

RRW and Co Pty Ltd trading as National On Site Training

AUDIT DETAILS			
Invoice Reference Number	Certificate Number	Review Date/s	Review Time Hours
S16881	158	1 st June 2018	4

Audit criteria and review type			
ISO 9001:2015	ISO 14001:2015	AS/NZS 4801:2001	OHSAS 18001:2007
Stage 2 <input type="checkbox"/>	Stage 2 <input type="checkbox"/>	Stage 2 <input type="checkbox"/>	Stage 2 <input type="checkbox"/>
Surveillance <input checked="" type="checkbox"/>	Surveillance <input type="checkbox"/>	Surveillance <input type="checkbox"/>	Surveillance <input type="checkbox"/>
Recertification <input type="checkbox"/>	Recertification <input 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"/>	Scope Change <input type="checkbox"/>
Follow-up <input type="checkbox"/>	Follow-up <input type="checkbox"/>	Follow-up <input type="checkbox"/>	Follow-up <input type="checkbox"/>

Audit Team Leader	Client Contact
Michael Menso	Anthony Barber
Audit Team Members	
nil	

Capability Statement (Including ANZSIC Codes) to appear on the Certificate Schedule		
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 Meeting Attendees		Client Exit Meeting Attendees	
Name	Position	Name	Position
Anthony Barber	Finance and Quality Assurance Manager	Anthony Barber	Finance and Quality Assurance Manager
Michael Menso	Sci Qual Auditor	Michael Menso	Sci Qual Auditor

Summary of Findings

The auditor would like to acknowledge the assistance of staff in undertaking this audit.

Changes since the last audit

No changes have been made to the structure of the quality management system since the last audit. Business activity has improved since the last audit; however, the overall market remains sluggish. The company's guarantee of never cancelling a scheduled course remains in place.

A new Training and Assessor course has been included within the company suite.

Directors continue to maintain active involvement in the business and in the operation of the management system.

Review of nonconformities raised at the previous audit

Nil

Review of observations raised at the previous audit

Observation 2017 / # 1 / Actions to address risk and opportunities 9001 6.1.1 & 6.1.2

Quality risk assessments were established in 2012 and have not been subject to subsequent formal validation.

Follow-up evidence

All Risk Profiles have been reviewed for adequacy – April 2018. AQTF 1 – 12 Risk Profiles reviewed.

Status @ 1st June 2018

This observation is closed.

Improvement opportunities raised at the previous audit

Improvement Opportunity 2017 / # 1 / Management review 9001, clause 9.3

An opportunity exists to consider a periodic review of the Management Review Diary to identify any trends or repeat events.

Follow up evidence

The Management Diary has not been updated since the last audit. The benefit of the Management Diary in its current form was discussed with the Finance and Quality Assurance Manager.

Status @ 1st June 2018

This Improvement Opportunity has been closed and an Observation has been raised.

Nonconformities raised at this audit

Nil

Observations raised at this audit

Observation 2017 / # 1 / Management review 9001, clause 9.3

The Management Review Diary has not been updated as is required by Management Responsibility procedure P001.

Improvement opportunities raised at this audit

Nil

Positive findings

NOST continues to be well managed and continues to consistently deliver positive outcomes for its training and consulting clients. The management system is embedded within the business.

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 continued certification of National On Site Training, against the requirements of ISO 9001: 2015.

AUDIT RESULT CLASSIFICATIONS & ACTIONS REQUIRED BY CLIENT

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 or spasmodic 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 or spasmodic 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

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 non-conformity. 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 non-conformity 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.

Report Findings

PLAN

Section 4. Context of organisation

Understanding the context of the organisation 9001 4.1

Needs and expectations of interested parties 9001 4.2

Evidence

The context of the organisation is defined on the company website.

Interested parties include customers, participants, Government, staff and contract trainers.

The needs and expectations of clients are defined on control sheets (five sampled).

The needs and expectations of staff are discussed annually during the contract renewal process. (Documentation relating to staff contract renewals and performance reviews was not sighted)

The Director's quality expectations for the operation of the company are listed in the Quality Manual in the form of a Directors statement.

The Director's ROI expectations are defined internally.

External parties needs and expectations primarily relate to VET sector regulations. Evidence of compliance with these criteria was verified through the last ASQA audit report.

Conclusion

- Satisfactory

Determining the scope 9001 4.3

Any **non-applicable** components of the management system must be recorded **and justified** in this section

Evidence

The scope of the management system is documented internally and within certification audit reports. All external audit reports are posted on the company website. NOST has implemented controls for all elements of the International Standard as all are applicable within the determined scope of its quality management system. The scope statement nominates the services provided by the company.

Conclusion

- Satisfactory

Management system and its processes 9001 4.4

Evidence

Flowcharts have been developed to describe the core processes that comprise the quality management system. Each flowchart notes the required inputs and outputs for each process. Each flowchart is sequenced to ensure that the entire service delivery cycle is covered – from customer enquiry to job closure. Each flowchart is numbered within a sequence, i.e. the final stage of one flowchart becomes the commencement of the next process.

Flowcharts include relevant in process checks and reference mandatory documentation, i.e. forms.

The following flowcharts were sampled to determine compliance with NOST practices. All were found to reflect current processes:

- 01.D Deliver Contract
- 03.B Complaints
- 03.D Systematic Validation and Moderation

Conclusion

- Satisfactory

Section 5. Leadership**Leadership and commitment 9001 5.1**

Evidence

Management leadership and commitment is demonstrated through the following:

- The Director and Finance and Quality Assurance Manager take direct responsibility for the ongoing adequacy and effectiveness of the management system - through establishing the course program and capability statement
- Establishment of a suite of policies that align with AQTF requirements
- The Director is actively involved in the operation, maintenance and review of the management system, e.g. review of every course questionnaire, approval of curriculum
- The adequacy of resourcing of the management system is evidenced by the outcome of the ASQA audit where a seven-year review period was granted
- The Chief Executive Officer retains commitment to the management system and certification despite the absence of imperative to do so.

Conclusion

- Satisfactory

Customer focus 9001 5.1.2

The auditor may choose to present this evidence in section 9.1.2

Evidence

See 9.1.2

Conclusion

Policy 9001 5.2

Evidence

The Quality Policy is included in the Quality Manual, version 31.10.2016. The Quality Manual is provided to external parties upon request. The policy is endorsed by the Director and meets the requirements of the standard.

Conclusion

- Satisfactory

Roles and responsibilities 9001 5.3

Evidence

Conclusion

- Not verified

Section 6. Planning**Actions to address risk and opportunities 9001 6.1.1 & 6.1.2**

Evidence

The processes used to identify risks and opportunities are as follows:

General risk (business operations) – Risk profiles are established. The following were sampled:

- Customer Diversity
- Uncontrolled Growth
- Data Integrity and Storage.

Training certification risk – AQTF. The following risk assessments were sampled:

- AQTF 2 – legislative Compliance
- AQTF 7 – Staff Competence
- AQTF 9 – Learning and Assessment Strategies.

Customer / contract risk – assessment prior to establishment of a contract or variation. Flow chart 01.A Identify Needs lists process steps. The following contract / proposals were sampled:

- 17th November – contract variation Ashanti Gold
- 9th May 2018 – Hanson, in field-based training and assessment.

The risks associated with individual proposals are assessed. Verified internal review G2 training proposal 13th May 2018.

Deliverables risk - 050: Learning Program and Assessment Strategy – A strategy is developed for every course in accordance with ASQA requirements. This strategy requires consideration of risk.

Conclusion

- Satisfactory

Objectives & planning to achieve them 9001 6.2

Evidence

Corporate quality objectives are established by the Director and are included within the Quality Manual. Corporate quality objectives were reviewed following completion of the internal quality audit – May 2018.

Course related objectives are defined with course overviews. Sampled:

- new In Field Based Training and Assessment course 10235 NAT.
- Radiation Safety for Users of X-ray devices ED036.

Confirmation of objectives is listed within proposals – sighted Gemco, RIIRIS601D 10th January 2018.

Project / job related objectives are listed within control sheets. Each course / project is reviewed by the Director to ensure objectives have been achieved.

Conclusion

- Satisfactory

Change management 9001 6.3

Evidence

Conclusion

- Not verified

Section 7. Support**Infrastructure / work environment 9001 7.1.3 & 7.1.4**

Evidence

Conclusion

- Not verified

Monitoring & measurement resources / equipment 9001 7.1.5.1, 7.1.5.2

Evidence

Conclusion

- Not verified

Competence, training and awareness 9001 7.1.6, 7.2 & 7.3

Evidence

The Competency Data Base (Access) contains specific competencies for all HOST trainers, whether employees or contractors. Inclusions for two employees were confirmed. The Competency Data Base is used to ensure that individual courses / jobs are undertaken by persons with appropriate current competency.

Internal training and competency development / reviews are required by ASQA. Competency requirements were confirmed during the last ASQA audit.

NOST reviews competency on an ongoing basis:

- Following the completion of each course the Director reviews every feedback sheet provided by participants. Any negative feedback is reviewed with the trainer.
- On an annual basis, each employee's and contractor's performance is re-assessed as a component of renewing employment contracts.

The following claimed certifications were verified:

- Accreditation Certificate – Radiation Safety
- BSB42015 – Certificate IV in Leadership and Management.

Organisational knowledge relating to background data and knowledge is retained internally. Selected data is posted on the company web site.

Conclusion

- Satisfactory

Communication internal and external 9001 7.4

Evidence

Conclusion

- Not verified

Documented information / Control of documents 9001 7.5

Evidence

Conclusion

- Not verified

Section 8 Operational planning and control

Operational planning & control 9001.The auditor may already have addressed this component in section 4.4 of the report

Evidence

Planning of work is managed through the allocation of administration control sheets for each job. Five control sheets were sampled and all described:

- The work required
- Time frame
- Logistics requirements (travel, accommodation)
- Allocated trainer / auditor
- Client expectations / requirements.

Flow chart 03.D Systematic Validation and Moderation determines risk levels for programs and specifies the validation period.

Conclusion

- Satisfactory

Customer communication, determination of requirements & review 9001 8.2

Evidence

Customer needs and expectations are identified at quotation request stage. Proposals are provided that define NOST's understanding of customer needs and expectations. Flowcharts 01.B Raise Contract and 01.A identify Needs define the methods used to identify needs and confirm with the customer.

The following contract files were sampled. Evidence reviewed confirmed that customer requirements were assessed, confirmed with the customer and that NOST was capable of meeting customer requirements, e.g.:

- Contract Control – administration control sheet in each file (pre-course, post course and contract closure checklist)
- Trainer contract control sheet
- Confirmation letters (radiation consultancy).

Contract data base includes all contracts – past and current. Sampled proposals and contracts:

- 17306 Radiation Safety MMG
- 17295 Network (internal)
- 17249 Difficult Conversations – Cook Medical
- 17300 BMA - Consultation

No adverse feedback was recorded since the last audit relating to NOST's ability to meet customer requirements.

Conclusion

- Satisfactory

Design & development 9001 8.3

Evidence

Conclusion

- Not verified

Control of externally provided processes, products and services 9001 8.4

Evidence

'Consumable' purchases for NOST include logistics (travel, accommodation), consumables, office equipment, IT products and catering. While regular suppliers are used, availability to supply is typically the principal decision criteria. Course related purchases are recorded in the relevant job file. Four contract files were sampled as follows:

- 17306 – MMG (flights, accommodation)
- 17308 – Tyack Health (nil)
- 17278 – Stahmann Farms (vehicle)
- 17250 – Cook Medical (nil).

Contract trainers are managed as 'internal' trainers (competency management process).

Conclusion

- Satisfactory

Control of production and service provision 9001 8.5

Evidence

Conclusion

- Not verified

Release of product and services 9001 8.6

Evidence

The release of products for NOST relates to the release of certificates. Trainers generate the Certificate Requisition form – sighted Hanson Field Based Training and Assessment. Requisition reviewed by the Director and by Office Manager prior to release.

Certificate Requisition – contract 18156 Gemco 18.04.2018 verified.

The process of certificate management was reviewed during the last ASQA audit. No adverse findings were recorded.

Conclusion

- Satisfactory

Control of nonconforming outputs 9001 8.7

Evidence

Conclusion

- Not verified

CHECK

Section 9 Performance evaluation

Monitoring, measurement Analysis and evaluation 9001 9.1 & 9.1.3

Evidence

Individual flowcharts and procedures (e.g. 01.C.1 Administer Registrations, 01.Deliver Contract) define monitoring and measuring processes used to evaluate the adequacy of NOST's processes. Individual course specifications and administration control sheets identify course assessment requirements (e.g. tool to be used, evaluation process, marking guides).

The following course / project assessments were sampled:

- Learner questionnaires – Hanson Field Based T&A course – 15 participants
- Cook Medical, contract 17250 – assessment status
- Evolution Mining, contract 17223 – verification of supervisor competencies.

Conclusion

- Satisfactory

Customer satisfaction 9001 9.1.2

Evidence

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 – verified Hanson Field Based Training and Assessor course May 2018. Client feedback email sighted Lion XXXX, beer laser assessment, report 2 May 2018.

No instance of request for refund received since the last audit. High levels of repeat business noted.

Client endorsements are included on the company website.

Conclusion

- Satisfactory

Internal audit 9001 9.2

Evidence

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 last internal audit was conducted 30th May 2018 by the Finance and Quality Assurance Manager. The audit was conducted thoroughly and a risk based sample of contracts was selected. This audit found general compliance with the management system was maintained, however the discrepancy in the use of the Management Diary was noted.

Conclusion

- Satisfactory

Management review 9001 9.3

Evidence

The management review process for NOST is conducted periodically. The following management review processes were verified:

- Director review of course conduct – completed each course
- Management review of new In Field Based Training and Assessment course 10235 NAT, February 2018
- Trainer evaluations - Director
- Review of internal audit 30 May 2018

Observation 2017 / # 1 / Management review 9001, clause 9.3

The Management Review Diary has not been updated as is required by Management Responsibility procedure P001.

Conclusion

- Observation 2017 / # 1 / Management review 9001, clause 9.3

ACT

Section 10 Improvement

Nonconformity, corrective action and continual improvement 9001 10.2, 10.3

Evidence

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.

A sample of fifteen student feedback questionnaires (Hanson) identified no customer dissatisfaction.

A sample of correspondence relating to the following projects identified no customer dissatisfaction:

- 17306 Radiation Safety MMG
- 17249 Cook Medical
- 17300 BMA
- 17250 Cook Medical
- 17223 Evolution Mining
- 18156 Gemco.

No requests for credit / refunds were processed since the last audit.

Conclusion

- Satisfactory

Audit Programme Part 1

Date Audit Plan Issued	1 st June 2018
Next Audit Start Date	Early May 2019
Audit Objectives	The objectives of the Recertification audit are: <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	Michael Menso who shall be responsible for the entire audit process.

Future Audit Programme Part 2

Type & Year	Standards	Sites to be visited each year
Audit 1 2019 Recertification	ISO 9001: 2015	167 Logan Road, Woolloongabba, Qld
Audit 2 2020 Surveillance	ISO 9001: 2015	167 Logan Road, Woolloongabba, Qld
Audit 3 2021 Surveillance	ISO 9001:2015	167 Logan Road, Woolloongabba, Qld

Audit Programme for stage 2 + 3 year audit cycle and next visit plan.

<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>Shaded 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>	2018 S 9001	2019 RC 9001	2020 S 9001	2021 S 9001	Next Visit Plan		
					Activity/Process to be audited at next audit.	Day, Date & Time	Auditor
<p>Entry meeting with management team <i>Audit objectives; Assessment process; Sci Qual International regulations; Guides role; Proposed scope of assessed capability; Confidentiality; Reporting process; Q&A</i></p>							
<p>Brief site orientation tour</p>					Not required		
<p>Section 4. Context of organisation</p>					Interview with the Director and Finance and Quality Assurance Manager Review of Quality Manual Website review	TBA	M Menso
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				
Management system and its processes	C	P	P				
<p>Section 5. Leadership</p>					Interview with the Director and Finance and Quality Assurance Manager Review of the Quality Manual, Organisation Chart	TBA	M Menso
Leadership and commitment		P		P			
Policy	C	P	P				
Roles and responsibilities		P	P				
<p>Section 6. Planning</p>					Risk profiles Course objectives Course change process	TBA	M Menso
Actions to address risk and opportunities	C	P	P	P			
Compliance obligations / Legal & other	-	-	-	-			
Objectives & planning to achieve them	C	P	P	P			
Change management		P	P				
<p>Section 7. Support</p>					Review of office infrastructure	TBA	M Menso
Infrastructure / work environment		P					

Monitoring & measuring devices		P	P		Sample of proposals, course / project record Customer communication records Electronic document management process		
Competence training and awareness	C	P		P			
Communication internal and external consultation		P	P				
Document control records management		P	P				
Section 8 Operational planning					Sample of course management records Purchasing records Certificate issue	TBA	M Menso
Operational planning & control. Hazards & aspects	C	P	P	P			
Customer communication & requirements	C	P		P			
Design & development		P	P				
Control of externally provided processes	C	P		P			
Control of production and service provision		P	P				
Release of product and services	C	P		P			
Control of nonconforming outputs		P	P				
Emergency preparedness and response EMS/OHS	-	-	-	-			
Section 9 Performance evaluation							
Monitoring, measurement 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					Complaints / nonconformances and actions taken	TBA	M Menso
Nonconformity, corrective action & continual improvement. Incident investigation	C	P	P	P			
Exit Meetings with senior management team						M Menso	

The above plan has been reviewed and accurately reflects what has been completed and what is planned for the remainder of the cycle	<input checked="" type="checkbox"/>
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The programme must cover ALL elements over the full surveillance period. Depending on the outcome of previous audits, it may be necessary to cover some elements more than once to ensure that the system is operating effectively.

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.