AS/NZS ISO 9001:2008 Compliance Report

RRW & Co Pty Ltd

REVIEW DETAILS			
Invoice Reference Number	**Certificate Number**	**Review Date/s**	**Review Time Hours**
S6315	158	24 June 2011	6

Audit times as per Guidelines and Critical Process reviewed	**If times not to Guidelines or Critical Process NOT Reviewed (Specify)**
Yes	

Type Of Audit →	Surveillance
Audit Location	
167 Logan Rd, Woolloongabba	

Audit Team Leader	**Audit Team Member**
Brian de Cambra	
Audit Team Member	**Audit Team Member**

Client Contact	**Auditor Conflict**
Anthony Barber	No

Procedures or Work Processes to be Reviewed
ISO 9001: 2008 Quality Manual, Procedures and associated Documentation.

Capability Statement (Including ANZSIC Codes) Management Consultancy, Workplace Training, Further Education. 7855, 8432, 8440.

Scope: Management Consultancy:
Human Resources Networking, Managing Change, Self Managed Teams, Productivity Improvement, Workplace Agreements
Process/Product Quality, Strategic Development Plans, Systems Analysis, Enterprise Bargaining, QA Systems, Project Management, Managing Change, Self Managed Teams

Workplace Training:
Learning centered and customised to enterprise needs. Sourcing and administering funding subsidies.
Certificates I-IV in a wide range of vocational areas. Training system design and implementation.
Training and development – Workplace Trainer and Assessor. Competency Standards Development.
Course design and delivery. Training Needs Analysis. Operational training design and alignment to certificate level courses.

Further Education:
Diploma of Management (focusing on application in the workplace)
Strategic Management training.

ANZSIC Codes: 7855, 8432, 8440

Entry / Exit Meeting Attendees			
Name	**Position**	**Name**	**Position**
Brian de Cambra	SciQual Auditor	Anthony Barber	QA & Finance Manager

Sites / Areas Reviewed
167 Logan Rd, Woolloongabba

Review Report Details

Confidentiality:

Information obtained from RRW & Co and reviewed in the course of producing this Report will be treated as confidential. It will not be used for any purpose other than for the production of this Report.

Disclaimer:

This report has been prepared by Sci Qual International Pty Ltd for the purpose of determining the Standard implementation of RRW & Co's Management Systems to AS/NZS ISO 9001:2008 at nominated Sites.

Due to the sampling nature of auditing, some deficiencies may exist that were not detected at the time of the Audit.

The contents of this Report are intended only for use in determining whether RRW & Co meets the AS/NZS ISO 9001:2008 Standard.

Whilst every effort has been made to ensure the accuracy of this Report, Sci Qual International Pty Ltd will not be held responsible, and extends no warranties as to the suitability of such information or for the consequences of its use. Likewise, neither Sci Qual International Pty Ltd nor the Auditor will be held responsible for actions taken by third parties as a result of information contained in this Report

Audit Procedure:

Following an Entry Meeting, a Desktop Review was conducted on the Quality Manual and Procedures.

This Audit was conducted in accordance with the current auditing Standard ISO 19011:2002. The focus of this assessment was an extensive review against AS/NZS ISO 9001:2008. The findings are recorded on an exception basis. Due to the sampling nature of auditing other non-conformances may be present that were not detected at Audit.

When auditing electronic based systems the Auditors may assess a number of the elements via the internet under passwords provided by RRW & Co for this purpose and under the strict security protocols. Where passwords are obtained and used they are to be removed by the client following the Audit and a new password obtained for each Audit. Under no circumstances are files to be down loaded unless the Auditee approves the down load. The security of the information and the validity and the methods of establishing the electronic record will be assessed to ensure it has been either scanned from an original document or established under password protection. Electronic based systems must be backed up both in an effective manner with some method of ensuring that data is not lost. Offsite back ups are usually required.

Record of Audit:

This Report contains a summary of all Audit findings. Details of documentation reviewed, persons interviewed and other observations, which may have been noted on the day of the Audit, will be contained within the Auditor's notes. These notes if retained will be on file at Sci Qual International Pty Ltd Head Office

Use of Logos:

A review of the use of both the JAS-ANZ Accreditation Symbol and the Sci Qual International Pty Ltd Logo confirmed, from the documentation sighted during this Audit, their correct and proper use in both Marketing and Administrative Purposes - ISO/IEC 17021:2006 9.3.2.1h

Summary of Findings

Changes since the last audit - ISO/IEC 17021:2006 9.3.2.1g

This audit was performed by a different auditor as the previous auditor was not available. Due to that it is not clear if any significant changes have occurred since the last Audit.

Employee numbers are currently 6 FTE

Review of previous Corrective Actions and or Improvements

Previous improvements relating to incorrect referencing to the old 2000 Standard have been reviewed and have been clarified and re-stated in this report.

Corrective Actions Raised

There are no Corrective Actions as the result of this Audit.

Improvements Identified

Four Improvement Required notes have been raised as the result of this audit.

Improvement Required # 1 – Clause 4.2 Documentation

The organisation may like to follow up on the previous improvement regarding ref to ISO9001:2000. That Standard is no longer relevant and the system documentation must reference the new 2008 Standard. Additionally, the Quality Manual makes reference to 4 tiers of documentation, one of these is a Procedure Manual however the organisation does not appear to maintain a manual, and it does keep a series of Procedures. This may be an indication that the Quality Manual is in need of a review and update. Consideration should also be given to a periodic review of all system documents as some of these documents do not appear to have been reviewed for some time.

Improvement Required # 2 – Clause 5.3 Quality Policy

There is no evidence that the Policy has been reviewed by the organisation for ongoing relevance and accuracy. The policy makes reference to the old ISO Standard which must be rectified; see also Clause 5.6 Management Review.

Improvement Required # 3 – Clause 5.6 Management Review

The organisation may like to consider the method of capturing, and the content of the Management Review to ensure that all requirements of the Standard can be verified. Specifically there is no reference to the organisations performance against the Quality Objectives or a review of the Quality Policy. Additionally as this activity is the organisations record of the effectiveness of the Quality Management system a statement of the outcome of the review is relevant. Also refer to the document P001 Management responsibility which contains details regarding the review process.

Improvement Required # 4 – Clause 8.3, 8.5.2, 8.5.3 Non-Conforming Product, Corrective and Preventive Action

The process of Non-Conformance control, Corrective and Preventive action is described in a Flowchart 03. The information provided does not clearly identify how “non-conforming” product/material may be isolated to avoid inadvertent use. Additionally the responsibilities and actions required to develop and document corrective and or preventive action is not clear. The Management Review diary does contain some material relating to Non-conformance/Corrective and Preventive action generally, however it is not clear how the organisation may utilise this information to ensure that issues are followed up, subsequently closed, and possible trend analysis considered.

Recommendation

It is recommended that the organisation be granted Continued Certification to ISO9001:2008

The auditor would like to thank the management and staff for their assistance and cooperation during this process.

R e p o r t F i n d i n g s

Note: Elements shaded greys are mandatory for every audit. Certification & Re-certification audits must cover all elements of the standard

4 – Quality management system
4.1 General requirements
Satisfactory
The organisation maintains a series of Databases, procedures and flowcharts that describe the Quality Management System. The system contains the mandatory elements as required by ISO9001:2008

4.2 Documentation - ISO/IEC 17021:2006 9.3.2.1g
Improvement Required
The organisation may like to follow up on the previous improvement regarding ref to ISO9001:2000. That Standard is no longer relevant and the system documentation must reference the new 2008 Standard. Additionally, the Quality Manual makes reference to 4 tiers of documentation, one of these is a Procedure Manual however the organisation does not appear to maintain a manual, and it does keep a series of Procedures. This may be an indication that the Quality Manual is in need of a review and update. Consideration should also be given to a periodic review of all system documents as some of these documents do not appear to have been reviewed for some time.

5 – Management responsibility
5.1 Management commitment
Satisfactory
Management Commitment has been demonstrated via Internal audit, continuous improvement and the allocation of resources to manage the Quality System.

5.2 Customer Focus - ISO/IEC 17021:2006 9.3.2.1c
Satisfactory
The organisation has developed processes that support the understanding of Customer requirements and Customer feedback is reviewed to ensure that the organisation is aware of Customer needs and perception.

5.3 Quality Policy
Improvement Required
There is no evidence that the Policy has been reviewed by the organisation for ongoing relevance and accuracy. The policy makes reference to the old ISO Standard which must be rectified; see also Clause 5.6 Management Review.

5.4 Planning - ISO/IEC 17021:2006 9.3.2.1d
Improvement Required
The organisation may like to formalise measurable Quality Objectives and show evidence of the organisations performance against these (KPI's).

5.5 Responsibility, authority and communication
Satisfactory
Responsibilities are documented in the Quality Manual and in P001 Management responsibility. Position Descriptions are also on file.

5.6 Management review - ISO/IEC 17021:2006 9.3.2.1a
Improvement Required
The organisation currently conducts Management Review by making entries into a Management Review diary. The details in this diary were reviewed covering the last 12 months. The records currently available do not adequately cover the requirements of ISO9001:2008.
Improvement Required
The organisation may like to consider the method of capturing and the content of the Management Review to ensure that all requirements of the Standard can be verified. Specifically there is no reference to the organisations performance against the Quality Objectives or a review of the Quality Policy. Additionally as this activity is the organisations record of the effectiveness of the Quality Management system a statement of the outcome of the review is relevant. Also refer to the document P001 Management responsibility which contains details regarding the review process.

6 – Resource management - ISO/IEC 17021:2006 9.3.2.1g
6.1 Provision of resources
Satisfactory
The organisation manages resources as required to meet the demands for Training. These are managed by permanent staff and contractors as required. Feedback from Customers is also used to determine whether or not resources are adequate to meet the needs of both the organisation and customers.

6.2 Human resources - ISO/IEC 17021:2006 9.3.2.1g
Satisfactory
The organisation maintains records of Training and Competence. These records were found in the Trainer qualifications Folder on the Server and it contained Records of training, experience and qualifications. Records appeared to be current.

6.3 Infrastructure - ISO/IEC 17021:2006 9.3.2.1g
Satisfactory
The organisation has developed appropriate infrastructure to support conformance to product requirements. This includes training resources including Training Rooms and facilities suitable for the delivery of training.

6.4 Work environment - ISO/IEC 17021:2006 9.3.2.1g
Satisfactory
The work environment has been developed to support conformity to product requirements and this includes control of noise, temperature, ergonomics etc.

Important Note - relating to Section 7

1. Elements reviewed where Scope Reduction Permitted is ONLY within Section 7.1 – 7.6
2. Indicate where Scope Reduction has been applied if any.
3. Note these are mandatory for Certification and Re-Certification Audits.
4. Minimum of two Selected Elements for Surveillance Audits ONLY unless it is Critical to the Surveillance Programme.

Product Realisation - ISO/IEC 17021:2006 9.3.2.1f
7.1 Planning of product realisation
Satisfactory
The organisation maintains documentation supporting the training programs provided, these include as an example; for course TAE10 Cert iv, the documentation included Assessing competence, design and develop learning and assessment resources, facilitators resources, transition arrangements, units of competency. The process of product realisation (Design & Delivery of Training) is also supported by flowcharts and SOP022 Learning Program Design & Delivery. A number of course records were reviewed which confirmed compliance. This element included a review of completed training delivery documentation which was waiting for scanning to be added to the electronic files. The records reviewed appeared to be compliant. Partially completed files (waiting on student submissions) were also reviewed.

7.2 Customer-related processes
NV – Not Verified

7.3 Design and development
Satisfactory
See comments at 7.1 and note; Design is not a frequent process in the organisation. This is usually only required when Course content has been changed by external Standards/regulation and or internal improvement has been identified.

7.4 Purchasing
NV – Not Verified

7.5 Production and service provision
NV – Not Verified

7.6 Control of monitoring and measuring equipment
NA – Exclusion

8.0 Measurement, Improvement and Analysis General - ISO/IEC 17021:2006 9.3.2.1d
8.1 General
Satisfactory
The organisation has planned and reviewed the monitoring, measurement, analysis and improvement processes needed:- To demonstrate conformity of the product, To ensure conformity of the quality management system, and To continually improve the effectiveness of the quality management system. This has included determination of applicable methods, including statistical techniques, and their application in reporting on improvement achievements.

8.2.1 Customer Satisfaction - ISO/IEC 17021:2006 9.3.2.1c
Satisfactory
The organisation reports customer satisfaction via the Management Review diary (database) and by written and verbal feedback upon completion of courses. Repeat business is also regarded as an indicator and there is evidence of this.

8.2.2 Internal Audit ref ISO/IEC 17021:2006 9.3.2.1a
Satisfactory
Internal audits have been planned and performed and records of audit were available for review. The organisation develops the audit plan based on “risk” to the business and is largely “contract’ based. A list of contracts is printed and a risk assessment is conducted to determine which contracts will be audited. The audits are then competed by gathering relevant materials, flowcharts etc and sampling the records associated with the specific contracts. Records are maintained indicating what was checked and the results. A summary is then prepared to describe the findings. The last Audit was conducted ion May 2011 and there were no non-conformances raised. The organisation is also subject to Audit by the Department of Education and Training (RTO Audit) and reference was made to some of the findings. Records of the DET Audit conducted 27th April 2010 were available and were reviewed. The organisation has been granted registration effective from 31/5/2010 to 30/5/2015.

8.2.3 Monitoring and measurement of Processes - ISO/IEC 17021:2006 9.3.2.1f
Satisfactory
The organisation has applied suitable methods for monitoring and, where applicable, measurement of the quality management system processes. These methods demonstrate the ability of the processes to achieve planned results. When planned results are not achieved, correction and corrective action was taken, as appropriate, to ensure conformity of the product.

8.2.4 Monitoring and measurement of Product - ISO/IEC 17021:2006 9.3.2.1f
Satisfactory
The organisation monitors and measures the characteristics of their product to verify that product requirements have been met. This is carried out at appropriate stages of the product realization process in accordance with the planned arrangements. Evidence of conformity with the acceptance criteria is included in records that indicate the person(s) authorizing release of product. Product release and service delivery proceeds only after the planned arrangements have been satisfactorily completed with exceptions approved, where applicable, by the customer.

8.3 Control of non-conforming product - ISO/IEC 17021:2006 9.3.2.1b
Improvement Required
The process of Non-Conformance control, Corrective and Preventive action is described in a Flowchart 03. The information provided does not clearly identify how “non-conforming” product/material may be isolated to avoid inadvertent use. Additionally the responsibilities and actions required to develop and document corrective and or preventive action is not clear. The Management Review diary does contain some material relating to Non-conformance/Corrective and Preventive action generally, however it is not clear how the organisation may utilise this information to ensure that issues are followed up, subsequently closed, and possible trend analysis considered.

8.4 Analysis of data - ISO/IEC 17021:2006 9.3.2.1e
Satisfactory
Collection and analysis of data to demonstrate the suitability and effectiveness of the quality management system and to evaluate where continual improvement of the effectiveness of the quality management system can be made is performed by the organisation. The analysis of this data provides information relating to:- Customer satisfaction, Conformity to product requirements, Characteristics and trends of processes and products including opportunities for preventive action, and Suppliers.

8.5.1 Continual Improvement - ISO/IEC 17021:2006 9.3.2.1e
Satisfactory
Continual improvement has been demonstrated via the Audit process, Management Review, various internal meetings and the records for Corrective and Preventive Action.

8.5.2 Corrective Action - ISO/IEC 17021:2006 9.3.2.1b
Improvement Required
See 8.3

8.5.3 Preventive Action - ISO/IEC 17021:2006 9.3.2.1b
Improvement Required
See 8.3

Scope Reduction Approved	Yes
If Yes Please Specify below	

Permissible Exclusions applicable to the Organisation are: - 7.6 Monitoring & Measuring Equipment

Details of Next Audit Booked - Sites	Planned Date
167 Logan Rd, Wooloongabba	June 2012

Review Report Agreement

Certification recommended by the Auditor and approved by Certification Manager/delegate.

Audit Team Representative Name	Signature	Date
Brian de Cambra		25th June 2011

AUDIT PLAN

AS/NZS ISO 9001:2008

Client:	RRW Co
Auditee's Representative:	Anthony Barber
Start Date:	This will be confirmed by our Office
Audit Standard:	**ISO9001:2008**
Audit Scope:	Surveillance Audit – requirements of the standard plus business scope
ANZSIC Codes:	As per application form and confirmed
Auditor/s:	Brian de Cambra who will be responsible for the entire Audit Process

Requirements for the Audit:
The Auditor requests a quiet area be set aside for reviewing Documents, and consolidating Audit Findings for the duration of the Audit.

Provision of Guides:
Even though the Auditor has assessed your Operations many times in the past, it is understood that a Guide is necessary due to your Safety Policy and the need to question Staff about their activities.

Please advise our office if:

- There are any special safety requirements that the Auditor needs to take to conduct the Audit;
- Whether there is any current conflict of interest between the Auditor and your Company which may prevent the Audit being conducted;
- Please advise if any areas are not available to be audited and whether any information is subject to special confidentiality provisions. All Auditor Profiles and a copy of their signed Confidentiality Agreements with Sci-Qual International Pty Ltd are available upon request.

*Mandatory elements at each surveillance audit are in **Bold** italic*

A	B	C	ISO 9001:2008 - Requirement
Date i.e Day 1, Day 2 etc	**Site Department i.e. Main office, Workshop etc or remote site**	**Auditor/s**	**Element**
9:00	Office Area	TBA	***Entry Meeting with management team*** Sqi regulations, Use of Certification Mark, review against the standard. Factory tour, Changes since pervious audit
am	Office Area	TBA	4.1 Quality Management System ***4.2 Documentation***
			5.1 Management Commitment ***5.2 Customer Focus.***
am	Office Area	TBA	5.3 Quality Policy ***5.4 Planning-Quality Objectives and QMS planning*** 5.5 Responsibilities / authorities defined and communicated ***5.6 Management review***
am	Office Area	TBA	***6.1 Provisions of Resources*** ***6.2 Human Resources*** ***6.3 Infrastructure*** ***6.4 Work Environment***

For surveillance audits at least two must be done. Ensure all critical elements are addressed.			
am	Office Area	TBA	7.1 Planning of Product Realisation ~~7.2 Customer related process~~ 7.3 Design and development 7.4 Purchasing ~~7.5 Production and service provision~~ ~~7.6 Control of monitoring and measuring devices~~
			Quality operations review
am	Office Area	TBA	***8.1 Measurement, Improvement and Analysis General*** ***8.2.1 Customer Satisfaction***
am	Office Area	TBA	***8.2.2 Internal Audit***
pm	Office Area	TBA	***8.2.3 Monitoring and measurement of Processes*** ***8.2.4 Monitoring and measurement of Product***
pm	Office Area	TBA	***8.3 Control of Non conforming Product***
pm	Office Area	TBA	***8.4 Analysis of Data*** ***8.5.1 Continual Improvement***
pm	Office Area	TBA	***8.5.2 Corrective Action*** ***8.5.3 Preventive Action***
pm	Office Area	TBA	***Exit Meeting with senior management to discuss the outcome of the audit.***

AUDIT RESULT CLASSIFICATIONS

The following classifications have been used when auditing this standard –

ABOVE REQUIREMENTS	AR
SATISFACTORY	S
IMPROVEMENT OPPORTUNITY	IO
NOT APPLICABLE	NA
NOT VERIFIED	NV
IMPROVEMENT REQUIRED	IR

(If improvement required is not addressed by next audit this will be upgraded to a Corrective Action Request)

Category A Major Corrective Action Request

The absence of or the failure to implement and maintain, one or more required Management System Elements, or a situation which would, on the basis of available objective evidence raise significant doubt as to the quality of what the supplier is supplying.

A maximum of one month to respond on actions to be taken in addressing Major Corrective Action

A maximum of three months to close out the Major Corrective Action

Category B Minor Corrective Action Request

This applies where minor non-conformance(s) is observed in a particular Requirement Clause.
It may indicate a sporadic breakdown in the implementation of a Procedure(s) or the partial breakdown of the Procedures.

To be closed out by the next Audit.

Where Major Corrective actions are raised, failure to comply with the requirements for close out mentioned above will result in suspension/cancellation of Certification unless, due to special circumstances, dispensation is granted by the Sci Qual International Pty Ltd Board of Directors