Audit Report

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**
S15533	158	13th April 2017	8 hours

Audit criteria and review type			
ISO 9001:2015	ISO 14001:2015	AS/NZS 4801:2001	OHSAS 18001:2007
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 ☐

Location(s)/Sites sampled for review
167 Logan Road, Woolloongabba, Qld

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).	8101, 6925

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

Summary of Findings

Changes since the last audit

The system has been adequately maintained over the past year. No changes have occurred to the nature of work undertaken, therefore the scope statement remains valid.

Business activity has improved since the last audit, however the overall market remains sluggish.

Staff numbers remain stable and have done for the past several years. Directors continue to maintain active involvement in the business and in the operation of the management system.

Review of nonconformities raised at the previous audit

No nonconformities were raised at the previous audit.

Review of observations raised at the previous 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.

Follow-up evidence

The Quality Policy has been revised and meets the requirements of the standard.

Status @ 13th April 2017

This Observation is closed.

Review of improvement opportunities raised at the previous 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.

Follow-up evidence

Position Descriptions have been progressively reviewed. Revised descriptions for the Administration Manager, Finance and Quality Assurance Manager and Trainer were sampled. All were found to meet internal requirements for format and content.

Status @ 13th April 2017

This Improvement Opportunity is closed.

Nonconformities raised at this audit

nil

Observations raised at this audit

Observation 2017 / # 1 / Actions to address risk and opportunities 9001 6.1.1 & 6.1.2

Quality risk assessments were established in 2012 and have not been subject to subsequent formal validation.

Improvement opportunities are raised at this audit

Improvement Opportunity 2017 / # 1 / Management review 9001, clause 9.3

An opportunity exists to consider a periodic review of the Management Review Diary to identify any trends or repeat events.

Positive findings

NOST continues to be well managed and continues to consistently deliver positive outcomes for clients. As could be expected in a business with a history of over 21 years continuous certification and a very stable workforce, the management system is transparent in the company. This means that compliance with the system is ingrained.

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 continued certification of National On Site Training, against the requirements of ISO 9001: 2015.

Notes

The auditor thanks the management and staff of NOST for their cooperation during the audit.

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.

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Section 4. Context of organisation

Understanding the Context of the organisation 9001 4.1

Evidence

The core internal and external issues that are relevant to the purpose and strategic direction of NOST were described by the Finance and Quality Assurance Manager as follows:

- Customer requirements – these are defined with each job specific Administration Control Sheet (four jobs verified, including one radiation audit – Townsville)
- Participant requirements and expectations – defined on participant enrolment forms (individual forms from sampled jobs verified)
- Regulatory requirements – ASQA verification of compliance with Registered Training Organisation regulations
- Radiation safety - eg Radiation Safety Regulation 2010, Radiation Safety Standard PR100: 2010
- Directors requirements – ROI, compliance with business objectives (quality outcomes not growth)
- Employee requirements – reviewed annually during contract renewal process.

Processes to manage information relating to the issues noted above are robust, as sampled during the audit. The company website documents all core external issues.

Conclusion

- Satisfactory

Needs and expectations of interested parties 9001 4.2

Evidence

- Needs and expectations of clients are defined on control sheets (four sampled).
- Needs and expectations of staff are discussed annually during the contract renewal process. (Documentation relating to staff contract renewals and performance reviews was not sighted)
- Director's quality expectations for the operation of the company are listed in the Quality Manual in the form of a Directors statement.
- Director's ROI expectations are defined internally.
- External parties needs and expectations primarily relate to VET sector regulations. Evidence of compliance with these criteria was verified through the last ASQA audit report.

Conclusion

- Satisfactory

Determining the Scope 9001 4.3

Evidence

The scope of the management system is documented internally and within certification audit reports. All external audit reports are posted on the company website. NOST has implemented controls for all elements of the International Standard as all are applicable within the determined scope of its quality management system. The scope statement nominates the services provided by the company.

Conclusion

- Satisfactory

Management System and its Processes 9001 4.4

Evidence

Flowcharts have been developed to describe the core processes that comprise the quality management system. Each flowchart notes the required inputs and outputs for each process. Each flowchart is sequenced to ensure that the entire service delivery cycle is covered – from customer enquiry to job closure. Each flowchart is numbered within a sequence, ie the final stage of one flowchart becomes the commencement of the next process.

Flowcharts include relevant in process checks and reference mandatory documentation, ie forms.

The last internal audit conducted in March 2017 reviewed the sequence and adequacy of all flowcharts.

The following flowcharts were sampled to determine compliance with NOST practices. All were found to reflect current processes:

- 01.B Raise Contract
- 01.A identify Needs
- Project Management
- 01.B.1: Develop Modify Course Draft for Discussion.

Conclusion

- Satisfactory

Section 5. Leadership

Leadership and commitment 9001 5.1

Evidence

As a small business, 'management' is actively involved in service delivery. Directors demonstrate leadership and commitment with respect to the quality management system by:

- The Finance Manager takes personal responsibility for the management system, including policy establishment, internal audit, leading management review (and the management review diary)
- The Director reviews all participant feedback and actively contributes to course development
- All NOST trainers participate in peer review.

Conclusion

- Satisfactory

Customer focus 9001 5.1.2

Evidence See 9.1.2

Policy 9001 5.2

Evidence

The Quality Policy is included in the Quality Manual. The Quality Manual is provided to external parties upon request. The policy meets the requirements of the standard.

Conclusion

- Satisfactory

Roles and responsibilities 9001 5.3

Evidence

Position descriptions for Trainer / Consultant, Finance and Quality Assurance and Training Manager were reviewed. Position descriptions are subject to formal review against the requirements of the management system (2007, 2007 and 2012) to ensure they remain applicable. Positions descriptions are also reviewed at the end of each calendar year during the performance appraisal process. This was confirmed by the Office Manager.

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

- Satisfactory

Section 6. Planning

Actions to address risk and opportunities 9001 6.1.1 & 6.1.2

Evidence

Quality Risk Assessments have been undertaken and are appropriate to NOST's business context. The adequacy of nominated risk control measures was not verified.

Observation 2017 / # 1 / Actions to address risk and opportunities 9001 6.1.1 & 6.1.2

Quality risk assessments were established in 2012 and have not been subject to subsequent formal validation.

050: Leaning Program and Assessment Strategy – A strategy is developed for every course in accordance with ASQA requirements. This strategy requires consideration of risk.

Opportunities for improvement are raised through the Management Diary process.

Conclusion

- Observation 2017 / # 1 / Actions to address risk and opportunities 9001 6.1.1 & 6.1.2

Objectives & planning to achieve them 9001 6.2

Evidence

Corporate quality objectives are established by the Director and are included within the Quality Manual. Corporate quality objectives are reviewed during the management review process (March 2017). Project /job related objectives are listed within control sheets. Each course / project is reviewed by the Director to ensure objectives have been achieved. If necessary, remedial actions are raised through the Management Review Diary.

Conclusion

- Satisfactory

Section 7. Support

Infrastructure / work environment 9001 7.1.3 & 7.1.4

Evidence

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 continues to provide disabled access, is adequately lit, and rest rooms and break out areas are conveniently located.

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

Conclusion

- Satisfactory

Monitoring & measurement 9001 7.1.5.1, 7.1.5.2,

Evidence

All NOST courses involve the application of assessment criteria. The extent of assessment is dependent on the evidence requirements for the particular course and the specific needs of the client. Assessment tools developed internally are, where required, validated by external parties, eg new TAE assessment criteria.

Assessment tools and their administration was within the scope of the last ASQA audit. No negative findings were returned.

Individual completed assessments are retained within the job file – random sample of jobs awaiting scanning confirmed retention of assessments. Participants not meeting required standards are informed of the specific elements of the assessment criteria where deficiencies were identified. Notations on Isolation training assessments for New Hope sighted.

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 not verified, however this was sighted at the previous audit. The company maintains two calibrated devices. When the primary device is not used this in noted on reports to provide traceability.

Conclusion

- Satisfactory

Competence, training and awareness 9001 7.1.6, 7.2 & 7.3

Evidence

The Competency Data Base (Access) contains specific competencies for all HOST trainers, whether employees or contractors. Inclusions for two employees 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. NOST achieves this in the following manner:

- Following the completion of each course the Director reviews every feedback sheet provided by participants. Any negative feedback is reviewed with the trainer.
- On an annual basis, each employee's performance is re-assessed as a component of renewing employment contracts.

All staff members have individual professional development plans in place. This was confirmed by the Finance and Quality Assurance Manager. Actual Professional Development records for staff members were not sighted.

It is noted that NOST trainers have received external award recognition (RISA).

Organisational knowledge relating to background data and knowledge is retained internally. Selected data is posted on the company web site – resources TAB.

Conclusion

- Satisfactory

Communication internal and external 9001/14001 7.4 4801 /18001 4.4.3

Evidence

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. As an on-site training organisation, it is expected that not all staff members will be in the office at all times, therefore the scheduling of 'formal' communication processes is not undertaken. Items for communication internally are recorded in the Management Diary.

Communication with external parties primarily relates to client communication. Records of client communication is retained within individual job files – verified New Hope, Downer, Cook Medical.

The company website contains comprehensive reference material, eg coroners' reports, RRTO standards, safety data and reference papers, radiation case studies, codes of practice and statistics.

Conclusion

- Satisfactory

Documented information/Control of documents 9001/14001 7.5 4801/18001 4.4.4 & 4.4.5

Evidence

Electronic control of documents – both of internal and external origin. All student material is scanned and stored electronically. Sighted scanning room.
'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
No instances of incorrectly controlled documentation identified
All records requested were available as required.

Conclusion

- Satisfactory

DO

Section 8 Operational planning and control

Operational Planning & control 9001 8.1

Evidence

Planning of work is managed through the allocation of administration control sheets for each job. The Finance and Quality Assurance Manager advised that no work is confirmed with a client until the appropriate human resources are allocated. Four control sheets were sampled and all described:

- The work required
- Time frame
- Logistics requirements (travel, accommodation)
- Allocated trainer / auditor
- Client expectations / requirements.

Conclusion

- Satisfactory

Customer communication, determination of requirements & review 9001 8.2

Evidence

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.

Four training contract files were sampled. Evidence reviewed confirmed that customer requirements were assessed, confirmed with the customer and that NOST was capable of meeting customer requirements, eg:

- Contract Control – administration control sheet in each file (precourse, post course and contract closure checklist)
- Trainer contract control sheet
- Enrolment form – matched with certificates issued (In two of four files sampled certificates had yet to be issued)
- Feedback forms – including comments from the Director's review
- Certificate Requisition forms – matched with certificates issue.

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

Conclusion

- Satisfactory

Design & development 9001 8.3

Evidence

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.

New course design process reviewed – Trainer and Assessor program. Independent verification of course and assessment tools undertaken.
Recent Australian Skills Quality Authority (ASQA) audit determined that the course development process meets regulatory requirements. ASQA audit finding awarded NOST the maximum audit interval for the next audit.

Conclusion

- Satisfactory

Control of externally provided processes, products and services 9001 8.4

Evidence

'Consumable' purchases for NOST include logistics (travel, accommodation), consumables, office equipment, IT products and catering. While regular suppliers are used, availability to supply is typically the principal decision criteria. Course related purchases are recorded in the relevant job file – four files were sampled.

Contract trainers have long association with the company and are managed as 'internal' trainers.

The Purchasing procedure meets the requirements of the standard.

Conclusion

- Satisfactory

Control of production and service provision 9001 8.5

Evidence

Control of course and radiation auditing / consultancy is achieved through the use of administration control sheets. A control sheet is established for each job – details include the client, scope of work, timeframes, nominated personnel, logistics and any other relevant information.

Service delivery is controlled primarily through the appointment of competent personnel. While training procedures are provided in accordance with AQTF requirements and radiation safety audits are undertaken and reported using Queensland Health prescribed checklists, it is the competence of NOST personnel that is most significant in the achievement of desired client and regulatory outcomes.

The company has developed internal procedures, including:

- Flow charts and trainers' guides. These documents define the control of course planning, delivery, post course administration
- Radiation safety consultancy procedures, eg Procedure for Handling Liquid Radioisotopes – 12.04.2012; Radiation Wipe Testing 12.04.2012.

A review of 'incidents' recorded in the management review diary revealed no instances where the company had not adequately controlled service delivery.

Conclusion

- Satisfactory

Release of product and services 9001 8.6

Evidence

Courses are not released for use until validated, eg new TAE course.
Course completion certificates are released by the Office Manager in accordance with the course certificate register. The process of certificate management was reviewed during the last ASQA audit. No adverse findings were recorded.

Conclusion

- Satisfactory

Control of nonconforming outputs 9001 8.7
Evidence See evidence section 10 below.
Conclusion • Satisfactory

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Section 9 Performance evaluation

Monitoring, measurement and evaluation 9001 9.1
Evidence Individual flowcharts and procedures define monitoring and measuring processes used to evaluate the adequacy of NOST's processes. Individual course specifications and administration control sheets identify course assessment requirements (eg tool to be used, evaluation process, marking guides).
Conclusion • Satisfactory

Customer satisfaction 9001 9.1.2
Evidence Student feedback obtained for every course as per ASQA requirements. Direct feedback from client organisations. Director reviews every course feedback sheet. Client endorsements on company website. Any negative feedback is recorded on the Management Diary for review. Finance and Quality Assurance Manager advised that tracking of client usage rates is undertaken, but is generally an unreliable measure of satisfaction.
Conclusion • Satisfactory

Analysis and Evaluation 9001 9.1.3
Evidence Stipulated data is collated and presented annually to the government. Reporting requirements have continued to change – the aXcelerate program is designed to accommodate data analysis in order to meet government reporting requirements. NOST undertakes limited internal data analysis. The Finance and Quality Assurance Manager advised that the data analysis is not used for strategic planning purposes as qualitative data does not inform the adequacy of NOST processes, eg 'pass' rates, feedback ratings and quantitative data, eg number of courses run, student numbers measures outcomes beyond the company's control.
Conclusion • Satisfactory

Internal Audit 9001 9.2

Evidence

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

The last internal audit was conducted in March 2017 by the Finance and Quality Assurance Manager. This audit found general compliance with the management system was maintained, however minor course document irregularities were identified. The Office Manager confirmed that the findings of the audit were discussed internally.

Conclusion

- Satisfactory

Management review 9001 9.3

Evidence

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

Reviewed the 'Management Review Diary' since last audit. Electronic diary covers all noteworthy 'events'. The Diary is reviewed on a weekly basis. This was confirmed by the Finance and Quality Assurance Manager.

Improvement Opportunity 2017 / # 1 / Management review 9001, clause 9.3

An opportunity exists to consider a periodic review of the Management Review Diary to identify any trends or repeat events.

Most recent review March 2017 – content included:

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

The outcome of the internal audit conducted April 2016 was not able to be tabled at the management review, however the findings were discussed at the following staff meeting.

Conclusion

- Improvement Opportunity 2017 / # 1 / Management review 9001, clause 9.3

Section 10 Improvement

Nonconformity, corrective action and continual improvement 9001 10.2, 10.3

Evidence

Noncompliance's 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 identified the following entries:

- Comment from an academic citing the unattributed use of technical content
- Food quality issue
- Course duration feedback – too long / too short.

All entries on the Management Diary were reviewed to determine criticality and the need for corrective action.

The Control of Non-conformances and Corrective Action flowchart addresses the requirements of the standard.

Conclusion

- Satisfactory

Audit Programme Part 1

Date Audit Plan Issued	15th April 2017
Next Audit Start Date	May 2018
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.
Certification Scope	Training and assessment services. Radiation safety services (ionising radiation and laser radiation).
Auditor	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	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. **List Type of Audit in year** **S** = Surveillance **RC** = Recertification ***Items in italics are EMS or OHS only and not required for QMS audit***	**2017 S (Transition)** 9001	**2018 S** 9001	**2019 RC** 9001	**2020 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*	**C**					9.00-9.30 Date to be advised	M Menso
Brief site orientation tour							
Section 4. Context of organisation					Discussion with company management, review of records and company website	Date to be advised	M Menso
Understanding the Context of the organisation	C	P	P	P			
Needs and expectations of interested parties	C	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				
Policy	C	P	P	P			
Roles and responsibilities	C		P	P			
Section 6. Planning							
Actions to address risk and opportunities	C		P	P			
Compliance obligations / Legal & other	-	-	-	-			
Objectives & planning to achieve them	-	-	-	-			

Section 7. Support					Review of course records, interview with training and administration people	Date to be advised	M Menso
Infrastructure / work environment	C		P				
Monitoring & measuring devices	C		P				
Competence training and awareness	C	P	P	P	Job descriptions, interview of staff		
Communication internal and external	C		P	P			
Consultation	-	-	-	-			
Document control records management	C		P				
Section 8 Operational planning QMS							
Customer communication, determination of requirements & review	C	P	P				
Design & development	C		P	P			
Control of externally provided processes,	C	P	P				
Control of production and service provision	C		P	P	Review of operational records		
Release of product and services	C	P	P				
Control of nonconforming outputs	C		P	P			
Section 8 Operational planning OHS / EMS							
Operational control & hierarchy	-	-	-	-			
Emergency preparedness and response	-	-	-	-			
Section 9 Performance evaluation							
Monitoring, measurement and evaluation	C		P				
Customer satisfaction	C	P	P	P			
Evaluation of compliance	-	-	-	-			
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	☒

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.