Audit Report

AS/NZS ISO 9001:2008

RRW and Co Pty Ltd trading as National On Site Training

AUDIT D E T A I L S			
Invoice Reference Number	**Certificate Number**	**Review Date/s**	**Review Time Hours**
S13894	158	23rd March 2016	8 hours

Audit criteria and review type			
ISO 9001	ISO 14001	AS/NZS 4801	OHSAS 18001
Stage 2 ☐	Stage 2 ☐	Stage 2 ☐	Stage 2 ☐
Surveillance ☐	Surveillance ☐	Surveillance ☐	Surveillance ☐
Recertification ☒	Recertification ☐	Recertification ☐	Recertification ☐
Scope Change ☐	Scope Change ☐	Scope Change ☐	Scope Change ☐
Follow-up ☐	Follow-up ☐	Follow-up ☐	Follow-up ☐

Audit Team Leader	**Client Contact**
Michael Menso	Anthony Barber
Audit Team Members	
nil	

Capability Statement (Including ANZSIC Codes) to appear on the Certificate Schedule		
Site Location:	**Scope:**	**ANZSIC Codes:**
167 Logan Road, Woolloongabba, Qld	Training and assessment services. Radiation safety services (ionising radiation and laser radiation).	7855, 8432, 8440

Client Entry Meeting Attendees		**Client Exit Meeting Attendees**	
Name	**Position**	**Name**	**Position**
Anthony Barber	Finance and Quality Assurance Manager		
Michael Menso	Sci Qual Auditor		

Summary of Findings

Changes since the last audit

Review of nonconformities raised at the previous audit

No nonconformities were raised at the previous audit.

Observations raised at the previous audit

No observations were raised at the previous audit.

Improvement opportunities raised at the previous audit

Improvement Opportunity #1/2015: 5.5 Responsibility, Authority and Communication

An opportunity exists to review position descriptions to ensure they reflect current requirements.

Evidence reviewed:

The Finance and Quality Assurance Manager advised that position descriptions had been reviewed but were deemed still relevant.

Status @ 25th November 2015:

This Improvement Opportunity is re-issued in light of planned system changes to meet the requirements of ISO 9001: 2015.

Improvement Opportunity #2/2015: 7.6 Control of Monitoring and Measuring Equipment

An opportunity exists to include the detection equipment identification on radiation safety reports.

Evidence reviewed:

The company maintains two calibrated devices. When the primary device is not used this is now noted on reports to provide traceability.

Status @ 25th November 2015:

This Improvement Opportunity is closed.

Nonconformities raised at this audit

Nil

Observations raised at this audit

Observation 2016 / #1 / Quality Policy 5.3

The policy does not include a specific commitment to continual improvement of the quality management system as is required by the standard.

Improvement opportunities raised at this audit

Improvement Opportunity 2016 / # 1 / Responsibility, Authority and Communication 5.5

An opportunity exists to review Position Descriptions to ensure they continue to meet business requirements.

Positive findings

The company continues to maintain its management systems in a compliant and effective manner. The substance of the recent ASQA audit confirms this. NOST continues to receive profoundly positive feedback from client organisations and students alike. The company intends to transition to the new ISO 9001 standard at the next audit.

Observations related to Transition Status for ISO 9001/14001:2015

In order to assist in the transition to ISO 9001/14001:2015, it is recommended that two additional hours be added to the next audit which will be the transition audit.

This recommendation is based on the level of maturity of NOST's management system, the auditor's experience with the client and the fact that the majority of the new requirements are already being met with the current system.

The current transition status is covered in the transition status report at the end of this document.

Recommendations

The auditor confirms that:

1. The audit objectives have been achieved;
2. The certified scope is appropriate to the work being carried out;
3. The management system is capable of meeting applicable requirements and expected outcomes
4. The internal audit and management review process meets the requirements of the applicable standards

A recommendation is made for the recertification of NOST against the requirements of ISO 9001: 2008.

Notes

The audit acknowledges the company for its continued efforts to maintain its management system in the context of a flat market. The continued support of Sci Qual International is appreciated.

AUDIT RESULT CLASSIFICATIONS & ACTIONS REQUIRED BY CLIENT

Major nonconformity (NC)
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 ability of the management system to achieve its intended outputs including meeting the organisation's policy commitments (e.g. failure to provide goods or services of the required quality, failure to comply with applicable legal obligations, failure to prevent environmental or OH&S harm, etc.).

Initial or continued management system certification cannot be recommended if any major nonconformity is outstanding. Failure to adequately address a major nonconformity so that it may be closed or at least downgraded within three months shall initiate a process to suspend, withdraw or reduce the scope of an existing certification.

If a Major Nonconformity (NC) is raised, a Corrective Action Plan (CAP) must be returned to Sci Qual International Pty Ltd within a maximum of one month from the audit date. A follow-up audit may be required within three months from the date the NC was raised, to verify the effectiveness of the corrective actions. This will enable either the NC to be closed or reduced to a minor.

Minor nonconformity (NC)
An isolated or spasmodic nonconformity that is not classified as a major nonconformity and which if not addressed in a timely manner has the potential to become a major nonconformity. The corrective actions must be completed within a maximum of 12 months. The effectiveness of the client's correction and corrective actions shall be evaluated by Sci Qual International at their next audit.

Observation
An isolated or spasmodic issue that if not addressed could lead to a future nonconformity. An example could be that the auditor has observed deterioration in the level of attention the client is applying in specific areas that while still compliant needs some attention. This is intended as a signpost for the client that these areas may not be getting the attention they require. It is strongly recommended that these are addressed to prevent them being raised as nonconformities at future audits

Improvement opportunity
Identification of an opportunity to add value for the client by suggesting ways that may improve how the business operates. The client is not required to act on these improvement opportunities.

Actions Required by Client

Causal factors
The underlying root causes of the nonconformity are to be determined in a timely manner by the organisation after they have first taken more extensive samples of their management system than were possible during the limited Sci Qual International audit in order to identify if similar issues exist elsewhere in other parts of their management system. Records of the organisation's investigation and root cause analysis shall be made available to Sci Qual International at their next audit.

Initial or continued management system certification cannot be recommended while any Major NC is outstanding. Failure to adequately address a Major NC within three months shall initiate a process to withdraw or reduce the scope of an existing certification.

Corrective actions to prevent recurrence
After they have completed investigations to identify the causal factors, the organisation must determine the corrective actions required to eliminate the underlying root causes of non conformity. This will reduce the potential for recurrence.

The various corrective actions shall be taken in a time scale commensurate with the risk while ensuring that the actions are completed in time to provide evidence of the outcome for the next Sci Qual International audit.

Corrective action effectiveness verification date
The long-term effectiveness of the corrective actions taken to prevent the recurrence of the non conformity must be verified by the organisation. This can be done via a rigorous independent internal audit or by some other means. Verification must be prior to the next Sci Qual International audit or within 12 months of the date that the minor nonconformity was first raised, whichever is the later date.

Report Findings
Section A is common to all standards ***Section B is for QMS only*** ***Section C is for OHS and or EMS*** ***Clauses highlighted in grey must be reviewed at all audits, with other clauses to be reviewed at least once during the surveillance cycle.*** **The options for reporting conclusions are as follows:** • Satisfactory • Major nonconformity Ref Year/ #/ Clause • Minor nonconformity Ref Year/ #/ Clause • Observation Ref Year/ #/ Clause • Improvement opportunity Ref Year/ #/ Clause • Not applicable • Not verified

Section A is common to all standards (but only those standards indicated on the summary page have been audited against)

Documentation & Records	
9001 9001 9001 9001	General **4.2.1** Quality Manual **4.2.2** Control of Documents **4.2.3** Control of Records **4.2.4,**
Areas visited and objective evidence sampled Electronic control of documents – both of internal and external origin 'Z' drive directory used for current year and operational documentation 'Years' directory maintains records back to 1995 Superseded directories maintained, i.e. within procedures directory Data and Document Control Procedure P005 – 12.04.2014 remains current and addresses the requirements of the standard Student hard copy records are scanned in batched – noted Downer (job 16152) No instances of incorrectly controlled documentation identified All records requested were available as required.	
Conclusion • Satisfactory	

Policies	
9001	Quality Policy **5.3**
Areas visited and objective evidence sampled Quality Policy included in the Quality Manual (07.03.2013). The policy does not include a specific commitment to continual improvement of the quality management system as is required by the standard.	
Conclusion • Observation 2016 / #1 / Quality Policy 5.3	

Planning/Objectives	
9001	Planning **5.4**

Areas visited and objective evidence sampled

NOST complies with the Australian Quality Training Framework (AQTF) which requires the company to set formal standards for each course.
Learning Program and Assessment Strategies include learning pathways, delivery strategies, consultation processes. Reviewed FLM Program Workshop 3 (Anglo American); G3 – Establish and maintain the risk management system; Train 121.
Reviewed course objectives for Rolleston (8.03.2016); Komatsu (Feb 2016); Downer G2 (Feb 2016)
No instance of customer feedback regarding NOST failure to meet client objectives.
Australian Skills Quality Authority audit report 11 and 12 March 2016, item 1.5 noting NOST's training and assessment practices are relevant to the needs of industry and are informed by industry agreement.

Conclusion

- Satisfactory.

Responsibility, Authority & Communication	
9001	Responsibility, Authority and Communication **5.5**

Areas visited and objective evidence sampled

Position descriptions for Trainer / Consultant, Finance and Quality Assurance and Training Manager were reviewed. The documents were formally reviewed in 2007, 2007 and 2012 respectively, however they remain generally applicable.

An opportunity exists to review Position Descriptions to ensure they continue to meet business requirements.

Internal communication includes post course and post job (radiation safety) reviews and daily staff interactions. Email communications are retained through maintenance of a strict naming convention.
During the audit, continual internal verbal communication was noted.

Conclusion

- Improvement Opportunity 2016 / # 1 / Responsibility, Authority and Communication 5.5

Management Review	
9001	Management Review **5.6**

Areas visited and objective evidence sampled

Reviewed the 'Management Review Diary' that is retained as a database.
Most recent review 19.01.2016 – content included:

- Review of recent significant projects (Anglo)
- Discussion of new Diploma course
- Trainer evaluations
- Venue assessment
- Professional Development status
- Business development.

The outcome of the internal audit conducted March 2016 was circulated to staff (email 20 March) inclusing changes required to the management system, eg 03.CAQTF Learner and Employer Feedback Report – data export to ASQA.

The management review process is documented in the Management Responsibility procedure P001. The procedure meets the requirements of the standard.

Conclusion

- Satisfactory

Internal Audit	
9001	Internal Audit **8.2.2**

Areas visited and objective evidence sampled

The most recent internal audit was conducted in March 2016. The audit, which was undertaken by the Finance and Quality Assurance Manager, was risk based, for example:

- Jobs were sampled for audit on the basis of risk, ie risk management training for shot firers was priorities over driving vehicles.
- System procedures with the highest potential impact on the business were targeted, ie Learning Program Design and Review and Project Management.

Internal audits are conducted in accordance with the Internal Quality Audits Procedure, P017. The procedure meets the requirements of the standard.

Conclusion

- Satisfactory

Resource Management	
Human Resources	
9001, 14001, 4801, 18001	Human Resources, Competence, Training & Awareness **6.1 6.2, 4.4.2**

Areas visited and objective evidence sampled

The Competency Data Base (Access) contains specific competencies for all HOST trainers, whether employees or contractors. Inclusions for one employee and one contractor were confirmed. The Competency Data Base is used to ensure that individual courses / jobs are undertaken by persons with appropriate current competency.

Internal training and competency development / reviews are required by ASQA. These were subject to external audit March 11 and 12 2016; refer items 1.13, 1.1.4 and 1.15.

Performance reviews are undertaken by the Director following the completion of each course and on an annual basis as a component of renewing employment contracts.

All staff members have individual professional development plans in place. Professional Development records for two staff members were verified.

Conclusion

- Satisfactory

Infrastructure	
9001	Infrastructure **6.3**

Areas visited and Objective evidence sampled

NOST delivers training using both client provided premises, public venues and those at the NOST office. The company does not provide venue specifications to clients; however allocated trainers are responsible for ensuring that training venues are adequate. Inspection of training facilities at the NOST office confirmed that the training room has disabled access, is adequately lit, and rest rooms and break out areas are conveniently located. Evidence of the assessment of external venues was sighted, e.g. Easts Leagues Club assessment February 2016.

No adverse feedback from students in relation to NOST provided venues was observed.

Conclusion

- Satisfactory

Work Environment	
9001	Work Environment **6.4**

Areas visited and objective evidence sampled

Office infrastructure appears adequate, for example:

- Adequate lighting, workspaces and equipment
- Training resources
- Electrical circuit protection (RCD)
- Security.

Conclusion

- Satisfactory

7 Product Realisation
Important Note - relating to Section 7 1. Elements reviewed where Scope Reduction Permitted is ONLY within Section 7.2– 7.6 2. Indicate where Scope Reduction has been applied if any. 3. Note these are mandatory for Certification and Recertification Audits. 4. Minimum of two selected Elements for Surveillance Audits ONLY **unless it is critical to the Surveillance Programme**.

Customer Related Processes	
9001	Customer Related Processes **7.2**

Areas visited and objective evidence sampled

Evidence reviewed confirmed that customer requirements were assessed, confirmed with the customer and that NOST was capable of meeting customer requirements. Contract review processes for the following programs were reviewed:

- 15157 – RISA Standard 11 Induction (April 2015).
- 15136 - Radiation Safety Users Program (May 2015)
- 16152 – Carry out the risk management process (March 2016).

The following flowcharts and procedures were verified to meet the requirements of the standard:

- 01.B Raise Contract
- 01.A identify Needs
- Project Management P021.

No adverse feedback was recorded since the last audit relating to NOST's ability to meet customer requirements.

Conclusion

- **Satisfactory**

Design & Development	
9001	Design & Development **7.3**

Areas visited and objective evidence sampled

The following flowcharts and procedures were verified to meet the design and development requirements of the standard:

- 01.B.1: Develop Modify Course Draft for Discussion
- SOP022: Learning Program Design and Review.
- 050: Leaning Program and Assessment Strategy – A strategy is developed for every course in accordance with ASQA requirements. Reviewed LP&A Strategy Downer EDI HSE Leaders and LP&A Strategy Leighton SHE Foundation.

The effectiveness of designs and design changes is assessed through customer feedback, ASQA review of VET requirements, and Training Evaluation – form 021 and Training and Assessment map to Package – form 048.

Conclusion

- Satisfactory

Purchasing	
9001	Purchasing **7.4**

Areas visited and objective evidence sampled

Purchasing for NOST includes logistics (travel, accommodation), consumables, office equipment, IT products, catering and contract trainers.

Contract trainers have a long association with the company and are managed as 'internal' trainers.
Purchased training consumables are managed in accordance with the InXpress procedure: SOP024.
No instance of unacceptable purchased product was noted since the last audit.

Customer supplied 'product' is verified to a practical extent prior to use, eg:

- Site training venues – initial discussion with nomination of resource requirements
- Travel and accommodation – discussion to confirm acceptability of scheduling
- Company assessors (Downer) – confirmation of competence / qualifications.

Conclusion

- Satisfactory

Production & Service Provision	
9001	Production & Service Provision **7.5**

Areas visited and objective evidence sampled

The following two contracts were selected by the auditor for review. Both contracts were been undertaken in a manner that received positive comments from clients and students.

16152 – Carry out the risk management process (March 2016); Downer.

- Checking of validity of submitted assignments
- Checking of registration, in accordance with Administer Registrations flowchart 01-C-1
- Contract Control in accordance with the Administer Contract flowchart 01C– administration control sheet in each file (precourse, post course and contract closure checklist)
- Checking of group assessments

16132 – Apply Risk Assessment processes (February 2016); New Acland

- Checking of validity of submitted assignments
- Checking of registration, in accordance with Administer Registrations flowchart 01-C-1
- Contract Control in accordance with the Administer Contract flowchart 01C– administration control sheet in each file (precourse, post course and contract closure checklist).

Company procedures and flowcharts have been maintained to support service delivery. New procedures have been developed for the aXcelerate program which is used to manage meet changed ASQA reporting requirements.

NOST's service delivery documented procedures and flowcharts adequately address the requirements of the standard.

Conclusion

- Satisfactory

7.6 Control of Monitoring and Measuring Equipment

Areas visited and Objective evidence sampled

Monitoring and measuring equipment is used, but is limited to radiation detecting equipment.
Calibration processes for this equipment is defined within legislation. The calibration status of NOST equipment was verified - RAM GAM-1 – calibration label August 2015: Radiation Science - Qld Health.

The company maintains two calibrated devices. When the primary device is not used this in noted on reports to provide traceability.

Conclusion

- Satisfactory

Measurement, Analysis & Improvement

Customer Satisfaction

9001	Customer Satisfaction **8.2.1**

Areas visited and objective evidence sampled

NOST reviews every feedback sheet provided by each participant, and reviews every job at completion. Participant feedback from March 2016 (hardcopy) was reviewed. No adverse comments were noted.

The only adverse comments identified since the last audit relate to food quality / quantity.

Conclusion

- Satisfactory

Monitoring & Measurement of Processes & Product

9001	Monitoring & Measurement of Processes & Product **8.2.3, 8.2.4**

Areas visited and objective evidence sampled

NOST reviews every feedback sheet provided by each participant, and reviews every job at completion. Participant feedback from March 2016 (hardcopy) was reviewed.

Trainer performance is reviewed by the Director following completion of every course. Records are retained in the form of Director's notes on feedback forms. Any unfavourable feedback or opportunities for improvement are recorded in the Management Diary for discussion. Verification of the effective operation of the Management Diary was confirmed, refer 5.6 above.

Conclusion

- Satisfactory

Control of Non-conforming Product

9001	Control of Non-Conforming Product **8.3**

Areas visited and objective evidence sampled

Noncompliances are raised in the management diary. The management diary is managed and monitored by the Director. A review of the diary since the last audit did not identify any reported noncomplinaces. Interview with staff members supported this. No adverse comments warranting documentation as a noncompliance were identified (food quality / volume comments were noted).

NOST has long term relationships with its course material suppliers. A review of accounts receivable processes revealed no outstanding or past credit requests for incorrectly supplied materials.

Conclusion

- Satisfactory

Analysis of Data	
9001	Analysis of Data **8.4**

Areas visited and objective evidence sampled

Data analysis of course status and activity levels is undertaken – 2015 summary reviewed.
Student satisfaction rates are also trended.

ASQA data reporting requirements are met, as verified by the February ASQA audit.

Conclusion

- Satisfactory

Scope reduction approved	YES ☐ NO ☒
Permissible exclusions applicable to the organisation under ISO 9001:2008 are noted below.	
7.2 Customer related processes- 7.3 Design & Development- 7.4 Purchasing - 7.5 Production & Service Provision - 7.6 Control of Monitoring & Measuring Equipment	

Audit Programme Part 1

Date Audit Plan Issued	24 March 2016
Next Audit Start Date	To be confirmed – April 2017
Audit Objectives	The objectives of the Surveillance audit are: • determination of the conformity of the client's management system, or parts of it, with audit criteria; • determination of the ability of the management system to ensure the client meets applicable statutory, regulatory and contractual requirements; • determination of the effectiveness of the management system to ensure the client can reasonably expect to achieve its specified objectives; • as applicable, identification of areas for potential improvement of the management system. Please note: The next audit will include transition to ISO 9001: 2015.
Certification Scope	Training and assessment services. Radiation safety services (ionising radiation and laser radiation).
Auditor(s)	Michael Menso who shall be responsible for the entire audit process.

Future Audit Programme Part 2

Type & Year	Standards	Sites to be visited each year
Audit 1 2017 Surveillance and Transition	ISO 9001: 2015	167 Logan Road, Woolloongabba, Qld
Audit 2 2018 Surveillance	ISO 9001: 2015	167 Logan Road, Woolloongabba, Qld
Audit 3 2019 Recertification	ISO 9001: 2015	167 Logan Road, Woolloongabba, Qld

Audit Programme for stage 2 + 3 year audit cycle and next visit plan

The plan should show a **P** for those areas planned to be covered and when completed this should be changed to a **C,** thereby highlighting any differences from original plan and what still needs to be covered at next audit. **Shaded area** is for mandatory requirements and must be changed to **C** when completed. All elements of relevant standards should be reviewed over the period of certification **List Type of Audit in year** **S** = Surveillance **RC** = Recertification	**2016 RC** 9001	**2017 S** 9001	**2018 S** 9001	**2019 RC** 9001	**Next Visit Plan** **Activity/Process to be audited at next audit.**	Day, Date & Time	Auditor
Entry meeting with management team *Audit objectives; Assessment process; Sci Qual International regulations; Guides role; Proposed scope of assessed capability; Confidentiality; Reporting process; Q&A*						TBC	M Menso
Brief site orientation tour							
Section 4. Context of organisation					Review of documentation and interview with staff		
Understanding the Context of the organisation	C	P	P	P			
Needs and expectations of interested parties	C	P	P	P			
Determining the Scope	C	P		P			
Management System and its Processes	C	P		P			
Section 5. Leadership							
Leadership and commitment	C	P	P	P			
Policy	C	P	P	P			
Roles and responsibilities	C	P	P	P			
Section 6. Planning							
Actions to address risk and opportunities	C	P	P	P			
Section 7. Support					Review of documentation and interview with staff Interview students (if possible)		
Infrastructure / work environment	C	P	P	P			
Monitoring & measuring devices	C	P	P	P			
Competence training and awareness	C	P	P	P			

Communication internal and external	C	P		P			
Document control records management	C	P		P			
Section 8 Operational planning QMS							
Customer communication, determination of requirements & review	C	P		P			
Design & development	C	P	P	P			
Control of externally provided processes,	C	P	P	P			
Control of production and service provision	C	P	P	P			
Release of product and services	C	P		P			
Control of nonconforming outputs	C	P		P			
Section 9 Performance evaluation							
Monitoring, measurement and evaluation	C	P		P			
Customer satisfaction	C	P	P	P			
Internal audit	C	P	P	P			
Management review	C	P	P	P			
Section 10 Improvement							
Nonconformity, corrective action & continual improvement	C	P	P	P			
Exit Meetings with senior management team							

The above plan has been reviewed and accurately reflects what has been completed and what is planned for the remainder of the cycle	☒

Please Note: The table below picks up those clauses where significant changes have been made. Other clauses are essentially the same between 2008 and 2015.

2008	2015	Clause description	Comment This transition checklist has been completed based on a sample of evidence reviewed at this audit	On track to meet transition requirements	Minor work required	Significant work required/ Not yet verified
	4.1	Understanding the organization and its context	Risk profiles include the context within which the business operates	☒	☐	☐
	4.2	Understanding the needs and expectations of interested parties	Participants, clients, VET sector understanding of needs and expectations formally undertaken	☒	☐	☐
4.2.2	4.3	Determining the scope of the QMS		☒	☐	☐
	4.4	Quality management system and its processes	Good existing procedural control, including ASQA requirements	☒	☐	☐
5.1	5.1	Leadership and commitment	Leadership processes are very transparent – small company	☒	☐	☐
5.3	5.2	Quality Policy – additional requirements • policy is appropriate to the context of the organisation and supports its strategic direction	Quality policy requires currency review.	☐	☒	☐
5.4.2 5.5.1 5.5.2	5.3	Organizational roles, responsibilities and authorities – more specific requirements • Ensure processes delivering intended outputs • Changes to system • Improvement (more specific & linked to 10.1)	Position Descriptions could be reviewed to focus more on improvement	☐	☒	☐
	6.1	Actions to address risks and opportunities	Risk profiles for the business have been established, eg financial, legal, uncontrolled growth, data integrity and storage. Opportunity assessment processes	☐	☒	☐

2008	2015	Clause description	Comment This transition checklist has been completed based on a sample of evidence reviewed at this audit	On track to meet transition requirements	Minor work required	Significant work required/ Not yet verified
			may require review.			
5.4	6.2	Quality objectives and planning to achieve them	Quality objective definition could be improved – particularly in relation to implementation outcomes – not course completion outcomes.	☐	☒	☐
	6.3	Planning of changes	Management diary process manages this effectively. Also 01.B.1: Develop Modify Course Draft for Discussion SOP022: Learning Program Design and Review. 050: Leaning Program and Assessment Strategy	☒	☐	☐
6.1	7.1	Resources	Adequate provision of training and support resources. Constraint on resources is not currently defined.	☐	☒	☐
	7.1.6	Knowledge Management • specifically addressed in Annex A and therefore deemed an important change	Current knowledge management processes appear to be adequate, ie review after each course, regular in-house communication, small nature of the business	☒	☐	☐
5.5.3	7.4	Communication • now includes external as well as internal with specific requirements on what, when, with whom, how and who	Multiple reporting currently exists, however a communication plan does not, eg • what to communicate • when to communicate; • with whom to communicate; • how to communicate; • who communicates.	☐	☒	☐
7.2	8.2	Requirements for products and services	Effective contract review process established	☒	☐	☐
7.3	8.3	Design and development of products and services	Sound process – subject to external technical review (ASQA)	☒	☐	☐
4.1 7.4.1	8.4	Control of externally provided processes, products and services	Sound control of external trainers – assessed and managed as internal resources.	☒	☐	☐

2008	2015	Clause description	Comment This transition checklist has been completed based on a sample of evidence reviewed at this audit	On track to meet transition requirements	Minor work required	Significant work required/ Not yet verified
7.5.4	8.5.3	Property belonging to customers or external providers • Now includes external providers	Generally OK, however transparency of venue approval could be reviewed (Insufficient evidence was gathered to provide more definitive comment.)	☐	☒	☐
8.4	9.1.3	Analysis and evaluation – additional requirements • The results of analysis shall be used to evaluate: d) if planning has been implemented effectively; e) the effectiveness of actions taken to address risks and opportunities;	A process to periodically evaluate the validity / currency / effectiveness of the risk profiles could be implemented. The risk profiles were created in 2012.	☐	☒	☐
5.6	9.3	Management review - additional requirements • Alignment with the strategic direction of the organisation • Feedback from interested parties • Adequacy of resources • Effectiveness of actions to address risks & opportunities	While the management diary appears to be an effective tool, the establishment of a mandatory 'agenda' could be considered. This would ensure that all requirements of the standard are addressed.	☐	☒	☐

OTHER INFORMATION

Confidentiality

Information obtained from the organisation 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.

When auditing electronic based systems, the auditors may assess a number of the elements via the internet under passwords provided by the organisation for this purpose and under 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 downloaded unless the client approves the download. 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 in an effective manner with some method of ensuring that data is not lost. Offsite back ups are usually required.

Disclaimer

This report has been prepared by Sci Qual International Pty Ltd for the purpose of determining the standard implementation of the organisation's management systems to the above standards 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 the organisation's management system meets the requirements of the above standards.

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

This audit was conducted in accordance with Sci Qual International's procedures. These are based on JAS-ANZ accreditation requirements, including the current version of ISO 17021. The focus of the assessment was an extensive review against the audit criteria. The findings are recorded on an exception basis.

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.

Multi-Site Sampling

Where the organisation implements a multi-site management system the auditor has reviewed the performance of the management system across these sites and confirms that the organisation continues to be eligible for multi-site sampling as agreed in the quotation and original contract review.