REVISION AND APPROVAL

Rev.	Date	Nature of Changes	Approved By
0	Nov. 14, 2017	Original issue.	REY M. RAAGAS

1. PURPOSE

This procedure is made to verify whether the Quality Management System (QMS) established by the Bureau of Corrections (BuCor) conforms to the requirements set forth by ISO 9001:2015 and ensuring that current organizational practices are in line with the Quality Policies, Processes and Procedures through the use of a systematic, independent and documented process, for obtaining audit evidence and evaluating it objectively.

2. SCOPE

This Internal Audit of the QMS procedure applies to the BuCor's core process, which is the admission, security and operation, reformation and release of PDL's. Including support processes and management processes.

3. DEFINITION OF TERMS & ACRONYMS

Audit	• Systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.
Audit Programme	• A set of one or more audits planned for a specific time frame and directed towards a specific purpose.
Audit Plan	• Description of the activities and arrangements for an audit.
Audit Scope	• Extent and boundaries of an audit.
Audit Criteria	• A set of policies, procedures or requirements.
Audit Evidence	• Records, statements of fact or other information which are relevant to the audit criteria verifiable.
Audit Findings	• Results of the evaluation of the collected audit evidence against audit criteria. Findings include conformities, non-conformities and observation/s opportunities for improvement.
Audit Conclusion	• Outcome of an audit provided by the audit team after consideration of the audit objectives and all audit findings.
Audit Client	• Organization or person requesting an audit. This may be Top Management, the QMR, another government agency and other interested stakeholders.
Auditee	• Organization or person being audited.

Auditor	• Person with the demonstrated personal attributes and competence to the conduct an audit.
Audit Team	• One or more auditor conducting an audit, supported if needed by technical experts.
Major Nonconformity	• A nonconformity that shows an AS9100 clause or other requirement has not been implemented at all, or has been implemented in such a way that the requirements are not met at all.
Minor Nonconformity	• A single instance, or small set of single instances, that show a requirement has not been met. At the Lead Auditor's discretion, a large number of related Minor Nonconformities may instead be filed as a single Major Nonconformity.
Technical Expert	• Person who provides specific knowledge or expertise to the audit team. A technical expert does not act as an auditor in the audit team.
Non-conformity	• Non-fulfilment of a requirement.
Opportunity for Improvement	• An area of the QMS which currently fulfils the requirements but which may be further enhanced to prevent possible non-conformity.

4. RESPONSIBILITIES

QMR	• Reviews and approves the annual audit programme. As audit client, identifies priority areas of the quality management systems which will be the focus of the audit programme.
IQA Chairman	• Plans and manages the audit programme; coordinates the audit programme with the audit client and the QMR.
IQA Team Leader	• Plans and manages audits assigned to him; coordinates audit plans with the auditee. Conducts audits assigned to him/her.
IQA Team Member	• Conducts audits assigned to him/her.
Auditee	• Provides audit evidence to the IQA Team; responds to audit findings as needed.

5. PROCEDURE DETAILS

Activity	Person Responsible	Details/Functions	References/Forms
START ↓ Plan the audit programme	• IQA Chairman	• Schedules the different audits for the year; determines the audit objectives, scope and applicable criteria; identifies the audit team leader and members per audit.	• Annual Audit Schedule (STO-PR-006-F01)
	• (QMS Representative)	• Approves the audit programme	
↓ Selecting the Auditor	• IQA Chairman	• Evaluates candidate auditors • Maintains the directory of auditors • Identifies auditor training needs; coordinates with Human Resource Dev. Section on training and development requirements and programs.	
↓ Prepare for Audits	• IQA Team	• Prepares the audit plan; Prepares audit checklist.	• Audit Plan (STO-PR-006-F02), Audit Checklist (STO-PR-006-F03), Audit Itinerary
	• IQA Team Leader	• Coordinates audit arrangements with the auditee.	
↓ Audit Examination ↓ A	• IQA Team	• Gathers audit evidence and evaluates them against audit criteria • Reports on audit findings and conclusions	• Audit Checklist(STO-PR-006-F03) • Requests for Action

Activity	Person Responsible	Details/Functions	References/Forms
A	• Auditee	• Prepares and implements corrective actions on non-conformities, if any.	• Corrective Action Procedures (BUC-STO-PR-005)
Audit Evaluation and Status Review	• IQA Team	• Conducts follow-up audits, if needed	
	• QMR/IQA Team	• Reviews audit results and status of follow-up audits	• IQA Status Reports (STO-PR-006-F04)
END	• QMR/Management • Team/Auditee	• Reviews audit results and status of corrective actions.	

6. GUIDELINES

6.1 Audit Programme

6.1.1 Planning the Audit Programme.

6.1.1.1 Annual audit programme shall be done in conjunction with the BuCor's Annual Work and Financial Planning prepared at the 4th quarter of the current year. It shall also consider the results of the previous audit, status of follow ups and implementation of corrective actions for non-conformities.

6.1.1.2 The IQA Chairman shall take into consideration the following aspects in preparing the annual audit programme as follows:

- Objective of the audit programme
- Schedule of the audits and availability of IQA Team members
- Audit procedures
- Audit criteria and scope
- Resources to be used
- Miscellaneous items (Confidential Information, Security and Auditee availability)

6.1.1.3 Results of previous audits and corrective action shall also be considered and planned alongside current audit programme to determine if previously

identified non-conformity are addressed accordingly.

6.1.2 The ISO 9001:2015 standard shall serve as the primary audit criteria for QMS audit to be conducted. The BuCor shall also need to comply with applicable laws, rules, regulation and orders, as well as its own manual, guidelines and procedures. The annual audit programme shall determine if a combination or all criteria's mentioned will be its Audit Scope.

6.1.3 The scope of audit as determined by the IQA Chairman shall be coordinated to concerned Auditee and appropriate steps should be made to disseminate such information. The scope should include the processes or functions which need to be audited in order to meet the objectives of the audit.

6.1.4 The IQA Chairman shall be responsible in selecting the appropriate audit team members which will conduct the verification based on the approved audit scope and corresponding criteria. Audit Team members should possess the desired qualification and take into account their competence in order for him/her to render audit findings that is objective. The IQA Chairman shall also determine if there is a need to appoint any technical experts for a determined audit scope.

6.2 Selecting the Auditor

6.2.1 The selection of IQA Team Leader and Members including Technical Experts shall consider the following competencies:

6.2.1.1 Personal Attributes

6.2.1.2 Ethical – fair, truthful, sincere, honest and discreet

6.2.1.3 Open-Minded – willing to consider alternative ideas or point of view

6.2.1.4 Diplomatic – tactful in dealing with people

6.2.1.5 Observant – actively aware of physical surroundings and activities

6.2.1.6 Perceptive – instinctively aware of and able to understand situations

6.2.1.7 Versatile – adjusts readily to different situations

6.2.1.8 Tenacious – persistent, focused on achieving objectives

6.2.1.9 Decisive – reaches timely conclusions based on logical reasoning and analysis

6.2.1.10 Self-reliant – acts and functions independently while interacting effectively with others

6.2.1.11 Knowledge on auditing concepts and methodologies

6.2.1.12 Auditing Skills – planning, preparation of checklist, gathering of audit evidence against audit criteria, preparing audit reports

6.2.1.13 Knowledge on ISO 9001 requirements and the quality management system of BuCor, vis-à-vis audit requirements of the audit client.

6.2.2 IQA Team Leaders and Members shall be reviewed with consideration of the following:

6.2.2.1 Feedback from the Team Leader for member performances, including those from other audit members and auditee.

6.2.2.2 Quality of Audit Reports for the Team Leader.

6.2.3 Auditor competencies, skills and knowledge shall be periodically monitored and appropriate training and development needs should be identified. The IQA Chairman shall coordinate with the Human Resource Development Section (HRDS) to address their needs and implement suitable training programs.

6.3 Preparing for the Audit

6.3.1 When an audit is initiated, the responsibility for conducting the audit remains with the IQA Team Leader until it is completed. The initial contact with the auditee shall be made to accomplish the following:

- establishes communications
- confirms the audit schedule
- provides relevant information on the audit scope, audit team members, technical experts if any
- requests access to information for audit planning

6.3.2 The IQA team leader shall assign specific team members responsibility for auditing specific processes, activities, functions and locations. Selection of assignment should account for independence and competence of the team

members and ensure that work assignments are clearly communicated.

6.3.3 THE IQA team leader should prepare the Audit Plan 1 (one) month before the scheduled audit. The audit plan shall contain the following:

- Audit Objective
- Audit Scope
- Audit Criteria and Reference documents
- Engagement Timeline
- Work Assignments
- Allocated Resources

6.3.4 Preparation of audit work documentation shall be made 2 (two) weeks before the scheduled audit. The Audit Team members should collect and review information relevant to their audit assignments and prepare documents such as:

- Audit Checklist
- Audit Sampling plans
- Forms of recording information

6.4 Conducting the Audit Activities

6.4.1 Opening Meeting - should be held together with the auditee, including those directly responsible to the processes or function which is part of the audit scope. The audit team leader shall chair the meeting and will discuss the following:

- Introduction of the Audit Team
- Confirmation of the Audit Objectives, Scope and Criteria
- Presentation of the Audit Plan
- Communication between the Auditee and the Audit Team
- Reporting of Audit Findings and how to deal with them
- Audit Report and Closing Meeting

6.4.2 Gathering of audit evidence and review of auditee's relevant documentation shall be made in order to determine their conformity with the established criteria (ISO 9001:2015). This activity can be done through interviews of concerned auditee representative assigned to specific processes within the audit scope, review of documentation and records and observation of procedures.

6.4.3 The audit team members should confer periodically to exchange information, assess audit progress, and reassign

work between the audit team members as needed. Moreover, audit team meetings are held to discuss initial findings, identify additional audit requirements, and resolve any audit issues; to consolidate and prepare the audit reports. Non-conformities found during audits shall be documented using the Request for Action (RFA) form.

6.4.4 Prior to the closing meeting and after the generation of individual audit findings, the audit team members shall confer and prepare the audit conclusion. Review of audit findings and audit evidence are made to align them with the audit objectives set out during the opening meeting and if such was attained and identified weaknesses can be addressed.

6.4.5 The audit team leader shall preside over the conduct of the closing meeting together with the IQA Team and the Auditee. The closing meeting shall be the venue to present the audit findings and conclusions, discuss non-conformities and agreement as to the corrective action to be taken and schedule of its implementation.

6.4.6 The IQA Team Leader shall sign the RFA and the concerned auditee shall acknowledge it. The Auditee shall commit to and apply the necessary corrective action to all non-conformities within 1 (one) month by submitting a corrective action plan after the closing meeting.

6.4.7 The audit team leader shall prepare the audit report based on the audit findings and conclusion including corrective action plans indicated by the auditee. It should provide for a complete, accurate, concise and clear record of the audit.

6.4.8 Follow-up audit shall be conducted within 1 (one) month after the completion date of corrective action. The auditee shall submit documentary evidence to show implementation of corrective actions. The IQA Team shall review the documentary evidence, and if sufficient, may deem the non-conformity to be closed. Otherwise, a site inspection to verify actual implementation may be conducted, after the non-conformity may be deemed closed.

6.5 Reviewing the Audit Results and Status

6.5.1 Within 1 (one) month after the closing meeting, the QMR shall review the status of the audit with the IQA Chairman. The review shall determine if the audit was able to meet its objective, including the need for any follow-up audit(s).

6.5.2 At the Management Review immediately following the audit, the QMR shall discuss with the Management Team the results of the audit, as well as the status if corrective actions on non-conformities. The review of the status of corrective actions shall remain on the Management Review agenda until such time as the corrective actions have been implemented and the non-conformity has been closed. Auditee shall keep the QMR and the IQA Chairman periodically updated on the status of corrective actions, until the corrective actions have been implemented.