

# The Catholic University of Eastern Africa

TITLE	AUTHOR
<b>PROCEDURE FOR INTERNAL QUALITY AUDITS (CUEA/VC/MR 03)</b>	<b>MR</b>
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	<b>6 (SIX) (A-F)</b>
<b>AUTHORIZATION</b> This Quality Management Procedure is issued under the authority of:	
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<b>NOTE:</b> <ol style="list-style-type: none"> <li>Write amendments on the page provided (Clause 0.2)</li> <li>Controlled copies of this document will be in the VC and the MR office.</li> </ol>	

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<b>No.</b>	<b>Date</b>	<b>Details of Changes</b>		<b>Authorization</b>
	<i>(dd-mm-yy)</i>	<i>Page</i>	<i>Clause/subclause</i>	<i>Title</i>

**0.3 Distribution / Circulation**

This quality management procedure is available on CUEA servers for authorized users

**1.0 PURPOSE**

The purpose of this procedure is to describe how CUEA plans and conducts internal audits of the quality management system to ISO 9001:2008 and to applicable accreditation standards. In addition, this procedure is used to assess the effectiveness of the implementation of the quality management system, and to identify opportunities for improvement as required by ISO 9001:2008 and defined in the CUEA-QMM

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## 2.0 SCOPE

This procedure applies to audits of all activities that comprise the QMS implemented in CUEA as laid down in the CUEA-QMM, based on related documentation and records, including policies, practices, and results of CUEA services.

## 3.0 TERM AND DEFINITIONS

### 3.1 Definitions of Terms Used:

For the purpose of this procedure all terms contained in ISO 9000:2005 and ISO 19011:2009 shall apply in addition to the following terms:

3.1.1 Auditee: This is a specific functional department or section to be audited under the responsibility of the respective Head

3.1.2 Audit team leader: An internal auditor designated or appointed to lead an audit.

3.1.3 Audit team: One or more internal auditors selected to conduct an audit

3.1.4 Audit scope: This is the extent or boundaries of an audit which may include a defined physical location, functional positioning, activities and processes as well as time period for performance of an audit.

## 3.2 Abbreviations and Acronyms

3.2.1 **HOD** – Head of Department

3.2.2 **MR** - Management Representative

3.2.3 **CMR** - Campus Management Representative

3.2.4 **QMM** - Quality Management Manual

3.2.5 **QMP** - Quality Management Procedure(s)

3.2.6 **QMS** - Quality Management System

3.2.7 **QMC** - Quality Management Coordinator

3.2.8 **VC**- Vice Chancellor

3.2.9 **CUEA**- Catholic University of Eastern Africa.

3.2.10 **DQA**- Directorate of Quality Assurance

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## 4.0 REFERENCES

This procedure makes reference to the following documents which form part of the QMS documentation:

- 4.1 **CUEA-QMM**, Section 4 (Sub-clause 8.2.2)
- 4.2 **ISO 9000:2005**, Quality Management systems –Fundamentals and vocabulary
- 4.3 **ISO 9001:2008**, Quality Management systems –Requirements
- 4.4 ISO 19011:2009, Guidelines for Quality Management System Auditing

## 5.0 PRINCIPAL RESPONSIBILITIES

5.1 The MR has the overall responsibilities for planning, coordinating, executing and monitoring internal audits. This includes drawing up of annual audit programme, audit notification, appointment of auditors, follow up of corrective actions, and presentation of overall audit results reports to senior management.

5.2 The MR is responsible for ensuring that this procedure is implemented and that it remains adequate for its intended purposes.

5.3 The Process owner is responsible for ensuring that the areas under their control cooperate with the internal auditor and MR, and for ensuring execution of nonconformity corrective actions within the agreed timescales.

5.4 The Audit Team Leader (Auditor) is responsible for making necessary arrangements with the auditee, drawing an audit plan, general management of an audit: specifically performance at opening and closing meetings, auditing, resolving problems during the audit, and filing audit reports with MR.

## 6.0 METHODS

### 6.1 Internal Audit Planning

#### 6.1.1 General

6.1.1.1 An annual internal audit programme shall be prepared and issued by MR covering all activities that comprise the QMS implemented in CUEA.

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6.1.1.2 Each functional area and its constituent departments, sections and campuses on other locations shall be audited at least once a year or as deemed necessary. More audits may be performed at certain areas or activities depending on the status of nonconformity/complaints or deemed to be critical to its integrity or required by other standards implemented.

6.1.1.3 Each function may conduct functional internal audits depending on the applicable service standard implemented.

6.1.1.4 Unscheduled or unannounced audits may also be conducted as maybe necessary.

### **6.1.2 Audit programme**

6.1.2.1 The annual internal audit programme is a series of audit covering CUEA-wide QMS for the year. The programme schedules dates/months and assigns audit teams for all auditable activities per functional area including regional spread.

6.1.2.2 The audit programme is a matrix with columns and rows fields identifying dates/months, location, functional departments and sections where practicable.

6.1.2.3 Once the audit programme has been prepared, it shall be submitted for approval by the VC after which MR will publish and distribute to all functional departments and other CUEA campuses

6.1.2.4 For Unscheduled or unannounced, function specific internal audits, a similar programme shall be developed and circulated as necessary.

### **6.1.3 Audit team selection**

6.1.3.1 The MR or delegated QMS coordinator (CMR) shall nominate from staff trained and competent in internal auditing to carry out internal audits.

6.1.3.2 Staff assigned (internal auditors) to carry out audits shall be as much as possible independent or have no direct responsibility of the function/activity being audited.

6.1.3.3 The nominated internal auditor shall be part of an audit team which may consist of one or more auditors depending on the scope and duration of the audit. Each audit team shall be assigned an audit team number.

6.1.3.4 The MR or delegated CMR shall also name the audit team leader who shall perform responsibilities (but not limited to) detailed in sub-clause 5.4 above.

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6.1.3.5 A record of all trained staff in internal auditing shall be maintained by MR or delegated FMR and updated based on the evaluation of internal audit results.

#### **6.1.4 Audit notification**

6.1.4.1 Once the audit programme has been issued, the MR or delegated CMR shall notify the auditee and audit team leader (the parties) of the proposed date of the audit. All parties will be asked to acknowledge notification of arrangements and the request agreement.

6.1.4.2 Closer to the time of the audit, the audit team leader or MR/CMR shall issue a detailed audit plan to the auditee. Where this is not practicable, this shall be communicated at the earliest opportunity to the auditee.

### **6.2 Audit Phases**

The CUEA internal audit process consists of 5 phases:

- a) Initial system review;
- b) Audit preparation and auditors briefing;
- c) Document review audit and audit plan;
- d) On-site and witness audit activities; and
- e) Audit close-out and follow up activities

#### **6.2.1 Initial system review**

6.2.1.1 Before the commencement of any audit, each functional area shall be requested to submit their current QMS documentation to MR for review. The objective of such a review is to ascertain that the functional areas documentation is adequately developed to meet the generic requirement of CUEA overall QMS.

6.2.1.2 The MR/CMR shall undertake the review and where practicable define the appropriate QMS structure, audit scope, objectives and criteria of the functional area to be submitted to the Audit team leader. The output of such a review is also to facilitate appropriate selection of audit teams and audit time estimation.

6.2.1.3 Where documentation submitted is not adequate or incomplete, the MR/CMR will prepare additional guidance to the auditors and present to the appropriate audit team during the auditors briefing.

6.2.1.4 Where the function being audited has a history of previous unclosed internal audit corrective actions or results of an external audit or outstanding complaints, the MR/CMR shall

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point them out to the audit team for follow up. Copies of such outstanding items shall be made out for the audit team.

6.2.1.5 Additionally, where a function has made specific requests for an audit or management priorities or concerns have been raised on the performance of certain process in the function, the audit team shall also be alerted of the same.

6.2.1.6 A pre-audit summary report shall be prepared by MR/CMR following such a review. The pre-audit summary report should include where practicable, the designated auditee representative(s), the dates of previous audits, audit objective, audit criteria, management priorities, outstanding corrective actions or complaints, etc.

### **6.2.2 Audit preparation and internal auditors briefing**

6.2.2.1 Following agreement by the auditee and the auditor, the MR/CMR shall initiate all logistical arrangements to facilitate the audit. Such arrangements shall include but not limited to obtaining financial resources necessary, transportation, travel and accommodation, booking meeting rooms, availing and updating the respective audit files, printing of audit forms, requisition necessary stationary, and other auditing needs.

6.2.2.2 Prior to each audit, an auditors briefing meeting shall be convened by MR to discuss the audit procedures (refresher) with the internal auditors, avail the audit files, forms, pre-audit summary reports, obtain feedback from auditors, and any issues relevant to the audits.

6.2.2.3 Any issues raised or feedback obtained shall be noted by MR/CMR and used as improvement aspects for the audit process. Minutes of such briefing meeting maybe kept but as a minimum a record of attendance shall be filed by the MR/CMR.

6.2.2.4 Each audit team leader shall also hold a team briefing. The briefing will include but not limited to familiarization of audit team members, overall QMS structure, development and/or discussion of the audit plan, the role of each auditor in the audit, audit techniques to be used, scope of the audit, preparation of audit checklists, and any areas of concern.

### **6.2.3 Document review audit and audit plan preparation**

6.2.3.1 Prior to the commencement of the on-site audit, the audit team leader and/or the audit team shall undertake a document review audit of the functional area's documentation. The objective of such review is to determine the status of conformity of the QMS as documented with the audit criteria.

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6.2.3.2 The document review shall take account of the overall CUEA QMS mandatory requirements, the applicable statutory regulations, the complexity of the function, the specific structure of the function, the specific scope of QMS implemented (certified) in the function, volume of work, the level of autonomy and delegated authority; and provide input for planning for on-site audit and witness audits.

6.2.3.3 Where it is not possible to conclusively undertake a review, such a document review may be conducted or deferred until the on-site activities have commenced, as long as this will not be detrimental to the conduct of the audit.

6.2.3.4 If the document review audit is found to be inadequate, the audit team leader shall inform the MR and the auditee, and a decision made as to whether the audit should be shortened or concerns resolved. Either way, audit reports shall be submitted on the level of inadequacy of documentation.

6.2.3.5 The audit team leader shall prepare or update (if done earlier) an audit plan and obtain agreement with the audit team and auditee respectively. The audit plan should schedule audit activities in detail, including timing of each item. In addition, the audit plan should reflect the sample of activities based on the scope of the function being audited.

6.2.3.6 Where a tentative audit plan would have been prepared by MR/CMR, the audit team leader is at liberty to make amendments and add necessary details. The audit plan should where possible provide time each day for a short review of the day's findings, reporting any additional document reviews and planning for the next day's activities.

#### **6.2.4 On-site and witness audit activities**

6.2.4.1 The audit team shall carry out the audit based on the audit plan. You may need to start with the HOD as appropriate. Upon asking questions, the auditors shall establish the facts, record the evidences, evaluate the facts for compliance and clarify any misunderstandings.

6.2.4.2 The auditors shall collect all the details obtained from the audit and record findings thereto.

#### **6.2.5 Close out and follow up audit**

6.2.5.1 The audit team members shall ensure that appropriate corrective actions are suggested and agreed upon by the auditee. The close out audit shall be carried out within 30 days.

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### **6.3 Audit Process**

#### **6.3.1 Opening meeting (introductory)**

6.3.1.1 Each audit team shall hold an opening meeting, during which the auditors will state the purpose of audit, confirm the audit plan, and assure auditee of confidentiality and record list of attendance. Attendance record is as in form CUEA/VC/MR/03 fm1 as in Appendix A.

#### **6.3.2 Auditing and sampling**

6.3.2.1 Each specific area identifiable at department level shall be sampled by the auditors for auditing. Audit findings shall be recorded as stipulated in form CUEA VC/MR/03/fm02 as in appendix B.

6.3.2.2 After the audit and during the auditors review meeting, the auditors shall agree on any non conformity raised and report this in the Corrective Action Plan as in Appendix C.

6.2.3.3 The Audit team leader shall ensure that the non-conformities are correctly raised for ease of understanding by the auditee.

#### **6.3.3 Closing meeting**

6.3.3.1 After the audit is done a closing meeting shall be held during which the auditors shall present their report of findings as in Appendix B, C and D (CUEA/VC/MR/03/fm02, CUEA VC/MR/03/fm3, and CUEA/VC/MR/03/fm04).

### **6.4 Audit Records**

6.4.1.1 Once documentation has been finalized, each department shall keep records of the audit as per procedure QMP-02 (CUEA/ VC/MR/02: Procedure for Control of Records).

### **6.5 Management Reporting of audits**

Audit reports shall be forwarded to MR for review.

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**7.0. APPENDICES**

**7.1 Appendix A: Audit Minutes**



**OPENING / CLOSING AUDIT MEETING MINUTES REGISTER**

<b>Audit No:</b>	<b>Date:</b>
<b>Function / Department:</b>	
<b>Auditee Representative:</b>	
<b>Audit Team No:</b>	<b>Team Leader:</b>
<b>Scope of the Audit /Aspect audited:</b>	

**ATTENDANCE RECORD**

S/No.	Name	Position/Title	MEETING	
			Time: _____	Time: _____
			Opening (Sign)	Closing (Sign)

**ISSUED BY MANAGEMENT REPRESENTATIVE**

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## 7.2 Appendix B: Audit Findings Report



### CUEA AUDIT FINDINGS FORM

<b>DEPARTMENT:</b>		<b>AUDIT No:</b>	
<b>Name of Auditor:</b>		<b>Date:</b>	
<b>Location:</b>			

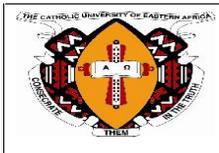
S/No.	Findings	Reference	Name and Signature of Functional Representative

**ISSUED BY: MANAGEMENT REPRESENTATIVE**

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**CORRECTION (as applicable):**

**Corrective action to be taken to prevent recurrence :**

**Signed : Auditee** \_\_\_\_\_ **Date of Completion** \_\_\_\_\_

**Auditor** \_\_\_\_\_ **Date of completion** \_\_\_\_\_

Follow up (to be completed by the auditor):

Action fully Completed:

Action partially completed:

No Action taken

Details:

Signed.....

Auditor

Name

Date

Signed.....

Auditee

Name

Date

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HOF/Auditees:

**Audit Basis**

**Purpose of Audit**

**AUDIT REPORT**

**A. General Findings**

**B. Positives**

**C. Opportunities for Improvement**

**D. Non Conformities (if there are any)**

**E. Summary**

**F. Conclusion**

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Date

Designation:

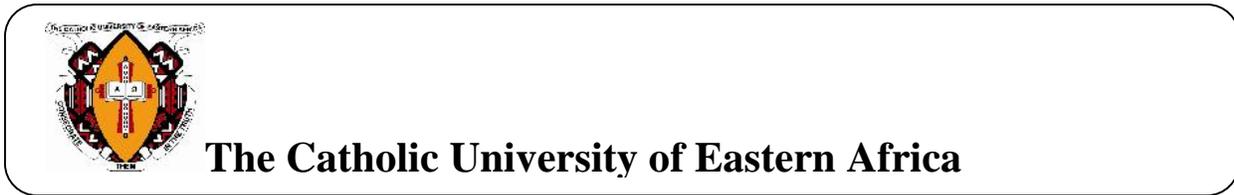
**ISSUED BY MANAGEMENT REPRESENTATIVE**

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### 7.5 Appendix E: Example of Internal Quality Audit Schedule



#### INTERNAL QUALITY AUDIT SCHEDULE

SNO	DEPT/SXN	AUDITORS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1.	MR													
2.	VC													
3.	FINANCE													
4.	TRANSP													
5.	FOSC													
6.	INFIMA													
7.	SECUR													

**ISSUED BY: MANAGEMENT REPRESENTATIVE**

**CUEA/VC/MR/03/fm 05**



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**7.6 Appendix F: CUEA Internal Quality Audit Checklist Form**



**CUEA INTERNAL QUALITY AUDIT CHECKLIST FORM**

<b>DEPARTMENT:</b>		<b>Audit No:</b>	<b>Audit Date:</b>
<b>Location to be audited:</b>			
<b>No.</b>	<b>Aspect of system to be checked (question)</b>	<b>Reference</b>	<b>Remarks (A/U*)</b>

\* A – acceptable

U – unacceptable

**Name of Auditor:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ISSUED BY: MR**

**CUEA/VC/DQA/03/fm 06**

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## 7.7 Appendix G: Work Instruction on Actual Audit

- The auditors shall collect the necessary forms to be used during the audit exercise.
  - i. Opening/Closing Minutes form
  - ii. Audit checklist form
  - iii. Audit findings
  - iv. Corrective Action Report (CAR) forms
  - v. Audit Summary and Audit Schedule
- During the opening meeting the Audit team leader shall:
  - i. Introduce team members
  - ii. Complete the register on the Opening/Closing minute form
  - iii. Confirm the audit plan emphasizing the purpose and scope
  - iv. Clarify the responsibilities of each audit team member
  - v. Assure the auditees of confidentiality
- During the Actual Audit the auditor (s) should:
  - i. Use checklist questions as a guide to conduct the audit
  - ii. Record evidence on the audit findings form
  - iii. Read back the findings to the Auditee and request them to sign
- During Review Meeting
  - i. Evaluate the audit findings against objective evidence and classify them into positives, nonconformities or opportunity for improvement and fill the audit summary form
  - ii. Classify the non conformities as major or minor, fill in the CAR forms and request for them to be signed by the auditees
- Closing Meeting
  - i. Attendees should sign in the attendance register in Opening/Closing minutes form
  - ii. Thank the auditees
  - iii. Clarify the purpose and scope of the audit
  - iv. Give non-conformities in detail
  - v. Present overall summary and conclusions
  - vi. Allow for discussions
  - vii. Request corrective action dates
  - viii. Agree on follow up dates

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## 8.0. ASSOCIATED DOCUMENTS

8.1 QMP-07 CUEA/VC/MR/07, Quality Management Procedure on Management Review

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