The Inspection Technology and
Quality Assurance National Institute

INTERNAL AUDIT, NON - CONFORMITY AND CORRECTIVE ACTION PROCEDURE

ITQAN-MP-13

According to ISO 9001: 2015, ISO 14001:2015 and ISO 45001:2018 requirement

ITQAN Institute

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Responsible	

INTERNAL AUDIT, NON -CONFORMITY AND CORRECTIVE ACTION PROCEDURE

1. OBJECTIVES:

The primary objective of this comprehensive procedure is to establish a structured framework for an efficient execution of the Internal Audit Process within the ITQAN Institute. Additionally, it aims to systematically identify instances of non-conformity, manage Corrective Actions, and maintain ongoing oversight to address non-conformities within the system.

2. SCOPE:

This procedure applies universally across all departments operating under the umbrella of the Quality Environment and Safety Management system within ITQAN Institute. It involves the guidelines and protocols for conducting Internal Audits, detecting non-conformities, implementing Corrective Actions, and implementing continuous control measures.

3. RESPONSIBILITIES:

The roles and responsibilities pertinent to this procedure are as follows:

- Department/Unit Heads: As leaders of their respective departments/units, they play a vital role in ensuring the implementation of this procedure. They are responsible for fostering a culture of compliance and transparency within their teams.
- Management Representative: Serving as the key link between management and the operational teams. The Management Representative oversees the execution of this procedure ensuring the alignment of the institute's goals and regulatory requirements.
- Suppliers/Contractors: When applicable, suppliers/contractors are expected to adhere to the principles outlined in this procedure. They should actively contribute to the identification of non-conformities and participate in the implementation of Corrective Actions within their scope of work.

4. PROCEDURE DETAILS:

(A) INTERNAL AUDIT PROCESS:

ACTIVITIES	RESPONSIBLE	DOCUMENT
4.1. AUDIT SCHEDULE 4.1.1. Develop an Audit Program outlining the schedule of audits for each procedure. The audit frequency for each procedure should not exceed 12 months. The Management Representative is responsible for this task. [Document: ITQAN/MR/19]		
4.1.2. Obtain approval for the audit schedule from the Management Representative.	Management Representative	ITQ/MR/19
4.1.3. Ensure that the annual audit program includes a comprehensive system audit in accordance with the Management System Manual and the standards ISO 9001:2015, ISO 14001:2015, and ISO 45001:2018. The Management Representative supervises this activity.		

4.2. EXTRAORDINARY AUDITS When operational issues or significant system changes arise, the Management Representative may schedule extraordinary audits for investigation or verification. These audits follow a similar process as Scheduled Audits, with flexibility in notice periods.	Management Representative	
4.3. AUDITORS 4.3.1. Request Department/Unit Heads to nominate employees for Internal Auditor training. Internal Auditors must not audit their own departments. [Document: ITQAN/MR/19]		ITQ/MR/19
4.3.2. Compile a list of candidates for Internal Auditor training, recorded in the "Attendance Training Sheet".	Management Representative	
4.3.3. Ensure that auditors receive adequate training to fulfill their responsibilities. Successful completion of an Internal Auditor Training exam by a recognized agency satisfies this requirement.		

4.4. AUDIT PREPARATION		
4.4.1. Inform auditors and auditees about proposed audit dates at least one week in advance.	Management Representative	INTERNAL MEMO
4.4.2. Designated auditors take responsibility for audit preparation, coordination, execution, and reporting to the Management Representative.	AUDITOR	ITQAN/MR/21
4.5. AUDIT EXECUTION		
4.5.1. Auditors meet with department heads to establish audit timelines upon arriving at the audit location.		ITQAN/MR/21
4.5.2. Perform audits using approved checklists, recording relevant observations.	AUDITOR	
4.5.3. Identify non-compliance and create Non-Conformance Reports (NCRs) for required corrections, following the Corrective Action process.		
4.6. AUDIT REPORTING		
4.6.1. Prepare an internal audit summary report. It shall contain the audit report number which was already issued by the Management Representative. The original audit report filled out a checklist and a copy of the Non-Conforming Reports shall be passed on to the concerned department/unit head.	AUDITOR	ITQAN/MR/21
4.6.2. Update the internal audit schedule and Non-Conformance Report status log to indicate audit status. Follow up audits, if any, shall be indicated on the status log.	Management Representative	ITQAN/MR/20
4.7. CORRECTIVE ACTION:		
4.7.1. Collaboratively determine corrective actions and their completion timelines between the Department/Unit Head and Management Representative. [Document: ITQAN/MR/22]	DEP'T HEAD / MR	ITQAN/MR/22
4.7.2. Upon corrective action implementation, update the NCR and pass it to the Management Representative for review.	DEP'T HEAD / MR	
4.7.3. Review NCRs and perform follow-up audits if required, marking their closure within 15 days post-audit.	MR	ITQAN/MR/22

(B) CORRECTIVE ACTION PROCESS:

Corrective Action:

In the pursuit of continuous improvement and maintaining the highest standard of quality, the Corrective Action Process is strategically designed to address issues promptly and effectively. This process entails the following steps:

- **Documenting Corrective Actions:** Identify various contexts where corrective actions may be necessary, such as clients' complaints, potential issues, clients' comments, findings from third-party audits, outcomes of clients' inspections, and assessments of supplier/contractor performance records. Each of these instances serves as a trigger for initiating corrective action.
- **Classification of Reports:** Upon identifying the need for corrective action, classify the corresponding reports as either major or minor. The classification should be based on the magnitude of their impact on operational activities and the overall management system. Major

reports denote substantial deviations that warrant immediate attention, while minor reports refer to issues with relatively less significant consequences:

- **MAJOR:** Where procedure contradicts working practices and or working practices do not reflect standard requirements such as customer complaints, requires additional corrective action, and equipment breakdown/failures, require operation to be halted.
- **MINOR:** Where system procedure failures do not affect operational activities. Non-conformities which do not have an immediate effect on the Management System.

(C) CLIENT COMPLAINTS:

Customer satisfaction lies at the core of operational excellence, and addressing clients' complaints promptly and effectively is crucial. The process for handling clients' complaints includes the following steps:

- **Reporting Complaints:** Any client complaint, whether received in writing or verbally, should be promptly reported to the respective Department/Unit Head within 24 hours of receipt. This swift reporting ensures that complaints are addressed in a timely manner, reflecting the institute's commitment to clients' responsiveness.
- **Collaborative Resolution:** Upon receipt of the complaint, the Department/Unit Heads collaborates with relevant department/unit heads to address the issue comprehensively. This collaborative approach ensures that the complaint is understood from different perspectives, leading to a more effective and well-rounded resolution.
- **Documentation on NCR/Corrective Action Forms:** All details related to the client complaint, its nature, context, and the steps taken for resolution, are meticulously documented using Non-Conformance Report (NCR) or Corrective Action Forms. These documents serve as a repository of information for analysis, tracking, and future reference.

(D) CONTROL OF NON-CONFORMITY:

Maintaining conformity to established processes and procedures is vital to ensuring consistent quality and compliance. The Control of Non-Conformity process is designed to manage deviations and rectify them systematically:

- **Comprehensive Control:** The process spans various phases of service execution, operational activities, and service delivery. This proactive approach aims to identify non-conformities at different stages of operation, preventing their escalation and impact on the outcome.
- **NCR Documentation and Implementation:** When non-conformities are identified, the Training Operations Officer takes the lead in documenting these issues in Non-Conformance Report (NCR) forms. This documentation captures the nature of the non-conformity, its context, and the potential effects.
- **Effective Corrective Actions:** To address non-conformities, corrective actions are devised and implemented in a systematic manner. The management team, in collaboration with relevant stakeholders, takes the necessary steps to rectify the non-conformity and prevent its recurrence.
- **Involvement of Department/Unit Heads and Suppliers/Contractors:** To ensure comprehensive resolution, non-conformity forms are forwarded to the relevant department/unit heads or suppliers/contractors. Their input and action are essential for addressing the non-conformity from multiple angles and ensuring a holistic solution.

5. ASSOCIATED DOCUMENTS:

- IA Plan (*ITQ/MR/19*)
- IA Schedule (*ITQ/MR/20*)
- Non-conformance Report (*ITQ/MR/21*)
- Corrective Action Log (*ITQ/MR/22*)