Once the HOS/HOD have been notified, the lead auditor shall immediately prepare the ISO audit plans for all the areas or processes to be audited.

5.0 Performing the ISO Audit

5.1 Based on the ISO audit plan, the auditor shall conduct the audit with the following approaches:

a. Review relevant procedures and supporting documents;
b. Interview the audience on the practices against documented procedures and supporting documents;
c. Observe the relevant practices/processes;
d. Check the relevant retained documented information as evidences of implementation;
e. Record down findings or obersvation found during the audit in the Auditor's Notes.

6.0 Preparation and Issuance of ISO Audit Report

6.1 After performing the audit, the auditor shall categorize the audit findings as positive findings, observations, or non-compliance (NC)

6.2 After the findings have been categorized, the auditor shall immediately review the audit findings to confirm the categories with the lead auditor.

6.3 After confirmation of the categories of the findings, the auditor shall explain the findings to the auditee and seek their agreement (if possible) on their acceptance of the findings.

6.3.1 If the finding is an NC, the auditor shall record it in the NC Report and raise a corrective action request (CAR).
6.3.2 If the finding is an observation, the auditor shall record it in the Observation Report and raise Response to Observation.
6.3.3 If the finding is positive, the auditor shall record it in the Positive Report.

6.4 After completion of the audit, the lead auditor shall immediately prepare an Audit Summary and compile it together with the NC Report, CAR, Observation Report, Positive Report, Response to Observation, Auditor's Notes, meeting attendance lists and audit plans as an Audit Report.

6.5 After compiling the ISO Audit Report, the lead auditor shall submit it in hardcopy to the QMR within 2 working days from the date of compilation.

7.0 Initiation of Corrective Action

7.1 Upon receipt of CAR, the affected HOD shall investigate for the root cause of the NC; initiate timely correction and corrective action; record the investigation results, and correction and corrective action into the CAR as per the Corrective Action procedure.

8.0 Control of Documented Information

8.1 After preparing the ISO Internal Audit Program, the QMR shall immediately place it in the Internal Audit file and keep the file in the Central Registry room.

8.1.1 The ISO Internal Audit Program is categorized as "Open" and can be accessed by every staff.

8.1.2 The ISO Internal Audit Program shall be retained for a minimum of 3 years from the date of its creation.

8.2 After receipt of the ISO Internal Audit Report from the lead auditor, the QMR shall immediately place it in the Internal Audit file and keep the file at the Central Registry room.

8.2.1 The ISO Internal Audit Report is categorized as "Limited" and can only be accessed with permission from the QMR

8.2.2 The ISO Internal Audit Report shall be retained for a minimum of 3 years from the date of its creation.

8.3 When the ISO Internal Audit Program and the ISO Internal Audit Report have passed their retention periods, the QMR shall within 30 days and through e-mail seek the permission of the CEO to dispose them in accordance with Pustaka Negeri Sarawak records management guidelines and practices based on Sarawak State Library Ordinance 1999.

Annexes

a) Corrective Action Request Form
b) Non-Compliance Report Form
c) Observation Report Form
d) Positive Report Form
e) Response to Observation Form
f) Auditor's Notes Form
g) Audit Summary Form