



Audit Report

RRW and Co Pty Ltd trading as National On Site Training

3rd May 2022



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Audit result classifications

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)

A 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 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

Determine 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 nonconformity. 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 nonconformity 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.

Audit Details

Invoice Reference Number	Certificate Number	Review Time Hours
S22405	158	8 Hours

Audit criteria and review type

ISO 9001:2015	ISO 14001:2015	ISO 45001:2018
Stage 2 <input type="checkbox"/>	Stage 2 <input type="checkbox"/>	Stage 2 <input type="checkbox"/>
Surveillance <input type="checkbox"/>	Surveillance <input type="checkbox"/>	Surveillance <input type="checkbox"/>
Recertification <input checked="" type="checkbox"/>	Recertification <input type="checkbox"/>	Recertification <input type="checkbox"/>
Scope Change <input type="checkbox"/>	Scope Change <input type="checkbox"/>	Scope Change <input type="checkbox"/>
Follow-up <input type="checkbox"/>	Follow-up <input type="checkbox"/>	Follow-up <input type="checkbox"/>

Integration

Are the management standards integrated?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Comments:			

Location(s)/Sites sampled for review

167 Logan Road, Woolloongabba, Qld 4102

Audit Team Leader	Client Contact
Jerome Cramer	Anthony Barber
Audit Team Members	

Capability Statement

Site Location:	Scope:	ANZSIC Codes:
167 Logan Road, Woolloongabba, Qld	Training and assessment services. Radiation safety services (ionising radiation and laser radiation).	8101

Client Entry / Exit Meeting Attendees

Name	Position	Entry Meeting	Exit Meeting
Jerome Cramer	Sci Qual Lead Auditor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Anthony Barber	Director	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Summary

Changes since the last audit

The organisation maintains a stable approach to QMS and the requirements of ASQA Framework. There have been no changes noted to the structure or the process / system during this audit. The organisation has recently been re-accredited with ASQA (Australian Skill Quality Authority) for a further term of 7 years.

Review of nonconformities raised at the previous audit

NIL

Nonconformities raised at this audit

NIL

Observations raised at this audit

NIL

Improvement opportunities raised at this audit

NIL

Compliance with Sci Qual International “Use of Logos & Marks”

A review of the use of both the JAS-ANZ Accreditation Symbol and the Sci Qual International Logo confirmed, from the documentation sighted during this Audit, and noted to be correct and proper for both Marketing and Administrative Purposes. The logos are also used on the NOST Website.

Recertification Audits

A review was undertaken on the Surveillance Audits undertaken on 14/2/2020 & 12/2/2021. It was noted that the Observation Raised during the Surveillance Audit on 12/2/2021 had been satisfactorily addressed during this audit and has been reflected in this report.

The overall performance of the organisation over the certification cycle supports the findings at this Re-certification Audit: which indicates that the organisation maintains a robust and mature Quality Management System.

Positive findings

A mature QMS system which continues to be well managed and documented with a high level of commitment from the Director and the NOST Team.

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:

ISO9001:2015

The auditor would like to acknowledge the assistance of staff of National On Site Training in undertaking this audit.

Report Findings

Section 4. Context of the organisation

Understanding the context of the organisation

Needs and expectations of interested parties

Determining the scope

The team at NOST comprises of 3 Full Time personnel: no changes since the previous audit.

The Scope of Certification remains unchanged and verified at this audit:

“Training and assessment services. Radiation safety services (ionising radiation and laser radiation)”

The company website displays ISO Certifications along with access to QMS and ASQA Certifications.

The context of the organisation is defined on the company website: A registered training organisation (RTO) delivering a range of Nationally recognised learning programs and consulting services.

RTO with ASQA Registration.

The Interested Parties include:

- Customers
- Course Participants
- Government / ASQA
- NOST Staff including Director
- Contract Trainers.

External Issues Include

The external parties include a diverse customer base from the Mining Industry, Medical, Hospitality & Corporate Sectors with services provided in targeted Training, Consulting & Auditing, as requested by the Customer base. The Scope statement clearly defines the services provided by the organisation and complies with the requirements of ISO9001.

Internal Issues Include

The flat organisational structure provides the organisation with the opportunity to work closely and monitor the requirements of the QMS and Customer base, with a high focus on service delivery. Staff knowledge and competencies are matched to service delivery requirements.

Non-Applicability has been claimed for Clause 7.1.5.2: Measurement Traceability as the organisation claims that it does not produce items and are a Service Provider.

The Non-Applicability has been reviewed and accepted.

Evidence sampled included:

NOST Website

ISO9001 Certification

ASQA Certification: RTO: 0662: Granted for a further 7 years

Competency Database

Quality Manual: 31/10/2021

Interview with Director

 Satisfactory

Management system and its processes

All processes related to the Quality Management System have been represented using Flowcharts.

A review of the Flowcharts indicated that all inputs and outputs for the process undertaken were noted to be comprehensive from the first point of contact from a Customer with NOST through to Service Delivery and Feedback / Closure ((Flowchart 01 Overview).

Each flowchart is numbered within a sequence, i.e., the final stage of one flowchart becomes the commencement of the next process.

A sampling review of the flowcharts was undertaken:

- 01: Overview
- 01A: Identify Needs
- 01B: Raise Contract
- 01.B.I: Develop / Modify Course
- 01.B.II: Recruiting
- 01.C: Administer Contract
- 01.C.I: Administer Registration

A verification process was undertaken and the documents in relation to the flowcharts above were sighted in use for the following contracts:

Contract: 22132, 21203, 21188 & 22107.

The overall Management System and its process, including the Inputs and Outputs were clearly documented and verified.

Evidence sampled included:

Sampling Reviews of Flowcharts

01: Overview> Needs Identified> 01B: Raise Contract> 01C: Administrative Contract> 01D: Deliver Contract
Contracts: 22132, 21203, 21188 & 22107

Interview with Director / Administration

 Satisfactory

Section 5. Leadership

Leadership and commitment

The Finance & QA Manager of NOST is hands on in the business and the team of 3 key personnel in the organisation allows for close monitoring of the processes of the organisation.

The Finance & QA Manager was present at the Opening and Closing Meetings and explained the overall operations of the organisation. An excellent level of knowledge and experience along with Leadership and Commitment was demonstrated by the Finance & QA Manager along with the other 2 members of the organisation.

Policy

The Quality Policies and the Quality Manual have been reviewed on 31/10/2021, and updated on 31/10/2021 and 1 Nov 2021.

The Quality Policy demonstrated commitment to recognising Quality Control Systems and commitment from Directors and Staff to the customer base through identifying needs and preferences and delivering services which meet those specific requirements. The policy verified its compliance with ISO9001 and the Standards for Registered Training Organisations.

A sampling review of all policies indicated a clear purpose and process / procedure in relation to the application of the policy.

Observation Obs. #2021/01

5.2 Quality Policy

It was however noted that the Quality Manual and the Quality Policy has not been reviewed since 31/10/2016: and even though it is acknowledged that the processes undertaken by the organisation remain stable and unchanged, the review process should be undertaken to verify that references to updated standards / revisions are reflected e.g., Clause 7.6 from 2008 Standard to Clause 7.1.5.2 to 2015 Standard.

Action Taken: The organisation has undertaken a complete review of the Quality Policies and the Quality Manual, and the evidence was available and verified during the audit. The reviews were undertaken on 31/10/2021 & 1/11/2021.

Status @ 3rd May 2022 – Observation Obs. #2021/01 has been satisfactorily addressed and is closed.

Customer focus

Refer Section 9

Roles and responsibilities

The Roles and Responsibilities are clearly defined by the Position Descriptions sighted. All Position Descriptions refer to the Quality Management System and commitment to QA.

The roles of the 3 key personnel in the organisation are very stable and support a QA system that is well established.

No changes have been made to the Position Descriptions since the previous audit.

Evidence sampled included:

Interview with Director

Quality Manual – signed by Director: 31/10/2021, and reviewed documents on 31/10/2021 & 1/11/2021

Samplings of Reviewed Policies: OH&S Policy, Travel Policy, Student Record Policy, Internal Human Resources Management Policy etc.

Flowcharts

Competency Database

Position Descriptions

 Satisfactory

Section 6. Planning

Actions to address risk and opportunities

The organisation has identified key risk profiles applicable and meaningful to the organisation and were noted to be as follows:

- AQTF Certification & Compliance with required Standards
- AQTF Legislative Compliance
- Data Integrity & Storage
- Uncontrolled Growth
- Burn Out & Loss of Staff
- ISO9001 Certification

The risk profiles reviewed were categorised into Likelihood and Consequences: with risk ratings from OK: Low, Not Great, Serious and Catastrophic. Given the nature and size of the organisation, the risks reviewed, also translated into the opportunities for the business, and are closely monitored by the Director.

Evidence sampled included:

Risk Profiles: AQTF Certification & Compliance with required Standards, AQTF Legislative Compliance, Data Integrity & Storage, Uncontrolled Growth, Burn Out & Loss of Staff, ISO9001 Certification

Interview with Director

 Satisfactory

Objectives & planning to achieve them

A review of the Management Systems and Its Processes represented by the 28 Flowcharts, continues to be foundation for Planning and Achievement of the objectives of the organisation.

This was verified further by the review of Contracts and the documentation sighted which clearly identifies the steps taken to deliver services which meet the requirements of the QA System.

The Internal Audit process continues to be undertaken using a risk-based approach: with Medium and High-Risk courses randomly selected and reviewed by the Director.

Evidence sampled included:

Flowcharts: 28 Listed with clearly outlined processes

Internal Audit Process: 10/2/2022

Interview with Director

Sampling Review of Contracts: 22132, 21203, 21188 & 22107

 Satisfactory

Change management

Since the previous audit there have not been any significant changes noted: and verified with Director. Given the size and nature of the business, close communication takes place between the 3 staff. The business has a mature QMS System and conforms with the AQTF Requirements / Standards.

Evidence sampled included:

Interview with Director & Key Personnel

 Satisfactory

Section 7. Support

People/Infrastructure / work environment

The work environment is conducive to the nature of the business.

Dedicated office spaces and Training Rooms are available, with the necessary equipment to undertake the business activities.

A Training Room and a Meeting Rooms / Break Out Room is available, with the necessary AV and Telecommunications for use by staff and trainees as required.

Amenities including small kitchenette and toilets with adequate hand washing facilities was available.

Given the size of the organisation and the 3 full time employees: it was noted that this aspect of the clause is satisfactorily managed and addressed.

Evidence sampled included:

Office Environment

Discussions with Director

 Satisfactory

Monitoring & measurement resources

The organisation has claimed Non-Applicability for this clause i.e., 7.1.5.2 Monitoring Equipment as they do have any need for such equipment. This has been reviewed by the auditor and Non-Applicability has been granted.

Evidence sampled included:

Not Applicable

Organisational Knowledge

National On Site Training delivers a range of Nationally recognised learning programs and performs a range of related consulting services. The organisation has been operational more than 25 years and specialise in delivering customised products to the client base.

The key services provided are:

Radiation Health Certificates of Compliance

Risk Management - Technical Facilitation

Radiation Systems Audit

Develop Technical Procedures for mines and industry

Develop (and certify) Internal Training materials for mines and industry

HR Quality Development

Radiation Premises Design Consulting

The key personnel offering the services are the Director and Training Manager, who have extensive knowledge of the requirements of the AQTF and QMS requirements along with maintaining currency of certifications to deliver relevant training.

Refer competencies / certificates below.

Evidence sampled included:

Interview with Director & Training Manager

Competencies and Certificates for key personnel delivering training and consultancies

 Satisfactory

Competence, training and awareness

The Competency Database references each Contract/project undertaken by the organisation. The Competency Data Base is used to ensure that individual courses / projects / contracts are undertaken by persons with appropriate current competency.

Verified competencies for Tim Hargreaves:

- Radiation Safety Act 1999: Certificate No: 819954-A003288512: with Expiry on 25/6/2022
- Radiation Safety Officer Certificate: Certificate No: 819954-5604198R: with Expiry 12/3/2023
- Transport Licence: Licence No: 819954-T005330815: with Expiry 23/9/2024
- Consulting Radiation Expert Accreditation: Accreditation No: 5088825 with Expiry 10/8/2022

Verified competencies for Anthony Barber:

- Radiation Safety Act 1999: Licence No: 802474-5626112U: Dated 5/2/2020 with Expiry on 21/2/2023
- Radiation Safety Officer Certificate: Certificate No: 802474-5607421R: with Expiry 15/7/2022
- Consulting Radiation Expert Accreditation: Accreditation No: 5088826 with Expiry 10/8/2022
- Transport Licence: Licence No: 802474-5603537T: with Expiry 3/3/2024

The above information was sighted in hard copies and supported the competence requirement for the trainers to deliver the approved courses.

Evidence sampled included:

Review of Files with Hard Copies of Current Certifications

Interview with Tim Hargreaves/Anthony Barber

 Satisfactory

Communication

Communication internally and externally is using email, phone calls and meetings. Internal communication is via email or informal meetings due to the nature of the business and small team.

Customers are provided with quotations addressing the needs and expectations.

Proposal is provided and Contracts finalised, along with delivery of the service.

The Flowcharts reviewed represent the steps and the processes: with verification undertaken via a sampling of records.

The process was verified during this audit and remains unchanged.

Evidence sampled included:

Flowcharts

Contracts Database: 21203, 22132, 21188, 22107

01 Overview >Needs Identified>01B: Raise Contract>01C:Administrative Contract>01DDeliver Contract>Deliver Contract

Competency Database

 Satisfactory

Documented information

Documented information was reviewed and verified during the audit. Once the Contract / project is completed, the information is scanned into the relevant database.

Documents were noted to be easily accessible, with good electronic filing practices noted. All completed files / projects are moved to an Archives Folder and once again was easily accessible.

It was noted that all documented information is backed up daily / weekly / monthly on 3 internal servers. A copy of the backup is also kept off premises every evening (removed from premises by Administration).

With the new IT Agreement as advised by Director, a further back up is maintained via the Cloud.

Information and documents only accessible by the 3 full time personnel of NOST.

The three servers and blue backup disks were sighted during the audit.

As mentioned by the Director: because of the verification process undertaken today at the audit: an issue was noted with the Daily Backup due to a change in the Passwords. This was rectified during the audit: and the Director was appreciative of the process undertaken and questions raised during the audit, which highlighted this issue. A similar issue was noted during the Surveillance Audit in 2021 (was not noted in report). As a result, Documented Information will be reviewed once again next year at the Surveillance Audit in 2023, to ensure that the back up is managed / verified.

Evidence sampled included:

All Documented Information – Hard & Soft Copies
Servers – sighted and process verified with Director
Discussions with Director

 Satisfactory

Section 8. Operations

Operational planning and control

All processes related to the Quality Management System have been represented by the 28 Flowcharts. A review of the Flowcharts indicated that all inputs and outputs for the process undertaken were noted to be comprehensive from the first point of contact from a Customer with NOST through to Service Delivery and Feedback / Closure (Flowchart 01 Overview). Each flowchart is numbered within a sequence, i.e., the final stage of one flowchart becomes the commencement of the next process.

A verification process was undertaken and the documents in relation to the flowcharts were sighted in use for the following contracts:

Contract: 22132, 21203, 21188 & 22107.

The overall Management System and its process, including the Inputs and Outputs were clearly documented and verified.

The planned approach and steps related back to the flowcharts indicate very satisfactory and robust operational planning and controls for the delivery of the service.

Control of production and service provision

Planning of work is managed through the allocation of administration control sheets for each job. The work is allocated to the person based on competencies required.

The operational planning and control are managed as per the relevant Flowcharts:

- Identify Needs
- Raise Contract
- Develop/Modify Course
- Recruiting/Allocation to Competent Personnel
- Administration of Contract
- Delivery of Contract
- Receiving of Feedback
- Close Out Contract and Archive

Sighted Contract Numbers 22132, 21203, 21188, 22107, 21203, 22106

with evidenced sighted in the database to verify the process.

E.g., 22106: Safety – Communicate Information: Powerlink QLD: 12 Participants: Trainer Tim Hargreaves
21203: Safety – Carry Out the Risk Management – New Acland Mine: 9 Participants: Trainer: Anthony Barber

The Courses are Designed and Developed as per the requirements of the Customer. For Nationally Accredited Courses the Assessment Map to Units of Competency is used.

The organisation also delivers courses which have been designed by other organisations: e.g., Standard 11 is owned by The Resources Training Council (RTC) and is delivered by NOST under Licence.

Course in Field Base Training & Assessment (CBFTA): 10898: is owned by Training Skills Australia, and delivered by NOST under Licence.

Post Contract and delivery of course the following checks are in place:

- Trainer Contract Control Sheet
- Trainer Feedback
- Discussion with Director
- Student Workbook & Assessment
- Levels of Competency: J= Competent, M= Not Yet Competent, A= Not Applicable
- Issue of Certificates

Evidence sampled included:

Flowcharts

Database: Sighted Contract Numbers 22132, 21203, 21188, 22107, 21203, 22106

Assessment Map to Units of Competency

Assessment Activities: 21178: 13/9/2021

 Satisfactory

Customer communication, determination of requirements & review

The Courses are Designed and Developed as per the requirements of the Customer: and referenced in the Flowchart.

For Nationally Accredited Courses the Assessment Map to Units of Competency is used.

The following checks are in place in relation to course delivery:

- Contract Control Sheet
- Trainer Feedback
- Training Enrolment Form
- Learning Program Evaluation
- Review of Assessment
- Certificate Requisition
- Issue of Certificate
- Course Roll
- Student Workbook & Assessment
- Levels of Competency: J= Competent, M= Not Yet Competent, A= Not Applicable

Sighted samplings of NOST Communications to participants sent by Julie Holmes on 13/1/2022, providing participants with information in preparation for the course.

Sighted sampling of Training Enrolment Form for TD: completed on 1/4/2022.

A review of the process indicated that no changes were made to the operations at this audit: and verified with information sighted above.

Evidence sampled included:

Flowcharts

Database: Sighted Contract Numbers 22132, 21203, 21188, 22107, 21203, 22106

Assessment Map to Units of Competency

Training Enrolment Form for TD: completed on 1/4/2022

NOST Communications to participants sent by Julie Holmes on 13/1/2022

Assessment Activity 2: Contract 21203: 17/11/2021: Review a Risk Assessment

 Satisfactory

Design & development

The Courses are Designed and Developed as per the requirements of the Customer.

For Nationally Accredited Courses the Assessment Map to Units of Competency is used.

Reviewed 01.B1 Develop / Modify Courses Flowchart with the steps clearly outlined to develop or modify existing courses based on a process of consultation with trainers, industry consultation, mapping and validation and communication.

The organisation also delivers courses which have been designed by other organisations: e.g., Standard 11 is owned by The Resources Training Council (RTC) and is delivered by NOST under Licence.

Course in Field Base Training & Assessment (CBFTA): 10898: is owned by Training Skills Australia, and delivered by NOST under Licence.

Evidence sampled included:

Flowchart 01.B1 Develop & Modify Courses

Information of Review of Courses: sighted in Internal Audit

 Satisfactory

Control of externally provided processes, products and services

Post Contract and delivery of course the following checks are in place:

- Trainer Contract Control Sheet
- Trainer Feedback
- Discussion with Director
- Student Workbook & Assessment
- Levels of Competency: J= Competent, M= Not Yet Competent, A= Not Applicable
- Issue of Certificates

A review of Contract 22106 was undertaken: and the following information was sighted:

- Contract Control – Administrative Control
- Trainer Contract Control Sheet
- 026 Contract Control
- Training Enrolment Form
- Learner Questionnaire completed trainee

Evidence sampled included:

Database: Sighted Contract Numbers 22132, 21203, 21188, 22107, 21203, 22106

 Satisfactory

Release of product and services

In conjunction with control of products and services and the relevant process steps and flowcharts clearly provide guidance towards the planned / controlled approach to the service delivery.

Given the nature and size of the organisation: there is close monitoring of the process which is clearly stepped out from all aspects of Inputs to Outputs: resulting is a sound delivery of the service.

The evidence sighted during the audit was noted to be satisfactory.

Evidence sampled included:

Discussions with Director

Review of Contracts

Flowcharts and verification with Documents / Contracts

 Satisfactory

Control of nonconforming outputs

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

No non-conformances have been raised since the last audit.

Given the size and nature of the business along with the release of products and services process: no Non-conforming Outputs have been noted. Verified with Director and no entries noted in the Management Diary.

No significant Customer Complaints noted: and the process adheres to the relevant flowchart / procedure.

Evidence sampled included:

Management Review Diary

Flowcharts / Policies

 Satisfactory

Section 9. Performance evaluation

Monitoring, measurement Analysis and evaluation

Customer satisfaction

The following course / project assessments were sampled:

- Contract 21147: Cook Medical: 26 & 27/7/2021
- Contract 21178: Course in Filed Based Training & Assessment

Student feedback is obtained for every course as per ASQA requirements: sighted sample for 21178: 16/9/2021:

Direct feedback is obtained from client organisations.

The Director and Training Manager reviews course feedback sheet.

A review of the Management Review Diary: indicated that the last compliant was logged in 17/3/2017.

Since the feedback is reviewed on a course-by-course basis: complaints / issues / suggestions are dealt with promptly. Complaints / issues are assessed in relation to the nature of the complaint and severity.

Evidence sampled included:

Contracts

Contract Control Forms

Course Roll

Training Enrolment Form

AQTF Learner Questionnaire

Certificate Requisitions

Management Review Diary

Discussion with Director

 Satisfactory

Internal audit

Internal audits are conducted in accordance with the Internal Quality Audits Procedure, P017 and flow chart 0.3.A. The procedure meets the requirements of the standard.

Sighted the internal audit conducted on 10/2/2022 by Tim Hargreaves.

The organisation used an alternate approach to the Internal Audit Process when compared to the previous years. This rationale was based on the upcoming AQTF Certification.

The Standards for RTO's 2015: was used which overlaps and related to the QMS System.

The course was designed for Kaltire Cert 4, with customer engagement to customise the course.

Standard 11 is owned by The Resources Training Council (RTC) and is delivered by NOST under Licence.

Course in Field Base Training & Assessment (CBFTA): 10898: is owned by Training Skills Australia, and delivered by NOST under Licence.

The Internal Audit conducted reflected the AQTF Standard, which closely mirrored the QMS requirements.

The audit was noted to examine all aspects of the ATQF Standard and QMS System: which has also resulted in the organisation achieving a further 7 years accreditation from the AQTF.

Sighted samplings of documents referenced in the Internal Audit: e.g., Learning & Assessment Strategy: which consisted of Learning Program Name, Duration, Assessment, Units of Competency, Implementation Guidelines, Descriptions of Target Clients and Proposed Delivery Personnel.

The process undertaken during the Internal Audit was noted to be comprehensive and incorporated the Management Review.

Evidence sampled included:

Internal Audit completed on 10/2/2022

Interview with Director

 Satisfactory

Management Review

The Management Reviews are not formally undertaken, and in this instance was undertaken in conjunction with the Internal Audit in preparation for the AQTF Accreditation.

The components of the Standard were noted to be adequately addressed and verified with the Standards for RTO: 2015.

The detailed process undertaken to complete this Internal Audit also supports the overall Management Review process: which was undertaken by Tim Hargreaves.

The above was noted to be satisfactory relative to the size and requirements of the organisation.

Evidence sampled included:

Internal Audit: 22/2/2022

Process Flowcharts

Interview with Director

 Satisfactory

Section 10. Improvement

Nonconformity, incidents, corrective action and continual improvement

The Control of Non-conformances and Corrective Action flowchart was sighted.

No non-conformances have been raised since the last audit.

No Customer Complaints noted and given the very structured process from first customer contact to service delivery: the process has several checks along the way to minimise non-conformities.

Samplings of Learner Questionnaires forms reviewed: and whilst the information is not collated, the feedback is reviewed by the Director and Training Manager and addressed immediately, based on the severity of the complaint / feedback.

No severe / serious issues or feedback was noted over this audit period.

Evidence sampled included:

Review of Contracts

Management Review Diary

Samplings of Learner Questionnaires

 Satisfactory

Audit Programme Part 1

Date Audit Plan Issued	3 rd May 2022
Next Audit Start Date	April/May 2023
Audit Objectives	<p>The objective of the Surveillance audit is:</p> <ul style="list-style-type: none"> 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. Follow-up the corrective actions to address the findings of the previous audit; etc
Certification Scope	Training and assessment services. Radiation safety services (ionising radiation and laser radiation).
Auditor	Jerome Cramer shall be responsible for the entire audit process.

Future Audit Programme Part 2

Type & Year	Standards	Sites to be visited each year
Audit 1 2023 Surveillance	ISO9001: 2015	167 Logan Road, Woolloongabba, Qld
Audit 2 2024 Surveillance	ISO9001: 2015	167 Logan Road, Woolloongabba, Qld
Audit 3 2025 Recertification	ISO9001: 2015	167 Logan Road, Woolloongabba, Qld

Audit Programme for stage 2 + 3-year audit cycle

<p>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.</p> <p>Red areas are mandatory for all audits</p> <p>Surveillance audits should not generally include all clauses unless additional time has been allowed but all clauses must be addressed at least once within the 3-year certification cycle to provide confidence that the management system continues to fulfil requirements between recertification audits</p> <p>List Type of Audit in year S = Surveillance RC = Recertification</p>	2022 RC 9001	2023 S 9001	2024 S 9001	2025 RC 9001
Section 4. Context of organisation				
Understanding the context of the organisation	C	P		P
Needs and expectations of interested parties	C		P	P
Determining the scope	C	P	P	P
Management system and its processes	C	P		P
Section 5. Leadership				
Leadership and commitment	C		P	P
Policy	C	P	P	P
Customer Focus	C	P		P
Roles and responsibilities	C		P	P
Section 6. Planning				
Actions to address risk and opportunities	C	P		P
Objectives & planning to achieve them	C	P	P	P
Change management	C		P	P
Section 7. Support				
People/Infrastructure / work environment	C	P		P
Monitoring & measurement resources/equipment			N/A	
Organisational knowledge	C		P	P
Competence training and awareness	C	P		P
Communication internal and external	C		P	P
Documented Information/Control of Documents	C	P		P
Section 8. Operational planning				
Operational planning & control.	C	P	P	P
Customer communication, determination of requirements & review	C		P	P
Design & development	C	P		P
Control of externally provided processes, products & services	C		P	P
Control of production and service provision	C	P		P
Release of product and services	C		P	P
Control of nonconforming outputs	C	P		P
Section 9. Performance evaluation				
Monitoring, measurement, analysis and evaluation	C	P	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
Other Requirements				
Review of any changes	C	P	P	P
Use of marks and/or any other reference to certification	C	P	P	P

Next Visit Plan		
Topic	Date	Auditor
Opening meeting Audit objectives; Assessment process; Sci Qual International certification requirements; Guides role; Proposed scope of assessed capability; Confidentiality; Reporting process; Q&A. Brief site orientation tour.	April / May 2023 9.00 AM	Jerome Cramer
Understanding the context of the organisation Determining the scope Management system and its processes Policy Customer Focus	10.00 AM	Jerome Cramer
Actions to address risk and opportunities Objectives & planning to achieve them People/Infrastructure / work environment Competence training and awareness Documented Information/Control of Documents	11.00 AM	Jerome Cramer
Operational planning & control Design & development Control of production and service provision Control of nonconforming outputs	11.30 AM	Jerome Cramer
Monitoring, measurement, analysis and evaluation Customer satisfaction Internal audit Management review Nonconformity, corrective action & continual improvement Review of any changes Use of marks and/or any other reference to certification	12.00 PM	Jerome Cramer
Closing meeting with senior management team	1.00 PM	Jerome Cramer

Requirements for audits planned using ICT in accordance with IAF MD4 2018		
Does the next audit include remote auditing using ICT	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
The risks and opportunities that may impact on the effectiveness of the audit including the selection of the technologies and how they will be managed have been identified by in the above audit plan	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
The audit plan above specifically identifies how the use of ICT will optimise audit effectiveness and efficiency while maintaining the integrity of the audit process	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
The above plan and the 3 year audit programme have been reviewed and accurately reflect what has been completed and what is planned for the remainder of the cycle <input checked="" type="checkbox"/>		

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 to produce this report.

When auditing electronic based systems, the auditors may assess some 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.