



i-NAF PROCEDURE FOR INTERNAL AUDIT AND MANAGEMENT REVIEW PROCESS



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1 INTRODUCTION

- 1.1 This procedure is established to:
Provide an opportunity to continuously improve the i-NAF management system(to ensure its continuing suitability, risk management and effectiveness in satisfying the requirements contained etc.), in particular the MLA program.
- 1.2 This procedure describes how to conduct i-NAF Internal Audit(s) and Management Review(s).

2 REFERENCES

- IAF/ILAC-A1:02 ,
- IAF/ILAC-A2:02,
- i-NAF NML 2 - i-NAF documents related to i-NAF MLA Policies and Procedures
- i-NAF Policies, Procedures and Forms

3 SCOPE OF INTERNAL AUDIT AND MANAGEMENT REVIEW

The internal audit and management review cover all policies and procedures implemented to satisfy the requirements of Clause 2 and to identify opportunities for improvement.

4 INTERNAL AUDIT**4.1 General**

The General Secretary (Quality Director) with the approval of the Board Chair manages the implementation of the internal audit. In the absence of the Chair, the approval is authorized by the Board.

4.2 Qualification of Internal Audit Team Leaders and Members

- 4.2.1 An internal audit team leader can either be the i-NAF General Secretary(Quality Director), a qualified peer evaluation team leader, a qualified peer evaluation team member or a trainee team member.
- 4.2.2 Where a trainee team member is used, they are accompanied by one of the above mentioned individuals. The pre-requisite for the internal auditor(s) is knowledge of the IAF/ILAC-A1:02, i-NAF controlled documents.
- 4.2.3 The i-NAF secretariat maintains a list of peer evaluators.

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4.3 Appointment of Internal Audit Team

- 4.3.1 The team leader of each internal audit is appointed and approved by the General Secretary(Quality Director) from the list referred to in Clause 4.2.3.
- 4.3.2 If necessary, one team member is selected by the General Secretary(Quality Director), in consultation with the team leader, from the list maintained by i-NAF Secretariat referred to in 4.2.3.
- 4.3.3 Neither the team leader nor the team member evaluates the activities for which the internal auditor was responsible for implementing and or conducting, for instance, sampling of records during internal audits of peer evaluation(s) conducted by the internal auditor.

5 IMPLEMENTATION OF INTERNAL AUDIT**5.1 Frequency**

The internal audit is conducted at intervals of not more than 12 months unless revised by the Board based on the results of the last internal audit and/or peer evaluation i-NAF.

5.2 Preparation

- 5.2.1 The team leader determines the dates in consultation with the team member for the internal audit with the agreement of the General Secretary(Quality Director) and Secretary.
- 5.2.2 The team leader ensures that the team is supplied with copies of the current i-NAF management system documentation at least 30 days in advance of the internal audit.
- 5.2.3 The team leader then prepares, in conjunction with the i-NAF General Secretary, a detailed internal audit plan ensuring that all policies and procedures are implemented to satisfy the requirements of Clause 2. The audit duration shall be determined by the team leader assigned for conducting the internal audit.

5.3 Conduct

- 5.3.1 The team leader conducts the internal audit in accordance with the documents stated in clause 2 of this procedure.
- 5.3.2 The internal audit team evaluates the implementation of the i-NAF management system by reviewing document control, relevant records, including peer evaluation reports, peer evaluator competency records, committee meeting minutes and actions, etc. to establish compliance and effectiveness of operation.

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5.3.3 The i-NAF General Secretary authorised by the Board is the representative acting on behalf of the Board when relating with the internal audit team.

5.3.4 The i-NAF shall reimburse the costs of team travel to the Secretariat office as follows:

5.3.4.1 an amount equivalent to the cost of Fully Flexible Economy class fares on a reputable airline,

5.3.4.2. costs of hotel accommodation, meals and other incidentals (taxi etc.),

5.3.4.3. costs of telephone conference calls.

5.3.5 The costs of personal time is borne by the employer(s) of the team leader and the team member.

5.4 Report

5.4.1 After the audit, the team leader conducts a closing meeting where the findings of the audit are discussed. The team leader provides the i-NAF General Secretary an opportunity to comment on and discuss the team's findings and/or appeal any findings raised in the report to the Board .

5.4.2 At the closing meeting, the team leader provides a copy of the findings to the i-NAF General Secretary. The i-NAF General Secretary immediately forwards the draft internal audit report to the Board .

5.4.3 After the audit, the team leader submits the draft internal audit report to the i-NAF General Secretary within 30 days. The draft report should be in the format described in Annex 1.

5.4.4 The team leader gives the i-NAF General Secretary 30 days to comment on the draft report and where required, to provide any clarifications and/or objections. After, the team leader completes the final internal audit report and submits it to the General Secretary (Quality Director) and the Board .

5.4.5 The i-NAF General Secretary and the Board will start the actions for resolving the findings appropriately.

6 REVIEW AND FOLLOW UP

6.1 The relevant Committees are designated by the Board to review the final internal audit report and determine the corrective action plans and initiate necessary corrective actions.

6.2 The relevant Committee Chairs submit the corrective actions and corrective action plan to the Secretary and Board for its agreement.

6.3 The agreed corrective actions and corrective action plan is submitted by the Secretary to the team leader within 60 days of receiving the final report.

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- 6.4 The team leader responds within 30 days of receiving the proposed corrective actions and corrective action plan.
- 6.5 The General Secretary(Quality Director) follows up and ensure acceptance of the proposed corrective action(s) by the Board , in consultation with the Secretary and team leader.
- 6.6 The General Secretary(Quality Director) ensures completion of the proposed corrective actions and acceptance of the result(s) by the team leader.

7 MANAGEMENT REVIEW

- 7.1 The Board on an annual basis reviews the suitability and effectiveness of the i-NAF management system in satisfying the requirements of listed in section 2 of this procedure and the established i-NAF policies by reviewing and considering the following, at least:
 - 7.1.1 internal and external audit reports,
 - 7.1.2 appeals and complaints,
 - 7.1.3 continuous improvement requests,
 - 7.1.4 matters arising from the peer evaluation process,
 - 7.1.5 actions arising from the various committees during Committee, MLA Committee and General Assembly meetings,
 - 7.1.6 i-NAF website management and updates.
- 7.2 The Board includes management review as a permanent agenda item for Board meetings. The agenda item identifies those items included in Clause 7.1 above, and that is considered as part of management review.
- 7.3 The i-NAF Board Chair presents the results of the management review annually at the General Assembly meeting. The report specifically identifies the suitability and effectiveness of the i-NAF management system in satisfying the requirements of Clause 2 and the i-NAF mission, policies and objectives.

ANNEX 1

CONTENTS OF THE INTERNAL AUDIT REPORT

COVER

Identifying team leader, team members and date and place of internal audit.

SUMMARY PAGE

Prepared and signed by the team and signed by the i-NAF General Secretary on the last day of audit;

Containing the purpose of the audit, participants, criteria against which the audit is performed, activities undertaken during the audit and main conclusions on the operation of the i-NAF Management System and MLA program.

ADMINISTRATION OF ALL COMMITTEES AND PROGRAM

Comments on the implementation of each requirement specified in the MLA Policies and Procedures and associated documents (Clause 2 refers);

Comments on the control of documentation and records related to the operation of the MLA Program.

Comments on the control of documentation and records related to the operation of all other committees including the Board .

Comments on the control of documentation and records related to the management of the i-NAF evaluators.

ATTACHMENTS

- **Internal Audit Plan;**
- **Non-conformities, Concerns and Comments** (to be in the same format as for a peer evaluation report).