1.0 PURPOSE

1.1 To ensure documented procedures are being followed.

1.2 To determine the effectiveness of the Quality Management System.

1.3 To plan for the Internal Quality Audits.

1.4 To identify opportunities for improvement.

2.0 SCOPE

2.1 Compliance of the Company's Quality System to ISO 9001:2015.

3.0 RESPONSIBILITY

3.1 The Quality Assurance Department shall be responsible for:

a) Inform management representative on the upcoming audit
b) Forming an internal audit team
c) The preparation of the audit plan and notification to departments involved
d) Briefing the audit team members
e) Reporting the audit results for Management Review
f) Documenting the audit reports and the observations

3.2 The Internal Quality Auditors shall be responsible for;

a) Carrying out the audit according to the audit plan and on departments that are not directly under his/her responsibility.
b) Reporting non-conformities from audit.
c) Reporting the audit results to the Top Management.
d) Follow-up on the implementation and effectiveness of corrective actions.

3.3 The respective Head of Department (HOD) shall respond to the audit findings and take necessary corrective actions.

4.0 PROCEDURE

4.1 Audit Initiation

4.1.1 The internal quality audits shall be conducted twice a year by qualified and trained auditors.

4.1.2 An Internal Audit Team, (IAT) shall be formed with approval from the Top Management. The auditors that assigned shall independent of the areas to be audited and has no direct responsibility to that area.

4.1.3 Internal Audit Schedule shall be prepared annually.

4.1.4 An audit plan shall be planned, and taking into consideration the following:

a) Objective and importance of the audit
b) Scope of the audit
c) Audit Criteria
e) Audit team
f) Timetable of the events
g) Areas to be audited
h) Personnel to be present
i) The sequence of audit based on audit trail
j) Results of previous audit

4.1.5 The audit plan shall be distributed to all HODs at least two weeks before commencing the audit.

4.2 Audit Execution

4.2.1 The assigned Lead Auditor in an Internal Audit Team shall be chaired the opening meeting on the first day of the Internal Quality Audit.

4.2.2 Findings from the Internal Quality Audit shall be recorded in the Corrective Action Report (CAR) and shall be issued to the respective auditees.

4.2.2.1 Definition of

(a) Major Nonconformance
- ISO clauses not addressed
- Entire Operation Procedures/ Quality Manual not implemented
- A high percentage of the same minor nonconformance detected and is recurring.

(b) Minor Nonconformance
- Single lapse that can be corrected almost immediately
- Does not affect effectiveness of the quality system

(c) Observation

- Recommendation made for improvement. The same observation raised on the subsequent audit can be categorized as minor non-conformances.

4.2.3 Auditor shall prepare an Internal Audit Report based on the audit findings, any CARs shall be issued to the Head of Department (HOD) two working days after the audit.

4.2.4 The Lead Auditor shall compile and summarize the findings and report such findings during the closing meeting.

4.3 Audit Report

4.3.1 Auditees shall take the correction and corrective action and reply to the Lead Auditor two (2) weeks from date of issuance of non-conformance detected.

4.3.2 The Lead Auditor shall assign an auditor to verify the implementation of the corrective action to ensure that corrective actions are carried out effectively.

4.3.3 The number of Corrective Action Request (CAR) and status of corrective action taken shall be reviewed in the Management Review meeting.

5.0 APPLICABLE CLAUSE

9.2 Internal Audit

6.0 QUALITY RECORDS

No.	Title of Records	Person In Charge (PIC)	Retention Period (Year)
1	Internal Audit Schedule	QA	7
2	Internal Audit Checklist	QA	7
3	Internal Quality Audit Report	QA	7
4	Corrective Action Request Form	QA	7

DOCUMENT AMENDMENT REGISTER

NO	DATE	REASON	CHAPTER	VERSION
1	26/05/2000	Initial Release	All	1.1
2	04/09/2000	Procedure is amended to indicate that a concerns form is to be filled for the process of corrective action. NCR Ref CERT 072/00-3/04	All	2.0
3	11/06/2002	Procedure updated to be in-line with ISO 9001:2000	All	2.1
4	01/11/2005	IQA shall be coordinated by QAE from ACSB	All	2.2
5	02/01/2008	Document Authorization : Management Representative - DGM	All	2.3
6	30/06/2009	i) Procedure updated to be in line with ISO 9001:2008 ii) Quality Assurance Executive changed to Lead Auditor	All 4.1.2 to 4.1.5	2.4
7	01/06/2010	Change NCR to Corrective Action Request 6.3 Change Non conformance Report to Audit Summary Report	4.2.3 4.3.1 4.3.3 5.0	2.5
8	30/04/2014	Procedure updated to be in-line with ISO 9001:2008 requirements.	4.1.1 4.1.4 4.1.5 4.1.6	2.6
9	15/07/2015	- The statement added by qualified and trained auditors - Internal Audit Schedule shall be prepared annually. - Audit program is changed to Audit Plan	4.1.1 4.1.3 4.1.4	2.7
10	23/03/2018	Procedure updated to be in-line with ISO 9001:2015. Amendment; - Revision No. changes to Version No. as agreed in the 4th ISO New Standard Transition meeting. - New format for Quality Records table.	All 5.0	2.8
11	26/07/2018	Procedure updated to be in-line with ISO 9001:2015.	3.2	2.9