Approval and Authorization

Completion of the following signature blocks signifies the review and approval of this Document.

Name	Job Title / Role	Signature	Date
Authored by	**CASE OFFICER INSPECTION AND VERIFICATION**	Approved	05/04/2015
Checked by	**ASSISTANT DIRECTOR INSPECTION AND VERIFICATION**	Approved	05/04/2015
Approved by	**DEPUTY DIRECTOR TECHNICAL SERVICES**	Approved	05/04/2015

Periodic Review Approval and Authorization

Completion of the following signature blocks signifies the review and approval of this Document.

Required by: *(04/2018)*

Name	Job Title / Role	Signature	Date
Checked by			
Approved by			

Required by: *(04/2021)*

Name	Job Title / Role	Signature	Date
Checked by			
Approved by			

1 OVERVIEW CONTENT

1.1 Process Overview

This procedure states how internal audits shall be used to verify conformance of the KENAS management system to the requirements of ISO/IEC 17011 and other management system requirements as prescribed by the organization.

1.2 Purpose

This purpose of this procedure is to verify that the accreditation activities undertaken by KENAS conform to the requirement of ISO/IEC 17011 and other management system requirements set up by the organization from time to time and that these are implemented and maintained. The Internal audits are conducted in accordance with the guidelines provided in ISO 19011.

1.3 Scope

The procedure applies to all activities that comprise the quality system as implemented at KENAS

1.4 Role(s) and Responsibility

Role	Responsibility
MR	• Planning, coordinating and monitoring of the internal audits. This includes drawing up of internal audit program and notification of the same, allocation of auditors to perform, report and follow up on the audit outcomes, presentation of internal audit results to the management review meeting. • Ensure this procedure is implemented and remains adequate for its intended purpose
Auditor	• Plan and perform the audit assigned, report on outcomes of the audit, follow up corrective action implementation plans and close the audit. • Provision of adequate information to enable preparation of the internal audit report for management review.
Auditees	• Availability, participation and co-operation to enable proper coverage of the audit
Lead Auditor	• To coordinate the activities of auditors where there is are more than one auditor on the team. The team leader will also cover specific audit areas dependent on the plan.

2 DEFINITIONS / ABBREVIATIONS

The table below defines new or changed terms that are included in or associated with this process.

Term	Definition
QMS	Quality Management system
MR	Management representative
CEO	Chief Executive Officer
QM	Quality Manual

3 PROCESS INSTRUCTIONS

3.1 Internal Audit Planning

3.1.1 An annual internal audit schedule shall be prepared by the MR, approved by the CEO and populated into Q-pulse. This schedule shall cover all the areas that comprise the KENAS Quality system.

3.1.2 Each functional area and its constituent sections shall be audited at least once a year of as deemed necessary. More audits may be performed at certain areas or activities depending on the status of nonconformities, complaints or if deemed to be critical based on risk assessment.

3.1.3 Each function may conduct its own self audits.

3.1.4 Unscheduled or unannounced audits may also be performed as necessary

3.2 Auditor / Audit Team Selection

3.2.1 Internal audits shall be carried out by competent persons deemed to have an understanding of ISO/IEC17011, and having been trained to carry out internal audits.

3.2.2 Staff assigned (Internal auditors) to carry out audits shall be as much as possible independent or have no direct responsibility of the function/activity being audited.

3.2.3 The selected auditor may be alone or part of a team which consists of more than one auditor depending on the scope and duration of the audit. In the case where there is more than one auditor the lead auditor shall be indicated.

3.2.4 Records of trained internal auditors shall be maintained by the MR and updated based on the evaluation of internal audits performed.

3.3 Audit Plan

3.3.1 The auditor or audit team shall obtain the relevant QMS documentation, draw up an audit plan for the section to be audited. The plan shall be posted in Q-pulse and released to the auditees in time for them to prepare and avail themselves for the audit.

3.3.2 The audit plan shall include audit objectives, scope and criteria, activities or areas to be audited with the associated timing, logistical requirements among other things the auditor may deem necessary.

3.4 Document Review and Audit Preparation

3.4.1 Prior to the commencement of the audit, the auditor shall review the functional area QMS documentation. The objective of such a review is to determine the status of conformity of the QMS as indicated in the audit criteria.

3.4.2 The document review shall take into account the overall KENAS QMS mandatory requirements, the applicable statutory regulations, the complexity of the function, the structure of the function, volume of work and the level of autonomy and delegated authority.

3.4.3 If the documents reviewed are found to be adequate the audit plan shall be confirmed and an audit checklist developed to aid in conducting the actual audit to check establishment of the management system. This checklist can be created directly from Q-pulse. If the documents reviewed are found to be inadequate the auditee and the MR shall be informed as such and the audit plan amended as appropriate and or the audit rescheduled.

3.5 Execution of the audit

3.5.1 **Opening meeting:** The opening meeting shall be conducted by the auditor with the auditees in attendance. Persons in attendance shall be indicated. In the case of an audit team the lead auditor shall conduct the meeting. The opening meeting agenda shall include:

.

3.5.1.1 Introduction of the participants, including observers and guide and an outline of their roles.

3.5.1.2 Confirmation of the audit objectives, scope and criteria.

3.5.1.3 Confirmation of the audit plan.

3.5.1.4 Presentation of the methods to be used to conduct the audit, including information that the audit will be based on a sample of the information available and the areas of focus.

3.5.1.5 Confirmation that during the audit, the auditee will be kept informed of the progress of the audit.

3.5.1.6 Confirmation of the resources and facilities needed by the audit team are available.

3.5.1.7 Information on the method of reporting audit findings and categorization of findings.

3.5.1.8 Information about conditions under which the audit may be terminated.

3.5.1.9 Information about the closing meeting, how to deal with the possible findings that may arise from the audit and the system for feedback from the auditee on the findings or conclusions of the audit.

3.5.1.10 Information on the existing feedback mechanism from the auditee on the findings or conclusions, including complaints or appeals.

3.5.2 **Collecting and Verifying Information**:

3.5.2.1 During the audit, information relevant to the audit objectives, scope and criteria, including information relating to interfaces between functions, activities and processes, shall be collected by means of sampling and shall be verified.

3.5.2.2 If during the collection of evidence, the auditor becomes aware of any new or changes circumstances, risks, these shall be addressed by the team accordingly.

3.5.3 **Generating Audit Findings:**

3.5.3.1 Audit evidence shall be evaluated against the audit criteria (standards, quality manual and procedures and other associated documents) in order to determine audit findings. The audit findings can indicate conformity or non-conformity against the audit criteria. Audit findings shall include conformity and good practices along with their supporting evidence and opportunities for improvement

which will be captured as observations on Q-pulse.

3.5.3.2 Non conformities and their supporting evidence shall be recorded as such and shall be reviewed by the auditee to ensure that the non -conformity is understood.

3.5.4 **Preparation of Audit Conclusions:** The auditor shall or audit team confers prior to the closing meeting to:

3.5.4.1 Review the audit findings

3.5.4.2 Confirm or agree on the audit conclusions taking into account the uncertainty inherent in the audit process.

3.5.4.3 Prepare recommendations if specified in the audit plan

3.5.4.4 Discuss follow-up as applicable

3.5.5 **Closing Meeting:** A closing meeting shall be conducted by the auditor or audit team leader with the attendance of the auditees as follows:

3.5.5.1 Thank the auditee for cooperation.

3.5.5.2 Confirm the sampling basis of the audit.

3.5.5.3 Reconfirm audit objectives scope and criteria.

3.5.5.4 Present the findings of the audit as populated in Q pulse.

3.5.5.5 Feedback mechanisms for complaints or appeals

3.5.5.6 Follow-up requirements including period for agreement on an appropriate corrective action plan and subsequent closure.

3.5.6 **Audit reporting:** The population of all audit outcomes shall be done directly into Q pulse by the auditor providing a summary of the audit including audit objectives, scope, criteria and dates as well as , the observations and non-conformities to enable the auditee input the corrective action plan directly into the Q-pulse system. This shall be done within 5 days of auditing in order to enable adequate time for closure of corrective actions. The auditor shall notify the MR on the completeness of the audit report as populated in Q-pulse.

3.5.7 **Audit Follow up and Close:** The audit closure shall be done within three months of the internal audit when verification of corrective actions taken shall be done. The check of effectiveness shall be done at the subsequent internal audits.

4 REFERENCE AND RELATED DOCUMENTS

Ref	Document Identifier	Document Title
1.	ISO 9000	Quality Management systems –Fundamentals and vocabulary
2.	ISO 9001	Quality Management systems - Requirements
3.	ISO 19011	Guidelines for auditing management systems
4	ISO/IEC 17000	Conformity Assessment – General Vocabulary
5.	ISO/IEC 17011	Conformity Assessment-General requirements for accreditation bodies accrediting conformity assessment bodies
6.	KENAS-QM-MAN-001	KENAS Quality Manual
7.	KENAS-TS-OP-001	Control of Documents and Records Management
8.	KENAS-TS-F-008	Attendance Register
9.	KENAS-TS-F-009	Internal Quality Audit Findings
10.	KENAS-TS-F-010	Corrective Action Request Form (CAR) / equivalent template on Q-pulse
11.	KENAS-TS-F-011	Assessment / Audit Report template/equivalent template on Q-pulse
12.	KENAS-TS-OP-018	Procedure for Sampling

5 PROCEDURE TRAINING/AWARENESS

Staff performing one or more of the roles specified in this procedure and other new or revised procedures shall be informed of the existence of this procedure. A period not more than one month shall be allocated between the issue date and effective date to facilitate such notification or awareness. If training is conducted the training records shall be kept. The document shall be posted on the database and in Q-pulse as soon as it is issued.

6 REVISION HISTORY

Date	Ver	Revised By	Reason For Revision
02/02/2012	01	ADHS	• Initial on the new numbering system, supersedes KENAS-OP-05
05/04/2015	02	COIV	• Incorporate Q pulse requirements • Amend corrective action closure period from one month to three months based on Management review resolution.