MP 03 - 04

NiNAS INTERNAL AUDIT

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Table of Contents

1. Purpose/Scope

The purpose of this procedure is to identify the process required to periodically evaluate the compliance of NiNAS' activities with documented procedures, and the requirements of ISO/IEC 17011 and other applicable documents by ILAC, IAF and AFRAC. This procedure applies to all internal audits undertaken at NiNAS.

2. References/Definitions

AFRAC – African Accreditation Cooperation

IAF – International Accreditation Forum

ILAC – International Laboratory Accreditation Cooperation

ISO/IEC 17011:2017 *Conformity assessment – Requirements for accreditation bodies accrediting conformity assessment bodies*

QM 1.0 NiNAS Quality Manual

3.0 General

Internal Audits of each element of the quality system are conducted at least annually to ensure that the NiNAS management system is implemented as intended and maintained. Internal audits may be conducted more frequently, or on a random basis given past performance or due to operational considerations such as a rise in customer complaints. NiNAS may reduce the frequency of its internal audit to eighteen (18) months if it can demonstrate that its management system is effectively implemented according to the requirements of ISO/IEC 17011:2017.

3.1 Internal Audit Programme

The Quality Manager completes the *Internal Audit Programme / Plan Template* sufficiently early to ensure its effective implementation. Information includes:

- Date, time and place of audit activities;
- Subject of internal audit, programmes, procedures, and so on;
- Listing of staff required in attendance;
- A plan to detail times of opening and closing meetings, any scheduled interviews of staff, and activities such as file reviews;
- A review of the implementation of previous corrective actions if any;

The plan is provided to applicable NiNAS staff with sufficient notice of generally not less than three (3) weeks. The plan and the applicable parts of the NiNAS quality system documentation are provided to any external auditor(s).

3.2 Internal Audit Team

Attention shall be given to independence of the auditors which in a small organisation is difficult to manage. Consideration therefore should be given to the use of an external auditor. Auditors must be qualified based on their knowledge of accreditation, auditing and the content of ISO/IEC 17011 and its related guidance. Training will be provided as per NiNAS *Procedure 2 – Personnel, Hiring, Training and Monitoring*. Staff auditors shall not be assigned to audit areas of their own responsibility.

3.3 Internal Audit

The lead auditor follows applicable sections of the guidance provided by ISO 19011 from opening to closing meetings. Auditors hold an opening meeting with all staff and present a completed *Opening Meeting Agenda Template*. Auditors document their findings on the *Internal Audit Checklist and Observation Record* and any corrective actions or opportunities for improvements are recorded on the *Corrective Action Requisition*. Any finding that is judged to have an impact on the outcome of work in process shall be brought to management's attention immediately. All findings are presented to staff involved in the area being audited.

The internal audit checklist includes all criteria from ISO/IEC 17011 and the applicable ILAC documents. In addition to the verification of these criteria, verification is undertaken of the documents in use to ensure appropriateness of the versions being applied, both internal and external. In addition the internal audit must assess the organisational performance with respect to the implementation of NiNAS Human Resources Policy found in MP 06.

3.4 Internal Audit Follow-up

Staff presented with corrective actions or opportunities for improvement must respond with completed corrective action request forms to the auditor and individual responsible for Quality, normally within 45 days of completion of the audit. If a corrective action cannot be completed within those 45 days a plan is provided as to how the corrective action request will be completed as soon as possible. (Example: A staff member must undergo a specific training which will be taking place beyond the 60 days.)

3.5 CAR and PA Process

- When a problem requiring preventive action is identified, the process of dealing with the problem follows the same steps that apply to corrective actions following root cause analysis.
- In subsequent processing stages both types of actions are referred to as corrective actions. Corrective and preventive actions are requested using the CAR form.
- The requests include description of the unsatisfactory condition that needs to be corrected and are addressed to the Director of the area responsible for the condition.
- The responsible Director then proposes a corrective action to be taken, and indicates the date by which the corrective action will be fully implemented.
- Corrective CAR forms that result from a nonconformance found during an audit shall take priority and be resolved within 45 days of issuance.
- Preventative CAR forms that result from an audit will be resolved as soon as possible with progress monitored every quarter during Executive Meetings.
- The causes of the nonconformity and the proposed corrective action are documented in the CAR form.
- The CAR form is then forwarded to the top management for review and approval of the proposed action and implementation timeline.
- Any implemented changes are reviewed with respect to their impact on current documentation, and the documentation is updated as appropriate. Documentation changes, if any, are recorded in the CAR form and follow all Document Control Policies and Procedures.

- On, or immediately after the due date for the implementation of the corrective action, the Director or competent delegate follows up with an inquiry to determine if the CAR has been implemented and sufficiently effective.
- Nonconformity reports are closed out by the auditor, only when there is objective evidence that the corrective action is effective.
- If more work/time is needed to fully implement the corrective action, then a new follow-up date is agreed upon.

Internal Audit Reports and Checklist Records are maintained on file in perpetuity and the findings are used as input to annual NiNAS Management Reviews.

4.0 Forms

Table: 3-1 Forms in use with Procedure 3	
Form Number	Title
F-3-001	Internal Audit Program / Plan Template
F-3-002	Internal Audit Checklist and Observation Record
F-3-003	Opening Meeting Agenda Template (including attendance sheet)
F-6-014	Corrective Action Requisition

5.0 Document History

Modification No/Date	Proposed by	Page No.	Summary of Modification
04/07/2021	Quality Manager	Approval page	Updated in the name of the personnel reviewing document
01/03/2022	Quality Manager	All	Periodic review
01/04/2023	Quality	All	Updated to reflect some findings identified during the 2023 internal audit