



Audit Report

RRW and Co Pty Ltd trading as National On Site Training

14 February 2020



A Simpler Certification Process - Guaranteed

Sci Qual International (SQI) is a JAS-ANZ accredited and IAF registered certification body with offices located in Brisbane, Sydney, Melbourne, and London. We offer a wide range of certification options to:

- ISO 9001 Quality
- ISO 14001 Environment
- ISO 45001 Occupational Health & Safety
- ISO 27001 Information Security
- Various Food Safety Certifications.

Our mission is to be recognised as the Certification Body of choice in the markets we operate in, which include:

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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
S19227	158	4 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 checked="" type="checkbox"/>	Surveillance <input type="checkbox"/>	Surveillance <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"/>	
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, 6962

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

Since the previous audit the organisation is now made up of 3 Full Time staff. One of the Directors has retired from the organisation. The high level of commitment from Anthony Barber and a hands-on approach still continues.

Review of nonconformities raised at the previous audit

Nil

Nonconformities raised at this audit

Nil

Observations raised at this audit

Nil

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.

Use of ICT to conduct audit

Not Applicable

Recertification Audits

Not Applicable – Surveillance Audit

Positive findings

The Quality Management System examined during this Surveillance Audit was noted to be well managed and documented with a high level of compliance demonstrated to the requirements of ISO9001:2015. A high level of knowledge and commitment continues to be 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 continued certification 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 now of 3 Full Time personnel with one of the Directors having retired from the business.

The Scope of Certification remains unchanged since the previous audit:

“Training and assessment services. Radiation safety services (ionising radiation and laser radiation)”

The company website displays ISO Certifications along with access to QMS and ASQA Certifications.

The context of the organisation is defined on the company website: A registered training organisation (RTO) delivering a range of Nationally recognised learning programs and consulting services.

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.

(No changes since the previous audit)

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.

(No changes since the previous audit)

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. A review of the Flowcharts indicated that all inputs and outputs for the process undertaken were noted to be comprehensive from the first point of contact from a Customer with NOST through to Service Delivery and Feedback / Closure ((Flowchart 01 Overview). Each flowchart is numbered within a sequence, i.e. the final stage of one flowchart becomes the commencement of the next process.

A sampling review of the flowcharts reflected the current practices undertaken by the organisation and supported the overall Management System.

Evidence sampled included:

01 Overview Flowchart
00 Organisational Structure
03.A Internal Audits
03 Monitoring and Control of Product Conformance & Preventative and Corrective Actions
01.A Identify Needs

Satisfactory

Section 5. Leadership

Leadership and commitment

Not Verified

Policy

The Quality Policy in the Quality Manual dated 31/10/2016 was examined in detail and the Quality Policy demonstrated commitment to recognising Quality Control Systems and commitment from Directors and Staff to the customer base through identifying needs and preferences and delivering services which meet those specific requirements

Customer focus

Refer Section 9

Roles and responsibilities

The Roles and Responsibilities are clearly defined by the Position Descriptions sighted. All Position Descriptions make reference to the Quality Management System and commitment to QA. No changes have been made to the Position Descriptions since the previous audit.

Evidence sampled included:

Interview with Director
Quality Manual – signed by Director: 31/10/16
Flowcharts
Competency Database
Position Descriptions

Satisfactory

Section 6. Planning

Actions to address risk and opportunities

There is no documented Business Plan or Risk Matrix, however some of the key risk profiles applicable and meaningful to the organisation were reviewed and listed below:

- AQTF Certification: Reviewed April 2018
- AQTF Legislative Compliance: Reviewed April 2018
- Remote Location Driving: Reviewed April 2018
- ISO9001: Reviewed April 2018
- AQTF Staff Competence: Reviewed April 2018

The risk profiles reviewed were categorised into Likelihood and Consequences: with risk ratings from OK: Low, Not Great, Serious and Catastrophic.

Evidence sampled included:

Risk Profiles

Satisfactory

Objectives & planning to achieve them

A review of the Management Systems and Its Processes represented by 28 Flowcharts clearly identifies the steps taken to deliver services which meet the requirements of the QA System.

The Internal Audit process is undertaken using a risk-based approach with Medium and High-Risk courses randomly selected and reviewed.

Evidence sampled included:

Flowcharts: 28 Listed with clearly outlined processes

Internal Audit Process

Interview with Director

Satisfactory

Change management

Not Verified

Evidence sampled included:

Not Verified

Section 7. Support

People/Infrastructure / work environment

Not Verified

Evidence sampled included:

Not Verified

Monitoring & measurement resources

Not Verified

Evidence sampled included:

Not Verified

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:

- Radiation Safety Act 1999: Certificate No: 819954-A003288512: dated 29/5/19 with Expiry on 25/6/2022
- Radiation Safety Officer Certificate: Certificate No: 819954-5604198R: dated 26/10/2018 with Expiry 12/3/2021
- Transport Licence: Licence No: 819954-T005330815: dated 4/9/2018 with Expiry 23/9/2021
- Consulting Radiation Expert Accreditation: Accreditation No: 5088825 with Expiry 10/8/2020

Verified competencies for Anthony Barber:

- Radiation Safety Act 1999: Licence No: 802474-5626112U: Dated 5/2/2020 with Expiry on 21/2/2023
- Radiation Safety Officer Certificate: Certificate No: 802474-5607421R: dated 23/6/2018 with Expiry 15/7/2021

The above information was sighted in hard copies and supported the competence requirement for the trainers to deliver the approved courses.

Evidence sampled included:

Review of Files with Hard Copies of Certifications
Interview with Tim Hargreaves/Anthony Barber

Satisfactory

Communication

Not Verified

Not Verified

Documented information

Not Verified

Not Verified

Section 8. Operations

Operational planning and control

Refer Management System and Its Processes in Section 4.

Control of production and service provision

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
- Receival of Feedback
- Close Out Contract and Archive

Sighted Contract Numbers 19231, 20100, 20112 with evidenced sighted in the 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

Evidence sampled included:

Flowcharts

Database: Contract numbers: 19231, 20100, 20112

Assessment Map to Units of Competency

Certificate

Satisfactory

Customer communication, determination of requirements & review

Not Verified

Evidence sampled included:

Not Verified

Design & development

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.

Reviewed 01.B1 Develop / Modify Courses Flowchart with the steps clearly outlined to develop or modify existing courses based on a process of consultation with trainers, industry consultation, mapping and validation and communication. Superseded material is archived.

Evidence sampled included:

Flowchart 01.B1 Develop & Modify Courses

Satisfactory

Control of externally provided processes, products and services

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

A review of Contract 20112 (Mining Induction RPL – Challenge Test for 4 Attendees) was undertaken: and the following information was sighted:

- Training Enrolment Forms
- Certificate Requisitions
- Observation Checklists for CPR, Bandaging, Fire Fighting & Emergencies,
- Competency Conversations

Evidence sampled included:

Database: Contract numbers: 19231, 20100, 20112
Review of Contract 20112

Satisfactory

Release of product and services

Not Verified

Not Verified

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 on the Management Review Diary.

No Customer Complaints noted since 17/3/17 (No changes since previous audit).

Evidence sampled included:

Management Review Diary

Satisfactory

Section 9. Performance evaluation

Monitoring, measurement Analysis and evaluation

Customer satisfaction

The following course / project assessments were sampled:

- Contract 19246: CS Energy – Kogan Creek Power Station: 11 participants
- Contract 19245: New Hope: 9 participants
- Contract 19231: Network: 13 participants (1 Assessing Only)
- Contract 19226: Powerlink QLD: 7 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: 19246, 19245, 19231, 19226

Contract Control Forms

Course Roll

Training Enrolment Form

AQTF Learner Questionnaire

Certificate Requisitions

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.

Sighted the internal audit conducted on 7/2/2020 by Anthony Barber. The audit is conducted with a review of risk-based sample of contracts: mainly Medium and High Risk.

The contracts sampled were: 19231, 19156, 19030H, 19052G, 19044, 19115 & 19230.

Each Contract was reviewed against the following processes represented by Flowcharts:

Overview, Identify Needs, Raise Contract, Develop/Modify Courses, Recruiting, Administer Contract, Administer Registrations, RPL-RCC Process, Prepare Resources, Prepare NOST Venue, Deliver Contract, Enrolments, Incidents, Close Contract & Archive, Administer Office, Mail, Finance, Receive & Bank payments, Account Reconciliation, BAS Statement, Invoicing, Superstream, Monitoring and Control of Product Conformance & preventative and corrective actions, Complaints, AQTF Learner and Employer Feedback Report and AVETMISS Data Continuous Improvement, System Validation and Moderation.

The process undertaken during the Internal Audit was noted to be comprehensive and also incorporated the Management Review.

Evidence sampled included:

Internal Audit completed on 7/2/2020

Satisfactory

Management Review

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

Additional information is recorded on the Management Review Diary.

The detailed process undertaken to complete the Internal Audit also supports the overall Management Review and is undertaken by the Director.

The above was noted to be satisfactory relative to the size and requirements of the organisation.

Evidence sampled included:

Internal Audit
Process Flowcharts
Director Involvement & Supervision
Management Review Diary

Satisfactory

Section 10. Improvement

Nonconformity, incidents, corrective action and continual improvement

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 sampled included:

Review of Contracts
AQTF Learner Questionnaire

Satisfactory

Audit Programme Part 1

Date Audit Plan Issued	14 February 2020
Next Audit Start Date	2021
Audit Objectives	<p>The objective of the Surveillance audit is:</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. • Follow-up the corrective actions to address the findings of the previous audit; etc
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>Surveillance audits should not generally include all clauses unless additional time has been allowed but all clauses must be addressed at least once within the 3-year certification cycle to provide confidence that the management system continues to fulfil requirements between recertification audits</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	C		P
Needs and expectations of interested parties	C	C		P
Determining the scope	C	C	P	P
Management system and its processes	C	C		P
Section 5. Leadership				
Leadership and commitment	C		P	P
Policy	C	C	P	P
Customer Focus	C		P	P
Roles and responsibilities	C	C		P
Section 6. Planning				
Actions to address risk and opportunities	C	C		P
Objectives & planning to achieve them	C	C	P	P
Change management	C		P	P
Section 7. Support				
People/Infrastructure / work environment	C		P	P
Monitoring & measurement resources/equipment	C		P	P
Competence training and awareness	C	C		P
Communication internal and external	C		P	P
Documented Information/Control of Documents	C		P	P
Section 8. Operational planning				
Operational planning & control.	C	C	P	P
Customer communication, determination of requirements & review	C		P	P
Design & development	C	C		P
Control of externally provided processes, products & services	C		P	P
Control of production and service provision	C	C		P
Release of product and services	C		P	P
Control of nonconforming outputs	C	C		P
Section 9. Performance evaluation				
Monitoring, measurement, analysis and evaluation	C	C	P	P
Customer satisfaction	C	C	P	P
Internal audit	C	C	P	P
Management review	C	C	P	P
Section 10. Improvement				
Nonconformity, corrective action & continual improvement	C	C	P	P
Other Requirements				
Review of any changes	C	C	P	P
Use of marks and/or any other reference to certification	C	C	P	P

Next Visit Plan		
Topic	Date	Auditor
Opening meeting Audit objectives; Assessment process; Sci Qual International certification requirements; Guides role; Proposed scope of assessed capability; Confidentiality; Reporting process; Q&A. Brief site orientation tour.	Feb / March 2021 9.00 AM	Jerome Cramer
Determining the Scope Leadership & Commitment Policy Customer Focus		
Planning of objectives Change Management People/Infrastructure/Work Environment Monitoring & Measuring Resources/Equipment Communication Internal/External Documented Information & Control of Documents		
Operational Planning & Control Customer Communication Control of externally provided processes, products & services Release of product and services		
Monitoring, measurement, analysis and evaluation Customer satisfaction Internal audit Management review		
Nonconformity, corrective action & continual improvement Review of any changes Use of marks and/or any other reference to certification		
Closing meeting with senior management team		

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 to produce this report.

When auditing electronic based systems, the auditors may assess some 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.