

SOUTHERN LEYTE STATE UNIVERSITY Sogod, Southern Leyte	DOCUMENT CODE	P-MA01	
<b>QUALITY PROCEDURES MANUAL</b>	REVISION	00	
QUILITITI ROCEDURES MINORE	EFFECTIVITY DATE	20 October 2015	
INTERNAL QUALITY AUDIT PROCEDURES			

## 1. Purpose

To define the procedure for performing Internal Quality Audit to ensure it is done with objectivity to evaluate the effectiveness of the established quality management system of Southern Leyte State University.

## 2. Scope

This procedure covers all audit functions and schedule of the Internal Quality Audit team of Southern Leyte State University in compliance with established procedure and as per ISO 9001:2008.

- 3. Reference: QMS ISO 9001:2008
- 4. Definition of Terms

Quality Audit – Systematic, independent, and documented process for obtaining audit evidence and evaluating it effectively to determine the extent to which audit criteria are fulfilled.

Quality Auditor – Person with competence to conduct an audit.

Auditee – Organization, function, or person being audited.

Audit Teams - Group of quality auditors composed of team leaders and members.

Audit Programs – Set of one or more audits, planned for specific time frame and directed towards a specific purpose.

Audit Checklist – Checklist of questions to serve as guide to auditors

Non-conformity - Non-fulfillment to specified requirement.

Observation – A matter which the auditor is concerned but which cannot be clearly stated as noncompliance. Observations are opportunities of improvement. Immediate correction/corrective actions shall be taken.

Correction – An action to eliminate a detected nonconformity.

Corrective Action – Action to eliminate the cause of a detected nonconformity or other undesirable situation to prevent recurrence.

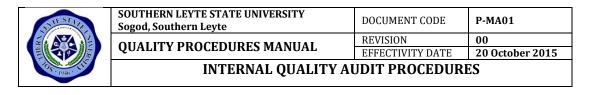


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Non Conformity Report (NCR) – Form use for reporting findings of the audit, corrective action including validation of effectiveness of action taken. Follow up audit – verification of correction taken which is normally done after the agreed timetable. Validation of corrective action is normally done after a month or so after the implementation of the action.

5. Process Flow

Step No.	Process Flow	Details	Forms	Criteria	Responsible Person
	Start				
1	Prepares annual Internal Audit plan	• Prepares an audit plan for implementation for the year	IQA Plan	Signature of the QMR	ILA
2	Prepares IQA program	• Prepares an audit program defining the functions to be audited, auditees, date and time, ISO clauses, and procedures	IQA Program	Signature of the QMR	ILA
3	Prepare Audit Tools	• Prepares needed materials for the audit such as: checklist as guide during the audit, ISO standard, IQA Repost form	IQA Checklist		Auditor
4	Conduct Opening meeting	• Conducts opening meeting with all the auditees and auditors. Explains the plan and other concerns relative to scheduled audit			ILA
5	Conduct on-site Audit	• Performs audit on site by interviewing concerned personnel/process owners, observing and reviewing procedures/instructions, records. Takes notes of necessary objectives evidence to support any findings.	Auditor Assessme nt Log IQA Checklist	Auditor's Signature and Auditee's Confirmatio n	Auditor



6	A Prepares Audit Report	• Prepares report using IQA- NCR Form	NC Report	Auditor's Signature	Auditor
7	Conduct closing meeting and acknowledge findings, agrees on follow up date	• Conducts closing meeting with all the auditee and auditors, where auditor submits IQA report for the acknowledgement of the auditee of the nonconformity report.		Auditee's Acknowledg ement	QMR/ DQMR
8	Submits IQA report	• Submits completed IQA- NCR to auditor	IQA Report		Auditee
9	Conducts follow- up audit verify action taken	<ul> <li>Performs follow-up audit to clear the NCR. If findings are cleared, reports are collected and submitted to the QMR for validation of effectiveness of action taken.</li> <li>Note: if action taken is not done another week is given to the auditee. If during the 2nd follow-up action is not yet done, the NCR is submitted to the QMR for Management Review and proper action</li> </ul>	Monitori ng Tool NCR		ILA
10	Cleared				
11	Validates corrective action taken	• Prepares a summary of IQA-NCRs, analyze the overall results for improvement and submit results for improvement and submit results to the management for review.	IQA Summary Report		Auditor
12	End				



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