AS/NZS ISO 9001:2008 Compliance Report

RRW & Co Pty Ltd

REVIEW DETAILS			
Invoice Reference Number	**Certificate Number**	**Review Date/s**	**Review Time Hours**
S11016	158	24th April 2014	6 hours

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 Road, Woolloongabba Qld	

Audit Team Leader	**Audit Team Member**
Pauline M Gallagher	Nil
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) as to appear on the Certificate
Scope: Training and Assessment Services. Radiation Safety Services (ionising radiation and laser radiation).

ANZSIC Codes: 7855, 8432, 8440

Entry / Exit Meeting Attendees			
Name	**Position**	**Name**	**Position**
Pauline M Gallagher	Sci Qual Auditor	Anthony Barber	QA & Finance Manager

Sites / Areas Reviewed
167 Logan Road, Woolloongabba Qld

Review Report Details

Confidentiality:

Information obtained from RRW & Co Pty Ltd 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 & Pty Ltd 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 Pty Ltd 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 version of ISO 17021. 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 Pty Ltd 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

This review also confirmed that neither the JAS-ANZ Accreditation Symbol nor the Sci Qual International Pty Ltd Logo had been used on any product or product packaging seen by the consumer or in any other way that may be interpreted as denoting product conformity. This includes the results of laboratory tests and calibration or inspection reports, as such reports are deemed to be products in this context

. . . Summary of Findings . . .

Changes since the last audit

No changes since the last audit

No changes to scope requested at this audit.

Staff levels may vary dependant on service demand particularly with contractors. No changes to senior management.

Training is conducted at different venues dependant on the client request. The company also have the facilities to conduct onsite.

Review of previous Non-Conformances

None were raised

Review of previous Improvements raised.

Clause 4.2.2 Control of documents: Flowcharts as being part of the 2nd tied did not include document control consistent with other quality systems documents. This has been addressed.

Clause 4.2.3 Control of documents: Flow chart 01.B1 Develop and modify course and flow chart 01.B1 Recruitment have the same form number and are referenced as such in 01.B Raised contracts. This has been rectified and evidenced in the QA system.

Clause 5.6 Management review: There were 70 management review, diary review/responses open at the last audit this has been addressed.

Clause 6.2.2 Competence, training and awareness: It may be beneficial to review and update copies of current training documents for Steven Roberts. This has been addressed and is an ongoing process.

Clause 6.2.2 Competence, training and awareness: Records of induction for James Scotland [Contract trainer] were unable to be located. Induction records for James are not seen in the records. All other sampling appears to be in order.

Clause 6.2.2 Competence, training and awareness: Not all induction checklists reviewed had all the criteria complete particularly sections of induction sessions. This has been addressed as a prompt for all future inductions.

Clause 8.3 Control of non-conforming product: Form 001 Non-conformance and corrective action report13/05/2002 is not used. It may be beneficial to move this document to the superseded folder. This has been addresses and viewed at audit.

Non-Conformances raised at this Audit

Nil

Improvement identified at this Audit

Clause 4.2.3 Control of documents: The business plan has no record of review**.** It was written and approved in 2004. The standard states; A documented plan shall be established to define the controls needed to review and update as necessary and reapprove the document as current.

Recommendation

It is recommended that the organisation be granted continued certification to AS/NZS ISO 9001:2008.

The auditor would like to thank the management and staff for their assistance during the audit.

. . . Report Findings . . .

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 company has a mature established quality management system in place that addresses the requirements of ISO 9001:2008.

4.2 Documentation
Satisfactory
There is no evidence sighted at the audit supporting the review of the business plan since it was approved in 2004. Document 059 validation and moderation form is under review due to finding in the latest internal audit conducted in March 2014. This action is to ensure a systematic approach to validation and moderation process and is being addressed. The Quality Manual includes the Quality Policy, Scope of the QM system. Documents are referenced by tier 1 to 4. Reference to AQTF/ASQA is identified in the manual. Register of forms viewed at audit and is under review.

5 – Management Responsibility
5.1 Management Commitment
Satisfactory
Management's commitment to the quality management system is evidence in the quality manual, in the management diary. Confirmed by staff and auditors observation. Demonstrated hands on approach by the Director.

5.2 Customer Focus
Satisfactory
The Director addresses all enquiries from current and potential customers. This includes addressing all complaints, compliments and communicates the outcome to staff as appropriate.

5.3 Quality Policy
Satisfactory
The quality policy is included in the quality manual. It is appropriate to the organisation. It is easily accessed on Z drive.

5.4 Planning
Satisfactory
Planning is driven by the requirements of AQTF/ASQA and the requirements of the ISO 9001:2008, including student feed back as a requirement of AQTF evaluation form. This is reported back annually to AQTF and sighted by the auditor as current. RRW & Co also have their own feedback form that is used for none accredited training evaluation. All documents are collated and reported to the appropriate receiver. As required under contract.

5.5 Responsibility, Authority and Communication
Satisfactory
The management has an appointed Quality Manager overseeing the process. All staff are trained in auditing supporting the process. Management ensure communication reach all staff mainly through email and face to face.

5.6 Management Review

Satisfactory

Management review diary is assessable on Z drive the diary is used daily to communicate to staff. This document includes all aspects of the business quality management processes. There are 15 open for review being addresses ongoing.

6 – Resource Management

6.1 Provision of Resources

Satisfactory

The provision of resources is evidenced by the auditor and supported by staff. Commitments from management ensuring the resource are available.

6.2 Human Resources

Satisfactory

Professional development plan form 020 is current. Sampling of documents verifies this. All staff have a position description form 013 and a professional development plan in place. Other documents viewed Induction check list form 46, Employee records 029.

6.3 Infrastructure

Satisfactory

The Infrastructure for the delivery of services meet the needs of the customer and staff trainer including office staff. The on sight training rooms are appropriate to requirement including appropriate furnishing, equipment and amenities for the convenience of all. Feedback from customers verify this.

6.4 Work Environment

Satisfactory

The work environment is well maintained, comfortable and welcoming. External environments are negotiated on a needs basis and are managed by form 026 Contract control.

7 Product Realisation

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**.

7.1 Planning of Product Realisation

Satisfactory

Planning for quality service is evidenced in the management diary. Corresponding with the requirements set out in the various flowcharts. E.g. Form 01 showing the expected level of planning. Evaluation and analysis of customer feedback and is used ensuring quality in the planning and quality process.

7.2 Customer-Related Processes

Satisfactory

Customer requirement are evaluated and actioned according to the importance. This is actioned through demand for service and request from the public for quotes and services.

7.3 Design and Development

Satisfactory

Designing a FLM course for a WA customer. This is in development and discussed at audit. It is expected that feedback on the development would be available at the next audit. No other development at the time of the audit. Design and development records are maintained as required by the standard.

7.4 Purchasing

Satisfactory

Purchasing including contract trainers negotiated on an individual basis based on competency ability to provide the service. Equipment, stationary and catering is based on individual requirement of the staff and customer.

7.5 Production and Service Provision

Satisfactory

Form 01.C.11 Processes required for training delivery. Files viewed all included delivery, course roll participation list Data base check and the status. All evidence followed the flowchart steps.

Contacts reviewed at audit 14120, 14121 Conduct effective workplace investigations and 14132 train one on one.

7.6 Control of Monitoring and Measuring Equipment

Satisfactory

N/A

8.0 Measurement, Analysis and Improvement

8.1 General

Satisfactory

The company RRW & Co have monitoring processes in place driven by the management diary, internal audits, customer feedback, complaints, compliments and AQTF annual evaluation report.

8.2.1 Customer Satisfaction
Satisfactory
Customer feedback is maintained through the management review diary. Documents used are AQTF evaluation form 021 and the internal evaluation form developed by RRW and Co for none accredited training. There are no complaints open as of the audit date. The director reads all evaluation forms ensuring appropriate action is taken.

8.2.2 Internal Audit
Satisfactory
PO17 Internal quality audits are conducted annually. March 2014 is the latest internal audit. Copy of this viewed and actions required are being processed. Outcome of audit are emailed to all staff for feedback and action, recorded in the management diary. The internal audit process is based upon the risk factor.

8.2.3 Monitoring and Measurement of Processes 8.2.4 Monitoring and Measurement of Product
Satisfactory
Evaluation using forms 021 AQTF and internal form. Records of these were sighted at this audit to be appropriate. Contact control form 026 is followed as presented in the flow chart confirmed at audit. Evidence of compliance of Ionising and laser radiation equipment as required by Qld Health viewed and verified by staff.

8.3 Control of Non-Conforming Product
Satisfactory
Evidenced in the management diary it is managed and monitored by the Director ensuring quick action bringing the N/C to close.

8.4 Analysis of Data
Satisfactory
Internal audit reports, complaints, compliments, evaluation feedback are reported through the management diary for action. Feedback from AQTF evaluation. All monitored by the QA Manager and the Director.

8.5.1 Continual Improvement
Satisfactory
Evidence of continual improvement is seen by records in the management diary. Internal and external reports viewed evidencing actions taken and date of closure.

8.5.2 Corrective Action
Satisfactory
Corrective actions verified at audit that included evidence of investigation and action taken.

8.5.3 Preventive Action
Satisfactory
Proactive preventative action evidenced by viewing management diary where all are recorded.

. . . Additional Details . . .

Scope Reduction Approved: Yes
If Yes Please Specify below

Permissible Exclusions applicable to the Organisation are: - 7.6 Control of Monitoring and Measurement Equipment

Details of Next Audit Booked – Sites	**Planned Date**
167 Logan Road Woolloongabba	April 2014 (Date to be advised]

AUDIT RESULT CLASSIFICATIONS

The following classifications have been used when auditing this standard –

Satisfactory	S	**Improvement Opportunity**	IO
Not Applicable	NA	**Not Verified**	NV

Major Non-Conformance

- 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.
- A maximum of three months to close out the major non-conformances.
- Where major non-conformances 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.

Minor Non-Conformance

- This applies where a minor breakdown is observed against 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.

AUDIT PLAN for 2015

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 – requirements of the standard plus business scope of Training and Assessment systems, services. Radiation Safety Services. Radiation Safety services [ionising radiation and laser radiation]

ANZSIC Codes: 7855, 8432, 8440

Auditor/s: Pauline M Gallagher 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 Sic 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	**Site / Department**	**Auditor/s**	**Element**
Day1	167 Logan Road Woolloongabba	P M Gallagher	***Entry Meeting with management team*** SQI regulations, Use of Certification Mark, Review against the standard, Factory tour, Changes since previous audit
Day1	167 Logan Road Woolloongabba	P M Gallagher	4.1 Quality Management System ***4.2 Documentation***
			5.1 Management Commitment ***5.2 Customer Focus***
Day1	167 Logan Road Woolloongabba	P M Gallagher	5.3 Quality Policy ***5.4 Planning-Quality Objectives and QMS planning*** 5.5 Responsibilities / Authorities defined and communicated ***5.6 Management Review***
Day1	167 Logan Road Woolloongabba	P M Gallagher	***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.			
Day1	167 Logan Road Woolloongabba	P M Gallagher	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
Day1	167 Logan Road Woolloongabba	P M Gallagher	Quality operations review
Day1	167 Logan Road Woolloongabba	P M Gallagher	***8.1 Measurement, Analysis and Improvement*** ***8.2.1 Customer Satisfaction***
Day1	167 Logan Road Woolloongabba	P M Gallagher	***8.2.2 Internal Audit***
Day1	167 Logan Road Woolloongabba	P M Gallagher	***8.2.3 Monitoring and Measurement of Processes*** ***8.2.4 Monitoring and Measurement of Product***
Day1	167 Logan Road Woolloongabba	P M Gallagher	***8.3 Control of Non-conforming Product***
Day1	167 Logan Road Woolloongabba	P M Gallagher	***8.4 Analysis of Data*** ***8.5.1 Continual Improvement***
Day1	167 Logan Road Woolloongabba	P M Gallagher	***8.5.2 Corrective Action*** ***8.5.3 Preventive Action***
Day1	167 Logan Road Woolloongabba	P M Gallagher	***Exit Meeting with senior management to discuss the outcome of the audit.***