AS/NZS ISO 9001:2008
Compliance Report

RRW & Co Pty Ltd

REVIEW DETAILS			
Invoice Reference Number	**Certificate Number**	**Review Date/s**	**Review Time Hours**
S8049	158	19th April 2013	8 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 →	Re-certification
Audit Location	
167 Logan Road, Woolloongabba Qld	

Audit Team Leader	**Audit Team Member**	
Jackie Stapleton	Nil	
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 systems, services. Radiation Safety Services (ionising radiation and laser radiation)

ANZSIC Codes: 7855, 8432, 8440

Entry / Exit Meeting Attendees			
Name	**Position**	**Name**	**Position**
Jackie Stapleton	SciQual Auditor	Anthony Barber	QA & Finance Manager

Sites / Areas Reviewed
167 Logan Road, Woolloongabba Qld

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.

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

A change in scope has been requested to represent accurately the core activities of RRW & Co. This change in scope is supported through the recertification audit where records were sighted for contracts and courses with sampling conducted for "Training and assessment systems and services. Radiation Safety Services (ionising radiation and laser radiation)".

Review of Previous Non-Conformances and/or Improvements Raised

Improvement Opportunity #1 – Clause 4.2.3 Control of Documents

The organisation may like to review the Flowchart 03.B Complaints as it appears to have been corrupted – the section under Serious System Error is not accurate

Status – closed

19/04/2013 – Reviewed all Flowcharts including 03.B Complaints and document is able to be opened without errors

Non-Conformances Raised at this Audit

NIL

Improvement identified at this Audit

1. **Clause 4.2.3 Control of documents** - Flowcharts are referenced as being part of the Second Tier quality system documents however they do not include document control consistent with other quality system documents.
2. **Clause 4.2.3 Control of documents** - Flowchart 01.B.1 Develop/Modify course and Flowchart 01.B.1 Recruitment have the same form number and are referenced as such in Flowchart 01.B Raise contract.
3. **Clause 5.6 Management Review** - There are currently 70 open Management Review Diary Review/Responses. It may be beneficial to review these and close those that have been actioned and implement continual monitoring to ensure closed review/responses are marked accordingly.
4. **Clause 6.2.2 Competence, training and awareness** - It may be beneficial to review and update copies of current records of qualifications for contractor Steve Roberts.
5. **Clause 6.2.2 Competence, training and awareness** - Records of Induction for James Scotland (contract Trainer) were unable to be located.
6. **Clause 6.2.2 Competence, training and awareness** - Not all Induction Checklists reviewed had all the criteria completed particularly sections of Induction Session Three (3) and 3 Month Follow Up Session.
7. **Clause 8.3 Control of non-conforming product** - Form 001 Nonconformance and Corrective Action Report 13/05/2002 is not used. It may be beneficial to move this document to the superseded folder.

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 and cooperation during this process

. . . 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 organisation has a mature quality management system that continues to address the requirements of ISO 9001:2008.

4.2 Documentation

Improvement Opportunity

A Quality Manual was available dated 11/04/2012 and approved by the Director. The manual included the Quality Policy, scope of the quality management system and the exclusion from the scope of 7.6 Control of Monitoring and Measurement Equipment. Reference to the quality system documents is included in the Quality Manual and referenced to as Tiers 1-4.

Documented procedure for P005 Data and Document Control last reviewed 12/4/12 includes retention and control of records and documents. All other documented procedures required by the standard were available.

Reference to AQTF is in the Quality Manual and various other quality system documents. This has been superseded by NVR. An NVR internal audit process has been developed by the QA Manager which will be used to review compliance with this process identifying documents requiring updates from AQTF references.

Improvement Opportunities

Flowcharts are referenced as being part of the Second Tier quality system documents however they do not include document control consistent with other quality system documents.

Flowchart 01.B.1 Develop/Modify course and Flowchart 01.B.1 Recruitment have the same form number and are referenced as such in Flowchart 01.B Raise contract.

5 – Management Responsibility

5.1 Management Commitment

Satisfactory

Evidence of commitment to the quality management system was through the approval of the Quality Manual and Quality Policy as well as involvement in the Management Review Diary and commitment to customer requirements.

5.2 Customer Focus
Satisfactory
The Directors main role is answering the phones and is the first point of contact with clients to determine requirements. Top Management is well aware of customer requirements and communicates this to all employees.

5.3 Quality Policy
Satisfactory
The Quality Policy is included in the Quality Manual dated 11/04/2012 and signed by the Director.

5.4 Planning
Satisfactory
Quality Indicators for AQTF are used as the quality objectives for the system. These include Learner Engagement, Employer Satisfaction and Competency Completion. Annual reports are collated with results and sent to AQTF – April 2013 sighted. RRW & Co have implemented further monitoring of targets within the quality management system referenced within this report under the relevant clauses.

5.5 Responsibility, Authority and Communication
Satisfactory
Flowchart OO Organisational Structure Lines of responsibility flowchart defines authority levels and lines of responsibility. This is available in the QA documents folder for all staff. The nominated management representative is the QA Officer whose roles and responsibilities for this role are documented in the Quality Manual and Position Description.

5.6 Management Review
Improvement Opportunity
Management Review Diary is maintained in an Access Database. This is used daily to record and communicate reviews, discussions or requirements. Review inputs for results of audits, customer feedback, process performance and conformity, status of corrective and preventive actions, changes to the business and any recommendations for improvements are all recorded in this forum daily as an active diary process. Records for these inputs were sighted within open diary notes. *Improvement Opportunity* There are currently 70 open Management Review Diary Review/Responses. It may be beneficial to review these and close those that have been actioned and implement continual monitoring to ensure closed review/responses are marked accordingly.

6 – Resource Management

6.1 Provision of Resources

Satisfactory

The provision of resources is determined through competency and customer/course requirements. Resources have been provided to maintain the quality management system to work within the business with records available to verify the maintenance and improvement of the system.

6.2 Human Resources

Improvement Opportunity

Competencies determined for Trainers have been defined in the Position Description for Trainer under relevant experience and Training which includes training qualifications suited to the level of the programs the trainer will be delivering (including and usually exceeding requirements imposed by the accrediting body) and Cert IV in Training and Assessment. Records were reviewed for contract trainers for required competencies and induction.

Professional Development is planned with objectives to enhance current skill levels and develop new skills mapped out within a training strategy with expected outcomes. Training & Development Schedule sighted 30/01/2013 for Trainer (employee).

Improvement Opportunity
It may be beneficial to review and update copies of current records of qualifications for contractor Steve Roberts.

Records of Induction for James Scotland (contract Trainer) were unable to be located.

Not all Induction Checklists reviewed had all criteria completed particularly sections of Induction Session Three (3) and 3 Month Follow Up Session.

6.3 Infrastructure

Satisfactory

The infrastructure provided includes training rooms and amenities for delivery of product (courses) on site. These are well maintained and presented. Hardware and software available supports conformity to product requirements.

6.4 Work Environment

Satisfactory

The work environment is well maintained. Off-site training is conducted with requirements for training facilities managed through 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

Flowcharts have been developed to document planning arrangements. Flowchart 01 Overview shows the high level planning process and references further flowcharts for details of each process. 01.A Identify Need, 01.B Raise Contract, 01.C Administer Contract, 01.D Deliver Contract and 01.E Close Contract.

7.2 Customer-Related Processes

Satisfactory

Customer requirements are determined through the 01.A Identify Needs process. This can either be through evaluation of the market and Network needs or through a direct client enquiry.

7.3 Design and Development

Satisfactory

Design and development records are maintained for inputs, review, verification, validation and changes through various records sighted:

- Learning Program (R1130109)
- Learning Program & Learning and Assessment Strategy (FLM program)
- Validation Report (Std 11 RPL) 11/10/12
- Assessment Map to Unit of Competency

7.4 Purchasing

Satisfactory

Contractors have been determined as the critical suppliers for product realisation and the extent of controls applied are managed under training, competency and awareness. Other resources for course material such as folders, pens, notebooks and catering are evaluated through course feedback.

7.5 Production and Service Provision

Satisfactory

Flowchart 01.C.11 Prepare Resources controls the preparation of resources required for training delivery.

Courses reviewed for control of production and service provision were:

13114 Radiation Safety (a,b,c,d)– Users conducted 11/03/13

- Delivery details of course (date, location, trainer, resources) – Reminder record
- Statements of attainment
- Course roll
- Participant list
- Competency database checked
- Status – open

13120 Radiation Safety for Labs/X-rays combined – Users conducted 31/01/2013

- delivery details of course (date, location, trainer, resources) – Reminder record
- Statements of attainment
- Participant list
- Course roll
- Competency database checked
- Status – open

12221 Safety – Apply risk management process – conducted 02/04/2012

- Status closed – Form 026 Contract Control scanned and recorded electronically
- Training Enrolment forms scanned

12146 Safety – Carry out the Risk Management process – conducted 06/03/2012

- Status closed – Form 026 Contract Control scanned and recorded electronically

7.6 Control of Monitoring and Measuring Equipment

N/A - Exclusion

8.0 Measurement, Analysis and Improvement

8.1 General

Satisfactory

RRW & Co have planned and implemented monitoring, measurement, analysis and improvement processes across the business to demonstrate conformity to product delivery and the quality management system. These include internal audits, management review diary and various forms/checklists to control quality of delivery and collate feedback.

8.2.1 Customer Satisfaction

Satisfactory

Customer complaints and feedback are logged in the database of the Management Review diary. There were no open customer complaints. Review of closed customer feedback showed that the information being collected is being assessed and actioned appropriately. The last customer feedback logged was dated 06/03/2013.

021 Learning Evaluation AQTF Evaluation Learner Questionnaire is used as part of AQTF requirements for nationally recognised training.

021 Learning Program Evaluation is an internal evaluation used for non-nationally recognised training.

8.2.2 Internal Audit

Satisfactory

Documented procedure P017 Internal Quality Audits documents the process for the completion of annual internal audits. Flowchart 03.A also supports the process flow. The internal audit conducted on 15/04/2013 had records that supported the process documented. Corrective Actions from the internal audit were recorded in the Management Review Diary as per the documented procedure and remained open as outstanding items. Email record was also provided of communication to staff regarding outcomes and action responsibilities.

The internal audit process is based on risk (status and importance) which was verified with the projects selected in the 15/04/2013 internal audit and associated records.

8.2.3 Monitoring and Measurement of Processes
8.2.4 Monitoring and Measurement of Product

Satisfactory

Monitoring and measurement of processes/product are managed through Form 026 Contract Control for each project delivery. Internal audits confirm compliance with the quality management system with projects selected based on risk.

021 Learning Evaluation AQTF Evaluation Learner Questionnaire is used as part of AQTF requirements for nationally recognised training where records were sighted.

021 Learning Program Evaluation is an internal evaluation used for non-nationally recognised training where records were sighted.

059 systematic Validation and Moderation form 02/04/2013 recently introduced and moving to apply to current courses for validation/moderation of course. Sampling process used for 6 students and trainers.

8.3 Control of Non-Conforming Product
8.5.1 Continual Improvement
8.4 Analysis of Data
8.5.2 Corrective Action
8.5.3 Preventive Action

Improvement Opportunity

Form 03 Monitoring and control of non-conforming product & preventive and corrective actions documents the process to follow. Records are maintained in the Management Review diary with actions which were sighted and reviewed.

Improvement Opportunity

Form 001 Nonconformance and Corrective Action Report 13/05/2002 is not used. It may be beneficial to move this document to the superseded folder.

. . . 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	May 2014, date to be advised

. . . Review Report Agreement . . .

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

Audit Team Representative Name	**Date**
Jackie Stapleton	18th April 2013
Certification Manager / Delegate	**Date**
Ian White	24th April 2013

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 2014

AS/NZS ISO 9001:2008

Client:	**RRW & Co**
Auditee's Representative:	Anthony Barber
Start Date:	May 2014 – dates to be confirmed
Audit Standard:	AS/NZS ISO9001:2008
Audit Scope:	Surveillance – requirements of the standard plus business scope of: Training and assessment systems, services. Radiation Safety Services (ionising radiation and laser radiation)
ANZSIC Codes:	7855, 8432, 8440
Auditor/s:	Brian de Cambra (BD) 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**
Day1 @ 9.00am	Office area	BD	***Entry Meeting with management team*** SQI regulations, Use of Certification Mark, Review against the standard, Factory tour, Changes since previous audit
am	Office area	BD	4.1 Quality Management System ***4.2 Documentation*** 5.1 Management Commitment ***5.2 Customer Focus***
am	Office area	BD	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	BD	***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.			
pm	Office area	BD	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
pm	Office area	BD	Quality operations review
pm	Office area	BD	***8.1 Measurement, Analysis and Improvement*** ***8.2.1 Customer Satisfaction***
pm	Office area	BD	***8.2.2 Internal Audit***
pm	Office area	BD	***8.2.3 Monitoring and Measurement of Processes*** ***8.2.4 Monitoring and Measurement of Product***
pm	Office area	BD	***8.3 Control of Non-conforming Product***
pm	Office area	BD	***8.4 Analysis of Data*** ***8.5.1 Continual Improvement***
pm	Office area	BD	***8.5.2 Corrective Action*** ***8.5.3 Preventive Action***
pm	Office area	BD	***Exit Meeting with senior management to discuss the outcome of the audit.***

Deleted: 7.6 Control of monitoring and measuring devices