



National
Electrification
Administration

Manual Title:

SYSTEM PROCEDURES MANUAL

Doc Code:

NEA-QMS-
SP-1.06

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Document Title:

INTERNAL AUDIT


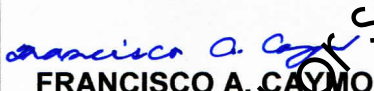

Rev. No.

02

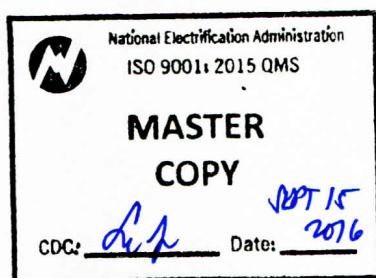
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Review / Revision History			
Revision No.	Date	Description	Approved By
0	Sept. 1, 2014	Start of Effectivity Date of NEA-QMS-SP-1.06 Internal Audit	AESB
1	May 25, 2015	Revision of NEA-QMS-SP-1.06 F3 to improve and simplify Internal Audit Checklist	AESB
2	Sept. 15, 2016	Revision of NEA-QMS-SP-1.06 to conform with ISO 9001:2015 Clause 9.2 Internal Audit	SBSD



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1.0 OBJECTIVE

To provide guidelines in planning, preparing, conducting Internal QMS Audit, including reporting and following up of audit results

To determine conformance of actual practice versus documented procedures and standards;

To verify compliance and effectiveness of corrective actions on non-conformances.

2.0 SCOPE

This audit procedure covers all processes, functions, and operational areas covered by NEA's QMS.

3.0 TOTAL/MAXIMUM DURATION OF PROCESS

Not applicable

4.0 DEFINITION OF TERMS


- | | |
|------------------|---|
| Audit | - a systematic and documented process of obtaining objective evidence of conformity to a standard or criteria |
| Auditee | - a person or function being audited |
| Internal Auditor | - a person with competence to conduct quality, management system audit |
| Nonconformity | - non-fulfillment of a specified requirement of the standards, policy, procedures, and other planned arrangements |

Guidelines:

1. Classifications of Nonconformities

- a. **Major Nonconformity (System Breakdown)**- total failure to fulfill a specified requirement of the standard that is applicable to the whole organization. Examples are the following:

- Absence of a documented procedure required by the standard
- Non-implementation of an entire procedure

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- Aggregation of minor nonconformities related to one particular requirements
- Repeating or widespread minor nonconformities of similar nature
- Major problems, e.g. delivery of bad quality of service to customer
- Failure to recognize and record when an objective or target is not met or defined programs are not implemented as planned

b. Minor Nonconformity – lapse in the system that has limited effect on quality or on the integrity of the QMS

c. Observation – potential source of non-conformity

- Potential non-conformity but:
 - a. cannot be related to the requirements of the QMS but if not rectified, it could pose a problem to NEA's performance
 - b. no direct evidence of nonconformity/ failure
- A recommendation for improvement
- Suspect in terms of long-term sustainability of the system
- For further investigation on the next audit

2. The entire QMS shall be audited at least once a year, taking into consideration the status and importance of the processes/ areas/ function to be audited and results of previous audits.


3. QMS policies and regulations at the area being audited shall be observed by the auditors and other audit participants at all times during the audit

4. Audit findings shall be addressed according to NEA-QMS-SP-1.08 *Corrective Action Procedure*.

5. Internal Auditors' Competence Program

Internal Auditors shall follow a training program to ensure their competence. Auditors' training shall be planned and monitored.

- Internal Auditors shall complete the minimum requirements as follows:
 - a. Understanding of requirements of *ISO 9001:2015*
 - b. Basic internal auditing principles and techniques based on ISO 19011
 - c. Understanding of NEA's processes

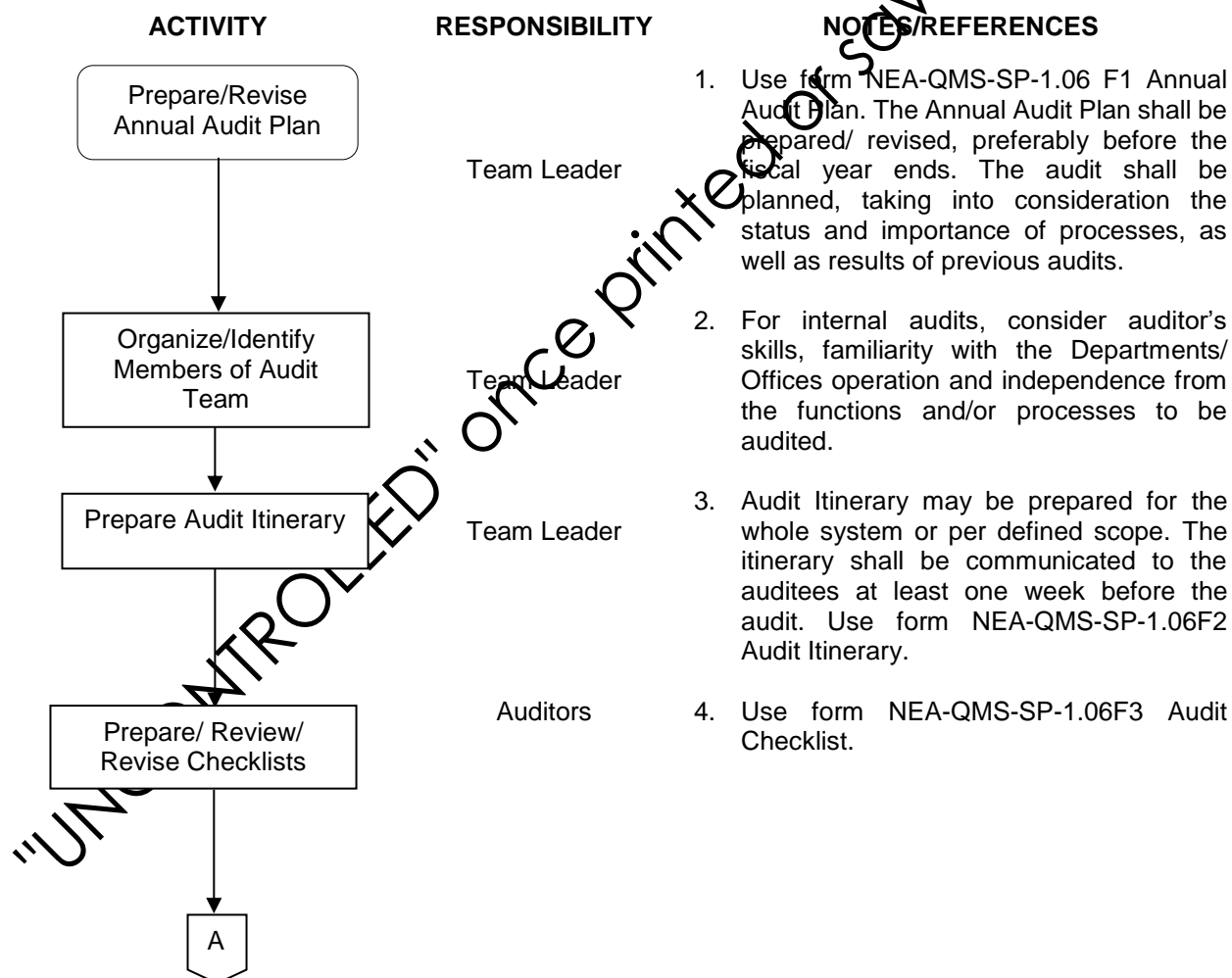
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- Auditors shall be allowed to audit only the areas and processes where they have sufficient competence. Those who have training gaps shall be:
 - a. Allowed to audit under the supervision of an audit team leader
 - b. Required to complete training deficiencies
 - c. Included in subsequent auditor training programs

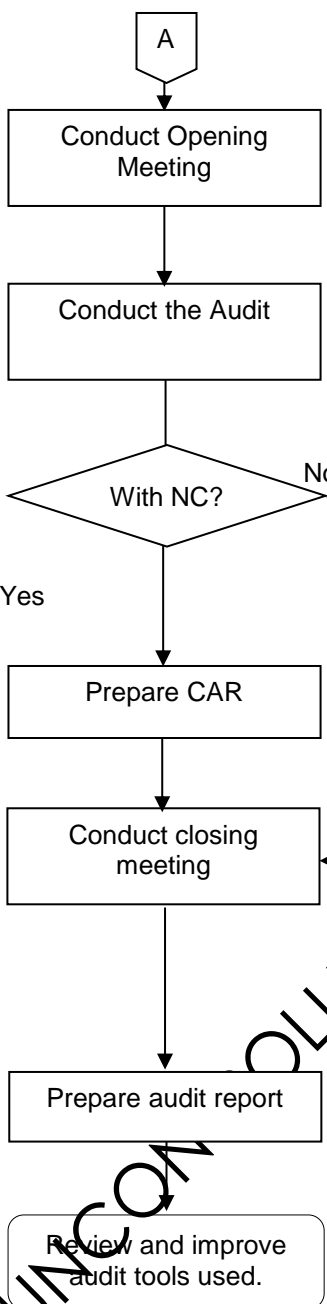
5.0 REFERENCES


ISO 9001:2015 Clause 9.2 Internal Audit

6.0 PROCEDURE



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ACTIVITY	RESPONSIBILITY	NOTES/REFERENCES
 <pre> graph TD A[A] --> B[Conduct Opening Meeting] B --> C[Conduct the Audit] C --> D{With NC?} D -- Yes --> E[Prepare CAR] E --> F[Conduct closing meeting] D -- No --> F F --> G[Prepare audit report] G --> H[Review and improve audit tools used.] </pre>	Team Leader	5. The Internal Audit Team shall meet the auditees for the opening meeting. The Team shall discuss the audit scope and audit objectives, among others.
	Team	6. The audit shall be done through interview/discussion with personnel, observation of actual practices and examination of procedures and records.
		7. Review the results of audit. Agree on audit findings, including the NC(s) to be raised.
	Team	8. Refer to NEA-QMS-SP-1.08 <i>Corrective Action</i> Procedure. Refer to pages 2, 3 and 4 of this procedure for the Definition and Classification of NC.
	Team Leader / Outsourced IA	9. Feedback the results to the auditees, including details of findings and conclusion on the status and effectiveness of the QMS.
		10. Obtain concurrence from auditees for the CARs to be raised in their respective areas.
	Team Leader	
	Team	11. Review and revise the audit plan based on new information resulting from audits.
		12. Review tools used (checklist) and improve, if necessary.
		13. Review time and frequency allocated for audits and revise, if necessary.
		14. Review auditor effectiveness.

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7.0 ATTACHMENTS

None

8.0 RECORDS

NEA-QMS-SP-1.06F1	Annual Audit Plan
NEA-QMS-SP-1.06F2	Audit Itinerary
NEA-QMS-SP-1.06F3	Audit Checklist/Audit Notes

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