



Audit Report

RRW and Co Pty Ltd trading as National On Site Training

12 February 2021



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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
S20678	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	
Alain Etchegaray – Conducting Witness Audit	

Capability Statement

Site Location:	Scope:	ANZSIC Codes:
167 Logan Road, Woolloongabba, Qld 4102	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"/>
Alain Etchegaray	Witness Auditor	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Summary

Changes since the last audit

Since the previous audit the organisation has not any significant changes to its processes or systems. Minor modifications have been made to staff working from home due to COVID-19. The high level of commitment to QMS still continues to be demonstrated by Anthony Barber and the NOST Team.

Review of nonconformities raised at the previous audit

NIL

Nonconformities raised at this audit

NIL

Observations raised at this audit

Obs. #2021/01 - 5.2 Quality Policy

It was however noted that the Quality Manual and the Quality Policy has not been reviewed since 31/10/2016: and even though it is acknowledged that the processes undertaken by the organisation remain stable and unchanged, the review process should be undertaken to verify that references to updated standards / revisions are reflected e.g., Clause 7.6 from 2008 Standard to Clause 7.1.5.2 to 2015 Standard.

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 continues 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 the Finance & Quality Manager and the NOST Team.

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 still comprises of 3 Full Time personnel: since the previous audit.

The Scope of Certification remains unchanged since the previous audit: and verified:
“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 noted 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 noted since the previous audit)

Non-Applicability has been claimed for Clause 7.1.5.2: Measurement Traceability as the organisation claims that it does not produce items and are a Service Provider.

The Non-Applicability has been reviewed and accepted.

However, as noted in the Quality Manual dated 31/10/2016: 2.3 Organisation (r): reference is made to Clause 7.6 of ISO9001 Standard: Control of Monitoring and Measuring Equipment, which is a ISO9001:2008 reference.

Update to the ISO9001:2015 Clause 7.1.5.2: Measurement Traceability.

(Reference Observation raised under 5.2: Policy)

Evidence sampled included:

NOST Website
ISO9001 Certification
ASQA Certification
Competency Database
Quality Manual

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 review of the flowcharts indicated that the systems examined represented the processes undertaken by the organisation.

Evidence sampled included:

00 Organisational Structure: Lines of Responsibility

01: Overview> Needs Identified> 01B: Raise Contract> 01C: Administrative Contract> 01D: Deliver Contract

Satisfactory

Section 5. Leadership

Leadership and commitment

The Finance & QA Manager of NOST is hands on in the business and the team of 3 key personnel in the organisation allows for close monitoring of the processes of the organisation.

The Internal Audit 03A Flowchart represents the process undertaken by the Finance & QA Manager on 11/2/2021 to undertake the Internal Audit.

The overall levels of commitment to the process and the QMS was noted to be satisfactory relative to the size of the organisation.

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.

5.2 Quality Policy

It was however noted that the Quality Manual and the Quality Policy has not been reviewed since 31/10/2016: and even though it is acknowledged that the processes undertaken by the organisation remain stable and unchanged, the review process should be undertaken to verify that references to updated standards / revisions are reflected e.g., Clause 7.6 from 2008 Standard to Clause 7.1.5.2 to 2015 Standard.

Obs. #2021/01

Customer focus

Refer Section 9

Roles and responsibilities

Not Verified

Evidence sampled included:

Not Verified

Not Verified

Evidence sampled included:

Interview with Director
Quality Manual – 31/10/16
Flowcharts

Section 6. Planning

Actions to address risk and opportunities

Not Verified

Evidence sampled included:

Not Verified

Not Verified

Objectives & planning to achieve them

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

The Internal Audit process continues to be undertaken using a risk-based approach: with Medium and High-Risk courses randomly selected and reviewed by the Finance & QA Manager.

Evidence sampled included:

Flowcharts: 28 Listed with clearly outlined processes
Internal Audit Process
Interview with Finance & QA Manager
Sampling Review of Contracts: 20133, 20030j, 21060b. 20118

Satisfactory

Change management

Since the previous audit there have not been any significant changes noted. Due to COVID-19, remote access and working from home has been enabled for the 3-member team. Delivery of courses remains relatively unchanged: with a combination of In-house (at NOST Premises) and delivery at client premises with the key aspect of COVID Safe practices noted: e.g., Sanitiser, Washing of Hands Posters and seating based on the requirements of Social Distancing within the training rooms.

Evidence sampled included:

Interview with Finance & QA Manager
Inspection of Premises

Satisfactory

Section 7. Support

People/Infrastructure / work environment

The work environment is conducive to the nature of the business. Dedicated office spaces and Training Rooms are available, with the necessary equipment to undertake the business activities.

A Training Room and a Meeting Rooms / Break Out Room is available, with the necessary AV and Telecommunications for use by staff and trainees as required.

Amenities including small kitchenette and toilets with adequate hand washing facilities was available.

Given the size of the organisation and the 3 full time employees: it was noted that this aspect of the clause is satisfactorily managed and addressed.

Evidence sampled included:

Office Environment
Discussions with Finance & QA Manager

Satisfactory

Monitoring & measurement resources

The organisation has claimed Non-Applicability for this clause i.e., 7.1.5.2 Monitoring Equipment as they do have any need for such equipment. This has been reviewed by the auditor and Non-Applicability has been granted.

Refer to Observation Raised under Policy: 5.2

Evidence sampled included:

Not Applicable

Not Applicable

Competence, training and awareness

Not Verified

Evidence sampled included:

Not Verified

Not Verified

Communication

Communication internally and externally is using email, phone calls and meetings. Internal communication is via email or informal meetings due to the nature of the business and small team. Customers are provided with quotations addressing the needs and expectations. Proposal is provided and Contracts finalised, along with delivery of the service. The Flowcharts reviewed represent the steps and the processes: with verification undertaken via a sampling of records.

Evidence sampled included:

Flowcharts

Contracts Database: 20194 & 20194a, 21032, 21101 (opened files for 2021), 21100 (opened files for 2021)
01 Overview >Needs Identified>01B: Raise Contract>01C:Administrative Contract>01DDeliver Contract>Deliver Contract
Competency Database

Satisfactory

Documented information

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. Current / opened contracts were also available for review. It was noted that all documented information is backed up daily on internal and external servers. An additional contingency back up system is also available: with one server turned on only for the purposes of backing up periodically: which is undertaken by the Finance & QA Manager. Information and documents only accessible by the 3 full time personnel of NOST.

Evidence sampled included:

All Documented Information – Hard & Soft Copies
Servers – sighted and process verified with Finance & QA Manager
Discussions with Finance & QA Manager

Satisfactory

Section 8. Operations

Operational planning and control

All processes related to the Quality Management System have been represented using 28 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.

The Internal Audit process and Management System Review continues to be undertaken using a risk-based approach: with Medium and High-Risk courses randomly selected and reviewed by the Finance & QA Manager.

The planned approach and steps related back to the flowcharts indicate very satisfactory and robust operational planning and controls for the delivery of the service.

Control of production and service provision

Not Verified

Evidence sampled included:

Flowcharts

Contracts Database: 20194 & 20194a, 21032, 21101 (opened files for 2021), 21100 (opened files for 2021)

Learner Questionnaire: 21101: Verified by J Holmes: 21/1/2021

Assessment Map to Units of Competency

Certificate

Satisfactory

Customer communication, determination of requirements & review

The Courses are Designed and Developed as per the requirements of the Customer: and referenced in the Flowchart.

For Nationally Accredited Courses the Assessment Map to Units of Competency is used.

The following checks are in place in relation to course delivery:

- Contract Control Sheet
- Trainer Feedback
- Training Enrolment Form
- Learning Program Evaluation
- Review of Assessment
- Certificate Requisition
- Issue of Certificate
- Course Roll
- Student Workbook & Assessment
- Levels of Competency: J= Competent, M= Not Yet Competent, A= Not Applicable

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

Evidence sampled included:

Flowcharts

Contracts Database: 20194 & 20194a, 21032, 21101 (opened files for 2021), 21100 (opened files for 2021)

Learner Questionnaire: 21101: Verified by J Holmes: 21/1/2021

Contract Number: 20021

Learner Questionnaire: 20151: Verified by J Homes: 31/7/2020

Assessment Map to Units of Competency

Certificate

Satisfactory

Design & development

Not Verified

Evidence sampled included:

Not Verified

Not Verified

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 21101 (Course in Field Based Training & Assessment-10235NAT) for 4 Attendees was undertaken: and the following information was sighted:

- Contract Control – Administrative Control
- Trainer Contract Control Sheet
- 026 Contract Control
- Training Enrolment Form
- Learner Questionnaire completed by 1 trainee as at the date of the audit
- Training Enrolment Forms

Evidence sampled included:

Database: Contract numbers: 20194, 21094a, 20112

Review of Contract 21101 & 21100

Satisfactory

Release of product and services

In conjunction with control of products and services (above) the relevant process steps and flowcharts clearly provide guidance towards the planned / controlled approach to the service delivery. The evidence sighted during the audit was noted to be satisfactory.

Evidence sampled included:

Discussions with Finance & QA Manager
Review of Contracts

Satisfactory

Control of nonconforming outputs

Not Verified

Evidence sampled included:

Not Verified

Not Verified

Section 9. Performance evaluation

Monitoring, measurement Analysis and evaluation

Customer satisfaction

The following course / project assessments were sampled:

- Contract 21100: Radiation Safety Officer: 2 participants
- Contract 21101: Course in Filed Based Training & Assessment: 4 participants

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

The Finance & QA Manager reviews every course feedback sheet, and evidence was sighted. A review of the Management Review Diary: indicated that the last compliant was logged in 17/3/2017. Since the feedback is reviewed on a course-by-course basis: complaints / issues / suggestions are dealt with promptly. Complaints / issues are assessed in relation to the nature of the complaint and severity.

Evidence sampled included:

Contracts
Contract Control Forms
Course Roll
Training Enrolment Form
AQTF Learner Questionnaire
Certificate Requisitions
Management Review Diary
Discussion with Finance & QA Manager

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 11/2/2021 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: 20133, 20030J, 21060B, 20118.

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 Internal Audit indicated that some minor improvements could be made to storage of information: sighted email to team NOST dated 11/2/2021, requesting suggestions.

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

Evidence sampled included:

Internal Audit completed on 11/2/2021

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

The detailed process undertaken to complete the Internal Audit also supports the overall Management Review process and is undertaken by the Finance & QA Manager.

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

Evidence sampled included:

Internal Audit
Process Flowcharts
Finance & QA Manager Involvement / Hands on Approach
Management Review Diary

Satisfactory

Section 10. Improvement

Nonconformity, incidents, corrective action and continual improvement

The Control of Non-conformances and Corrective Action flowchart was sighted.

No non-conformances have been raised since the last audit.

No Customer Complaints noted since 2017: and given the very structured process from first customer contact to service delivery: the process has several checks along the way to minimise non-conformities.

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

Evidence sampled included:

Review of Contracts
Management Review Diary

Satisfactory

Audit Programme Part 1

Date Audit Plan Issued	12 February 2021
Next Audit Start Date	Feb / Mar 2022
Audit Objectives	<p>The objective of the Recertification 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	C	P
Needs and expectations of interested parties	C	C	C	P
Determining the scope	C	C	C	P
Management system and its processes	C	C	C	P
Section 5. Leadership				
Leadership and commitment	C		C	P
Policy	C	C	C	P
Customer Focus	C		C	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	C	P
Change management	C		C	P
Section 7. Support				
People/Infrastructure / work environment	C		C	P
Monitoring & measurement resources/equipment	N/A			
Competence training and awareness	C	C		P
Communication internal and external	C		C	P
Documented Information/Control of Documents	C		C	P
Section 8. Operational planning				
Operational planning & control.	C	C	C	P
Customer communication, determination of requirements & review	C		C	P
Design & development	C	C		P
Control of externally provided processes, products & services	C		C	P
Control of production and service provision	C	C		P
Release of product and services	C		C	P
Control of nonconforming outputs	C	C		P
Section 9. Performance evaluation				
Monitoring, measurement, analysis and evaluation	C	C	C	P
Customer satisfaction	C	C	C	P
Internal audit	C	C	C	P
Management review	C	C	C	P
Section 10. Improvement				
Nonconformity, corrective action & continual improvement	C	C	C	P
Other Requirements				
Review of any changes	C	C	C	P
Use of marks and/or any other reference to certification	C	C	C	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 2022 9.00 AM	Jerome Cramer
Understanding the context of the organisation Needs and expectations of interested parties Determining the scope Management system and its processes		
Leadership and commitment Policy Customer Focus Roles and responsibilities		
Actions to address risk and opportunities Objectives & planning to achieve them Change management		
Lunch Break – 12.30 pm – 1.00 pm		
People/Infrastructure / work environment Monitoring & measurement resources/equipment Competence training and awareness Communication internal and external Documented Information/Control of Documents		
Operational planning & control. Customer communication, determination of requirements & review Design & development Control of externally provided processes, products & services Control of production and service provision Release of product and services Control of nonconforming outputs		
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	5.00 PM	

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.