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| **AUDIT REPORT NUMBER: 009 Clause 4** |

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| **Auditor(s)** K Burnell**Auditee(s)** R George | **Audit Date** 25th July 2017**Audit Times** 10:10-10:55 |

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| **Distribution** | **Steve George (Managing Director)****Richard George (Operations Director)** |

**Audit Criteria:**

Passed: - The processes and procedures are conforming to requirements

OFI: - The processes and procedures are conforming to requirements but improvements could be made.

Minor Non Conformance: - The processes and procedures do not fulfil a requirement but is unlikely to result in QMS failure.

Major Non Conformance: - The processes and procedures do not fulfil a requirement and is likely to result in QMS failure.

**Frequency of audit:**

Audits are carried out at planned intervals as detailed in the audit plan and shall reflect previous audit results and the importance of processes.

**Audit methods:**

The audit process is carried out to ensure that planned arrangements and the ISO standard are conforming. They are conducted by independent trained auditors who carry out the function in an objective and impartial manner. The frequency of audits is detailed above. They are conducted either at the point of use of a procedure, within a process or department or as a desk audit as appropriate.

During the audit process the auditor interacts with the auditee in order to obtain objective evidence which can be in the form of documents, statements (verbal or written), records and visual media. This evidence is recorded as detailed below and includes a summary and a final result based on the above audit criteria.

This report is signed by both the auditor and the auditee to confirm that the audit has been conducted following the above process which includes agreement regarding the selected resulting criteria.

**Introduction**

This audit was commissioned by EMCS International to ensure that their quality management system is conforming to the requirements of ISO 9001:2015. This will ensure that any non-conformances (major or minor) are dealt with accordingly and preventive actions are put in place. The organisation also requires feedback on opportunities for improvement.

**Scope**

The audit reviewed clause 4 of the standard, against the company’s procedures.

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| **Documentation reviewed during audit**See audits details below |

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| **Details of audit and samples taken**4.1 Context – see Stage 1 notesThe company has demonstrated its context through a diagram with its core services as detailed n the documented scope. The diagram also includes support services and external providers4.2 Interested parties are identified in the context diagram and referenced within the risk register:IOMG Ship Registry (R29); Training Centres (R31); Clients (R22); Insurance (R21)4.3 Scope The context diagram includes the core services which reflects the documented scope int eh manual (clause 4.3).Non-conformance: Scope in manual does not refer to 4.1 and 4.2.4.4 QMS and processes are documented in the Business Operating Manual v5 – signed off by the Managing Director and Operations Director.Contents of the manual include:* Processes
* Sequence of events in procedures
* Monitoring and measuring referred to in company objectives and vision
* Resources in company structure and skills matrix, office policy, and other supporting documents
* Roles and responsibilities assigned via Organogram: Ops Director = H&S and Quality, Insurance co-ordinator, Area manager, Admin. Manager

Non-conformance: The risk reference numbers from the context diagram are missing from the risk register.Risks and opportunities are detailed within the risk register, and includes a heat map.Reviewed job descriptions:Operations Director – duties, responsibilities, qualifications, and quality management responsibilities listed including a proactive approach to quality management.The QMS Co-ordinator is the Diving Services Co-ordinator and QMS support (non conformances, customer satisfaction).**Signed (auditor) Date** |

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| **Passed** | **Major NC** | **Minor NC 2** | **O F I**  |
| **Summary and Results of Audit** *(tick appropriate box)*Non-conformance: Scope in manual does not refer to 4.1 and 4.2.Non-conformance: The risk reference numbers from the context diagram are missing from the risk register.**Signed (auditor) Date****Signed (auditee) Date** |

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| **Corrective Action Agreed****Signed (auditor) Date****Signed (process owner) Date** |

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| **Corrective action completed****Signed (auditor) Date****Signed (process owner) Date** |