



Audit Report

RRW and Co Pty Ltd trading as National On Site Training

26th March 2019



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Audit result classifications

Major nonconformity (NC)

The absence of or the failure to implement and maintain, one or more required management system elements, or a situation which would, on the basis of available objective evidence raise significant doubt as to ability of the management system to achieve its intended outputs including meeting the organisation's policy commitments (e.g. failure to provide goods or services of the required quality, failure to comply with applicable legal obligations, failure to prevent environmental or OH&S harm, etc.).

Initial or continued management system certification cannot be recommended if any major nonconformity is outstanding. Failure to adequately address a major nonconformity so that it may be closed or at least downgraded within three months shall initiate a process to suspend, withdraw or reduce the scope of an existing certification.

If a Major Nonconformity (NC) is raised, a Corrective Action Plan (CAP) must be returned to Sci Qual International Pty Ltd within a maximum of one month from the audit date. A follow-up audit may be required within three months from the date the NC was raised, to verify the effectiveness of the corrective actions. This will enable either the NC to be closed or reduced to a minor.

Minor nonconformity (NC)

An isolated nonconformity that is not classified as a major nonconformity and which if not addressed in a timely manner has the potential to become a major nonconformity. The corrective actions must be completed within a maximum of 12 months. The effectiveness of the client's correction and corrective actions shall be evaluated by Sci Qual International at their next audit.

Observation

An isolated issue that if not addressed could lead to a future nonconformity. An example could be that the auditor has observed deterioration in the level of attention the client is applying in specific areas that while still compliant needs some attention. This is intended as a signpost for the client that these areas may not be getting the attention they require. It is strongly recommended that these are addressed to prevent them being raised as nonconformities at future audits

Improvement opportunity

Identification of an opportunity to add value for the client by suggesting ways that may improve how the business operates. The client is not required to act on these improvement opportunities.

Actions Required by Client

Determine causal factors

The underlying root causes of the nonconformity are to be determined in a timely manner by the organisation after they have first taken more extensive samples of their management system than were possible during the limited Sci Qual International audit in order to identify if similar issues exist elsewhere in other parts of their management system. Records of the organisation's investigation and root cause analysis shall be made available to Sci Qual International at their next audit.

Initial or continued management system certification cannot be recommended while any Major NC is outstanding. Failure to adequately address a Major NC within three months shall initiate a process to withdraw or reduce the scope of an existing certification.

Corrective actions to prevent recurrence

After they have completed investigations to identify the causal factors, the organisation must determine the corrective actions required to eliminate the underlying root causes of nonconformity. This will reduce the potential for recurrence. The various corrective actions shall be taken in a time scale commensurate with the risk while ensuring that the actions are completed in time to provide evidence of the outcome for the next Sci Qual International audit.

Corrective action effectiveness verification date

The long-term effectiveness of the corrective actions taken to prevent the recurrence of the nonconformity must be verified by the organisation. This can be done via a rigorous independent internal audit or by some other means. Verification must be prior to the next Sci Qual International audit or within 12 months of the date that the minor nonconformity was first raised, whichever is the later date.

Audit Details

Invoice Reference Number	Certificate Number	Review Time Hours
S18257	158	8 Hours

Audit criteria and review type

ISO 9001:2015	ISO 14001:2015	ISO 45001:2018	
Stage 2 <input type="checkbox"/>	Stage 2 <input type="checkbox"/>	Stage 2 <input type="checkbox"/>	
Surveillance <input type="checkbox"/>	Surveillance <input type="checkbox"/>	Surveillance <input type="checkbox"/>	
Recertification <input checked="" type="checkbox"/>	Recertification <input type="checkbox"/>	Recertification <input type="checkbox"/>	
Scope Change <input type="checkbox"/>	Scope Change <input type="checkbox"/>	Scope Change <input type="checkbox"/>	
Follow-up <input type="checkbox"/>	Follow-up <input type="checkbox"/>	Follow-up <input type="checkbox"/>	

Location(s)/Sites sampled for review

167 Logan Road, Woolloongabba, Qld 4102

Audit Team Leader	Client Contact
Jerome Cramer	Anthony Barber
Audit Team Members	
Nil	

Capability Statement

Site Location:	Scope:	ANZSIC Codes:
167 Logan Road, Woolloongabba, Qld	Training and assessment services. Radiation safety services (ionising radiation and laser radiation).	8101, 6925

Client Entry / Exit Meeting Attendees

Name	Position	Entry Meeting	Exit Meeting
Anthony Barber	Finance and Quality Assurance Manager	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Jerome Cramer	Sci Qual Auditor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Summary

Changes since the last audit

The structure of the organisation is now made up of 4 Full Time staff and 1 Contractor. No other changes have been noted to the quality management system since the previous audit.

Due to the very flat management structure of the business, there is a high level of involvement by all personnel, with evidence of a hands-on approach by the Director and QA Manager. This has been verified in the sampling of documents reviewed over the past 12 months.

Review of nonconformities raised at the previous audit

Nil

Nonconformities raised at this audit

Nil

Observations raised at this audit

Obs. 9.3/2019/1

It was noted that the Internal Review is conducted in conjunction with the Management Review.

The combination of the two i.e. Internal Review and Management Review will need to be reflected in Internal Review P017 & Management Responsibility procedure P001: with the process undertaken clearly defined.

Improvement opportunities raised at this audit

Nil

Compliance with Sci Qual International “Use of Logos & Marks”

A review of the use of both the JAS-ANZ Accreditation Symbol and the Sci Qual International Logo confirmed, from the documentation sighted during this Audit, and noted to be correct and proper for both Marketing and Administrative Purposes. The logos are also used on the NOST Website.

Positive findings

The Quality Management System examined during the audit was noted to be well ‘matured’ and the level of monitoring and maintenance was appropriate for NOST, which also demonstrated compliance to the requirements of ISO9001:2015. There is a high level of commitment from the Director & QA Manager who operate the business with a high customer focus. The number of staff in the organisation totals 4 full time personnel, with a similarly high level of knowledge and commitment demonstrated by personnel who were interviewed during the audit.

Recommendations

The auditor confirms that:

1. The audit objectives have been achieved;
2. The certified scope is appropriate to the work being carried out;
3. The management system is capable of meeting applicable requirements and expected outcomes
4. The internal audit and management review process meets the requirements of the applicable standards

A recommendation is made for the recertification of National On Site Training against the requirements of:

- ISO 9001:2015

The auditor would like to acknowledge the assistance of staff of National On Site Training in undertaking this audit.

Report Findings

Section 4. Context of the organisation

Understanding the context of the organisation

Needs and expectations of interested parties

Determining the scope

The team at NOST comprises of 4 Full Time personnel and 1 Contract Trainer (Training Manager has recently Retired). The evidence sampled during the audit indicated that there is a high level of commitment demonstrated by all personnel to enhance and maintain the Quality Management System.

The Scope of the organisation and the Certification Scope is clearly defined and demonstrated with the display of Certifications in the Office & Website, along with public access via website to all QMS and ASQA Certifications.

The context of the organisation is defined on the company website: RTO with ASQA Registration.

The Interested Parties include Customers, Course Participants, Government / ASQA, NOST Staff including Director, and Contract Trainers.

External Issues Include

The external parties include a diverse customer base from the Mining Industry, Medical, Hospitality & Corporate Sectors with services provided in targeted Training, Consulting & Auditing, as requested by the Customer base. The Scope statement clearly defines the services provided by the organisation and complies with the requirements of ISO9001.

Internal Issues Include

The flat organisational structure provides the organisation with the opportunity to work closely and monitor the requirements of the QMS and Customer base, with a high focus on service delivery. Staff knowledge and competencies are matched to service delivery requirements.

Evidence sampled included:

NOST Website
ISO9001 Certification
ASQA Certification
Competency Database

Satisfactory

Management system and its processes

All processes related to the Quality Management System have been represented using Flowcharts. Flowcharts represent the inputs and outputs for the process undertaken and were noted to be comprehensive from the first point of contact from a Customer with NOST through to Service Delivery and Feedback / Closure. Each flowchart is numbered within a sequence, i.e. the final stage of one flowchart becomes the commencement of the next process.

The QA Manager is currently in the process of reviewing all Flowcharts in conjunction with the Internal Audit process. The Flowcharts under review indicated (in red ink: 25/3/19), that the changes were underway to reflect the current practices and processes of the organisation. A sampling of the reviews was examined and reflected the current practices undertaken by the organisation e.g. changes to Organisational Structure.

Evidence sampled included:

00 Organisational Structure: Currently Under Review (25/3/19) due to retirement of Training Manager
01.A Identity Needs: Currently Under Review (25/3/19)
01.C.I.A RPL-RCC Process
01.D Deliver Contract: Currently Under Review (25/3/19)

Satisfactory

Section 5. Leadership

Leadership and commitment

Policy

Customer Focus

Roles and responsibilities

Management Review

The sampling of evidence reviewed during this audit indicated a high level of commitment from the Director and Finance and Quality Assurance Manager.

The Finance & Quality Assurance Manager has been tasked with the responsibility for the ongoing adequacy and effectiveness of the management system. The sampling of Policies Reviewed during the audit indicated that they had all been signed off by the Director.

The Quality Policy is included in the Quality Manual version 31/10/16.

The Customer Service Standards Policy was examined in detail and along with the Grievance & Appeals Policy (31/10/16). The references noted were Customer Focused with clear definitions of investigation and resolution avenues noted within timeframes.

Samplings of Contracts were reviewed on the Competency Database: Contract Number 19163, 19156 & 19157, along with Learner Questionnaire (AQTF Forms) for 19157 & 19156, which were noted to be comprehensive and provided the participant with an opportunity to provide feedback.

The feedback is assessed by the Trainer and NOST Director.

The Management Review Diary is used to document Customer Complaints: with the last entry noted on 17/3/17. Corrective Action was noted, with no further follow up required. As advised by QA Manager, no Customer Complaints have been received during this audit period.

The Roles and Responsibilities are clearly defined by the Position Descriptions sighted: Finance & QA Manager: 13/4/17, Director: 13/4/17, Trainer. All Position Descriptions make reference to the Quality Management System.

The Management Reviews are not formally undertaken however, due to the nature of the business and the relatively small number of personnel in the organisation, this aspect was noted to be satisfactorily managed using the following documentation:

- Quotations
- Contract Control – Administrative Control
- Contract Details
- Trainer Costs
- Trainer Contract Control Sheet
- Trainer Feedback
- Course Roll
- Student Workbook & Assessment

The Director personally reviews the outcomes of the training / project with the trainer involved.
The Internal Audit is conducted Annually, with a review of contracts undertaken (1/4/18 to 1/1/19): with some Contracts still to be completed and scanned into the database.
The above was noted to be satisfactory relative to the size and requirements of the organisation.

Evidence sampled included:

Interview with Finance & Quality Assurance Manager
Quality Manual – signed by Director: 31/10/16
Policies: E.g. Customer Service Standards (1/6/18), Environment & Sustainability Policy (12/4/17), Code of Practice (27/11/18)
Flowcharts
Competency Database
Position Descriptions
Learner Questionnaire
Contract Control Documentation

Satisfactory

Section 6. Planning

Actions to address risk and opportunities

Discussion with the QA Manager indicated that the organisation is not actively looking at growth, however, has a strong commitment towards customer retention, and evidence of repeat customers was noted. There is no documented Business Plan or Risk Matrix, however some of the key risk profiles applicable and meaningful to the organisation have been listed below:

- Customer Diversity
- Customer Relationship
- Data Integrity & Storage
- Uncontrolled Growth
- Financial Systems Review
- Staff Burn Out
- Remote Location Driving

Samplings of the risk profiles reviewed, clearly indicated the key risks for the organisation along with key mitigation strategies e.g. Customer Diversity, Customer Relationships (Retention), Data Integrity & Storage (multiple points of back up)

Evidence sampled included:

Data Integrity & Storage Review
Customer Diversity
Customer Relationship
Data Integrity & Storage

Satisfactory

Objectives & planning to achieve them

Based on the above information evidence was sighted in relation to achieving the objectives, with satisfactory evidence noted in relation to Data Integrity & Storage. Data is backed up using a series of servers and portable devices which have also been verified by independent computer consultancies to achieve backup in case of a recovery.

Customer Relationships are managed mainly by the Director and the QA Manager and the long-term customer base have direct access to the key management personnel.

The Customer Diversity analysis undertaken in 2004 indicated that 60% of customers were from the Mining Industry, which posed a significant risk to the organisation, however over time this risk has been managed and minimised with the expansion and diversity of the Customer base with results in 2018 indicating a significantly less risk factor.

Evidence sampled included:

Data Integrity Storage Review
Customer Relationships
Customer Diversity
Interview with QA Manager

Satisfactory

Change management

Due to the size of the organisation and small number of personnel on the team, the process of change is managed effectively by means of ongoing communication. The involvement from the Director and QA Manager is integral in this communication process. It was also evident that all personnel at the organisation were aware of the workings of the QA System and the operation of the records and access to documentation.

Change is also managed with the Developing and Modification of Courses, to meet the requirements of the Training Framework (01.B.1 Develop/Modify Courses).

Evidence sampled included:

Contract Control Documentation
Interview with Finance & Quality Assurance Manager
01.B.1 Develop/Modify Courses

Satisfactory

Section 7. Support

Infrastructure / work environment

The current work environment is adequate for the organisational requirements. Dedicated office space with a training room on premises for conducting courses at NOST. Printing facilities available.

Washroom and Kitchen/Pantry available for use by staff and course participants.

Filing is available for all documents and once Contracts reach conclusion, all documents are scanned into the Database.

This Database is accessible to all staff via a range of Desktop and computer and monitors.

Evidence sampled included:

Office Space / environment, Training Room, Database

Satisfactory

Monitoring & measurement resources

All information in relation to monitoring and measurement are stored electronically by use of various databases. These include Competency Database, Inquiries Database & Management Review Diary. The Learning Questionnaire completed by Course Participants is used to monitor the outcome for the courses delivered. The Management Review Diary is used to record the Customer Complaints (last compliant noted from 17/3/17).

Sighted evidence of Monitoring & Measuring in relation to Customer Diversity: which reflected the change from 2004 to Apr 2018: with shift in diversity: and reduction in risk to the organisation.

Sighted the AQTF Learner / Employer Evaluation Report which is submitted annually: form submitted 13/6/18.

Evidence sampled included:

Databases
External Audits
AQTF Learner / Employer Evaluation Report

Satisfactory

Organisational knowledge

Organisational knowledge is represented in the various samplings of documents sighted. Discussions with the QA Manager and Trainer also indicated that the organisation was mature and had a significant depth of knowledge to deliver the services offered.

Contract Trainers are sourced as required.

A review of the Course Outlines, Assessment Map to Units of Competency, Facilitator Resources, Presentation (PowerPoint), Review Question Cards and assessments, were noted to support the organisational knowledge in delivering the desired outcomes.

Evidence sampled included:

Samplings of Courses: Electronic on the Z Drive
Interview with Tim Hargreaves

Satisfactory

Competence, training and awareness

The Competency Database references each Contract/project undertaken by the organisation. The Competency Data Base is used to ensure that individual courses / projects / contracts are undertaken by persons with appropriate current competency.

Verified competencies for Tim Hargreaves: Accreditation Certificate No: 819954-A003288512: Issued by Queensland Government under the Radiation Safety Act 1999.

Also sighted Mining Supervisor Competencies (S1,2,3) for Tim Hargreaves: RII30115: Cert III in Surface Extraction Operations: 8/10/18.

The above information was available to review electronically and discussed and verified with Tim Hargreaves.

Samplings of the courses, consultancies and audits undertaken by Tim Hargreaves was sighted and relevant to the competencies.

Evidence sampled included:

Electronic Database
Interview with Tim Hargreaves

Satisfactory

Communication

Communication internally and externally is primarily through the use of email, phone calls and meetings. Customers are provided with quotations addressing the needs and expectations. Proposals are provided and Contracts finalised, along with delivery of the service.

The Flowcharts represented the steps and the process was verified during the audit, with samplings of related records / contracts sighted.

Evidence sampled included:

Flowcharts
Contracts Database
Competency Database

Satisfactory

Documented information

All documented information was noted to be available and samplings verified during the audit. Once the Contract / project is completed, the information is scanned into the relevant database.

Documents were noted to be easily accessible, with good electronic filing practices noted.

Old versions of documents in each category were stored in a "Superseded" Folder.

Evidence sampled included:

Electronic Filing / documentation

Satisfactory

Section 8. Operations

Control of production and service provision

Operational planning and control

Design & development

Release of products & services

Customer communication, determination of requirements & review

Planning of work is managed through the allocation of administration control sheets for each job. The work is allocated to the person based on competencies required.

The operational planning and control are managed as per the relevant Flowcharts:

- Identify Needs
- Raise Contract
- Develop/Modify Course
- Recruiting/Allocation to Competent Personnel
- Administration of Contract
- Delivery of Contract
- Receiving of Feedback
- Close Out Contract and Archive

Sufficient evidenced was sighted in the sampling of documents and database to verify the process.

The Courses are Designed and Developed as per the requirements of the Customer. For Nationally Accredited Courses the Assessment Map to Units of Competency is used.

Post Contract and delivery of course the following checks are in place:

- Trainer Contract Control Sheet
- Trainer Feedback
- Discussion with Director
- Student Workbook & Assessment
- Levels of Competency: J= Competent, M= Not Yet Competent, A= Not Applicable
- Issue of Certificates

Customer communication, determination of requirements & review (Refer Section 5)

Evidence sampled included:

Flowcharts
Database
Assessment Map to Units of Competency
Certificate

Satisfactory

Section 9. Performance evaluation

Monitoring, measurement Analysis and evaluation

Customer satisfaction

The following course / project assessments were sampled:

- Contract 19157: Illawarra Coal – Wollongong Office: 12 participants
- Contract 19142: CSIRO: All Sites: 12 participants
- Contract 18223: Gemco: 11 participants

Student feedback is obtained for every course as per ASQA requirements. Direct feedback is obtained from client organisations.

The Director reviews every course feedback sheet, and evidence was sighted. High levels of repeat business noted, with Client endorsements included on the company website.

Evidence sampled included:

Contracts
NOST Website
Learner Questionnaire

Satisfactory

Internal audit

Internal audits are conducted in accordance with the Internal Quality Audits Procedure, P017 and flow chart 0.3.A. The procedure meets the requirements of the standard.

The internal audit was in progress with the commencement of the audit on 25/3/19 by the Finance and Quality Assurance Manager. The audit is conducted with a thorough review of risk-based sample of contracts.

As a result of the audit, several changes were in progress to the Flowcharts to reflect the current process.

Further review to take place at the next audit.

Evidence sampled included:

Internal Audit

Obs. 9.3/2019/1

It was noted that the Internal Review is conducted in conjunction with the Management Review. The combination of the two i.e. Internal Review and Management Review will need to be reflected in Internal Review P017 & Management Responsibility procedure P001: with the process undertaken clearly defined.

Section 10. Improvement

Nonconformity, incidents, corrective action and continual improvement

Control of nonconforming outputs

The Control of Non-conformances and Corrective Action flowchart addresses the requirements of the standard.

No non-conformances have been raised since the last audit. Evidence was sampled to confirm the reporting status.

No Customer Complaints noted since 2017.

Samplings of Learner Questionnaires forms reviewed indicated a high level of satisfaction with the course delivery and outcomes.

Evidence sampled included:

Learner Questionnaire

Satisfactory

Audit Programme Part 1

Date Audit Plan Issued	26 th March 2019
Next Audit Start Date	Mar 2020 - TBA
Audit Objectives	<p>The objective of the Surveillance audit are:</p> <ul style="list-style-type: none"> • determination of the conformity of the client's management system, or parts of it, with audit criteria; • determination of the ability of the management system to ensure the client meets applicable statutory, regulatory and contractual requirements; • determination of the effectiveness of the management system to ensure the client can reasonably expect to achieve its specified objectives; • as applicable, identification of areas for potential improvement of the management system.
Certification Scope	Training and assessment services. Radiation safety services (ionising radiation and laser radiation).
Auditor	Jerome Cramer shall be responsible for the entire audit process.

Future Audit Programme Part 2

Type & Year	Standards	Sites to be visited each year
Audit 1 2020 Surveillance	ISO9001: 2015	167 Logan Road, Woolloongabba, Qld
Audit 2 2021 Surveillance	ISO9001: 2015	167 Logan Road, Woolloongabba, Qld
Audit 3 2022 Recertification	ISO9001: 2015	167 Logan Road, Woolloongabba, Qld

Audit Programme for stage 2 + 3-year audit cycle

<p>The plan should show a P for those areas planned to be covered and when completed this should be changed to a C, thereby highlighting any differences from original plan and what still needs to be covered at next audit.</p> <p>Red areas are mandatory for all audits</p> <p>All clauses will be addressed at least once within the 3 year certification cycle</p> <p>List Type of Audit in year S = Surveillance RC = Recertification</p>	2019 Cert 9001	2020 S 9001	2021 S 9001	2022 RC 9001
Section 4. Context of organisation				
Understanding the context of the organisation	C	P	P	P
Needs and expectations of interested parties	C	P	P	P
Determining the scope	C	P	P	P
Management system and its processes	C	P	P	P
Section 5. Leadership				
Leadership and commitment	C		P	P
Policy	C	P		P
Roles and responsibilities	C	P		P
Consultation and participation of workers	C		P	P
Section 6. Planning				
Actions to address risk and opportunities	C	P		P
Compliance obligations / Evaluation of compliance	C		P	P
Objectives & planning to achieve them	C	P	P	P
Hazard Identification & Assessment	C	P		P
Change management	C		P	P
Section 7. Support				
Infrastructure / work environment	C		P	P
Monitoring & measurement resources/equipment	C	P		P
Competence training and awareness	C	P		P
Communication internal and external	C		P	P
Documented Information/Control of Documents	C		P	P
Section 8. Operational planning				
Operational planning & control.	C	P	P	P
Customer communication & requirements	C		P	P
Design & development	C	P		P
Control of externally provided processes, products & services	C		P	P
Control of production and service provision	C	P		P
Release of product and services	C		P	P
Control of nonconforming outputs	C	P		P
Section 9. Performance evaluation				
Monitoring, measurement, analysis and evaluation	C	P	P	P
Customer satisfaction	C	P	P	P
Internal audit	C	P	P	P
Management review	C	P	P	P
Section 10. Improvement				
Nonconformity, corrective action & continual improvement	C	P	P	P
Control of nonconforming outputs	C		P	P
Other Requirements				
Review of any changes	C	P	P	P
Use of marks and/or any other reference to certification	C	P	P	P

Next Visit Plan – March 2020, date to be advised**Entry meeting with management team**

Audit objectives; Assessment process; Sci Qual International regulations; Guides role; Proposed scope of assessed capability; Confidentiality; Reporting process; Q&A. Brief site orientation tour.

Departments/Functions/Sites to be visited (Focus of audit as per audit programme above)	Day, Date, Time	Auditor
Entry Meeting Context of Organisation, Leadership, Planning Support, Operational Planning Performance Evaluation, Improvement	9.00 am 10.30 am 11.30 am 12.30 pm	TBA
Exit Meeting	1.00 pm	TBA

The above plan has been reviewed and accurately reflects what has been completed and what is planned for the remainder of the cycle

Other Information

Confidentiality

Information obtained from the organisation and reviewed in the course of producing this report will be treated as confidential. It will not be used for any purpose other than for the production of this report.

When auditing electronic based systems, the auditors may assess a number of the elements via the internet under passwords provided by the organisation for this purpose and under strict security protocols. Where passwords are obtained and used they are to be removed by the client following the audit and a new password obtained for each audit. Under no circumstances are files to be downloaded unless the client approves the download. The security of the information and the validity and the methods of establishing the electronic record will be assessed to ensure it has been either scanned from an original document or established under password protection. Electronic based systems must be backed up in an effective manner with some method of ensuring that data is not lost. Offsite back-ups are usually required.

Disclaimer

This report has been prepared by Sci Qual International Pty Ltd for the purpose of determining the standard implementation of the organisation's management systems to the above standards at nominated sites.

Due to the sampling nature of auditing, some deficiencies may exist that were not detected at the time of the audit.

The contents of this report are intended only for use in determining whether the organisation's management system meets the requirements of the above standards.

Whilst every effort has been made to ensure the accuracy of this report, Sci Qual International Pty Ltd will not be held responsible and extends no warranties as to the suitability of such information or for the consequences of its use. Likewise, neither Sci Qual International Pty Ltd nor the auditor will be held responsible for actions taken by third parties as a result of information contained in this report.

Audit Procedure

This audit was conducted in accordance with Sci Qual International's procedures. These are based on JAS-ANZ accreditation requirements, including the current version of ISO 17021. The focus of the assessment was an extensive review against the audit criteria. The findings are recorded on an exception basis.

Record of Audit

This report contains a summary of all audit findings. Details of documentation reviewed, persons interviewed and other observations, which may have been noted on the day of the audit, will be contained within the auditor's notes. These notes if retained will be on file at Sci Qual International Pty Ltd head office.

Multi-Site Sampling

Where the organisation implements a multi-site management system the auditor has reviewed the performance of the management system across these sites and confirms that the organisation continues to be eligible for multi-site sampling as agreed in the quotation and original contract review.