

UQSR GLOBAL PRIVATE LIMITED

QP 02 Audit and Certification Procedure

OBJECTIVE

To describe the UQSR Audit and Certification process requirements in relation to the requirements of ISO 17021:2015 & ISO 50003:2014

SCOPE

This procedure covers the overall process for management system audit and certification. Input to this process is typically;

- a. An enquiry and application (QP-01) from a client seeking certification, or
- b. Planned requirements for surveillance, recertification or special audits.

This procedure also details the responsibilities for the activities undertaken consistent with UQSR Regulations.

- Clause numbers in parentheses [] relate to ISO requirements

Administrative activities which support this process are detailed in other UQSR procedures, i.e;

QP-01

- Client application [9.2.1] and application review [9.2.1]
- Selection and appointment of audit team [9.1.3] and team membership [9.1.7]
- Audit time [9.1.4] and sampling requirements [9.1.5]
- Communication of audit plan [9.1.8]

QP-03

- Appeals [9.7] and Complaints [9.8]
- Security, confidentiality [9.9.3]

QP-06

- Records of Applicants and clients [9.9]

PROCESS SUMMARY

- 1. Audit programme [9.1.1]**
- 2. Audit planning [9.1.2]**
- 3. Conducting on-site audits [9.1.9] i.e.;**
 - 3.1 Initial audit – Stages 1 & 2 [9.2]
 - 3.2 Surveillance audits [9.3]
 - 3.3 Recertification audits [9.4]
 - 3.4 Special audits [9.5]
- 4. Audit reports [9.1.10]**
- 5. Client corrective action [9.1.11]**
- 6. Corrective action review [9.1.12] and verification [9.1.13]**
- 7. Certification decision [9.1.14 & 9.1.15]**
- 8. Suspension, withdrawal or reducing scope of certification [9.6]**
- 9. Impartiality**

1. AUDIT PROGRAMME [9.1.1]

The audit programme shall be conducted in stages within a 3-year certification cycle as follows;

- Initial audit: Two stage process
- Surveillance audit: Conducted in the first and second years, and
- Recertification audit: In third year prior to certificate expiry date.

Three-year certification cycle begin with the certification or recertification decision.

In determining the audit programme for a particular client consideration shall be given to;

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- Size of organisation
- Scope and complexity of the management system
- Products and processes
- Demonstrated level of management system effectiveness
- Results of previous audits, including those from other accredited certifications

Where UQSR will take account of certification or other audits already granted to the client, it will collect sufficient, verifiable information to justify and record any adjustments to the audit programme.

2. AUDIT PLANNING

Defined in QP19

3. CONDUCTING ON-SITE AUDITS

Defined on QP21

4. AUDIT REPORTS [9.1.10]

Client Manager will:-

- a) Review Audit Report (F-011, F-012) and related documentation received from the Auditor
- b) Progress receipt of the Client's corrective action plan within the agreed timescale (using diary) as necessary
- c) Review acceptability of Client's proposed remedial action utilising Auditor and/or Certification Manager as appropriate
- d) Up-date the Client/Site file and database

Original audit reports shall be submitted to the Client with an explanation of any differences from previous report(s). Ownership of the audit report is maintained by UQSR.

Reports shall include the following information as a minimum;

- Date(s) of the audit(s)
- Identification of certification body
- Identification of audit team members
- Name(s) of person(s) responsible for the report
- Names and addresses of all sites audited
- Assessed scope of certification
- any deviation from the audit plan and their reasons;
- any significant issues impacting on the audit programme;
- significant changes, if any, that affect the management system of the client since the last audit took place;
- where applicable, whether the audit is combined, joint or integrated;
- a disclaimer statement indicating that auditing is based on a sampling process of the available information;
- recommendation from the audit team;
- the audited client is effectively controlling the use of the certification documents and marks, if applicable;
- verification of effectiveness of taken corrective actions regarding previously identified nonconformities, if applicable.
- a statement on the conformity and the effectiveness of the management system together with a summary of the evidence relating to:
 - the capability of the management system to meet applicable requirements and expected outcomes;
 - the internal audit and management review process;

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- a conclusion on the appropriateness of the certification scope;
- confirmation that the audit objectives have been fulfilled.
- Summary of overall findings, including
 - Conclusions regarding the client's capability of meeting agreed requirements for product/service,
 - Extent of QMS/EMS/OHSAS/OHSMS/EnMS conformity with ISO 9001:2015/ISO 14001:2015/OHSAS 18001/ISO 45001/ISO 50001 standard's requirements,
 - The degree of reliance that can be placed on the internal audit'
 - Any Observations regarding QMS / EMS / OHSAS / EnMS/ OHSMS implementation
 - Conclusions reached by the audit team,
 - Any useful comparison with the results of previous audits, where applicable.

Consideration must also be given to;

- a. The qualification, experience and authority of the Client's staff encountered,
- b. The adequacy of the Client's QMS/EMS/OHSAS/EnMS/OHSMS, including its organisation and procedures,
- c. Any actions taken to correct identified nonconformities, including any nonconformities identified at previous audits.
- d. related records necessary to establish the credibility of the certification

Requirements for EnMS audit reports:

An EnMS audit report shall include:

- a) scope and boundaries of the EnMS being audited;
- b) statement of achievement of continual improvement of the EnMS and energy performance improvement with audit evidence to support the statements.

Information provided by the audit team to UQSR:

- the audit reports
- comments on the nonconformities and, actions taken by the client, where applicable, the correction and corrective
- confirmation of the information provided to the certification body used in the application review (see 9.2.2)
- a recommendation whether or not to grant certification, together with any conditions or observations

5. CLIENT CORRECTIVE ACTION [9.1.11]

Client Manager will :-

- Review Audit Report (F-011, F-012, F-015, F-016) and related documentation received from the Auditor
- Progress receipt of the Client's corrective action plan within the agreed timescale (using diary) as necessary
- Review acceptability of Client's proposed remedial action utilising the Auditor and/or Certification Manager as appropriate and resolve any problems by telephone or fax. Details of agreed resolution shall be recorded.
- Acknowledge acceptability of proposed remedial action to the Client in writing.
- Endorse a copy of the Client's corrective action plan.
- Pass a copy of the report to the Certification Manager or Governing Board representative(s) for review.
- Up-date the Client/Site file and database.

6. CORRECTIVE ACTION REVIEW [9.1.12] AND VERIFICATION [9.1.13]

Certification Manager will review the reports and either:-

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- Approve the extension to scope by endorsing request form (F-005) and make relevant changes to the Certificate, or
- Initiate appropriate follow-up action with the Client

UQSR will verify effectiveness of corrections and corrective actions. UQSR requires the client to analyse the cause and describe the specific correction and corrective actions taken, or planned to be taken, to eliminate detected nonconformities, within a defined time. Evidences are evidence obtained to support the resolution of nonconformities recorded. Client informed of the result of the review and verification. The client informed if an additional full audit, an additional limited audit, or documented evidence (to be confirmed during future surveillance audits) will be needed to verify effective correction and corrective actions.

7. CERTIFICATION DECISION

Procedure for certification decision is defined in QP17

Information to be included on the Certificate: -

- Certificate Number
- Date of issue and expiry
- Company or Group name
- Company address, or main site/holding Company in the case of a Group
- Standard to which the Company/Group is approved
- Scope of registration
- Additional sites (if any)

Note: date of issue of certificate should not be before certification decision date.

Additional Information to be included on the Database

- Surveillance Visit Programme
- Target month and duration for each surveillance over the three years
- Target month for the reaudit
- Classification codes appropriate to the scope of certification
- Classification codes for which UQSR has been accredited
- Certification documents are withdrawn in its entirety if the central office or any of the sites does not fulfil the necessary provisions for the maintenance of certification.

8. MAINTENANCE, RENEWAL, SUSPENDING, RESTORING, WITHDRAWAL, EXPANDING OR REDUCING SCOPE OF CERTIFICATION [9.6]

UQSR may suspend, restore, withdraw, extend or reduce the scope of certification as a result of an investigation following:-

- Recommendation made during a surveillance or special visit
- The certified management system have persistently and seriously failed to meet certification requirements
- Surveillance audits and recertification audits not allowed to be conducted according to required frequency or as scheduled
- A particular activity do not come under scope of certification and doesn't meet concerned standard
- Company has started new activities and implemented the standard in that department
- Failure to comply with the Terms & Conditions of Business and Rules for Use of the Certification Mark
- Significant change in the quality system, management or ownership
- Significant complaint from any third party

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- Significant or recurring non-conformities or complaints
- Non payment of fees
- Evidence received from authorities etc. that could affect the status of certificate
- Customer voluntarily requesting temporary suspension

During recertification audit following things are check:

- the effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification.
- Whether client demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance.
- whether the operation of the certified management system contributes to the achievement of the organization's policy and objectives

Note: Recertification audit activities have a stage 1 audit in situations where there have been significant changes to the management system, the client, or the context in which the management system is operating (e.g. changes to legislation). When recertification activities are successfully completed prior to the expiry date of the existing certification, the expiry date of the new certification can be based on the expiry date of the existing certification. The issue date on a new certificate shall be on or after the recertification decision. If the UQSR has not completed the recertification audit or the UQSR is unable to verify the implementation of corrections and corrective actions for any major nonconformity (see 9.5.2.1) prior to the expiry date of the certification, then recertification will not be recommended, and the validity of the certification shall not be extended. The client will be informed, and the consequences shall be explained. Following expiration of certification, the UQSR can restore certification within 6 months provided that the outstanding recertification activities are completed, otherwise at least a stage 2 will be conducted. The effective date on the certificate will be on or after the recertification decision and the expiry date shall be based on prior certification cycle.

UQSR maintains a client's certification based on a positive conclusion by the audit team leader without further independent review, provided that:

- for any nonconformity or other situation that may lead to suspension or withdrawal of certification, UQSR has a system that requires the audit team leader to report to UQSR need to initiate a review by appropriately competent personnel (see 7.2.9), different from those who carried out the audit, to determine whether certification can be maintained
- competent personnel of UQSR monitor its surveillance activities, including monitoring the reporting by its auditors, to confirm that the certification activity is operating effectively

Decision of maintenance is taken based on demonstration that the client continues to satisfy the requirements of the management system standard.

The decision to suspend or withdraw a Certificate will be noted (F-022) by the **Certification Manager** or Governing Board representative(s) depending on impartiality, and full details of the reason are recorded in the Client/Site file.

Based on findings of surveillance audit Certification manager / Governing board will take decision on maintenance of certificate.

For extension and renewal UQSR will conduct a scope extension audit and certification procedure will be followed as defined in sec. 7 of this procedure. Certification Manager / Governing Board will take the decision as per sec. 7. UQSR will make decisions on renewing certification based on the results of the recertification audit, as well as the

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results of the review of the system over the period of certification and complaints received from users of certification. If NC's are found during recertification audit or instances of nonconformity or lack of evidence of conformity are identified, client should submit correction and corrective actions to be implemented prior to the expiration of certification.

UQSR make decisions on renewing certification based on the results of the recertification audit, as well as the results of the review of the system over the period of certification and complaints received from users of certification.

Certification Manager will:-

- Inform the Client of the decision in writing, and of their right of appeal
- Withdraw the certificate
- If required, authorise a special visit on the Client to ensure that the Client has ceased using the Certificate or Certification Mark

NOTE: Certificate suspension and withdraw procedure is defined in appendix 6 attached.

Client Manager will;

- File the Site file
- Amend the Monthly Surveillance Register and Auditor Authorisation, as applicable.

Where the entire certificate is being withdrawn then the Client and Site file(s) are endorsed with the words "withdrawn" and archived into the appropriate area of the filing system.

Note:

- If the recommendation is to "DECLINE CERTIFICATION" then the Lead Auditor is to outline the Appeals Procedure to the Client.

9. IMPARTIALITY

The certification / registration process shall only be conducted by persons employed or contracted to UQSR.

To maintain impartiality of the certification scheme Certification decisions shall not be delegated to an outside person or body, including a person who has a vested interest in the outcome of the audit, e.g. involvement in the:-

- Design, supply, implementation or maintenance of the client's quality system
- Certification audit, or re-audit activities, or
- Some other factor which may affect their judgement

Where impartiality requirements cannot be met, the **MP**, or other competent person(s) may carry out the Certification Manager's function as long as the above criteria are met.

RESPONSIBILITIES

Client Manager is responsible for;

- Audit programme
- Audit planning and communication with client
- Task allocation and audit team membership
- Maintain contact with the Client to agree audit requirements, and arrange audit
- Raise a site file (*see below*) and authorise audit

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- Communicate audit requirements to audit team with required level of industry competence.
- Review Audit Report(s) and related documentation received from the Auditor.
 - Where the Auditor has recommended the frequency or duration of surveillance is reduced or increased then, if Client Manager agrees, the changes shall be made to the Client Master Card(s).
- Progress receipt of the Client's corrective action plan within the agreed timescale (using diary) as necessary.
- Review acceptability of Client's proposed remedial action, utilising the Auditor and/or Certification Manager as appropriate, and resolve any problems by telephone and fax. Details of agreed resolution shall be recorded.
- Acknowledge acceptability of proposed remedial action to the Client in writing
- Up-date the Client/Site file and database

Contents of Site File

- i) Copy of App/Registration Status Sheet (s) (F-022)
- ii) Auditor Authorization & Declaration (F-019) indicating the date or target month
- iii) Copy of letter sent to the Client *confirming the audit*
- iv) *Copy of Client's completed application form (F-001) (for initial audit)*
- v) *Copy of the completed document Review Report (F-006), where applicable*
- vi) *Copy of the Audit Plan (F-007)*
- vii) *Latest review, audit or visit report including the Client's remedial action plan*
- viii) *Blank Audit Plan (F-007) for the next visit*
- ix) *Summary Report Form.*

Lead Auditor / Auditor is responsible for;

- Carry out Documentation Review
- Complete and/or review Audit Plan
- Conduct audit according to type, strictly in accordance with ISO 19011, including:
 - Audit preparation
 - Executing the audit
 - Audit documentation *and reporting – See Appendix 3*
 - Audit completion
 - Corrective action follow-up

Audit team will also analyse all information and audit evidence gathered during the stage 1 and stage 2 audits to review the audit findings and agree on the audit conclusions.

Certification Manager has been authorised by the Governing Board to make informed decisions regarding;

- Issue of certificate(s)
- Suspension, withdrawal or reducing scope of certification
- Other actions (e.g. legal action) as long as impartiality requirements are met

Observers & Guides:

- establishing contacts and timing for interviews
- arranging visits to specific parts of the site or organization
- ensuring that rules concerning site safety and security procedures are known and respected by the audit team members
- witnessing the audit on behalf of the client
- providing clarification or information as requested by an auditor

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Appendix 1 Opening Meeting

The following items form the agenda for an opening meeting:-

- i) Introduction of team and UQSR to the Company representatives
- ii) Confirmation of the audit plan
- iii) Confirmation of formal communication channel between audit team and client
- iv) Confirmation that resources and facilities needed by audit team are available
- v) Confirmation of matters related to confidentiality
- vi) Confirmation of relevant safety measures for the audit team
- vii) Information about the conditions under which audit may be prematurely terminated
- viii) **confirmation of the language to be used during the audit**
- ix) **confirmation that, during the audit, the client will be kept informed of audit progress and any concerns**
- x) **Opportunity for the client to ask questions.**
- xi) Identify documents used as reference during the audit e.g ISO 9001, UQSR regulations, any other specifications or standards and *the* Company's own documented quality system
- xii) Clarify the scope of certification
- xiii) Confirm that the Client's Quality Manual has been reviewed and that the issue status is unchanged. If amendments have been made, these will be reviewed during the audit
- xiv) Explain audit process/conduct, documents used, daily review meetings, report writing and closing meeting
- xv) Confirmation of the availability, roles and identities of any guides and observers
- xvi) Identify that this audit is based on random sampling, therefore non-conformities may still exist which have not been identified during the audit
- xvii) Explain the role of a guide is to witness any non-conformities or observations raised, and that a guide will be required for each Auditor
- xviii) Each Auditor will need access to relevant documents and procedure manuals for the area being assessed
- xix) Explain the categories of non-conformances
- xx) Explain the possible outcome of the audits regarding recommendations for certification
- xxi) Ensure that all personnel are aware of the audit activity and identify if there are any personnel or areas to be avoided if possible etc
- xxii) Obtain normal Company working hours, lunch arrangements etc
- xxiii) Agree the Audit Timing Plan, making adjustments as necessary
- xxiv) Enquire as to whether any particular Health and Safety requirements should be observed within the audit areas
- xxv) Invite any questions from the Company representative

Appendix 2 Non-conformity/Observation Definitions

Minor Non-conformity

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A single lapse from a requirement within the Company's documented Quality System or an omission, but does not pose a significant threat or hazard to the Company or a customer.

Significant Non-conformity

The absence of, or the failure to implement and maintain one or more quality management system requirements, or a situation which would, on the basis of available objective evidence, raise significant doubt as to the quality of what the organisation is supplying.

Observation

Where the Auditor detects or feels that there is a potential problem or weakness within the system or practices that may develop or may be improved on. Action taken by the Client in respect of an observation is at their discretion.

Appendix 3 Audit Options – Significant Non-conformity Identified

Following the identification of a significant non-conformity during the audit, the Auditor leading the audit will discuss the situation with the Company representative and decide upon one of the following options:-

- i) Progress the audit to completion. This may be undertaken providing the Company representatives made fully aware of the final outcome may:-
 - a) be not to recommend certification
 - b) be to recommend a full or partial re-audit
 - c) be to recommend verification of corrective actions prior to certification
- ii) Be to cease the audit process at that point, produce a final report, and conduct a closing meeting (see appendix 5) that does not recommend certification. A full re-audit would be required.

Appendix 4 Audit Outcome

The Auditor leading the audit will make the final recommendation for certification, based on the following:-

- i) Where no non-conformities are raised then certification is recommended
- ii) Where only minor non-conformities raised (that do not constitute a breakdown of the system) then certification is recommended, subject to the Client submitting corrective action proposals and timescales, within 30 days, demonstrating how the non-conformances will be resolved.
- iii) Where significant non-conformities have been raised then certification is not recommended (see Appendix 3).

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- iv) nonconformities recorded against a specific requirement of the audit criteria, and are made clear to client by writing a clear statement of the nonconformity and identify in detail the objective evidence on which the nonconformity is based
- v) nonconformities are discussed with the client to ensure that the evidence is accurate and that the nonconformities are understood
- vi) the auditor refrain from suggesting the cause of nonconformities or their solution

Appendix 5 Closing Meeting

Purpose of the closing meeting is to present the audit conclusions, including the recommendation regarding certification. The Auditor leading the audit will conduct a closing meeting. The areas to be covered are:-

- i) Thank the Company for the co-operation and hospitality received
- ii) Confirm the documents used as reference during the audit e.g. ISO 9001/UQSR regulations/any other specifications or standards and Company's own documented systems.
- iii) Confirm that the audit was conducted on a random sampling basis, therefore non-conformities may still exist which have not been identified during the audit
- iv) Auditor leading the audit will present an overall summary and recommendation regarding certification
- v) the method and timeframe of reporting, including any grading of audit findings;
- vi) Confirm the final scope of audit with any modifications applied
- vii) Confirm that the Company representative will be able to respond to any non-conformances within 30 days detailing corrective action proposals and timescales
- viii) Explain the process of certification issue
- ix) Confirm the process of surveillance visits including the duration and frequency (further explanation may be required if the duration or frequency differ from those identified on the quotation, as a result of information gained during the audit)
- x) Explain use of UQSR logo and relevant restrictions and stress need to read UQSR regulations
- xi) Obtain a signature from the Company representative on the Audit Report and any non-conformances
- xii) Provide a copy of the Summary Report and non-conformances for the Client in the folder provided
- xiii) Invite the Company representative to ask questions or comment if required. And the client given opportunity for questions
- xiv) diverging opinions regarding the audit findings or conclusions between the audit team and the client are discussed and resolved where possible
- xv) Information about the complaint handling and appeal processes

Appendix 6 Suspension and withdrawal of certificate

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Suspension and withdrawal process is as follows :-

- i) Sending a formal letter/e-mail to intimate about the issue (due to which UQSR is suspending the certificate)
- ii) Sending 2nd formal letter/e-mail (if client do not respond to the 1st letter and do not take any action to resolve the issue within 15 days)
- iii) Suspension of certificate after 15 days of 2nd formal letter. If client do not respond to suspension letter or don not took proper corrective action to the reason of suspension, then certificate will be withdrawn after 25 days of suspension.
- iv) Sending formal letter/e-mail to client for withdraw of certificate.
- v) Withdrawal of certificate. Note: Certificate can be withdrawn directly depending on sensitivity of the issue.

Suspension Letter:

The decision to suspend a certificate shall be communicated to the customer by a formal letter. The letter shall include:

- A statement on the decision to suspend the certificate including a proper description of the situation, argumentation and reference to objective evidences.
- The right to respond and appeal to the decision. Normally a 15 working days notice for response and appeal are given. An appeal may be lodged through the complaints procedure.
- Start date of the suspension (normally from the receipt of the letter)
- Conditions and due date of required action in order to revoke the suspension, and the consequence if satisfactory actions are not performed
- The means of follow-up by UQSR to verify that conditions have been met and needed corrective actions have been implemented
- A statement that the certificate is invalid during suspension and that use of all advertising matter containing a reference to Certification are prohibited during time of suspension
- A statement that both the customer and UQSR shall inform all enquirers that the certificate is suspended

A certificate shall not be suspended for more than 45 days.

Follow up

UQSR will verify that conditions are met and requested corrective actions are implemented.

Dependent on this verification UQSR will either:

- Declare a positive result, revoke the suspension and declare a valid certificate
- Declare a negative result due to failure to resolve the issues that resulted in suspension. This situation will normally result in permanent withdrawal of the certificate

In either cases the customer will receive a letter confirming the result.

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Withdrawal

Withdrawal of the certificate shall be initiated if:

- The customer does not meet the conditions of suspension
- A suspension is not considered to be an adequate action.

The decision to withdraw a certificate shall be formally communicated to the customer including the requirements to:

- Terminate use of the certification mark and any reference to certification
- Return certificate(s) and copies to UQSR

The customer has a right to appeal. And a appeal may be lodged through the complaints procedure

Reduction

UQSR will reduce the client's scope of certification:

- to exclude the parts not meeting the requirements, when the client has persistently or seriously failed to meet the certification requirements for those parts of the scope of certification. Any such reduction will be in line with the requirements of the standard used for certification.

The decision to withdraw a certificate shall be formally communicated to the customer including the requirements to:

- Terminate use of the certification mark and any reference to certification
- Return certificate(s) and copies to UQSR.

The customer has a right to appeal. An appeal may be lodged through the complaints procedure.

Appendix 7 Communication during the audit

During the audit, the audit team will periodically assess audit progress and exchange information. The audit team leader will reassign work as needed between the audit team members and periodically communicate the progress of the audit and any concerns to the client.

Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g. safety), the audit team leader will report this to the client and, if possible, to the certification body to determine appropriate action. Such action includes reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit.

The audit team leader will review with the client any need for changes to the audit scope which becomes apparent as on-site auditing activities progress and report this to UQSR. the audit team leader report the outcome of the action taken to UQSR.

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Appendix 8 Observers & Guides

The presence and justification of observers during an audit activity will be agreed to by UQSR and client prior to the conduct of the audit. The audit team will ensure that observers do not influence or interfere in the audit process or outcome of the audit.

Each auditor will be accompanied by a guide, unless otherwise agreed to by the audit team leader and the client. Guide is assigned to the audit team to facilitate the audit. The audit team shall ensure that guides do not influence or interfere in the audit process or outcome of the audit.

The responsibilities of a guide:

- establishing contacts and timing for interviews;
- arranging visits to specific parts of the site or organization;
- ensuring that rules concerning site safety and security procedures are known and respected by the audit team members;
- witnessing the audit on behalf of the client;
- providing clarification or information as requested by an auditor.

Appendix 9 Collecting & Verifying Information

During the audit, information relevant to the audit objectives, scope and criteria (including information relating to interfaces between functions, activities and processes) will be collected by appropriate sampling and verified to become audit evidence.

UQSR will use following methods to collecting the information:

- a) interviews;
- b) observation of processes and activities;
- c) review of documentation and records.

Identifying & Recording Audit Findings:

Audit findings summarizing conformity and detailing nonconformity and its supporting audit evidence will be recorded and reported to enable an informed certification decision.

A finding of nonconformity will be recorded against a specific requirement of the audit criteria, contain a clear statement of the nonconformity and identify in detail the objective evidence on which the non-conformity is based. The audit team leader will attempt to resolve any diverging opinions between the audit team and the client concerning audit evidence or findings, and unresolved points shall be recorded. Opportunities for improvement are identified and recorded, unless prohibited by the requirements of a management system certification scheme. Audit findings which are nonconformities in accordance with 9.1.15 b) and c) not able to be recorded as

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opportunities for improvement are communicated to clients. Nonconformities presented in such a manner that they are understood, and the timeframe for responding agreed.

Preparing Audit Conclusions

Prior to the closing meeting, the audit team will:

- a) review the audit findings, and any other appropriate information collected during the audit, against the audit objectives;
- b) agree upon the audit conclusions, taking into account the uncertainty inherent in the audit process;
- c) identify any necessary follow-up actions;
- d) confirm the appropriateness of the audit programme or identify any modification required (e.g. scope, audit time or dates, surveillance frequency, competence).
- e) Audit findings are recorded and communicated without recommending specific solution.

Appendix 10 Record of certified clients

Records on certified clients includes:-

1. application information and initial, surveillance and recertification audit reports,
2. certification agreement,
3. justification of the methodology used for sampling,
4. justification for auditor time determination,
5. verification of correction and corrective actions,
6. records of complaints and appeals, and any subsequent correction or corrective actions,
7. committee deliberations and decisions, if applicable,
8. documentation of the certification decisions,
9. certification documents, including the scope of certification with respect to product, process or service,
10. related records necessary to establish the credibility of the certification, such as evidence of the competence of auditors and technical experts.