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CHUKA UNIVERSITY


GENERAL OPERATING PROCEDURE

FOR

INTERNAL AUDITS CU/GOP/IA/03


DOCUMENT REVIEW SHEET

	Name	Position	Date
Prepared By		ISO Core Team	25.6.2012
Reviewed By	Prof. D. K. Isutsa	Management Representative	03.3.2014
Approved By	Prof. E. N. Njoka	Vice-Chancellor	24.3.2014

	Document Ref.:	Issue Date:
	CU/GOP/IA/03	3 rd March, 2014
	Issue No.:	Revision No.:
	03	00
Document Title: INTERNAL AUDITS		


CONTENTS

COVER PAGE.....	1
DOCUMENT REVIEW SHEET.....	1
CONTENTS.....	2
1. AMENDMENT RECORD SHEET.....	3
2. GENERAL.....	4
2.1 Purpose.....	4
2.2 Scope.....	4
2.3 References.....	4
2.4 Definitions and abbreviations.....	4
2.5 Responsibility.....	4
3. PROCEDURE.....	5
3.1 Planning of the Internal Audits.....	5
3.2 Conducting of the Audit.....	6
3.3 Reporting of Audit Results.....	7
3.4 Reporting.....	7
4. RECORDS.....	9
5. APPENDICES.....	10

	Document Ref.:	Issue Date:
	CU/GOP/IA/03	3rd March, 2014
	Issue No.:	Revision No.:
	03	00
Document Title: INTERNAL AUDITS		

1. AMENDMENT RECORD SHEET

DATE	ISSUE NO.	REVISION NO.	PAGE NO.	SUBJECT OF REVIEW /MODIFICATION	REVISED BY	APPROVED BY
1.3.2013	02	00	ALL	Changed logo to Chuka University	MR	Vice-Chancellor
1.3.2013	02	00	ALL	Changed QMR to MR	MR	Vice-Chancellor
1.3.2013	02	00	ALL	Changed Chuka University College to Chuka University	MR	Vice-Chancellor
1.3.2013	02	00	ALL	Changed CUC to CU everywhere it existed	MR	Vice-Chancellor
3.3.2014	03	00	13	Re-designed Form 10 to suit CU/GOP/IA/03	MR	Vice-Chancellor
3.3.2014	03	00	ALL	Edited entire procedure to differentiate from CA & PA	MR	Vice-Chancellor

	Document Ref.:	Issue Date:
	CU/GOP/IA/03	3rd March, 2014
	Issue No.:	Revision No.:
	03	00
Document Title: INTERNAL AUDITS		

2. GENERAL

2.1 Purpose

The purpose of this procedure is to ensure that Internal Audits are planned and conducted to demonstrate whether the QMS is conforming to International Standard requirements, planned arrangements and that it is being effectively implemented and maintained.

2.2 Scope

This procedure is limited to the QMS audits. Financial or any other unrelated audits that may be undertaken by CU are excluded from the scope of this procedure.

2.3 References

- (1) ISO 9001:2008 Clause 8.2.2
- (2) Quality Manual

2.4 Definitions and abbreviations

In addition to the relevant common definitions of terms in ISO 9000:2005, the following specific definitions shall apply:

Management Responsible: This is that part of management that has the direct management responsibility for the area or function responsible for taking the corrective action

AMR: Assistant Management Representative

MR: Management Representative

QMS: Quality Management System

2.5 Responsibility

The Management Representative is responsible for (**See Appendices**):

- 2.5.1 Planning the audit programme
- 2.5.2 Ensuring that audits are conducted as scheduled
- 2.5.3 Establishing an audit criteria, scope and frequency
- 2.5.4 Ensuring the staffing of the audit programmes and ensuring that staff members do not audit their own work
- 2.5.5 Maintaining records of audits, and
- 2.5.6 Initiating follow-up activities including verification of actions taken and reporting verification results.

Presently, the Management Representative uses the following:


AUDIT CRITERIA: ISO 9001:2008 QMS, Procedures, Policies, Work Instructions, Records, Internal & Statutory Requirements

AUDIT SCOPE: Needy Procedures/Processes/Non-Conforming Areas.

AUDIT FREQUENCY: As need persists, at most twice a year

AUDIT METHOD: Site visitation; Staff interview; Review of records and documentation; Observations

AUDIT OBJECTIVES: Conformity with planned arrangements; requirements of this Standard and QMS established by CU.

	Document Ref.:	Issue Date:
	CU/GOP/IA/03	3rd March, 2014
	Issue No.:	Revision No.:
	03	00
Document Title: INTERNAL AUDITS		

Management Responsible

The management responsible for the area being audited ensures that corrections and corrective actions raised are completed without undue delay to eliminate detected or potential non-conformities and their causes.

Internal Auditors

The Internal Auditors are responsible for conducting internal audits and reporting the results of audits to Management Representative.

3. PROCEDURE

3.1 Planning of the Internal Audits

3.1.1 Every financial year the MR prepares an annual Audit Programme for Internal Audits. The MR ensures that the following considerations are taken into account:

- (i) The status and importance of the processes and areas to be audited, and
- (ii) The results of the previous audits.

3.1.2 For each round of Internal Audit in the Audit Programme the MR ensures that an audit schedule is prepared specifying:

- (i) Dates and times of audits
- (ii) The appointed internal auditor(s)
- (iii) The audit criteria, and
- (iv) The audit scope

3.1.3 Staffing of the Audit Programmes:


Qualifications: The minimum qualification of an Internal Auditor is pursuance of a recognized internal audit training course.

Independence: Internal Auditors are independent of direct responsibility for work being audited; i.e. they are not assigned to audit their own work. This facilitates objectivity and impartiality of the audit results.

3.1.4 Audit methodology

Checklist preparation: If necessary, checklists are prepared within the scope of audit defined in the audit programme.

Where it is considered that previously prepared checklists are adequate, the auditor may forego preparation of new checklists.

	Document Ref.:	Issue Date:
	CU/GOP/IA/03	3rd March, 2014
	Issue No.:	Revision No.:
	03	00
Document Title: INTERNAL AUDITS		

3.1.5 Audit requirements

ISO 9001: 2008 International Standard requirements: The audit checklist is structured to establish conformity to the ISO 9001:2008 International Standard.

This is done by picking out the Standard’s mandatory demands (“shall” statements) and building the checklist around these demands.

The checklist is also to, where appropriate, establish:


- (i) Whether responsible management function(s) have determined and established the quality objectives and requirements of the product.
- (ii) That the required process(es), have been identified, their sequence and interaction determined and monitored, measured and analyzed, and actions necessary to achieve planned results and continual improvement of these processes implemented.
- (iii) That the established documents are controlled according to Procedure for Control of Documents.
- (iv) That the required verification, inspection, and test activities specific to the product have been determined and effectively implemented.
- (v) That the records needed to provide evidence that the processes and their resulting outputs meet requirements, are maintained (Control of Records)

3.2 Conducting of the Audit:

The auditor conducts the audit and systematically establishes compliance to requirements stated in this procedure. The requirements are specified in the auditor’s checklist.

The auditor records findings as follows:

- (i) Where the QMS is found to comply with the specified requirements, the auditor records: **Showing conformity.**
- (ii) Where it is determined that the QMS does not effectively comply with the specified requirements, the auditor records: **Showing failure to comply.**
- (iii) Where it is determined that improvement is required, then this is recorded so as to specify improvement required.

	Document Ref.:	Issue Date:
	CU/GOP/IA/03	3rd March, 2014
	Issue No.:	Revision No.:
	03	00
Document Title: INTERNAL AUDITS		

3.3 Reporting of Audit Results

3.3.1 The areas where the system fails to comply with specified requirements are recorded on the **Corrective Action Request Form**, which is completely filled up.
(Ref: CU/MR/FORM/10)

3.3.2 The Management Responsible for the area being audited:

- (i) Reviews the non-compliance identified and signs for acceptance of non-compliance.
- (ii) Establishes the date on which **Corrective Action** will be completed.

3.3.3 The **Corrective Action Request Form** is distributed as follows:

- (i) The Original is returned to the MR for registration and follow up action.
- (ii) The copy is issued to the Management Responsible for area audited for further **Corrective Action**.

3.3.4 The Management Responsible:

- (i) Ensures that **Corrective Action** is undertaken within the specified period.
- (ii) Ensures that the **Corrective Action** established is appropriate to the magnitude of the problem encountered.
- (iii) Ensures that the root cause has been established and documented in the **Corrective Action Request Form**.

3.3.5 Once **Corrective Action** has been taken, the Auditor:


- (i) Reviews the action taken and ensures that it is **effective**.
- (ii) Ensures that the completed **Corrective Action Request Forms** are forwarded to the MR for verification and closure.

3.3.6 Verification of the **Corrective Action**:
The MR ensures that the **Corrective Action Request Forms** are verified and where appropriate closed.

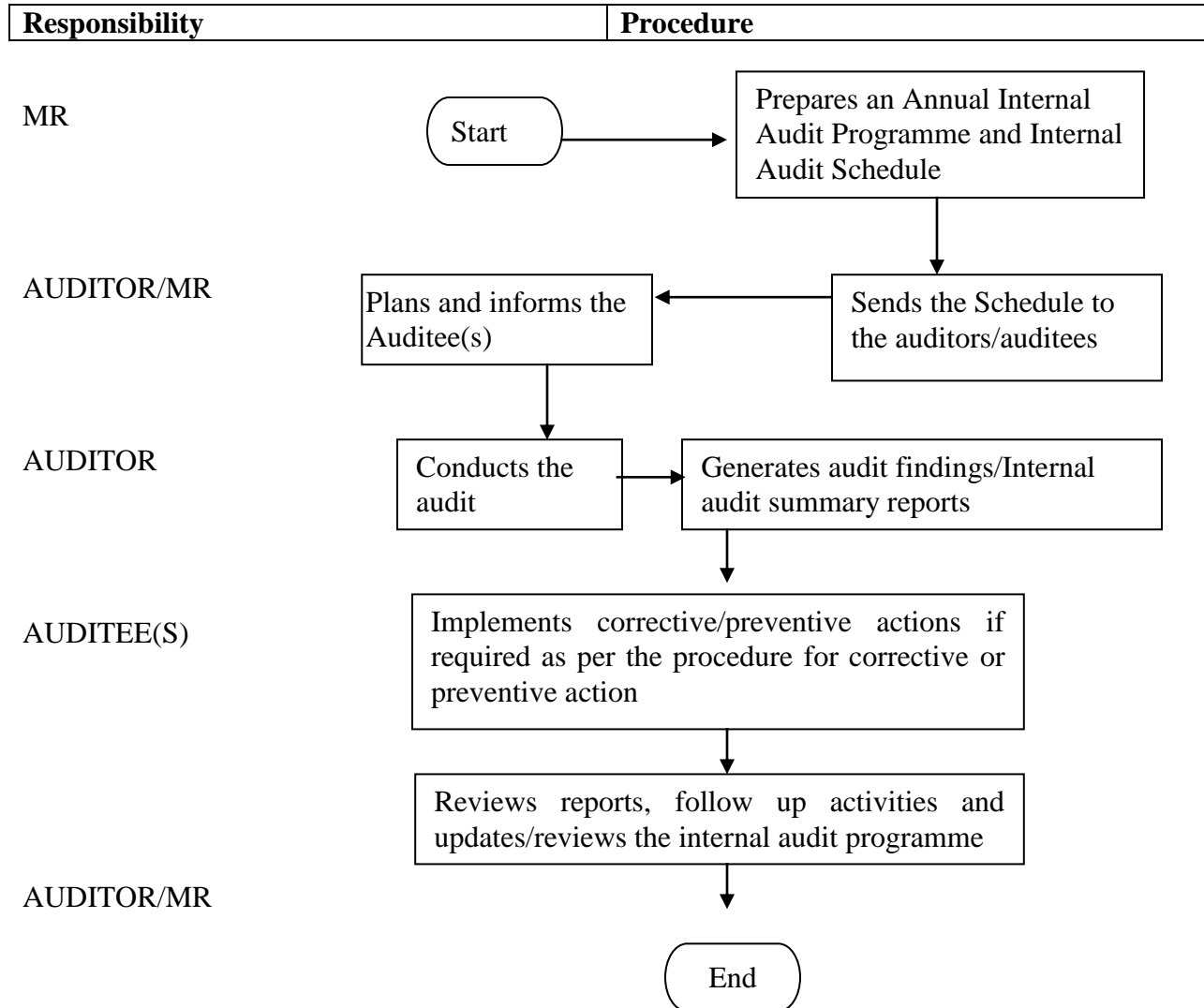
3.4 Reporting


The MR prepares the following reports for the Management Review Meeting:

- (i) The Internal Audit Summary Report
- (ii) Monthly outstanding **Corrective Action Requests**.

	Document Ref.:	Issue Date:
	CU/GOP/IA/03	3 rd March, 2014
	Issue No.:	Revision No.:
	03	00
Document Title: INTERNAL AUDITS		


3.5 PROCEDURE FLOW CHART



	Document Ref.:	Issue Date:
	CU/GOP/IA/03	3rd March, 2014
	Issue No.:	Revision No.:
	03	00
Document Title: INTERNAL AUDITS		

4. RECORDS

- 4.1 Annual Internal Audit Programme (Ref: CU/MR/FORM/07)
- 4.2 Internal Audits Schedule (Ref: CU/MR/FORM/08)
- 4.3 Internal Audits Checklist (Ref: CU/MR/FORM/09)
- 4.4 Corrective Action Request Form (Ref: CU/MR/FORM/10)
- 4.5 Audit Summary Report

	Document Ref.:	Issue Date:
	CU/GOP/IA/03	3rd March, 2014
	Issue No.:	Revision No.:
	03	00
Document Title: INTERNAL AUDITS		

5. APPENDICES

APPENDIX 1: ANNUAL INTERNAL AUDIT PROGRAMME

(Ref: CU/MR/FORM/07)

MONTH OF YEAR	STATUS (COMPLETED OR PLANNED)	ACTIVITY/PROCESS									
		Control of records	Quality objectives	Human Resource	Work environment	Infrastructure	Planning of product realisation	Purchasing	Control of measuring and monitoring equipment	Customer communication	Customer property
JANUARY											
FEBRUARY											
MARCH	PLANNED										
APRIL											
MAY											
JUNE											
JULY											
AUGUST											
SEPTEMBER	PLANNED										
OCTOBER											
NOVEMBER											
DECEMBER											


AUDIT CRITERIA: ISO 9001:2008 QMS, Procedures, Policies, Work Instructions, Records, Internal & Statutory Requirements

AUDIT SCOPE: Needy Procedures/Processes.

AUDIT FREQUENCY: As need persists, at most twice a year

AUDIT METHOD: Site visitation; Staff interview; Review of records and documentation; Observations

AUDIT OBJECTIVES: To determine conformity with the planned arrangements; conformity with the requirements of this International Standard; conformity with the QMS requirements established by CU

	Document Ref.:	Issue Date:
	CU/GOP/IA/03	3rd March, 2014
	Issue No.:	Revision No.:
	03	00
Document Title: INTERNAL AUDITS		

APPENDIX 2: INTERNAL AUDITS SCHEDULE
(Ref: CU/MR/FORM/08)

DATE: _____ **AUDIT NUMBER:** _____

SCOPE: Needy Procedures/Processes/Non-Conforming Areas

AUDIT CRITERIA: See Below

	ACTIVITY/PROCESS TO BE AUDITED	DATE OF AUDIT	TIME	AUDITOR	AUDITEE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					


AUDIT CRITERIA: ISO 9001:2008 QMS, Procedures, Policies, Work Instructions, Records, Internal & Statutory Requirements

AUDIT SCOPE: Needy Procedures/Processes.

AUDIT FREQUENCY: As need persists, at most twice a year


AUDIT METHOD: Site visitation; Staff interview; Review of records and documentation; Observations

AUDIT OBJECTIVES: To determine conformity with the planned arrangements; conformity with the requirements of this International Standard; conformity with the QMS requirements established by CU.

	Document Ref.:	Issue Date:
	CU/GOP/IA/03	3rd March, 2014
	Issue No.:	Revision No.:
	03	00
Document Title: INTERNAL AUDITS		

APPENDIX 3: INTERNAL AUDIT CHECKLIST
(Ref: CU/MR/FORM/09)


AUDIT NUMBER:				
Sheet.....of.....				
System Element		ISO 9001:2008 Clause 8 INTERNAL AUDIT Section...8.2.2 Procedure No..... Process Description No.....		
Check no.	Aspect of system checked	QSP Ref.	*Results √; X; I	Audit comments
* Notes For each compliance record tick = √ For each non-compliance record cross = X For each improvement record improve = I			Audit Date..... Auditor(s).....	

	Document Ref.:	Issue Date:
	CU/GOP/IA/03	3 rd March, 2014
	Issue No.:	Revision No.:
	03	00
Document Title: INTERNAL AUDITS		

APPENDIX 4: CORRECTIVE ACTION REQUEST FORM
(Ref: CU/MR/FORM/10)

PROCEDURE:		CARF NO.:	DATE:
ISSUE No.:			
REVIEW NO.:			
PROCESS:		NAME OF DEPARTMENT:	
STANDARD:		SIGN. OF REPRESENTATIVE/HOD:	
CLAUSE:			
NAME OF LEAD AUDITOR:		TEAM MEMBERS:	
SIGN. OF LEAD AUDITOR:			
NON-CONFORMITY (Tick one)		MAJOR:	MINOR:
DESCRIPTION REPORT:			
TO BE COMPLETED BY HOD / AUDITEE	ROOT CAUSE		
	PROPOSED CORRECTIVE/PREVENTIVE ACTION:		
	SIGN:	DATE:	
	PROPOSED COMPLETION DATE:	ACTUAL COMPLETION DATE:	
AUDITOR'(S) CLEARANCE REPORT:			
OUTSTNDING NON-CONFORMITY:			
ACCEPTED/ EFFECTIVE:	YES:	NO:	
M.R.'S COMMENTS:			

NB: To be used in triplicate during Internal Audits only. Submit a copy to MR.

	Document Ref.:	Issue Date:
	CU/GOP/IA/03	3 rd March, 2014
	Issue No.:	Revision No.:
	03	00
Document Title:		
INTERNAL AUDITS		

APPENDIX 5: AUDIT SUMMARY REPORT