



Audit Report



RRW and Co Pty Ltd trading as National On Site Training

11th May 2023



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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
S24043	158	4

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 checked="" type="checkbox"/>	Surveillance <input type="checkbox"/>	Surveillance <input type="checkbox"/>
Recertification <input 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	
N/A	

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, 6925

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"/>

Client Staff consulted during Audit

Position	Name	Yes	No	N/A
Office Manager	Julie Holmes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer	Tim Hargreaves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary

Changes since the last audit

The organisation continues to maintain a stable approach to QMS and the requirements of ASQA Framework. No significant changes noted to the structure or the process / system: and was verified during this audit.

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.

Use of ICT to conduct audit

Not Applicable

Recertification Audits

N/A – Surveillance Audit

Positive findings

The QMS continues to be managed satisfactorily, with mature and robust systems in place, with a high level of commitment from the Director of the organisation.

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: with no changes noted since the previous Re-certification 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

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:

Contracts: 23110, 23103, 23101, 22114.

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: 23110, 23103, 23101, 22114.

Interview with Director / Administration

 Satisfactory

Section 5. Leadership

Leadership and commitment

Not Verified

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: with no changes noted during this audit.

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 quality policy, and supporting policies, with samplings verified during this audit.

A high level of Senior Management Commitment to the QMS was demonstrated.

Customer focus

Refer Section 9

Roles and responsibilities

Not Verified

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, Prisoners with Jobs Policy, Sustainable Access and Equity Policy, Recognition Policy, Customer Service Standards.

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

ISO9001 Certification

Interview with Director

 Satisfactory

Objectives & planning to achieve them

A review of the Management Systems and Its Processes represented by the 26 Flowcharts (noted 2 now obsolete since the previous audit: referenced in Internal Audit: 02-B Mail & 02-C-I Receive & Bank Payments), continues to be foundation for Planning and Achievement of the objectives of the organisation.

A review of Contracts and the documentation sighted clearly identified the steps taken to deliver services which meet the requirements of the QA System, and representative of the organisations 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: 26 Listed with clearly outlined processes

Internal Audit Process: with review of contracts: 22106, 220405, 23060, 22107 – undertaken by Director

Interview with Director

Sampling Review of Contracts: 23110, 23103, 23101, 22114

 Satisfactory

Change management

Not Verified

Evidence sampled included:

Not Verified

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: and verified during this audit.

Evidence sampled included:

Review of Office Environment

 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. As such, Non-Applicability has been granted.

Evidence sampled included:

Not Applicable

Organisational Knowledge

Not Verified

Evidence sampled included:

Not Verified

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
- Radiation Safety Officer Certificate: Certificate No: 819954-5604198R
- Transport Licence: Licence No: 819954-T005330815: with Expiry 23/9/2024
- Consulting Radiation Expert Accreditation: Accreditation No: 5088825

Verified competencies for Anthony Barber:

- Radiation Safety Act 1999: Licence No: 802474-5629771A: Dated 30/6/2020 with Expiry on 05/06/2023
- Radiation Safety Officer Certificate: Certificate No: 802474-5629771A
- Consulting Radiation Expert Accreditation: Accreditation No: 5088826
- Transport Licence: Licence No: 802474-5603537T: with Expiry 3/3/2024

The above information was sighted in soft copies and supported the competence requirement for the trainers to deliver the approved courses, and current at the time of this audit.

Evidence sampled included:

Review of Z Drive Files with Current Certifications

 Satisfactory

Communication

Not Verified

Evidence sampled included:

Not Verified

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.

Documented Information process reviewed at this Surveillance Audit was noted to be satisfactory.

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 26 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:

Contracts: 23110, 23103, 23101, 22114.

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.

The Operational planning and controls were verified during this audit and remains unchanged.

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
- Receival of Feedback
- Close Out Contract and Archive

Sighted Contracts: 23110, 23103, 23101, 22114

E.g., 23110: Safety – Mining Supervisor Competencies: Contract Control-Administrative Control, Contract Details, Trainer Contract Control Sheet, Training Enrolment Form, Learner Questionnaire (AQTF 2007), Certificate Requisition.

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.

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 Contracts: 23110, 23103, 23101, 22114

Assessment Activities

 Satisfactory

Customer communication, determination of requirements & review

Not Verified

Evidence sampled included:

Not Verified

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

 Satisfactory

Control of externally provided processes, products and services

Not Verified

Evidence sampled included:

Not Verified

Release of product and services

Not Verified

Evidence sampled included:

Not Verified

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 over this audit period: and verified with Director.

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: verified with Director during this audit.

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 23110: Safety – Mining Supervisor Competencies – 7/3/2023
- Contract 23101: Carry Out Workplace Assessments – 9/2/2023, Coach Others in the Workplace – 7/2/2023
- Contract 23110: Assessment Cover Sheet / Individual Assessment / Group Assessments – 9/3/2023. 7/3/2023.
- Contract 22114: Cook Medical – 10 participants – April/May 2022.

Student feedback is obtained for every course as per ASQA requirements: sighted sample for Contract 22114: 4/5/2022: with all positive feedback noted.

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 there were no complaints noted over this audit period.

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 9/5/2023 by Anthony Barber.

The following samplings of files were undertaken during the Internal Audit and cross referenced against the List of Flowcharts:

22160, 220405, 23060 & 22170.

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

Evidence sampled included:

Internal Audit completed on 9/5/2023

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 – with all flow charts reviewed for currency.

The components of the Standard were noted to be adequately addressed and verified with the requirements of the Standard.

The detailed process undertaken to complete this Internal Audit also supports the overall Management Review process.

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

Evidence sampled included:

Internal Audit: 9/5/2023

Process Flowcharts

Interview with Director

 Satisfactory

Section 10. Improvement

Nonconformity, incidents, corrective action and continual improvement

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 compliant / 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	11 th May 2023
Next Audit Start Date	April/May 2024
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 2024 Surveillance	ISO9001: 2015	167 Logan Road, Woolloongabba, Qld
Audit 2 2025 Recertification	ISO9001: 2015	167 Logan Road, Woolloongabba, Qld
Audit 3 2026 Surveillance	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	C		P
Needs and expectations of interested parties	C		P	P
Determining the scope	C	C	P	P
Management system and its processes	C	C		P
Section 5. Leadership				
Leadership and commitment	C		P	P
Policy	C	C	P	P
Customer Focus	C	C		P
Roles and responsibilities	C		P	P
Section 6. Planning				
Actions to address risk and opportunities	C	C		P
Objectives & planning to achieve them	C	C	P	P
Change management	C		P	P
Section 7. Support				
People/Infrastructure / work environment	C	C		P
Monitoring & measurement resources/equipment	N/A			
Organisational knowledge	C		P	P
Competence training and awareness	C	C		P
Communication internal and external	C		P	P
Documented Information/Control of Documents	C	C		P
Section 8. Operational planning				
Operational planning & control.	C	C	P	P
Customer communication, determination of requirements & review	C		P	P
Design & development	C	C		P
Control of externally provided processes, products & services	C		P	P
Control of production and service provision	C	C		P
Release of product and services	C		P	P
Control of nonconforming outputs	C	C		P
Section 9. Performance evaluation				
Monitoring, measurement, analysis and evaluation	C	C	P	P
Customer satisfaction	C	C	P	P
Internal audit	C	C	P	P
Management review	C	C	P	P
Section 10. Improvement				
Nonconformity, corrective action & continual improvement	C	C	P	P
Other Requirements				
Review of any changes	C	C	P	P
Use of marks and/or any other reference to certification	C	C	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 2024 9.00 AM	Jerome Cramer
Needs & expectations of Interested Parties Determining the scope Policy Leadership and commitment Roles and responsibilities	10.00 AM	
Objectives & planning to achieve them Change management Organisational knowledge Communication internal and external	11.00 AM	
Operational planning & control Customer communication, determination of requirements & review Control of externally provided processes, products & services Release of product and services	11.30 AM	
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	
Closing meeting with senior management team	1.00 PM	

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.