

1.0 PURPOSE

1.1 This procedure defines the conduct and reporting of:

- a. Stage 1 Audits of Client's Management System. The purpose of these visits is to ensure that the client has an assessable system, and to prepare a plan for the initial Assessment (Stage 2 Audit).
- b. Stage 2 Audit of Client's Management System. The purpose of the Stage 2 audit is to evaluate the implementation, including effectiveness, of the client's management system.
- c. visits to the client's premises to examine corrective action applied to CARs graded as Major.
- d. Surveillance Audits, so that the continuing validity of certifications may be verified, and any significant changes or additions to the Client's System are assessed for compliance with the assessment criteria.

2.0 SCOPE

2.1 This procedure is applicable to :

- a. Stage 1 Audits which must be carried out prior to all Initial Assessments Stage 2 Audit. An exception to this is for Clients who are transferring from another Certification Body. The Director - Technical may authorise other situations that may warrant the waiving of Stage 2 audit.
- b. all Stage 2 audits and Triennial / Recertification Audits.
- c. Corrective Action visits becomes necessary whenever CARs graded as Major are raised during an Assessment, a Surveillance Audit or are still outstanding after an earlier CA visit. This procedure also covers special visits to examine relevant parts of the system in the event of notification of significant changes or where a complaint or other source of information indicates that the Client's system may not be complying with the criteria.
- d. all Surveillance Audits, held at least annually, but usually six monthly between assessments, including planning for triennial assessments.

3.0 DEFINITIONS & ABBREVIATIONS

3.1 QMSCSPL

3.2 DT Director - Technical

3.3 DO Director - Operations

3.4 CAR Corrective Action Request

3.5 QMS Quality Management System

3.6 CA Corrective Action

3.7 SA Surveillance Audit

3.8 Audit Team Leader The leader of an audit team.

3.9 Audit plan Description of the activities and arrangements for an audit

3.10 Non-conformity A failure to meet a requirement of the management system standard or the organization's documented management system.

3.10.1 Major Non-conformity **Major CAR** is a nonconformity that affects the capability of the management system to achieve the intended results.

Nonconformities could be classified as Major in the following circumstances:

- i. If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;
- ii. A number of minor non-conformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major non-conformity, or
- iii. any non-compliance that would result in the probable shipment of a non-conforming product. Conditions that may result in the failure or materially reduce the usability of the products or services for their intended purpose.

Intentional misuse of Certificates or Marks or failure to meet other contractual requirements will be grounds for a Major CAR.

3.10.2 Minor Non-conformity **Minor CAR** is a non-compliance that does not affect the capability of the management system to achieve the intended results. It may be either:

- i) a single observed lapse in following one item of the organization's management system;

or

- ii) a failure of some part of the supplier's documented quality system relative to relevant standard.

3.11	Audit Evidence	Records, statements of fact or other information, which are relevant to the procedures or requirements being audited and which, are verifiable.
3.12	Guide	Person appointed by the client to assist the audit team
3.13	Observer	Person who accompanies the audit team but does not audit
3.14	Technical area	Area characterized by commonalities of processes relevant to a specific type of management system
3.15	HACCP Study	A HACCP Study corresponds to a hazard analysis for a family of products/services with similar hazards and similar production technology and, where relevant, similar storage technology.
3.16	OH&S	Occupational Health & Safety

4.0 DETAILS OF PROCEDURE

S.No.	Action	Responsibility
4.1	<u>Stage 1 Audit</u>	
4.1.1	Attend the client's facilities at the agreed time, with relevant audit forms for the visit.	Auditor
4.1.2	The visit shall begin with a meeting with senior management, or just the Management Representative. This meeting must include a brief explanation of the assessment process and reporting, as well as a clear statement of the purpose of the visit and how it will proceed. During this meeting the QMSCSPL procedures should be presented and explained to the client.	Auditor
4.1.3	At the end of the meeting, and before or after a brief tour, ask the client to give an outline of the company and its Management System. This will lead into an assessment of the Organisation and Responsibility section of the standard and the client's Policy documents.	Auditor
4.1.4	Audit the client's management system documentation as per the checkpoints identified in (F.16) 'Stage 1 Audit Report'.	Auditor
4.1.5	Evaluate the client's location and site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for the Stage 2 Audit.	Auditor
4.1.6	The above will be considered without regard for the actual practices of the client; i.e. the assessor should not audit the implementation, except in the case of internal document control. Any deficiencies found should be discussed with the client to ensure validity and understanding and then detailed on (F.16).	Auditor
4.1.7	Review the client's status and understanding regarding requirements of the standard, in particular with respect to the identification of processes, environmental aspects, occupational & food safety hazards, their key performance indicators and objectives.	Auditor
4.1.8	Collect and confirm necessary information about scope, location(s), no.of employees, no. of shifts, product/environment/OH&S/FSMS related statutory & regulatory requirements and their compliance, exclusions, consultant, contact person, contact numbers, outsourced processes, key production and service provision processes.	Auditor
4.1.9	FSMS Stage 1 Audit – Assess the organization's state of preparedness for Stage 2 by reviewing the extent to which: <ul style="list-style-type: none"> a) the organization has identified PRP that are appropriate to the business (e.g. regulatory, statutory, customer and certification scheme requirements), b) the FSMS includes adequate processes and methods for the identification and assessment of the organization's food safety hazards, and subsequent selection and categorization of control measures (combinations), c) relevant food safety legislation is implemented, d) the FSMS is designed to achieve the organization's food safety policy, e) the FSMS implementation programme justifies proceeding to the audit (stage 2), f) the validation of control measures, verification of activities and improvement programmes conform to the requirements of the FSMS standard, 	Auditor

	<p>g) the FSMS documents and arrangements are in place to communicate internally and with relevant suppliers, customers and interested parties, and</p> <p>h) there is any additional documentation which needs to be reviewed and/or information which needs to be obtained in advance.</p> <p>If an organization has implemented an externally developed combination of control measures, review the documentation included in the FSMS to determine if the combination of control measures :</p> <ul style="list-style-type: none"> — is suitable for the organization, [SEP] — was developed in compliance with the requirements of ISO 22000, and — is kept up to date. [SEP] <p>Check the availability of relevant authorizations shall be checked when collecting the information regarding the compliance to regulatory aspects. [SEP]</p>	
4.1.10	Review the allocation of resources for Stage 2 Audit and agree with the clients on the details of the Stage 2 Audit.	Auditor
4.1.11	<p>Gain a sufficient understanding of the client's management system and site operations with a view to develop an effective audit plan for Stage 2 Audit. Develop a plan for the on-site evaluation of temporary sites including where applicable-</p> <ul style="list-style-type: none"> i) a representative sample of high complexity temporary sites; and ii) a representative sample of medium complexity temporary sites; and iii) if only low complexity temporary sites exist, then a representative sample of low complexity temporary sites. 	Auditor
4.1.12	Check whether internal audits and management review are being planned and performed and adequate evidence available on the maturity of system implementation which support client's readiness for the conduct of Stage 2 Audit.	Auditor
4.1.13	Coordinate with other team members and incorporate their findings and finalize 'Stage 1 Audit Report' (F.16) identifying any areas of concern that could be classified as nonconformity during Stage 2 Audit. Take client's sign on F.16 as a mark of their acceptance of audit report contents including documented conclusions with regard to fulfilment of the stage 1 objectives and readiness for Stage 2 audit. Finalise the tentative date(s) for Stage 2 audit with client, in determining the date gave consideration to time required by client to resolve areas of concern identified in Stage 1 audit.	Audit Team Leader
4.1.14	Forward audit report to QMSCSPL.	Audit Team Leader
4.1.15	Review and approve any changes (audit man-days, location etc.) in its arrangements for Stage 2 and arrange updation of database. If any significant changes, which would impact the management system occur, consider the need to repeat all or part of Stage 1. Inform the client that the results of Stage 1 may lead to postponement or cancellation of Stage 2	Certification Supervisor
4.2	<u>Stage 2 Audit / Triennial or Recertification Audit</u>	
4.2.1	Client to contact the Audit Team Leader or QMSCSPL indicating readiness for Stage 2 Audit.	Client
4.2.2	Review file, including Stage 1 Audit Report. Ensure that responses to Stage 1 Audit findings have been reviewed and accepted by Stage 1 Audit Team Leader. In the event this has not been done and the Stage 1 Audit Team Leader is no longer in the company, the newly appointed Audit Team Leader shall review the responses.	Audit Team Leader
4.2.3	Select the entire assessment team in consultation with Lead Assessor as per Sec.9.1 of Management Manual. Ensure that the interval between Stage 1 and the Stage 2 audits is sufficient to ensure that any area of concern identified during Stage 1 audit can be resolved.	TM
4.2.4	While finalizing audit plan in consultation with Director - Technical and audit team, ensure that each team member is assigned responsibility for auditing specific processes, functions, sites, areas or activities taking into account the need for competence, and the effective and efficient use of the audit team, as well as different roles and responsibilities of auditors, auditors-in-training and technical experts. Changes to the work assignments 'Audit Plan' may be made as the audit progresses to ensure achievement of the audit objectives.	Audit Team Leader
4.2.5	Ensure that an audit notice along with audit plan is prepared and sent to the client for acceptance and the assessors (as a formal appointment) for carrying out the assessment. The team leader shall also be sent Stage 1 Audit Report (F.16).	Office Executive (Operations)

4.2.6	<p>The Triennial assessment planning shall include a review of the past performance of the client which shall be taken into consideration in preparing the plan. The plan must ensure that the assessment is comprehensive enough to verify:</p> <ul style="list-style-type: none"> • the effective interaction between all elements of the system • overall effectiveness of the system considering any changes • demonstrated commitment to maintain the system's effectiveness and its contribution in achieving organization's policy and objectives. 	Audit Team Leader and QMSCSPL to ensure
4.2.7	Prepare work documents (checklists, audit sampling plans etc.) as necessary for reference and for recording audit proceedings. Conduct audit team meeting, review audit plan and make changes if necessary.	Audit Team Leader & Audit Team
4.2.8	<p>Conduct and Chair Opening Meeting with the Client's management and, where appropriate, with those responsible for the functions of processes to be audited. Purpose of this meeting is to provide a short explanation of how the audit activities will be undertaken. The degree of details will be consistent with the familiarity of the client with the audit process and will cover the following points:</p> <ul style="list-style-type: none"> • Introduction of the participants, including an outline of their roles; • Confirmation of the Scope of certification; • Confirmation of the audit plan (including type and scope of audit, objectives and criteria), any changes, and other relevant arrangements with the client, such as the date and time for the closing meeting, interim meetings between the audit team and the client's management; • Confirm formal communication channels between the audit team and the client; • Confirm that the resources and facilities needed by the audit team are available; • Confirm matters relating to confidentiality; • Confirm relevant work safety, emergency and security procedures for the audit team; • Confirm availability, roles and identities of any Guides and Observers; • The method of reporting, including any grading of audit findings • Inform conditions under which the audit may be prematurely terminated like total breakdown of system, presence of an immediate and significant risk, non cooperative auditee etc; • Confirm that the audit team leader and audit team representing QMSCSPL is responsible for the audit and will be in control of executing the audit plan including audit activities and audit trails; • Confirm status of findings of the previous review or audit, if applicable; • Methods and procedures to be used to conduct the audit based on sampling; • Confirm language to be used during the audit; • Confirm that client will be kept informed of audit progress and any concerns as the audit progresses; • Outline format of Report and Closing Meeting; • Confirm provision of a private work area for the team; • Work and meal times. • Client's Questions. 	Do
4.2.9	A brief tour of the facility may be appropriate at the end of the meeting, as well as a brief private team meeting to instruct the other team members regarding the Style of the audit and peculiarities of the Client's System. Where the audit of a particular activity on site requires specific competence, the team leader assigns the audit team member personnel accordingly.	Audit Team Leader
4.2.10	The assessment shall then proceed as per the program. Audit findings summarizing conformity and detailing nonconformity and its supporting audit evidence shall be recorded in Assessor Notes and/or Corrective Action Request to enable an informed certification decision to be made or certification to be maintained. Discuss nonconformity with the client to ensure that they understand the problem and have opportunity to offer more evidence of compliance. A CAR shall be recorded against a specific requirement of the audit criteria and should be worded adequately, identifying in detail the objective evidence on which the nonconformity is based. At the end of discussions with a particular person all deficiencies shall be recapped, so that they (and the guide) will know what to expect as CARs the next morning or the Audit Closing meeting, whichever is appropriate? Do not give prescriptive advice or consultancy while explaining the audit findings and / or clarifying the requirements of ISO 9001/ISO 14001/OHSAS	Audit Team

	18001/ISO 45001/ISO 22000 standard. Also don't suggest cause of nonconformities or their solution. Gradings should not be discussed, unless it is definitely a Major. 'Opportunities for improvement or Observations' may be identified and recorded in Assessor Notes, however, ensure that nonconformities are not recorded as 'Opportunities for improvement or Observations'.	
4.2.11	<p>During these audits, auditor(s) spends majority of audit time to conduct interviews, observe processes and activities and review documentations & records to obtain information (audit evidence) relevant to the audit objectives, scope and criteria (including information relating to interfaces between functions, activities and processes) by appropriate sampling to:</p> <ul style="list-style-type: none"> • examine and verify the structure, policies, processes, procedures, records and related documents of the client organization relevant to the management system standard or other normative documents; • determine that these meet all the requirements relevant to the intended scope of certification; • determine that the processes and procedures are established, implemented and maintained effectively, to provide a basis for confidence in the client's management system in the locations where the organization's activities takes place including on-site audits of temporary sites. • performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document); • the client's management system ability and its performance regarding meeting of applicable statutory, regulatory and contractual requirements; • operational control of the client's processes; • internal auditing and management review; • management responsibility for the client's policies, • links between the normative requirements, policy, performance objectives and targets, any applicable legal requirements, responsibilities, competence of personnel, operations, procedures, performance data and internal audit findings and conclusions, and • communicate to the client, for its action any inconsistencies between the organisation's policy, objectives and targets. <p>FSMS – Use Table A.1 in Annex A of ISO/TS 22003:2013 to identify the appropriate part of the ISO/TS 22002 series, if applicable, for the assessment of compliance with clause 7.2 of ISO 22000:2005.</p> <p>OHSMS – Audit the following personnel:</p> <ul style="list-style-type: none"> i) the management with legal responsibility for OH&S, ii) employees' representative(s) with responsibility for OH&S, iii) personnel responsible for monitoring employees' health, for example, doctors and nurses. Justifications in case of interviews conducted remotely shall be recorded, iv) managers and permanent and temporary employees. <p>Other personnel that should be considered for interview are:</p> <ul style="list-style-type: none"> i) managers and employees performing activities related to the prevention of OH&S risks, and ii) contractors' management and employees. 	Audit Team
4.2.12	During the audit, periodically assess audit progress and exchange information. Audit Team Leader shall reassign work as needed between the audit team members. A meeting shall be held at the beginning of each day by the team to discuss findings of the previous day and for the team leader to countersign all CARs raised. Then a meeting is held with the client in which the CARs are presented for signing, and the plan is reviewed. Resolve any diverging opinions between the audit team and the client concerning audit evidence or findings, and record unresolved points.	Audit Team & Audit Team Leader
4.2.13	As the assessment progresses, consider CARs outstanding from previous SA visits and process them as appropriate. Areas of concerns identified during the Stage 1 shall either be noted as closed, or detailed on CARs by the assessors. The team leader shall ensure that all Stage 1 concerns are considered in this manner prior to preparing the report.	Audit Team
4.2.14	Record details of audit evidence in 'Assessor Notes' (F.23). Notes should include: (i) area audited (ii) client representative (iii) procedures referred to (iv) management system standard requirements (clause number) (v) details of samples selected and (vi) sufficient comments to demonstrate the means of determining conformity or nonconformity with the specified requirements for each of the sites within the scope of the audit. Submit these 'Assessor Notes' to the Audit Team Leader.	Audit Team

4.2.15	Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g.safety)/ threat to EMS/OHS, immediately report this to the client and, if possible, to QMSCSPL to determine appropriate action. Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit until the risk is removed or significantly reduced. Report the outcome of the action taken to QMSCSPL.	Audit Team Leader
4.2.16	Review with the client any need for changes to the audit scope which becomes apparent as on-site auditing activities progress and report this to QMSCSPL.	Audit Team Leader
4.2.17	Put great emphasis in determining the maturity of internal auditing and management review processes, as these are absolutely mandatory for achieving desired results out of implemented management system.	Audit Team
4.2.18	Also ensure that the client's management system and performance are legally compliant <i>based on the demonstrated implementation of the system and not rely only on planned or expected results</i> . If non compliant issues are identified, raise these issues as CAR <i>and immediately communicate to the client's management/relevant personnel</i> .	Audit Team
4.2.19	When all items on the Plan have been assessed, the team shall come together to raise CARs from the last day, and to complete 'Stage 2 Audit Report '(F.17). Identify positive as well as negative comments relating to the effectiveness of the organization's management system with clear statements of conformity or nonconformity. Audit team will: <ul style="list-style-type: none"> a. review the audit findings, and any other appropriate information obtained during the audit (Stage 1, Stage 2 etc.), against the audit objectives and audit criteria and classify the CARs; b. agree upon the audit conclusions, taking into account the uncertainty inherent in the audit process; c. agree any necessary follow-up actions; d. confirm the appropriateness of the audit programme (F.32 – 3 years Audit Programme) or identify any modification required for future audits (e.g. scope, audit time or dates, surveillance frequency, competence). Request client to acknowledge the contents of Audit Report and CAR (F.14).	Audit Team
4.2.20	The Audit Report shall clearly state the recommendation for approval or otherwise and point out that it is subject to review by QMSCSPL management. OH&SMS - <i>Any organization failing to demonstrate their initial or ongoing commitment to legal compliance, shall not be recommended for certification or continuation to be certified as meeting the requirements of an OH&SMS.</i> <i>Where the organization may not be in legal compliance, it shall be able to demonstrate it has activated an implementation plan to achieve full compliance within a declared date, supported by a documented agreement with the regulator, wherever possible for the different national conditions. The successful implementation of this plan shall be considered as a priority within the OH&SMS.</i>	Audit Team Leader
4.2.21	A Surveillance Audit Plan shall be completed for all sites of a multi-site Client.	Team Leader
4.2.22	Decide to hold a special Corrective Action visit in maximum three months time to clear up significant numbers of CARs, or if some element such as Internal Audit is not considered terribly reliable, and needs closer scrutiny, or where a CAR poses an immediate threat to EMS/OHS. The reasons for such a visit shall be clearly explained to the client.	Audit Team Leader
4.2.23	Generally Minor CAR's must be closed out before the next surveillance audit or they will escalate to a Major CAR. In the case of recertification, all CARs must be closed out prior to the expiration of the current certificate.	Audit Team
4.2.24	The Closing Meeting shall be held with the client's management and, where appropriate, those responsible for the functions or processes audited. OHSMS – <i>Request the representative of organization to invite the management legally responsible for OH&S, personnel responsible for monitoring employees' health and the employees' representative(s) with responsibility for OH&S to attend the closing meeting. Justification in case of absence shall be recorded on the Attendance Sheet.</i> The purpose of the closing meeting, conducted by the lead assessor, is to present the audit conclusions, including the recommendation regarding certification. During closing meeting following elements will be discussed, however degree of details will be consistent with the familiarity of the client with the audit process:	Audit Team Leader

	<p>a. Thank the Client for co-operation and hospitality.</p> <p>b. Point out that the Sampling nature of the assessment means that there exists an element of uncertainty and although no CARs have been raised in a particular area of the System, it does not mean that no problems exist;</p> <p>c. The method and timeframe of reporting, summarise the findings and their grading, and state the Recommendation (Approval or Corrective Action Visit). Agree the timeframe with the client to present a plan for correction and corrective action for any nonconformities identified during the audit. The time allowed to implement corrective action shall be consistent with the severity of the nonconformity, but typically not more than three months;</p> <p>d. QMSCSPL's post audit activities i.e. advise that approval is subject to ratification by QMS staff not involved with the assessment, timing and nature of Surveillance Audit Visits etc;</p> <p>e. Information about the complaint and appeal handling process;</p> <p>f. Answer Questions. Any diverging opinions regarding the audit findings or conclusions with client should be discussed and resolved where possible. Any diverging opinions that are not resolved should be recorded and referred to QMSCSPL.</p> <p>g. Close the meeting.</p> <p>Circulate Attendance list during the closing meeting.</p>	
4.3	<u>Corrective Action Visits</u>	
4.3.1	Conducting large, formal Opening Meeting is not necessary, unless the client requests one. However the visit shall begin with a discussion with at least the client's MR, to review the CARs and to construct an informal plan for the visit. Any entire elements of the system which have been set for re-assessment should be programmed first. Issues relating to the reason for a special visit shall be treated as CARs or areas requiring re-assessment.	Auditor
4.3.2	Examine objective evidence relating to each CAR to establish whether the CAR can be downgraded or closed, record the verification results on 'Corrective Action Plan' (F.15). CARs relating to re-assessed areas shall be closed or downgraded (if appropriate) before leaving the area. Raise new CARs if and when appropriate.	Auditor
4.3.3	If time runs short before examining all CARs, elect to postpone examination of some Minor CARs until the next Surveillance Audit. However, all Major CARs must be reviewed during the visit.	Auditor
4.3.4	At the end of the visit present any new CARs for signing by the client and complete audit report F.19.	Auditor
4.3.5	Follow step 4.2.20 to 4.2.25.	Auditor
4.4	<u>Surveillance Audits</u>	
4.4.1	The frequency of Surveillance Audits is defined in the contract, and usually occurs annually (plus or minus one month), but must be held no more than twelve months between visits (no tolerance). If this is exceeded without suspension or withdrawal, the Director - Technical – QMS must explain and record the reasons why the approval has not been suspended or withdrawn.	Director - Technical
4.4.2	At least one week prior to the visit, contact the client and the assessor to verbally confirm or adjust the visit date and time. Once these have been agreed they shall be sent in writing (mail or fax) to both the client and assessor along with Audit Plan.	Director - Operations
4.4.3	<p>Arrange to send following original documents to the appointed auditor:</p> <ul style="list-style-type: none"> • All outstanding CARs F.14 • 3 Years Audit Programme F.32 • Surveillance Audit Report F.19 • Assessor Notes F.23 • Attendance Sheet 	Office Administrator
4.4.4	Prepare working documents (checklists, audit sampling plans, etc.) as necessary for reference and for recording audit proceedings.	Auditor
4.4.5	Conduct Opening Meeting as per 4.2.8 above.	Auditor

4.4.6	<p>If there are any significant changes to the system (eg. Purchasing now computerised), those areas shall be assessed prior to auditing the areas identified on the SA Plan. If time becomes restrictive, the following priority order shall apply:-</p> <ul style="list-style-type: none"> • Changes • Mandatory Items marked '/' on 3 Years Audit Programme (Internal Audits, Management Review, Action on previous CARs, Action on complaints, effectiveness of the management system(s), progress of planned activities aimed at continual improvement and Use of Marks and/or any other reference to certification). • Other item on 3 Years Audit Programme (F.32) 	Auditor								
4.4.7	During audit, evaluate effectiveness of the management system: a) with regard to achieving the objectives established by the concerned client and b) in fulfilling requirements between recertification audits.	Auditor								
4.4.8	Raise CAR's as appropriate and complete 'Surveillance Audit Report' (F.19).	Auditor								
4.4.9	In case of multi site organization, carry out audit on these sites/temporary sites as per 3 Years Audit Programme (F.32) [prepared during Contract Review as per 'Certification of Multi-site Organization' (A.11)] and generate following records – Attendance, CARs (F.14) & Assessor Notes (F.23). Arrange to send these documents to Lead Auditor before the audit at Central Office for inclusion in consolidated 'Surveillance Audit Report' (F.19).	Auditor								
4.4.10	Follow step 4.2.8 to 4.2.25.	Auditor								
4.5	<u>Audit Reports</u>									
4.5.1	QMCSPL provides a written report to client for each audit. QMCSPL don't recommend specific solutions. Ownership of the audit report lies with QMCSPL.	Audit Team Leader								
4.5.2	<p>Audit team leader is responsible for the audit report and its content. Ensure that report is accurate, concise and clear to enable an informed certification decision be made. Following audit reports formats are used for different type of audits in addition to Audit Plan (F.12), Corrective Action Request (F.14) & Corrective Action Plan (F.15):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">a. Stage 1 Audit Report</td> <td style="width: 20%;">F.16</td> </tr> <tr> <td>b. Stage 2 Audit Report</td> <td>F.17</td> </tr> <tr> <td>c. Surveillance Audit Report</td> <td>F.19</td> </tr> <tr> <td>d. Recertification Audit Report</td> <td>F.21</td> </tr> </table> <p>These audit reports have (a) QMCSPL Logo (for identifying certification body), (b) name and address of the client and client's management representative, (c) type of audit (stage 1, stage 2 etc.), (d) audit criteria, (e) audit objectives (f) audit scope, particularly identification of the organizational or functional units or processes audited and time of the audit (see F.12 audit plan), (g) any deviation from the audit and their reasons, (h) any significant issues impacting on the audit programme, (i) name of audit team leader, audit team members and any accompanying persons, (j) dates and places where the audit activities (on site or offsite, permanent or temporary sites) were conducted, (k) audit findings (in F.14 corrective action request and F.23 assessor notes), reference to evidence and conclusions, consistent with the requirements of the type of audit, (l) significant changes, if any, that affect the management system of the client since the last audit took place, (m) any unresolved issues, if identified, (n) where applicable, whether the audit is combined, joint or integrated, (o) a disclaimer statement indicating that auditing is based on a sampling process of the available information, (p) recommendation from the audit team, (q) the audited client is effectively controlling the use of the certification documents and marks, if applicable, (r) verification of effectiveness of taken corrective actions regarding previously identified CARs, if applicable.</p>	a. Stage 1 Audit Report	F.16	b. Stage 2 Audit Report	F.17	c. Surveillance Audit Report	F.19	d. Recertification Audit Report	F.21	Audit Team Leader
a. Stage 1 Audit Report	F.16									
b. Stage 2 Audit Report	F.17									
c. Surveillance Audit Report	F.19									
d. Recertification Audit Report	F.21									
4.5.3	<p>Audit report will also contain:</p> <ol style="list-style-type: none"> a) a statement on the conformity and the effectiveness of the management system together with a summary of the evidence relating to: <ul style="list-style-type: none"> - the capability of the management system to meet applicable requirements and expected outcomes; - the internal audit and management review process; b) a conclusion on the appropriateness of the certification scope; c) confirmation that the audit objectives have been fulfilled. 	Audit Team Leader								
4.6	<u>Instructions for Technical Experts</u>									

4.6.1	Provide technical advice to auditors including advice on sector specific terminology, technical characteristics of processes and products and sector-specific processes and practices. Work under direction and close co-operation with competent auditor, but shall not perform an independent auditing function.	Technical Experts
4.7	Monitor / Evaluate and submit report on performance of Technical Expert(s). Use 'Technical Expert Performance Review Form' F.3 for recording the performance.	Audit Team Leader
4.8	<u>Observers and guides</u>	
4.8.1	Ensure that observers, if any, do not influence or interfere in the audit process or outcome of the audit.	Audit Team
4.8.2	Ensure that each auditor is accompanied by a guide, unless otherwise agreed with the client.	Audit Team Leader
4.8.3	Ensure that guides, do not influence or interfere in the audit process or outcome of the audit. Responsibilities of a guide can include: a) Establishing contacts and timing for interviews; b) Arranging visits to specific parts of the site or organization; c) Ensuring that rules concerning site safety and security procedures are known and respected by the audit team members; d) Witnessing the audit on behalf of the client; e) Providing clarification or information as requested by an auditor.	Audit Team
4.9.1	If a member of the audit team, in their professional judgement, discovers a breach of an Act of Parliament, or a contravention of a regulatory requirement, they should immediately brought it to the notice of Director - Technical.	Audit Team Member
4.9.2	Raise a non-conformity within maximum 3 days of receiving this information and urgently communicate to client for urgent action.	Director - Technical