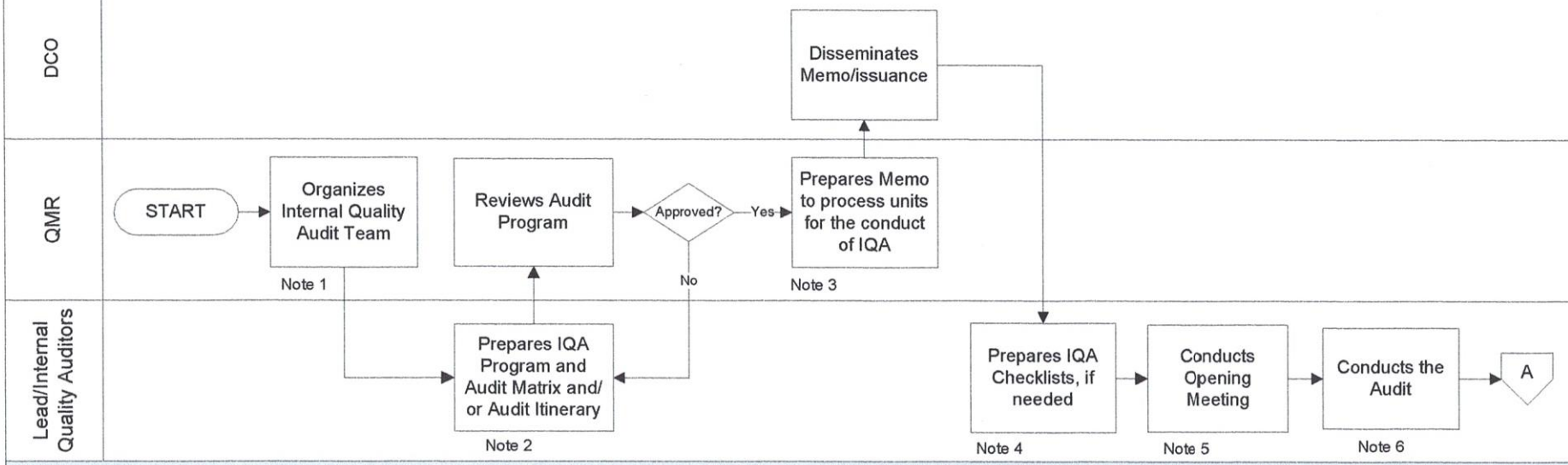
Department of Justice

Quality Procedures Manual

Process Title	**Internal Quality Audit**	Document Number	DOJ-QM-PMS04-002	Page 1 of 2
Sub-Process Title	Planning and Conduct of Internal Quality Audit (IQA)	Revision	2	
Objective	To establish a system for planning, conducting and assessing internal quality audits of QMS; and To establish a system for reporting and follow up of internal audit results to the Management, thereby ensuring that the QMS is effectively implemented and maintained.	Effective Date	0 2 SEP 2019	



Forms

DOJ-QM-PMS04-002.F01 - Internal Quality Audit Program

DOJ-QM-PMS04-002.F02 - Internal Quality Audit Matrix (optional)

DOJ-QM-PMS04-002.F03 - Internal Quality Audit Itinerary

DOJ-QM-PMS04-002.F04 - Internal Quality Audit Checklist

WORK INSTRUCTIONS

Note 1
Members of the Internal Quality Audit Team shall refer to the pre-qualified internal quality auditors who attended and participated in the ISO 9001:2015 Standard - Quality Management System requirements and Guidelines for Auditing Management System Workshop.

Note 2
The IQ auditors shall meet to prepare an IQA program. Audit matrix and audit itinerary may be prepared by IQ auditors as may be necessary to serve as guide in auditing QMS.
The QMS Internal Audit shall be conducted every third quarter of the current year. Special audit/s may be undertaken where there are identified problems that could seriously affect the integrity of the QMS.

Note 3
A Memorandum shall be issued to concerned process units announcing the conduct of IQA. The IQA program shall also be communicated at least a week before the scheduled audit.

Note 4
IQA Checklist may be used to guide Auditors from questions, note key requirements of relevant policies, procedures and work instructions, and records. Where applicable, verification of the implementation and/or effectiveness of actions taken to previous audit findings shall be prompted in the checklist.

Note 5
The Audit Team Leader shall conduct a general Opening Meeting with the Top Management and those responsible for the functions or processes to be audited in order to: 1) confirm the agreement of all participants; 2) introduce the audit team and their roles; and 3) ensure that all audit activities can be performed

Note 6
The IQ auditors may conduct informal mini Opening Meeting in their assigned area to set the mood of audit. Also, IQ auditors may conduct individual mini Closing Meeting in the audited area/ function/unit to present the results of the audit. The mini Closing Meeting informs the Auditee of the general result of the audit of the specific area and signifies the end of the conduct of audit.

The auditees' relevant documented information should be reviewed to: 1) determine the conformity of the system; and 2) gather information to support the audit activities.
Collecting and verifying information
- Only information that can be subjected to some degree of verification should be accepted as audit evidence

CLASSIFICATION of FINDINGS
Positive Findings – conformities to the management system which are commendable; best practices that can be benchmarked by others.

Nonconformity:
A non-conformities may be identified thru the following:
Requirement: non-conformance with the identified clause under 9001:2015 requirements
Failure: system breakdown or lapse with the system with a certain process or procedure
Evidence: lack of object-evidence presented

Major – System Breakdown - total failure to fulfill a specified requirement of the standard that is applicable to DOJ
a. Absence of documentation or non implementation of the entire procedure required by the international standard
b. Nonconformity represents a repeating or widespread failure to implement the requirement of the QMS on ISO 9001 Standard
c. Failure to achieve QMS performance measures that can lead to an unacceptable risk and DOJ failed to take corresponding effective corrective action.
d. Nonconformity is directly related to failure to recognize and record when an objective is not met or defined programs are not implemented as planned; and
e. Aggregation of minor nonconformities

Minor – Lapse in the system that has limited effect on the integrity of the management system (MS) or quality performance of DOJ:
a. Inconsistencies in the implementation procedure
b. Non-implementation of some requirements of a procedure
c. Missing some documents, records, signature, incomplete date, etc.

Opportunities for Improvement – Conformity to the basic requirements of the QMS standard or legal requirement but can be further improved. An audit observation or finding that is not a nonconformity at the time of audit.

References

Prepared by:	Verified by/Reviewed by:	Approved by:
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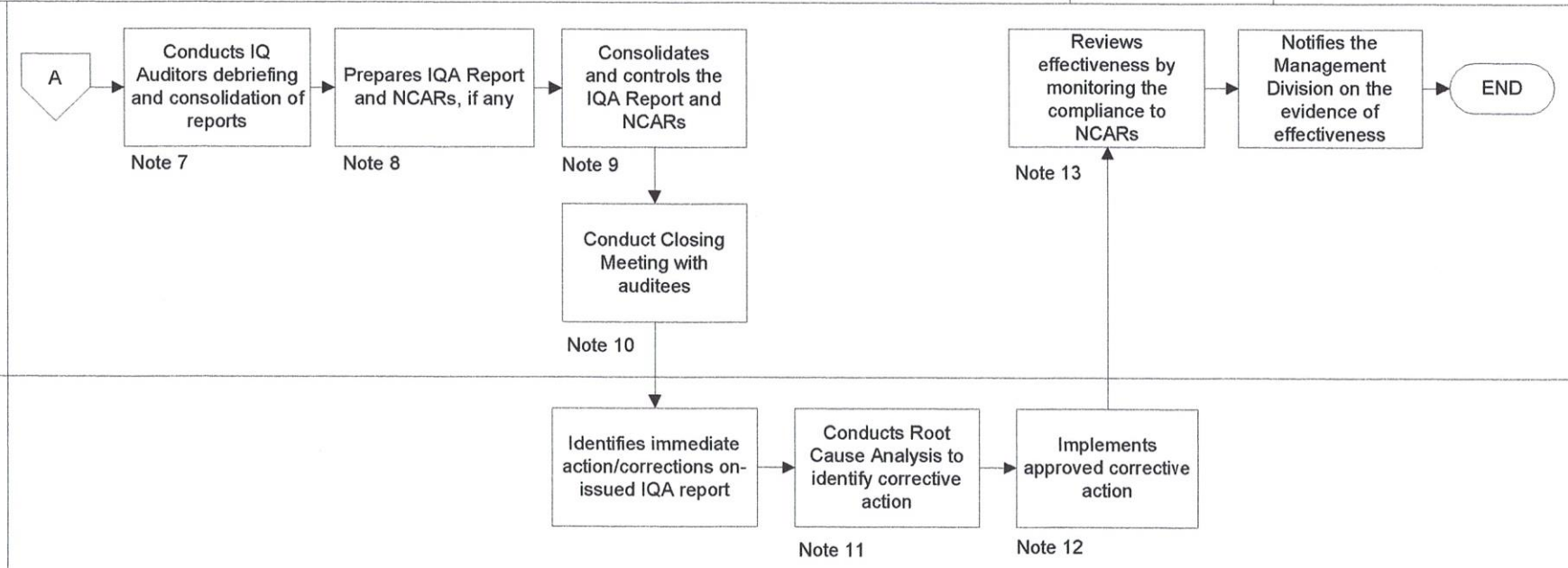
Department of Justice

Quality Procedures Manual

Process Title	**Internal Quality Audit**	Document Number	DOJ-QM-PMS04-002	Page 2 of 2
Sub-Process Title	Post IQA activities	Revision	2	
Objective	To establish a system In the preparation of QMS audit reports and Nonconformity Corrective Action Report (NCARs) and monitoring effectiveness of corrective actions	Effective Date	0 2 SEP 2019	



Forms

DOJ-QM-PMS04-002.F05 – IQA Report

DOJ-QM-PMS04-002.F06 - Nonconformity Corrective Action Report (NCAR)

WORK INSTRUCTIONS

Note 7
Members of the Audit Team shall meet as a collegial body to validate/consolidate findings in preparation for Management Review.
The audit team should periodically communicate the progress, any significant findings, and any concerns to the auditee, as appropriate
The audit team should confer periodically to exchange information, assess audit progress, re-assign work between the audit team members, as needed

Note 8
Use Nonconformity Corrective Action Report (NCAR) Form (DOJ-PM-PMS04-002.F06) for nonconformities only. The form is used to issue audit nonconformities and shall be considered as "Actual Nonconformity".

Note 9
The Lead Auditor shall consolidates all IQA reports and NCAR, if any, and shall be controlled in preparation with the Closing Meeting.

Note 10
1.The audit team leader shall conduct a closing meeting to present the audit findings and conclusions.
2. The audit team leader issues IQA Report and, if any, issues NCARs to concerned process owners during the closing meeting.
3. Rules on how to handle appeal:
- Any diverging opinions regarding the audit findings/conclusions between the audit team and auditees, an appeal shall be filed with QMR within three (3) days upon receipt of IQA report who in return shall act on the matter before the Management Review.

Note 11
Corrective actions shall be appropriate to the nature and magnitude of the nonconformity.
Evaluation of results of corrective action raised and implementation of corresponding action plans and resolutions shall be covered by the management review process.

Note 12
It is understood that the ROA shall be reviewed/updated once corrections and corrective actions are implemented.
Validate / Verify initial evaluation effectiveness by process owners.

Note 13
The review of effectiveness of corrective actions shall be conducted after six (6) months of implementation or as agreed upon during the IQA.

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