Title: Internal Quality Audit

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1.0 Scope

The procedure covers the internal quality audit process from audit planning and scheduling to follow-up audits and reporting.

2.0 Objective

To establish and maintain documented internal quality audit procedures to ensure effective implementation and effectiveness of the established quality system.

3.0 Reference Documents

ISO 19111:2011: Guidance to Auditing Management Systems
CSU-QM : Quality Manual
CSU-PM-01 : Control Documents Records
CSU-PM-03 : Control of Non-Conformance, Corrective and Preventive Actions

4.0 Procedure

4.1.1 All quality system process elements shall be audited at least once a year as per Audit Master Schedule (CSU F-IQ-8.2.2A) which shall be approved by the Quality Management Representative (QMR). The schedule shall be formulated on the basis of the status and importance of the activity. However, a particular area of the entire quality may be audited more frequently, when deemed necessary.

4.1.2 The QMR shall furnish the Lead Auditor with the objectives and scope of audit, the names of the team members, the department to be audited and other pertinent details preferably one (1) week before the scheduled audit date through a memorandum. This is to ensure the effectiveness of the audit.

4.1.3 The lead auditor shall ensure that all copies of the necessary documents such as quality manual, procedures, previous audit results and all other relevant documents are available.

4.1.4 The audit plan (CSU-F-IQA-8.2.2B) should include but not limited to the audit date, audit scope, audit objectives, criteria, audit team, time of audit, elements and areas to be audited and auditees.

4.1.5 The audit team shall prepare the necessary audit checklists (CSU-FIQA-8.2.2C) to ensure that all the important items/elements are covered.
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4.1.6 The audit checklist shall be referenced on the ISO standards, the quality manual, quality procedures and necessary work, instructions, where applicable.

4.1.7 The lead auditor shall discuss the necessary preparations, formulation and review of the audit checklist.

4.2 Selection of Auditors/Audit Team

4.2.1 Selection of lead auditor’s and auditors will be based on the competence of the auditors from the “List of Qualified Auditors”. Independence in conducting of audits shall be ensured by the QMR and the lead auditor for objectivity and impartiality to avoid conflict of interest and bias in opinion.

4.2.2 The QMR shall maintain the integrity of the audit by ensuring that neither the lead auditor nor any member of the audit team is/are member/s of the department or function to be audited. They shall have no direct responsibility on the activity being audited.

4.2.3 The audit team shall be composed of qualified and trained internal quality auditors. The minimum qualification for the internal quality auditors must at least be baccalaureate degree holder, a total work experience of at least 2 years in the service and have attended an IQA training/seminar of at least 24 hours.

4.2.4 The audit team consisting of the lead auditor and the members shall be nominated by the QMR prior to the audit.

4.3 Opening Meeting

4.3.1 An opening meeting shall be presided by the lead auditor prior to proceeding with the audit; to be participated by the audit team, auditees and involved departments if necessary. The objective of the meeting is for familiarization and awareness of the participants on the mechanics of the entire audit process.

4.4 Conducting the Audit

4.4.1 Using the applicable documents and the prepared checklist, the audit team lead auditor and the members shall conduct the audit. Audit shall be conducted by the interviewing the auditee and the area being audited or desk audit (review of the applicable documents), and/or checking of actual implementation against documented procedures.
4.4.2 The auditor shall note down on the checklist all the necessary findings during the time of audit, including the objective evidences of conformances and/or non conformances.

4.4.3 The QMR should evaluate the competence of the lead auditor while the lead auditor and/or the QMR will evaluate the competence of the internal quality auditors. Refer to Internal Quality Auditors Evaluation-Form No. CSU-F-IQA-8.1.

4.4.4 All findings shall be classified as non-conformance (NC) and improvement potential (1). Such as follows:

Non Conformance (NC)
Examples:
  - Major breakdown in the system as a result of
  - A non-implementation of a procedure required by the standard.
  - Non-closure of a previously raised non conformance.
  - Lapses against one requirement of the standard.

Improvement Potential (1)
Examples:
  - Areas of concern that could lead to NC
  - Suggestions of best practices

4.4.5 The audit checklist shall be referenced on the ISO standards, the quality manual, quality procedures and necessary work instructions, where applicable.

4.4.6 The lead auditor shall evaluate their findings and deliberate on the non-conformance found during the audit Final decision as agreed upon by the audit team must be reflected on the audit report. Unresolved issue by the team shall be decided by the QMR/Lead Auditor.

4.4.7 The audit team shall evaluate their findings and deliberate on the non conformance found during the audit. Final decision as agreed upon by the audit team must be reflected on the audit report. Unresolved issue by the team shall be decided by the QMR/Lead Auditor.

4.5 Closing Meeting

4.5.1 Closing meeting shall be conducted as soon as the audit has been finished. Similar participants during the opening meeting are expected to attend the closing meeting.

4.5.2 The lead auditor will discuss the results of the audit. For the findings called-out during the audit, non-conformance reports are issued to the concerned department. Unresolved issues with the auditee are elevated to the
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department head. They will likewise agree to the follow-up action to be taken as scheduled.

4.6 Reporting

4.6.1 The final basis for the results of the audit shall be formalized through internal quality audit report.

4.6.2 The lead auditor shall prepare the internal quality audit result to the QMR for review and approval.

4.6.3 All auditees with findings shall be issued with a non-conformance report but distribution of audit report will be as per discretion of the QMR.

4.6.4 Correction as necessary, corrective and preventive action shall be initiated and implemented by the auditee/department head to be documented through the NCPAR and coordinated with the lead auditor. Fromxxxxxxx details on the investigation refer to control of non-conformance, corrective and preventive action procedures.

4.6.5 All results of the internal quality audit shall be an input to the management review meeting for continuous improvement.

4.7 Follow-up Audit

4.7.1 A follow-up audit shall be conducted minimum of two (2) days after implementation of the corrective or preventive actions even without prior announcement to verify if the committed action is implemented and preferably minimum of one (1) month after another follow-up audit will be done to verify the effectiveness of the implemented action. This must be recorded in the Corrective and Preventive Action Monitoring Log Form No. CSU-FIQ-8.2A.

4.7.2 To maintain the continuity of the audit, preferably, the same audit team may be assigned to do the follow-up audit if necessary.

4.7.3 Corrective or preventive actions not implemented on the committed date shall be elevated to the QMR for further disposition.

4.7.4 Corrective or preventive actions are then declared “closed” once verified to be effective upon approval of the QMR/DQMR.

1.0 Records

5.1 List of Qualified Auditors
Form No.: CSU-F-IQA-8.1: Internal Quality Auditors Evaluation Form
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Form No.: CSU-F-IQA-8.2.2A: Audit Master Schedule
Form No.: CSU-F-IQA-8.2.2B: Audit Plan
Form No.: CSU-F-IQA-8.2.2C: Audit Checklist
Form No.: CSU-F-IQA-8.2.2B: Corrective and Preventive Action
Monitoring Log

5.2 Internal quality audit records will be maintained and filed by the lead auditor in accordance to control of documents and records procedure.

2.0 Responsibility

It is the responsibility of the QMR and the lead auditor to ensure that the above procedure is implemented.

Review by: Approved by:

QMR DR. MINERVA I. MORALES, Ed. D.
SUC President III