
INTERNAL QUALITY AUDITS (DPM-P007)
DCSS – Process Management

1.0 SCOPE:

- 1.1 This procedure applies to all personnel directing and conducting internal quality audits in the BSD.

The online version of this document is official. All printed versions are uncontrolled copies.

2.0 RESPONSIBILITY:

- 2.1 ISO Co-Management Representatives, Lead Auditor

3.0 APPROVAL AUTHORITY:

- 3.1 ISO Co-Management Representatives

4.0 DEFINITIONS:

- 4.1 BSD – Business Services Division.

5.0 PROCEDURE:

- 5.1 The BSD conducts internal quality audits according to a schedule which defines frequency developed and maintained by the Lead Auditor. This audit schedule is modified as needed, taking into consideration the status and importance of areas to be audited, as well as results from previous audits.
- 5.2 Internal quality audits are conducted to determine if the BSD conforms to the requirements of ISO 9001: 2000 as well as documented procedures, and is effectively implemented and maintained.
- 5.3 Normally, internal auditors plan the audits by preparing an audit checklist prior to the start of the audit. This involves the review of associated documents which includes previous internal audits and processes in order to ensure an effective audit process. The checklist defines the audit criteria, scope of the audit and provides a consistent method. However, in some instances a checklist may not be used.
- 5.4 The auditors selected to perform internal quality audits are objective and impartial of the process to be audited. No auditor will be permitted to audit their own work.
- 5.5 Audit reports are prepared by internal auditors at the conclusion of the internal audit. In the event of nonconformities in the process management system, the internal auditor shall complete a corrective action and submit all documentation to the Co-Management Representative(s).
- 5.6 The Co-Management Representative(s) will update the audit schedule and assign control numbers to corrective action requests, make appropriate copies, and forwards the corrective action(s) request to the responsible Director.
- 5.7 The responsible Director of the area audited shall take corrective action to eliminate detected nonconformities and their causes, without delay in the time-frame specified by the form, and return the form to the ISO Co-Management Representatives. The form is forwarded to the Lead Auditor for review.
- 5.8 The Lead Auditor or Co-Management Representative(s) will review the stated corrective action, request any modifications if needed, and file the internal audit records.

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5.9 If the implementation date of the corrective action has been reached, the Lead Auditor or Co-Management Representative(s) will assign the follow-up activity to an internal auditor who will record the verification activity performed and results. The form is then returned to the Co-Management Representative(s) to take any appropriate action resulting from the follow-up audit.

5.9.1 Appropriate actions will take place until all actions are properly implemented.

5.10 Records of audits are maintained (checklist, summary report, corrective action/follow-up) for a minimum period of three (3) years in the process management files.

6.0 ASSOCIATED DOCUMENTS:

- 6.1 Internal Audit Schedule, Excel Spreadsheet
- 6.2 Corrective Action Procedure, DPM-P005
- 6.3 Corrective Action Request Form, DPM-F002
- 6.4 Internal Audit Checklist(s), DPM-F005, DPM-F003
- 6.5 Internal Audit Summary Report, DPM-F004
- 6.6 Corrective Action Log, Excel Spreadsheet

7.0 RECORD RETENTION TABLE:

Identification	Storage	Retention	Disposition	Protection
All documents listed in Section 6.0	Lead Auditor files (Hard Copy)	3 years minimum	Discard as desired	Not required

8.0 REVISION HISTORY:

Date:	Rev:	Description of Revision:
15-Dec-02	A	Initial Release
21-Oct-03	B	Changes in sections 5.1, 5.3, 5.7 and 6.6.
22-Jun-07	C	Wording changes in sections 1.1, 5.3, 5.5, 5.6, 5.8, 5.9 and 5.10.

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