1.0. PURPOSE

The purpose of this procedure is to explain the methods of Auditing

2.0. SCOPE

It Covers all activities of Normal Audits

3.0. RESPONSIBILITIES

Director certification is responsible for this procedure.

4.0. DEFINITIONS

4.1. Normal audits: any audit Innitial & survellience which is part of original contract.

5.0 Refrences:- QA-P-HRD-02

6.0 Procedure

a. **QACs will reveiw the application and will choose Audit team according to the procedure QA-P-HRD-02 and also check the criticality of the client scope and decide the man days according to procedure QA-P-SYS-04. Additional Audit mandays would be required if any LA/Auditor Spend time as technical experts, translators, interpreters, observers or auditors-in-training.**
b. **The audit dates are confirmed with client by the Operation department.**
c. **The profile of selected audit team is sent for approval from client. The audit team may constitute one person who is lead auditor.**
d. **In case any observer to witness the audit is required, approval form the client is taken. The arrangement of observer is born by the company. The observer is allowed only the witness of audit and submit observation/witness report directly to the certification body (QACS)/ AB. The observer do not interfere or influence the audit.**
e. **The audit team is provided with the relevent information of client organisation such as Name, managment system already audited or to be audited, Scope of activity, products etc.**
f. **The audit team is provided the documents of the organisation (incase of 1st audit)**
g. **The audit team is provided with the last audit report (incase in any subsequent audits)**
h. **The audit team‘s traveling arrangement is confirmed with the client.**
i. **The audit team is asked to follow guidence of ISO17021-1:2015 and ISO TS 22003 during the auditing as required. Audit teams operate under lead auditor who also act as team leader.**
j. **Audit team leader select translator or interpreter and or Guides for each Auditor as required in such a manner they do not unduly influence the audit.**
k. **The audit team leader, in consultation with the audit team, shall assign to each team member responsibility for auditing specific processes, functions, sites, areas or activities. Such assignments shall take into account the need for competence, and the effective and efficient use of the audit team, as well as different roles and responsibilities of auditors, auditors-in-training and technical experts. Changes to the work assignments may be made as the audit progresses to ensure**

achievement of the audit objectives. The typical audit start with opening meeting and end with closing meeting.

l. The audit team should periodically assess audit programme and exchange information for multi day audit at the end of day and for single day audit during lunch break. Based on the information exchange re-assign the work as needed and also communicate audit progress and any concern to the client.

m. The audit team is required to complete all the relevent documents, capture all legal and other requirements (Statutory and regulatory requirements) applicable and collect substential evidence to confirm the scope of Audit. In case of non conformity time allowed for Corrective action shall be in consitentent of severity of the non conformity but is never be more then 3 months.

n. The Audit team is fully authorised to suspend the audit, issue non confirmity immidiately if they find out that any non confirmity is immidiate threat to establishment of management system being audited, The time allowed for corrective action shall be minimun and shall be reviewed by QACS and communicate decision to the client and certification manager. In case if it is a breach of an act of parliament or a contravention of a regulatory requirement then will suspend the audit and will immediately inform the certification body who then will notify the concerned regularatory body immediately. (Example:-Immidiate threat to environment for EMS Audit, Immidiate threat to OHS, Direct Food safety risk for FSMS Audit).

o. The action could also be re-confirmation or modification of audit plan chnages to audit objective or audit scope or termination of audit.

p. During the audit if audit team find out substantial evidence with suggest any need to change the audit scope during the audit progress review shall inform the client as well as certification body that audit scope would require modification.

q. The Non confirmities should be classified Major or minor based on the available evidences. The major conformities result in suspension of certification and required followup audit for verification of closer for restoration of certificate, wheras in minor non conformities certificate is continued and remote verification has been done and physical verification has been done in next audit.

r. Audit team are adviced to contact certification manager in case of any dispute other then the convenience.

s. Audit report along with the summmery, Corrective action request form and recommendation letter is received from the auditors.

t. The audit report is sent for Review.

u. For FSMS -ISO 22000 Multiple site audit duration has been calculated as per the ISO/TS 22003.

v. If any client wants for the certification in multiple sites and the same scope and acitivities than QACS will make the audit programe for sampling basis and use such formula according to IAF guide MD 1:2018

Surveillance audit (Yearly / Half Yearly):- on the time surveillance audit QACS will choose the auditor according to certification procedure. In Audit report of respective standard, QACs has marked the * in mandatory clause which will be audited in evey type of audit. And the time of surveilance audit * rated clauses will be checked properly and sufficient evidence of conformity will be collected.

Re- Certification (Renewal of certification):- after completion of all the surveillance audits QACS will arrange the re-certification audit within the 3years from the date of issue of the certifiacte. If client wants to continue it.

7.0 RELATED DOCUMENTS

- Openning & closing meeting record QA-SYS-06
- Stage 1 report:-
- Stage 2 report
- Certificate draft copy:- QA-SYS-09
- Audit Descripency/NC form QA-SYS-18
- IAF MD 5 : 2013
- IAF MD 5: 2015
- IAF MD 1:2018