SCI QUAL INTERNATIONAL

ISO 9001 Quality

Audit Report

NOST
NATIONAL ON SITE TRAINING

29th May 2024

SCI QUAL INTERNATIONAL

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Table of Contents

Audit Result Classification

Major nonconformity (NC)

The absence of or the failure to implement and maintain, one or more required management system elements, or a situation which would, on the basis of available objective evidence raise significant doubt as to ability of the management system to achieve its intended outputs including meeting the organisation's policy commitments (e.g. failure to provide goods or services of the required quality, failure to comply with applicable legal obligations, failure to prevent environmental or OH&S harm, etc.).

Initial or continued management system certification cannot be recommended if any major nonconformity is outstanding. Failure to adequately address a major nonconformity so that it may be closed or at least downgraded within three months shall initiate a process to suspend, withdraw or reduce the scope of an existing certification.

If a Major Nonconformity (NC) is raised, a Corrective Action Plan (CAP) must be returned to Sci Qual International Pty Ltd within a maximum of one month from the audit date. A follow-up audit may be required within three months from the date the NC was raised, to verify the effectiveness of the corrective actions. This will enable either the NC to be closed or reduced to a minor.

Minor nonconformity (NC)

An isolated nonconformity that is not classified as a major nonconformity and which if not addressed in a timely manner has the potential to become a major nonconformity. The corrective actions must be completed within a maximum of 12 months. The effectiveness of the client's correction and corrective actions shall be evaluated by Sci Qual International at their next audit.

Observation

An isolated 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 Outcome

Executive Summary

Changes since the last audit

The organisation maintains a stable approach to QMS and the requirements of ASQA Framework.
No significant changes noted to the structure or the process / system: and were verified during this audit.
As advised by the Director, the Office Manager will be retiring shortly, and will not be replaced – with changes to structure and process to be reviewed at the next audit.

Positive findings

The QMS continues to be robust and managed satisfactorily. A high level of commitment to QMS is demonstrated by the Director and the Office Manager.

Recommendations

The auditor confirms that:

1. The audit objectives have been achieved;
2. The certified scope is appropriate to the work being carried out;
3. The management system is capable of meeting applicable requirements and expected outcomes
4. The internal audit and management review process meets the requirements of the applicable standards

A recommendation is made for the continued certification of National On Site Training against the requirements of:

ISO 9001:2015 ☒

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

Audit Details

Invoice Reference Number	Certificate Number	Review Time Hours
S25789	158	4

Audit criteria & review type

ISO 9001:2015
Stage 2 ☐
Surveillance ☒
Recertification ☐
Scope Change ☐
Follow-up ☐

Integration

Are the management standards integrated?	**Yes ☐ I No ☒ I N/A ☐**
Comments:	

Locations / Sites sampled for review

Site 1:	167 Logan Road, Woolloongabba, QLD 4102.

Audit Team

Audit Team Leader	Client Contact
Jerome Cramer	Anthony Barber
Audit Team Members	
N/A	

Capability Statement

Site Location(s):	Scope of Certification:	ANZSIC Codes:
167 Logan Road, Woolloongabba, QLD 4102.	Training and assessment services. Radiation safety services (ionising radiation and laser radiation).	8101

Client Entry / Exit Meeting Attendees

Name	Position	Attendance / Consultation		
		Entry Meeting	Exit Meeting	Staff Consulted
Jerome Cramer	Sci Qual Lead Auditor	☒	☒	
Anthony Barber	Director	☒	☐	☒
Julie Holmes	Office Manager	☒	☒	☒
		☐	☐	☐

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.

Audit Findings

Findings raised at this audit

Nonconformances raised at this audit

NIL.

Observations raised at this audit

NIL.

Improvement Opportunities raised at this audit

NIL.

Close out of findings from previous audit

NIL.

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. I was however noted that the Office Manager will be retiring shortly and the structure of the business will be amended accordingly.

The Scope of Certification remains unchanged over this audit period and verified with Director:
"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 is 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 / Office Manager

➡️ Satisfactory

Management system and its processes

Not Verified.

Section 5. Leadership

Leadership and commitment

Policy

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 (Director) was present at the Opening 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 Office Manager who assisted with the audit process. The Finance & QA Manager (Director) was not available for the closing meeting due to personal reasons and the task was assigned to the Office Manager.
The Training Manager was away on a work assignment in PNG.

The Quality Policies and the Quality Manual have been reviewed on 31/10/2021 and updated on 31/10/2021 and 1 Nov 2021. No further updates or changes noted: as the business has remained unchanged.

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.

Evidence sampled included:
Interview with Director
Quality Manual – signed by Director: 31/10/2021, and reviewed documents on 31/10/2021
Samplings of Policies: OH&S Policy, Grievance and Appeals Policy, Personnel Recruitment Policy, Travel Policy, Student Record Policy, Internal Human Resources Management Policy etc.
Flowcharts
Competency Database
Position Descriptions

➡ Satisfactory

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 & Office Manager
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

Not Verified.

Objectives & planning to achieve them

A review of the Management Systems and Its Processes represented by the Flowcharts continues to be the 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:
List of Flowcharts: outlining the processes
Internal Audit Process: with review of contracts: 23191, 24026, 24027, 24012, 24143 – undertaken by Director
Interview with Director and Office Manager
Sampling Review of Contracts: 24112, 24118, 23125, 24025, 23134a

➡️ 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.
Due to the pending retirement of the Office Manager, some changes will be made to the business and structure and will be reviewed further during the next audit.

Evidence sampled included:

Interview with Director & Office Manager

➡️ Satisfactory

Section 7. Support

People/Infrastructure / work environment

Not Verified.

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.

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.
No changes to personnel noted over this audit period.

Evidence sampled included:
Interview with Director & Office Manager
Competencies and Certificates for key personnel delivering training and consultancies

➡ Satisfactory

Competence, training and awareness

Not Verified.

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
Review of Contracts: 24112, 24118, 23125, 24025, 23134
01 Overview >Needs Identified>01B: Raise Contract>01C:Administrative Contract>01DDeliver Contract>Deliver Contract
Competency Database

➡ Satisfactory

Documented information

Not Verified.

Section 8. Operations

Operational planning and control

All processes related to the Quality Management System have been represented by 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. 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: 24112, 24118, 23125, 24025, 23134.
The overall Management System and its process, including the Inputs and Outputs were clearly documented and verified against the contracts reviewed.
The planned approach and steps relate back to the flowcharts and indicate a 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.

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

Sampling Review of Contracts: 24112, 24118, 23125, 24025, 23134
E.g., 24112: Course in FBTA 10898NAT: Cook Medical: 19/2/2024:
- 026 Contract Control: Administrative Control
- 026 Contract Control: Trainer Contract Control Sheet
- Contract Details
- Training Enrolment Forms: 10 in total
- Learner Questionnaire: AQTF 2007 Requirements
- 034 Certificate Requisition

Other Contracts reviewed were:
- 23125: Course in FBTA 10898NAT: Cook Medical: 7/8/2023: 9 Students
- 24025: RCC – Mining – Operate Light Vehicle (RIIVEH201A): 2 Students
- 23134a: Safety – Radiation Safety for Labs/Xray's Combined: 7 Students

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: 24112, 24118, 23125, 24025, 23134a
Assessment Activities

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 sampling of Training Enrolment Forms: for the courses / contracts reviewed above.
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 Contracts: 24112, 24118, 23125, 24025, 23134a
Assessment Map to Units of Competency
Training Enrolment Forms
NOST Communications to participants
Assessment Activities

➡️ Satisfactory

Design & development

Not Verified.

Control of externally provided processes, products and services

The process is extremely structured, and the delivery of the service is governed by the Flowcharts.

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 Contracts 24112, 24118, 23125, 24025, 23134a was undertaken: and the following information was sighted:
- 026 Contract Control: Administrative Control
- 026 Contract Control: Trainer Contract Control Sheet
- Contract Details
- Training Enrolment Forms: 10 in total
- Learner Questionnaire: AQTF 2007 Requirements
- 034 Certificate Requisition

Evidence sampled included:

Database: Sighted Contracts: 24112, 24118, 23125, 24025, 23134.

➡ Satisfactory

Control of production and service provision

Not Verified.

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, and review of the contracts as stated above, indicated satisfactory compliance with the requirements of the Standard.

Evidence sampled included:
Discussions with Director & Office Manager
Review of Contracts
Flowcharts and verification with Documents / Contracts

➡ Satisfactory

Control of nonconforming outputs

Not Verified.

Section 9. Performance evaluation

Monitoring, measurement Analysis and evaluation

Customer satisfaction

The following course / project assessments were sampled:
Contracts: 24112, 24118, 23125, 24025, 23134
24112: Course in FBTA 10898NAT: Cook Medical: 19/2/2024:
- 026 Contract Control: Administrative Control
- 026 Contract Control: Trainer Contract Control Sheet
- Contract Details
- Training Enrolment Forms: 10 in total
- Learner Questionnaire: AQTF 2007 Requirements
- 034 Certificate Requisition

Other Contracts reviewed along with Learner Questionnaires / Learning Program Evaluation were:
- 23125: Course in FBTA 10898NAT: Cook Medical: 7/8/2023: 9 Students
- 24025: RCC – Mining – Operate Light Vehicle (RIIVEH201A): 2 Students
- 23134a: Safety – Radiation Safety for Labs/Xray's Combined: 7 Students
- 24118: Field Based T&A – Part 1 – Coach (WPTDEL001): Golden Cockerel – Mt Cotton: 9 Students
- 24120: Safety – Radiation Safety for Workers Around Industrial Gauges: Future Generation JV: 17 Students over 3 days: Excellent Feeback noted on Learning Program Evaluation.

Student feedback is obtained for every course as per ASQA requirements: and also via the Learning Program Evaluation Form: sighted sample for Contract: 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 / Learning Program Evaluation
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 28/5/2024 by Anthony Barber.

The following samplings of files were undertaken during the Internal Audit and cross referenced against the List of Flowcharts:
23191, 24026, 24027, 24012, 24143

The process undertaken during the Internal Audit was noted to be comprehensive and incorporated the Management Review. A sampling verification of the Contracts was undertaken during this audit against the Contracts reviewed at the Internal Audit: which was noted to be satisfactory.

Evidence sampled included:

Internal Audit completed on 28/5/2024
Interview with Director

Satisfactory

Management Review

The Management Reviews are not formally undertaken, and is 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 / Management Review: 28/5/2024
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: and verified with the Director and the Office Manager.

Evidence sampled included:

Review of Contracts
Management Review Diary
Samplings of Learner Questionnaires

Satisfactory

Audit Programme

Part 1 – Audit Details

Date Audit Plan Issued	29/05/2024
Next Audit Start Date	April/May 2025 - Exact dates to be advised.
Audit Objectives	The objective of the Recertification audit is: • 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.

Part 2 - Future Audit Programme

Type & Year	Standards	Sites to be visited each year
Audit 1 2025 Recertification	ISO 9001:2015	167 Logan Road, Woolloongabba, QLD 4102.
Audit 2 2026 Surveillance	ISO 9001:2015	167 Logan Road, Woolloongabba, QLD 4102.
Audit 3 2027 Surveillance	ISO 9001:2015	167 Logan Road, Woolloongabba, QLD 4102.

Audit Programme for stage 2 + 3-year audit cycle

	2022 RC 9001	2023 S 9001	2024 S 9001	2025 RC 9001
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. **Red areas are** mandatory for all audits 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 **List Type of Audit in year** where **S** = Surveillance **C** = Certification **RC** = Recertification				
Section 4. Context of organisation				
Understanding the context of the organisation	C	C		P
Needs and expectations of interested parties	C		C	P
Determining the scope	C	C	C	P
Management system and its processes	C	C		P
Section 5. Leadership				
Leadership and commitment	C		C	P
Policy	C	C	C	P
Customer Focus	C	C		P
Roles and responsibilities	C		C	P
Section 6. Planning				
Actions to address risk and opportunities	C	C		P
Objectives & planning to achieve them	C	C	C	P
Change management	C		C	P
Section 7. Support				
People/Infrastructure / work environment	C	C		P
Monitoring & measurement resources/equipment		**N/A**		
Organisational knowledge	C		C	P
Competence training and awareness	C	C		P
Communication (internal and external)	C		C	P
Documented Information/Control of Documents	C	C		P
Section 8. Operational planning				
Operational planning & control.	C	C	C	P
Customer communication, determination of requirements & review	C		C	P
Design & development	C	C		P
Control of externally provided processes, products & services	C		C	P
Control of production and service provision	C	C		P
Release of product and services	C		C	P
Control of nonconforming outputs	C	C		P
Section 9. Performance evaluation				
Monitoring, measurement, analysis and evaluation	C	P	C	P
Customer satisfaction	C	P	C	P
Internal audit	C	P	C	P
Management review	C	P	C	P
Section 10. Improvement				
Nonconformity, corrective action & continual improvement	C	P	C	P
Other Requirements				
Review of any changes	C	P	C	P
Use of marks and/or any other reference to certification	C	P	C	P

Next Visit Audit Plan

Next Visit Plan – Day 1		
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 2025	Jerome Cramer
Understanding the context of the organisation Needs and expectations of interested parties Determining the scope Management system and its processes		
Leadership and commitment Policy Customer Focus Roles and responsibilities		
Actions to address risk and opportunities Objectives & planning to achieve them Change management		
Lunch Break – 12.30 pm – 1.00 pm		
People/Infrastructure / work environment Competence training and awareness Communication internal and external Documented Information/Control of Documents		
Operational planning & control. Customer communication, determination of requirements & review Design & development Control of externally provided processes, products & services Control of production and service provision Release of product and services Control of nonconforming outputs		
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		
Closing meeting with senior management team - 5.00 PM		

Requirements for audits planned using ICT in accordance with IAF MD4 2018	
Does the next audit include remote auditing using ICT	Yes ☐ I No ☒
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 ☐ I No ☐ I N/A ☒
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 ☐ I No ☐ I N/A ☒
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	Yes ☒ I No ☐

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.