



<b>Procedure</b>	Code: P05
Internal Quality Audit	Version: 02

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## 1. Purpose and scope

This procedure deals with the provisions relating to planning, implementing, and monitoring the internal quality audits of SOAC Quality Management System. Internal audits verify the compliance of SOAC's operations with applicable requirements, including ISO/IEC 17011, interpretation documents issued by regional and international organizations, and SOAC's policies and procedures. Audits ensure that the management system is implemented and maintained.

## 2. References

- ISO/IEC 17011, Conformity assessment — Requirements for accreditation bodies
- accrediting conformity assessment bodies
- ISO 19011, Guidelines for auditing management systems
- ECORAS, AFRAC, IAF and ILAC applicable documents
- Records of SOAC's QMS
- Other system requirements, if any.

## 3. Distribution list

All the services.

## 4. Effective date and review

This document is applicable from the date mentioned on the cover page. It will be updated as necessary.

## 5. Summary of changes

Version 00: creation.

Version 01: updating the scope and opportunities for improvement.

Version 02: revision to some sections and update of the table of modifications.

## 6. Terms and definitions

**AFRAC:** African Accreditation Cooperation

**DG:** Director-General

**ECORAS:** ECOWAS Regional Accreditation System

**IAF:** International Accreditation Forum

**ILAC:** International Laboratory Accreditation Cooperation

**LA:** Lead auditor

**RAA:** Responsible for audited activity

**QMS:** Quality Management System

**QTSO:** Quality & Technical Senior Officer

## 7. Process description

### 7.1. Planning

The QTSO establishes an annual programme of internal quality audits with at least an internal audit **once a year** covering all the QMS. This programme takes into account the importance of the processes and areas to be audited, and the results of previous audits. It is distributed following its approval by the SOAC Director-General.

It can be modified as needed, particularly to take account of problems encountered and the results of audits performed.

The entire QMS is audited at least **once a year**.

### **7.2. Initiation**

At least **15 days** before the date of the execution of the audit (except in emergencies), the QTSO designates auditors.

He sends a notification to the lead auditor with a copy to the responsible for activities to be audited (**F01P05-Internal quality audit notification**).

Auditors are trained and designated so as to ensure their independence from the activity to be audited. To ensure this independence, SOAC may resort to external auditors. SOAC ensures that the members of the assessment team selected are knowledgeable in accreditation, auditing and the requirements of ISO/IEC 17011.

### **7.3. Preparation**

The lead auditor prepares an audit plan and reports to the responsible for the activities to be audited at least **07 days** before the date (except in emergencies).

For various reasons, including unavailability auditors or staff to audit, the audits can be made in advance or after the original date, within limits not to exceed **02 months**.

### **7.4. Execution**

The audit is performed according to the terms of the validated audit plan.

When deviations and opportunities for improvement are identified, these are documented on individual deviations sheets and then synthesized on another to be tracked. (**see F02P05 and F01P04**).

The audited staff is allowed to make reservations on the work of auditors.

### **7.5. Audit Report**

LA writes a report in the prescribed structure (**F04P05-Internal quality audit report**) that he submits to the QTSO in paper or computer formats within **15 calendar days**.

QTSO validates the audit report and issues it to the DG and audited staff and keeps a copy.

In case the audit checklist has been used as the basis for preparing the internal audit, the RA can use it as an audit report support.

### **7.6. Audit follow-up**

Audited staffs have the responsibility for determining and implementing in timely manner corrections and corrective actions required to correct identified deviations.

The Head of the process/area being audited ensures the effectiveness of actions implemented and reports to QTSO. Measuring the effectiveness of these actions can initiate a follow-up audit.

The audit report and records of follow-up actions are kept.

The assessment of quality audits is presented in the management review.

## **8. Related documents**

Refer to F02P01-Current QMS Control list

## 9. Table of modifications

No.	Source	Modification in brief (Relevant changes)
P05.00- 13 March 2019		
Creation		
P05.01- 22 July 2019		
Updating the scope and opportunities for improvement		
P05.02- 15 October 2019		
1	§ 2	The references have been revised in line with the wording of the standards
2	§ 6	The words “abbreviation” (title) and “lead assessor” have respectively been replaced by “terms” (title) and “lead auditor”
3	§ 7	All the sections of this chapter have been technically revised
4	§ 8	This section has been revised : the words “related forms” (title) have been replaced by “related documents” (title)