TQCSI GENERAL POLICY
FOR MANAGEMENT SYSTEM CERTIFICATION

This policy document describes policies determined by TQCSI's Certification Approval Panel in the interpretation of general issues regarding all management systems.

Internal Audits & Management Review

A fundamental requirement of all management system standards is that organisations regularly review themselves through internal audits and management review.

Internal audits need to be conducted of the processes required by the respective clauses of each Standard. Additionally, work processes/procedures required by the client should be reviewed.

The frequency of internal audits of management system processes should not be more than 12 months but may be based on the risk of the respective process to the organisation. The frequency of review of work procedures should be based on the risk of the process to the organisation. The frequency of management review should also not normally be more than 12 months.

Internal Audits

A minor nonconformance is to be raised if <u>one or more</u> processes required by the Standard have not been internally audited in the previous two calendar years, or work processes/procedures are repeatedly not being reviewed in accordance with the client's own schedule.

A major nonconformance is to be raised if there has not been <u>any</u> internal audit of the management system (ie <u>any</u> of the processes required by the Standard) conducted in the previous 18 months.

Internal audits need not be audits against the respective Standard. By virtue of TQCSI auditing against the Standard and the management system, clients satisfy the Standards' requirements by simply auditing against their management system documentation which is relevant to the clauses of the Standard.

There is a growing tendency to require internal audits to only be audits of operational procedures. This is wrong, internal audits must be of the management system processes themselves (ie the management system documentation addressing the required clauses of the Standard). Auditing of operational procedures (ie SOPs, procedures, work instructions, etc which facilitates ISO 9001) may be conducted simultaneously but is more often conducted at another time, providing it is scheduled and those procedures are regularly reviewed. Normally, TQCSI would require operational procedures to be reviewed at least two yearly, although reviewing processes with higher risk to the client more frequently is encouraged. Reviewing operational procedures may only require the respective procedure to be verified as being correct.

A traditional checklist approach to internal audits is acceptable providing the checklist is reviewed and updated from time to time so that it remains current.

Sufficient evidence is to be recorded to ensure the internal audit findings can be justified.

Management Review

A minor nonconformance is to be raised if more than one agenda item required by the Standard was not covered in the last management review and a discrepancy is to be raised if the client's agenda or schedule has not been followed. A major nonconformance is to be raised if no management review has been conducted in the previous calendar year or last 18 months.

Management review may be conducted in whatever format the client chooses although most clients use a traditional meeting format. If not through a meeting, then there must be reasonable evidence that the respective management team participated in some form of discussion – simply reading a report is not acceptable. All required inputs of the Standard must be discussed and reasonable evidence of the discussion must be recorded (normally in meeting minutes). Any other agenda items required by the management system documentation must also be discussed. Any action arising from management review must be recorded and a person nominated, preferably with a target date.

There must also be some traceability to previous management review records to ensure proposed action was achieved or is being monitored.

Outstanding Action

When a **minor nonconformance** remains outstanding from previous audits, the Audit Team Leader is to determine if the Action Plan that had been agreed to has been followed. If it has and there has been a reasonable attempt to complete the corrective action, then the Audit Team Leader may consider leaving it open, depending on the risk. In such cases, the old NCR is simply to remain open and an Action Plan agreed to at the time of the audit (there is no need for another Action Plan to be submitted to TQCSI).

Even if a reasonable attempt to complete the corrective action has been made but the Audit Team Leader considers the risk to be to significant, a major nonconformance may be raised. However, this would not normally be the case.

Similarly, if the Action Plan has not been followed and/or a reasonable attempt to complete the corrective action has not been made, then the Audit Team Leader may consider elevating the issue to a major nonconformance. In such cases, the old NCR is to be closed and a new major nonconformance is to be raised requiring an Action Plan to be submitted to TQCSI and a Follow-Up Audit in the normal manner.

When nonconformances are elevated from 'minor' to 'major', they must then be closed; they cannot be downgraded to a 'minor nonconformance'.

Whenever nonconformances remain outstanding, certification is being jeopardised and this should be discussed in the 'Risk Statement' section of the Audit Summary in the Audit Report.

It is not compulsory for clients to satisfactorily address all discrepancies from previous audits, particularly if many had previously been raised. Providing a reasonable attempt has been made to take corrective action for the majority, then the outstanding discrepancies should simply be identified in the Audit Report. TQCSI would not normally expect discrepancies to be outstanding at a second audit, however the Audit Team Leader may consider it reasonable, particularly if the corrective action is very significant or requires significant expense. In determining the ramifications of outstanding discrepancies, the Audit Team Leader should consider the relevant risk.

However, if discrepancies remain outstanding and there has not been a reasonable attempt to take corrective action, the Audit Team Leader may consider raising a minor nonconformance.

Major Nonconformance

If a major nonconformance cannot be closed or downgraded when the designated timeframe has been met, certification will be suspended. The client will then be given a maximum of three months to take appropriate corrective action and if the major nonconformance cannot then be closed or downgraded, certification will be withdrawn.

Follow Up Audits

Follow Up Audits are required whenever a major nonconformance is found during an audit. They may also be required where there are minor nonconformances found which jeopardise certification. The Follow Up Audit is to be conducted within three months if there is no significant risk to the quality of product/service, workplace safety, the environment or food safety. However, where there is a significant risk, the Audit Team Leader is to reduce the period before the Follow Up Audit is required based on that risk.

In exceptional circumstances where there is significant travel required and/or where the evidence to justify downgrading the major nonconformance can be achieved remotely, the Audit Team Leader may recommend the Follow Up Audit be conducted off site by justifying the recommendation in the body of the Audit Report. The General Manager is to approve whether Follow Up Audits are conducted off site. If evidence can be reviewed off-site, an Audit Report is not required.

The 'Next Audit' section of the Audit Report is only for the next planned audit, not Follow-Up Audits.

Certification Marks

While clients are encouraged to display certification marks on their marketing material and documentation/media, management system certification marks should not be placed directly on product, product packaging or product specifications which might infer that the product itself is certified. A discrepancy is to be raised if certification marks are found on product, product packaging or product specifications where it could infer product certification and the client is expected to remove the marks at the next print run.

Approved:	***Original signed***	***Original signed***
	Craig Bates President, TQCSI	Lorraine Welsh Accreditation Manager, TQCSI
Date:	7 March 2016	