

# Great Western Registrar LLC



## Process Manual for Conducting Audits and Maintaining Competencies

Based on the requirements of ISO17021, AS9104,  
ISO19011 Associated ANAB Accreditation Rules

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## **Section 1**

The processes outlined in this manual shall provide the overall policies and expectations for audit personnel (both GWR employee and Contracted) for conducting GWR client on-site audits and maintaining competency to conduct such audits.

It may be necessary to conduct part of an audit using electronic means or where virtual audit is necessary. Should an auditor be assigned this type of audit activity, it is the responsibility of the auditor to inform GWR of their knowledge and skill in conducting this type of audit prior to commencing audit activity.

The controlling identifier for the forms used to support the following processes can be found in ANNEX A of this manual.

## **Section 2**

### **Conducting the Audit:**

#### **Opening Meeting:**

All audits cannot commence until a formal opening meeting is held with client's management, and where appropriate, those individuals responsible for the functions or processes that are planned to be audited. The opening meeting is to be conducted by the Audit Team Leader and attendance shall be recorded. It may be appropriate for the other member of the audit team to provide support to the Team Leader with regard to communicating expectation. The purpose of the opening meeting is to provide a brief explanation of how the audit activities will be undertaken.

GWR auditors are expected to utilize the GWR opening/closing meeting agenda form to record that all agenda items have been addressed and record any information necessary to complete the audit.

#### **Communication during the audit:**

During the audit, the audit team shall periodically assess audit progress and exchange information. This team exchange can be a planned activity with a stoppage in audit time, or it can be conducted during audit activities to communicate audit progress and address concerns.

If during the audit activities, it is determined that the audit objectives cannot be attained or if there is a significant risk (i.e. Safety) the team leader shall report this to the client and to GWR management immediately so appropriate action can be determined. These actions may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope. It may also include audit termination. The team leader shall record and report the outcome of the action taken to GWR.

The team leader shall review with the client any need for changes to the audit scope which becomes apparent as on-site audit activities progress. It is required that the lead auditor record and report this review. It is the responsibility of GWR management to approve any changes to the audit scope.

### **Obtaining and verifying information:**

Collection of objective evidence to verify information shall be obtained by appropriate sampling and verified to become audit evidence. The recording of this evidence must be effectively communicated as to enable re-creation of audit trails, should it be necessary to substantiate conclusion.

### **Methods to be used to obtain information during audit activities include, but are not limited to:**

- a. Interview of process owners and human resources that support the process.
- b. Observation of processes and activities.
- c. Review of controlled documented information.
- d. Review of retained documented information.

### **Identifying and recording audit findings:**

Audit findings summarizing conformity and detailing nonconformity shall be identified, classified and recorded to enable an informed certification to be made or for the certification to be maintained.

It is expected that the audit findings and summaries be recorded on the GWR audit forms or in OASIS as appropriate to the type of audit that is being conducted.

Opportunities for improvement can be identified and communicated to the client and recorded on GWR forms, however, nonconformities shall not be recorded as opportunities for improvement.

A finding that is nonconforming, is to be recorded on the appropriate form and recorded against a specific requirement. The finding shall contain a clear statement of the nonconformity, identifying in detail the objective evidence on which the nonconformity is based. The definition for Major and Minor nonconformity can be found in 17021-1 section 3.12 and 3.13.

Nonconformities shall be discussed with the client to ensure that the evidence to be recorded is accurate and that the nonconformity is understood.

The GWR auditor is not to suggest a cause, provide solutions, or accept correction as corrective action during the audit activity with regard to recorded nonconformity.

### **Preparing audit conclusions:**

**Prior to the closing meeting the audit team will review the following:**

- a. Audit findings and other evidence obtained during the audit to ensure audit objectives have been met and to classify the nonconformities.
- b. Determine if audit conclusions are acceptable, taking into account the uncertainties and conclusion is based on sampling.
- c. Determine if follow up actions are necessary.
- d. Identify if any modifications are required to the audit program of the client for future audits.

**Conducting a closing meeting:**

A formal closing meeting, with attendance recorded, shall be held with client management and where appropriate, other personnel of the client's. The purpose of this meeting is to present conclusions and recommendations. Any nonconformance identified during the audit shall be presented in such a manner that the client understands the finding and agrees on the timeframe for response. ("Understood" does not necessarily mean that the client agrees).

GWR auditors are expected to utilize the GWR opening/closing meeting agenda form to record that all agenda items have been addressed and record any information necessary to complete the audit.

**Section 3****Audit Reports:**

The audit reports are to be provided to the client. The audit team can record Opportunities for Improvement on the reports, however, they shall not contain specific recommendations for solutions. Ownership of the report is by GWR. GWR will maintain the client report records. It is not the responsibility of the audit team to maintain these reports.

The audit team leader is required to ensure that the reports are prepared and shall be responsible for the content. The report shall be accurate, concise and clear to enable certification decision makers the appropriate information to make a valid certification decision.

The use of the GWR ISO required audit report forms or the AS9101 required forms provides appropriate sections for the auditors to record objective evidence to enable a valid certification decision to be made.

**Section 4**

### **Cause analysis of nonconformities and effectiveness of client corrections and corrective actions:**

Should a nonconformance be identified during audit activities, it is the responsibility of the client to analyze the cause and describe the specific correction and corrective actions to be taken. It is a GWR policy that corrective action plans be submitted to the team leader within 30 days of the finding. Should a client require additional time to formulate their plan, the team leader can extend the time, as appropriate, to the finding.

The Audit Team Leader has the responsibility for review of the corrections, identified causes and corrective actions submitted by the client to determine if acceptable. He/She shall verify the effectiveness of corrections and corrective actions taken. Objective evidence to support the resolution of the non-conformance shall be verified by GWR. The team leader will contact GWR management should they feel an additional full audit or an additional limited audit will be necessary to verify effective implementation. Documented evidence can be used to provide information regarding effective implementation and verification. If the client is certified to any AS&D standard, and they have not provided evidence of bringing their system back into conformance within 60 days of the issuance of an NCR, it is the responsibility of the Lead auditor to notify GWR that the suspension process is to be started.

## **Section 5**

### **Determining and Maintaining competencies of auditors:**

The following competency criteria must be met by auditors to conduct audits for GWR

- **All auditors must maintain 3<sup>rd</sup> party credentials**
- **Auditor must complete a technical area competency exam, and be deemed competent prior to conducting audits in specific technical areas.**
- **No evidence of complaints related to conducting audits**

The following evaluation methods are utilized:

- Contact with any certification body for which the auditor has conducted audits to determine if there were any complaints regarding audit activities and request any skill evaluations that were conducted.
- Initial evaluation of auditor knowledge is conducted through resume review, certification review, CV review or interview. This evaluation takes into consideration the number of years the auditor has conducted 3<sup>rd</sup> party audits.
- Once contracted, The President, or designee, sends auditor the Technical area document that is utilized to identify knowledge and experience in specific categories
- The competency matrix is updated with the Technical Area for which the auditor has demonstrated knowledge.
- Should the President determine that an on-site evaluation is necessary to evaluate skills, a competent skill evaluator is assigned.

- The competency matrix is color coded to indicate whether the auditor can lead an audit or be a team member in a specific technical area.
- Continued evaluation and monitoring of auditor performance, skill and knowledge is conducted during audit package review and client performance feedback
- Yearly reviews summarize the outcome of these evaluations and identify any additional training if necessary

If during any evaluation or performance review, the auditor fails to meet the expectations of GWR management or its policies, GWR may either ask the auditor for corrective action or inform the auditor that their services will no longer be needed and the contract is cancelled.

## ANNEX A

### ISO Audit Forms:

Document Name	Document ID	Stage 1	Stage 2	Surveillance	Re-Certification	Transfer Visit
Client Audit Program	S2-APS-01		X	X	X	X
Stage 1 Audit Plan	S1-APS-01	X				
Meeting Attendance	MA-01	X	X	X	X	X
Meeting Agenda	OCMA-02	X	X	X	X	X
Stage 1 Audit Report	S1AR-01	X				
Audit Report	S2-01		X	X	X	x
Process Audit Guideline (if utilized during audit)	PAG-01		X	X	X	
Corrective Action Request (if applicable)	NOR-01		X	X	X	
Corrective Action Audit Report (if applicable)	CAAR-01		X	X	X	
Transfer Review Report	TAR-01					X

\*Current revisions of the documents above will be accessible on the Great Western website. The completed forms/reports are to be sent to GWR at the conclusion of the applicable audit.

**AS&D Audit Forms (all AS&D audits will be recorded in OASIS unless other arrangements have been made) :**

AS9101 Identifier/GWR Document Name	Document ID	Stage 1	Stage 2	Surveillance	Re-Certification	Special Audit	Transfer
Client Audit Program	S2-APS-01		X	X	X		X
Stage 1 Audit Plan	S1-APS-01	X					
Meeting Attendance	MA-01	x	x	x	x	x	x
Meeting Agenda	OCMA-02	X	X	X	X	X	X
Stage 1 Audit Report	AS9101 Form 1	X					X (if less than 1 year to expiration)
QMS Process Matrix Report (per site or combined as appropriate)	AS9101 Form 2		X	X	X	X (as appropriate)	
PEAR (per site or combined as appropriate)	AS9101 Form 3		X	X	X	X (as appropriate)	
Non-Conformity Report (as applicable)	AS9101 Form 4		X	X	X	X	
Audit Report	AS9101 Form 5		X	X	X	X	x
Supplemental Audit Report (as applicable)	AS9101 Form 6					x	

\*Current revisions of the documents above are accessible on the OASIS Database. This database is maintained by the IAQG.