Auditing Policy and Procedures

**Purpose:** This procedure details the audits that Childers Cove Dairy Products carries out on the documented Quality System to ensure conformance to Standard ISO9002.

Internal audits are carried out by appropriately trained/qualified or experience auditors.

Audits are carried out with the aim of improving the Quality System. As well as noting conformance in the Quality System, the audit also encourages discussion and advice on how different problems are addressed throughout the company.

**Scope:** The quality system audits cover each section of the documented Quality Management System at least once a year.

Six weeks after new equipment installation, there must be an audit carried out to ensure that the equipment is working to specifications.

**Responsibilities:** The Quality Manager or delegate is responsible for ensuring:

a. regular auditing of the Quality System. Check sheets may be used to assist in the audit depending upon the experience and skills of the auditor(s)

b. the audit results are submitted to the person responsible for the area being audited and distributed to Quality meetings

c. a summary of audit results is discussed at Management Review Meetings or Quality meetings.

**Procedures**

**Internal Audit Schedule**

The internal audit schedule document is reviewed and authorised annually. This schedule represents the Quality Assurance Services (QAS) audits. Audits are planned to cover all elements of ISO 9001:2000. Some elements may be audited more frequently than others due to their status and importance as determined by the CMQA and QM.

**Internal audits**

Areas control and maintain their own internal audit schedule and will periodically review their own processes and procedures.
**Planning the audit**

The manager of the ISO System to be audited is to organise with the auditing branch a date suitable for the audit to be conducted.

Audits are to go on no longer than one day.

Based on the availability of personnel and the experience of auditors, teams will be formed and a schedule developed to cover all elements of the standard.

A lead auditor shall be appointed (generally, though not always, the team member with the most experience).

NOTE: The lead auditor has the authority to change the schedule or team as required.

Auditees are then notified of the schedule prior to the audit.

**Audit opening**

An opening meeting may be held at the discretion of the auditee Branch Manager or Quality Manager and will be included in the schedule if needed.

**Auditing**

The audit will be conducted following the basic audit guidelines.

The auditee branch is to arrange personnel to be available for the duration of the audit to accompany the audit team.

It is essential that the auditors are accompanied for a number of reasons:

a  Often an interpreter is required. Terminology may vary in different areas, and a question may not be understood by an operator, resulting in confusion on both sides.

b  Non-conformances raised as a result of unaccompanied audits may be difficult to follow up as it may not be clear what the auditor means. If an auditor is accompanied, a non-conformance should generate discussion about a problem and how it could be addressed.

c  Discussions between auditors and branch staff during the audit will increase understanding on both sides.

Audit findings are recorded on the Internal Audit Observation Sheet (CC135).

Non-conformances shall be classed as Major, Positive, Negative or Opportunity for Improvement. If any dispute arises regarding classification, the lead auditor makes the final decision.
Classifications used during the audit against each element of the standard are defined as follows:

**MAJOR** classification is where a procedure is missing or is available but not being followed. Many outages in a particular area would also constitute a Major.

**NEGATIVE** classification is where an area is perceived to be under control but one or two outages are observed (for example, missing signature, obsolete form).

**OPPORTUNITY FOR IMPROVEMENT** classification is where audit findings recommend opportunity for improvement.

**POSITIVE** classification is where an area is under control and presents a good, effective management system.

At the conclusion of the audit, the lead auditor and audit teams will discuss the audit and raise non-conformances if required. Where a number of non-conformances are observed in a single area, if possible they should be grouped under a single non-conformance against the Standard with examples listed.

The report (the internal observation sheet) of the audit findings is used at the close of the meeting for discussion with the relevant staff.

**Close-out**

A closure meeting involving relevant personnel many be held to discuss non-conformances and other findings. This meeting is to be included in the schedule.

**Non-conformances**

All non-conformances shall be dealt with as per Quality Manual Section 02:02 Corrective and preventative action.

**Follow-up**

Follow-up of corrective actions shall be conducted at the next internal audit to ensure all items have been addressed. If, in the case that an item may not have been addressed or is not effective, the item will be addressed as per the Quality Manual Section 02:02: Corrective and preventative action.
Corrective and Preventative Action

PURPOSE: To establish procedures for identifying, analysing and preventing non-conformances and their recurrence.

SCOPE: This procedure details the methods of corrective and preventative action and their records used for supplier, product/process, customer and quality system non-conformances.

REFERENCES
3. Quality Procedure QP 13 - Control of Non-conforming Products.

RESPONSIBILITIES AND AUTHORITIES
1. The Branch Quality Manager has the authority to:
   • ensure the timely instigation of action to identify the correct causes of non-conformances
   • review any outstanding Action Requests
   • verify that the corrective action has been effectively implemented.

2. The Management Systems Coordinator is responsible for preparing Action Request Summaries.

3. The relevant Department Managers/Supervisors are responsible for determining the cause of problems and initiating effective and timely corrective action so as to reduce the likelihood of non-conformance in Childers Cove products.

4. Department Managers/Supervisors are responsible for initiating Corrective Action Requests (CARs) when appropriate.

5. All personnel who have been assigned a corrective action request (CAR) will have the responsibility for timely investigation of such.

PROCEDURE:

1. CORRECTIVE ACTION REQUESTS (CAR)

1 Where appropriate, non-conformances shall be recorded on a Corrective Action Request (CAR). Other records include process log sheets, audit observation sheets and customer complaint forms.
2 CARs can be raised by all Childers Cove Dairy Products personnel; however, this is limited to those with computer access. CARs can be raised on anyone’s behalf. In the case of operators and leading hands, CARs should be raised with the knowledge of their manager or supervisor.

3 Sections: Immediate Action, Cause of Problem and Corrective Action are completed by the relevant person or delegate in conjunction with the person(s) responsible for carrying out the corrective action. It is then returned to the person or delegate who initiated the CAR via the Lotus Notes system. Any changes to documentation as part of the Corrective Action must be clearly stated in the section Corrective Action.

4 Once sections Verification of Implementation and Effectiveness of Corrective Action have been completed, the CAR is closed off and marked ‘Complete’ on the database.

5 A Corrective Action Request Summary is prepared by the Management System Coordinator on a weekly basis for the daily Production Meeting, detailing any outstanding CARs. These will then be addressed with the appropriate department.

6 Once a CAR has reached the expiry date and no corrective action has taken place, the Quality Manager will re-negotiate the completion due date.

7 Once the CAR has passed the completion date, despite re-negotiation, it will be closed and a CAR raised on the recipient’s superior. This process will continue until corrective action is carried out.

2. IN-PROCESS PREVENTATIVE/CORRECTIVE ACTION

1 Non-conformances during the production process are to be handled as follows:

- Process control readings and test results are to be recorded on the appropriate log sheets with any out-of-parameter/specification items to be highlighted, acted on and corrected, as detailed within the HACCP for the process.

- Corrective actions are to be documented on the process log sheet if a minor concern, or a Corrective Action Request (CAR) if a more major concern. Major concerns are defined as critical items as listed on relevant HACCPs.

2 All process log sheets which are quality records, are to be reviewed by the relevant department manager/delegate or by the person nominated on the log; for example, the leading hand. This review will be indicated by the completion of the following on log sheets:
Date..............................................
CAR required?    Yes    No
CAR no. .................................
Checked by: ...................................

3 Any further corrective action required as a result of this review will be initiated by means of a CAR. The CAR number will be recorded on the log sheet as appropriate.

Non-conformances found during internal quality audits or third-party audits of the Quality System will be addressed on the Audit Observation form, SAI Non-conformance Report or a Corrective Action Report, if required.

3. **PREVENTATIVE ACTION**

1. Several sources of information are used to analyse and eliminate potential causes of non-conformities; for example:
   - audit results (housekeeping and hygiene)
   - quality records
   - customer complaints
   - preventative maintenance
   - calibration of plant equipment
   - HACCP
   - information from head office and other branches
   - information from other dairy companies
   - information from other industries
   - pest control program.*

* Maintenance of the Pest Control Program is carried out by a contracted service provider. Refer to contract for details of service.

2. Steps needed to deal with any problems requiring preventative action will be documented.

3. Where appropriate, relevant information on actions taken will be submitted for management review.