Auditing Policy and Procedures

**Purpose:** This procedure details the audits that Childers Cove Dairy Products carry 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 skill 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 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 audits 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 may 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 2.14: 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 2.14: Corrective and preventative action.