CHUKA UNIVERSITY

GENERAL OPERATING PROCEDURE

FOR

INTERNAL AUDITS
CU/GOP/IA/03

DOCUMENT REVIEW SHEET

	Name	Position	Date
Prepared By		**ISO Core Team**	**15.1.2018**
Reviewed By	**Prof. D. K. Isutsa**	**Management Representative**	**15.1.2018**
Approved By	**Prof. E. N. Njoka**	**Vice-Chancellor**	**15.1.2018**

CONTENTS

1. AMENDMENT RECORD

This Internal Audit procedure is reviewed regularly to ensure relevance to its functions. A record of contextual additions and/or deletions is given below:

Amendment Record Sheet

Amendment Date	ISSUE NO.	REVISION NO.	PAGE NO.	SUBJECT OF REVIEW /MODIFICATION	REVISED BY	APPROVED BY

2. GENERAL

2.1 Purpose

The purpose of this procedure is to ensure that Internal Audits are planned and conducted to demonstrate whether the QMS is conforming to International Standard requirements, planned arrangements and that it is being effectively implemented and maintained.

2.2 Scope

This procedure is limited to the QMS audits. Financial or any other unrelated audits that may be undertaken by Chuka University are excluded from the scope of this procedure.

2.3 References

(1) ISO 9001:2015 Clause 9.2
(2) Quality Manual

2.4 Definitions and abbreviations

In addition to the relevant common definitions of terms in ISO 9000:2005, the following specific definitions shall apply:

Management Responsible: This is that part of management that has the direct management responsibility for the area or function responsible for taking the corrective action

AMR: Assistant Management Representative

MR: Management Representative

QMS: Quality Management System

2.5 Responsibility

The Management Representative is responsible for the following: (**See Appendices**):

2.5.1 Planning the audit programme
2.5.2 Ensuring that audits are conducted as scheduled
2.5.3 Establishing an audit criteria, scope and frequency
2.5.4 Ensuring the staffing of the audit programmes and ensuring that staff members do not audit their own work
2.5.5 Maintaining records of audits, and
2.5.6 Initiating follow-up activities including verification of actions taken and reporting verification results.

Presently, the Management Representative uses the following in internal auditing:
AUDIT CRITERIA: ISO 9001:2015 Standard, the Chuka University QMS, Procedures, Policies, Work Instructions, Records, as well as Internal & Statutory Requirements
AUDIT SCOPE: Main Campus/Needy Procedures/Processes/Non-Conforming Areas.
AUDIT FREQUENCY: As need persists, at most twice per year

AUDIT METHOD: Site visitation; Staff interview; Review of records and documentation; Observations; Listening; Sampling
AUDIT OBJECTIVES: Conformity with planned arrangements; requirements of this Standard and QMS established by Chuka University.

Management Responsible
The management responsible for the area being audited ensures that corrections and corrective actions raised are completed without undue delay to eliminate detected or potential non-conformities and their causes.

Internal Auditors
The Internal Auditors are responsible for conducting internal audits and reporting the results of audits to the Management Representative.

3. PROCEDURE
3.1 Planning of the Internal Audits

3.1.1 Every Financial Year, the MR prepares an annual **Audit Programme** for Internal Audits. The MR ensures that the following considerations are taken into account:
(i) The status and importance of the processes and areas to be audited, and
(ii) The results of the previous audits.

3.1.2 For each round of Internal Audit in the Audit Programme the MR ensures that an **Audit Schedule** is prepared specifying:

(i) Dates and times of audits
(ii) The appointed internal auditor(s)
(iii) The audit criteria, and
(iv) The audit scope

3.1.3 Staffing of the Audit Programmes:
Qualifications: The minimum qualification of an Internal Auditor is pursuit of a recognized internal audit training course.

Independence: Internal Auditors are independent of direct responsibility for work being audited; i.e. they are not assigned to audit their own work. This facilitates objectivity and impartiality of the audit results.

3.1.4 Audit methodology

Checklist preparation: If necessary, checklists are prepared within the scope of audit defined in the audit programme. Where it is considered that previously prepared checklists are adequate, the auditor may forego preparation of new checklists.

3.1.5 Audit requirements

ISO 9001:2015 International Standard requirements: The audit checklist is structured to establish conformity to the ISO 9001:2015 International Standard.

This is done by picking out the Standard's mandatory demands ("shall" statements) and building the checklist around these demands.

The checklist is also to, where appropriate, establish:

(i) Whether responsible management function(s) have determined and established the quality objectives and requirements of the product.

(ii) That the required process(es), have been identified, their sequence and interaction determined and monitored, measured and analyzed, and actions necessary to achieve planned results and continual improvement of these processes implemented.

(iii) That the established documents are maintained and controlled according to Procedure for Control of Documents.

(iv) That the required verification, inspection, and test activities specific to the product have been determined and effectively implemented.

(v) That the records needed to provide evidence that the processes and their resulting outputs meet requirements, are retained (Control of Records).

3.2 Conducting of the Audit:

The auditor conducts the audit and systematically establishes compliance to requirements stated in this procedure. The requirements are specified in the auditor's checklist.

The auditor records findings as follows:

(i) Where the QMS is found to comply with the specified requirements, the auditor records: **Showing conformity**.

(ii) Where it is determined that the QMS does not effectively comply with the specified requirements, the auditor records: **Showing failure to comply**.

(iii) Where it is determined that improvement is required, then this is recorded so as to specify improvement required.

3.3 Reporting of Audit Results

3.3.1 The areas where the system fails to comply with specified requirements are recorded on the **Corrective Action Request Form**, which is completely filled up.
(Ref: CU/MR/FORM/10)

3.3.2 The Management Responsible for the area being audited:

(i) Reviews the non-compliance identified and signs for acceptance of non-compliance.

(ii) Establishes the date on which **Corrective Action** will be completed.

3.3.3 The **Corrective Action Request Form** is distributed as follows:

(i) The Original is returned to the MR for registration and follow up action.

(ii) The copy is issued to the Management Responsible for area audited for further **Corrective Action**.

3.3.4 The Management Responsible:

(i) Ensures that **Corrective Action** is undertaken within the specified period.

(ii) Ensures that the **Corrective Action** established is appropriate to the magnitude of the problem encountered.

(iii) Ensures that the **root cause** has been established and documented in the **Corrective Action Request Form**.

Note: The ISHIKAWA or 5 WHYs analysis may be used to determine the root cause of a non-conformity. ISHIKAWA analysis determines whether: people, plant/materials, methods, or machinery/equipment caused the non-conformity. The 5 whys go deeper to get to the main cause of the problem.

3.3.5 Once **Corrective Action** has been taken, the Auditor:

(i) Reviews the action taken and ensures that it is **effective**.

(ii) Ensures that the completed **Corrective Action Request Forms** are forwarded to the MR for verification and closure.

3.3.6 Verification of the **Corrective Action**:

The MR ensures that the **Corrective Action Request Forms** are verified and where appropriate closed.

3.4 Reporting

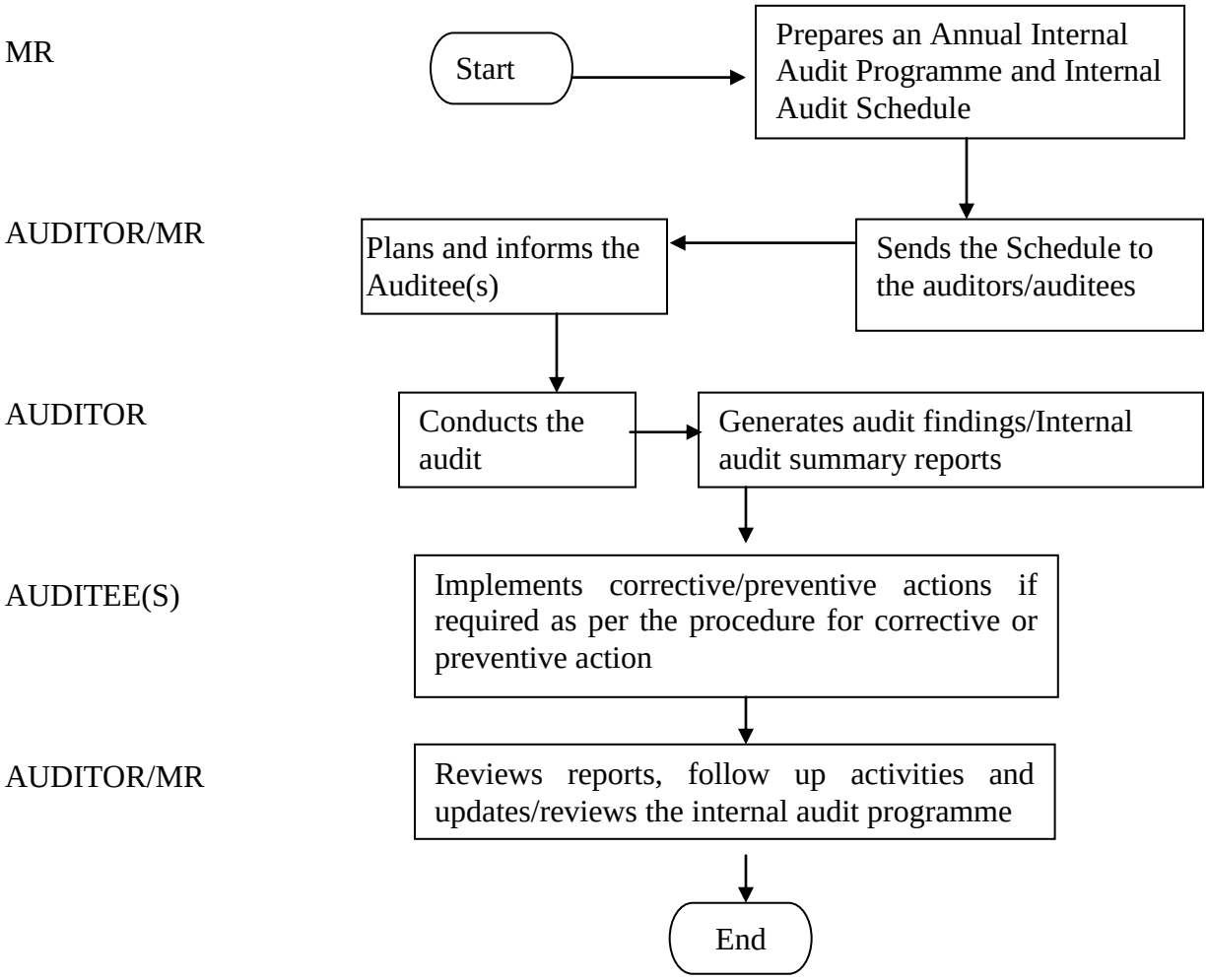
The MR prepares the following reports for the Management Review Meeting:

(i) The Internal Audit Summary Report

(ii) Semi-annually outstanding **Corrective Action Requests**

3.5 PROCEDURE FLOW CHART

Responsibility	Procedure



4. RECORDS

4.1 Annual Internal Audit Programme (Ref: CU/MR/FORM/07)
4.2 Internal Audits Schedule (Ref: CU/MR/FORM/08)
4.3 Internal Audits Checklist (Ref: CU/MR/FORM/09)
4.4 Corrective Action Request Form (Ref: CU/MR/FORM/10)
4.5 Audit Summary Report Format

5. APPENDICES

APPENDIX 1: ANNUAL INTERNAL AUDIT PROGRAMME

(Ref: CU/MR/FORM/07)

SAMPLE

MONTH OF YEAR	STATUS	ACTIVITY/PROCESS e.g.							
	(COMPLETED OR PLANNED)	Maintained information (documents/	Retained documents (records)	Leadership	Planning	Support	Operations	Performance Evaluation	Improvement
JANUARY									
FEBRUARY	CU PLANNED								
MARCH	MRM								
APRIL	SGS/CB PLANNED								
MAY									
JUNE									
JULY									
AUGUST	CU PLANNED								
SEPTEMBER	MRM								
OCTOBER									
NOVEMBER									
DECEMBER									

AUDIT CRITERIA: ISO 9001:2015 Standard, Chuka University QMS, Procedures, Policies, Work Instructions, Records, Internal & Statutory Requirements
AUDIT SCOPE: Main Campus/Needy Procedures/Processes/Areas.
AUDIT FREQUENCY: As need persists, at most twice a year
AUDIT METHOD: Site visitation; Staff interview; Review of records and documentation; Observations, Listening, Sampling
AUDIT OBJECTIVES: To determine conformity with the planned arrangements; conformity with the requirements of this International Standard; conformity with the QMS requirements established by CU
MRM = Management Review Meeting in February/March and August/September of every year.

APPENDIX 2: INTERNAL AUDITS SCHEDULE
(Ref: CU/MR/FORM/08)

DATE: _____ AUDIT NUMBER: _____

SCOPE: Main Campus/Needy Procedures/Processes/Non-Conforming Areas. **AUDIT CRITERIA:** See Below

SN	ACTIVITY/PROCESS TO BE AUDITED	DATE OF AUDIT	TIME	AUDITOR	AUDITEE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

AUDIT CRITERIA: ISO 9001:2015 QMS, Procedures, Policies, Work Instructions, Records, Internal & Statutory Requirements
AUDIT SCOPE: Main Campus/Needy Procedures/Processes/Areas.
AUDIT FREQUENCY: As need persists, at most twice a year
AUDIT METHOD: Site visitation; Staff interview; Review of records and documentation; Observations, Listening, Sampling
AUDIT OBJECTIVES: To determine conformity with the planned arrangements; conformity with the requirements of this International Standard; conformity with the QMS requirements established by CU.

APPENDIX 3: INTERNAL AUDIT CHECKLIST
(Ref: CU/MR/FORM/09)

AUDIT NUMBER:					
AUDITED AREA/DEPARTMENT:					
Sheet…….of……					
QUALITY MANAGEMENT SYSTEM ELEMENT		ISO 9001:2015 Clause 9 Section…9.2 INTERNAL AUDIT SOP Number/Code…… Processes Numbers……..…….			
Check No.	Write aspect of the QMS/SOP checked	Ref. QMS/ SOP	Corresponding ISO 9001:2015 Clause	∗Results √; X; I	Audit comments

∗ Notes:	
For each compliance, record tick = √	Audit Date……..
For each non-compliance, record cross = X	Auditee Name & Signature……
For each improvement, record improve = I. This is based on auditor's opinion, or there is not enough evidence for minor or major non-conformity classification.	Lead Auditor Name & Signature…… Auditors Names……..

APPENDIX 4: CORRECTIVE ACTION REQUEST FORM

(Ref: CU/MR/FORM/10)

<table>
<tr><td colspan="2">STANDARD OPERATING PROCEDURE:
Name:_____

Code:_____

ISSUE NO.:
REVIEW NO.:</td><td>CARF NO.:</td><td>DATE:</td></tr>
<tr><td colspan="2">PROCESS:</td><td colspan="2" rowspan="2">NAME OF DEPARTMENT:

SIGNATURE OF REPRESENTATIVE/HOD:</td></tr>
<tr><td colspan="2">STANDARD: ISO 9001:2015
CLAUSE:</td></tr>
<tr><td colspan="2">NAME OF LEAD AUDITOR:

SIGNATURE OF LEAD AUDITOR:</td><td colspan="2">TEAM MEMBERS:</td></tr>
<tr><td colspan="2">NON-CONFORMITY RATING (Tick one)</td><td>MAJOR:</td><td>MINOR:</td></tr>
<tr><td colspan="4">DESCRIPTION REPORT (2-3 levels):
1. Problem
2. Procedure with the Problem (Optional)
3. Relate to Standard</td></tr>
<tr><td rowspan="3">TO BE COMPLETED BY HOD / AUDITEE</td><td colspan="3">ROOT CAUSE ANALYSIS [Use ISHIKAWA or 5 WHYs method to determine it]</td></tr>
<tr><td colspan="3">PROPOSED CORRECTIVE/PREVENTIVE ACTION:

SIGN: DATE:</td></tr>
<tr><td>PROPOSED COMPLETION DATE:</td><td colspan="2">ACTUAL COMPLETION DATE:</td></tr>
<tr><td colspan="4">AUDITOR’(S) CLEARANCE REPORT:
OUTSTANDING NON-CONFORMITY:</td></tr>
<tr><td>ACCEPTED/ EFFECTIVE:</td><td>YES:</td><td colspan="2">NO:</td></tr>
<tr><td colspan="4">M.R.’S COMMENTS:</td></tr>
</table>

NB: To be used in triplicate during Internal Audits only. Submit a copy to ISO M.R.

APPENDIX 5: AUDIT SUMMARY REPORT FORMAT

1.0 INTERNAL AUDIT PLAN
2.0 LIST OF INTERNAL AUDITORS
3.0 INTERNAL AUDIT PROGRAMME
4.0 INTERNAL AUDIT SCHEDULE (Ref: CU/MR/FORM/08)
5.0 NON-CONFORMITY REPORT OF INTERNAL AUDIT OF THE QMS
6.0 MATRIX ANALYIS REPORT

	Areas/processes audited																																																	
ISO 9001:2015 Clause (Equivalent to what is in Departmental SOPS)	1 Office of the Vice-Chancellor	2 Office of the DVC (AFPD)	3 Office of the DVC (ARSA)	4 Office of Registrar (AP)	5 Office of Registrar (AA)	6 Faculty of Edu & Resources Development	7 Faculty of Humanities & Social Sciences.	8 Faculty of Business	9 Faculty of Agriculture & Environ Studies	10 Faculty of Science, Engineering & Technology	11 Directorate Quality Assurance & PC	12 Exams & Timetabling	13 Board of Postgraduate Studies & Res	14 Board of Undergrad Studies & Practicum	15 Student Welfare Dept	16 Dept of Business Administration	17 Department of Education	18 Dept of Social Sciences	19 Department of Environ Studies & RD	20 Department of Animal Sciences	21 Department of Biological Sciences	22 Farms Department	23 Library Department	24 Finance Department	25 Procurement Department	26 Internal Audit Department	27 Estates Department	28 Catering Department	29 Medical Department	30 Security Services Department	31 Transport Department	32 Accommodation Department	33 Management Representative	34 Department of Plant Sciences	35 Department of Computer Sciences	36 Department of Physical Sciences	37 Department of Nursing	38 ICT Department	39 Directorate of Research, Extension & Publications	40 Department of ODEL	41 Public Relations Office	42 AGEC, AGBM & AGED	43 Humanities	44 Management Science	TOTAL
4. Context of Chuka University																																																
4.1 Understanding Chuka University and its context																																																
4.2 Understanding the needs and expectations of interested parties																																																
4.3 Determining the scope of the Quality Management System																																																
4.4 Quality Management System and its processes																																																
4.4.1 Quality Management System (QMS), including the policies, strategic plan, statutes, processes, etc.																																																
4.4.2 (a) Maintain documented information (DOCUMENTS)																																																
4.4.2 (b) Retain documented information (RECORDS)																																																
5 Leadership																																																
5.1 Leadership and Commitment																																																
5.1.1 General																																																
5.1.2 Customer focus																																																
5.2 Policy																																																
5.2.1 Establishing the quality policy																																																
5.2.2 Communicating the quality policy																																																
5.3 Organizational roles, responsibilities and authorities																																																
6 Planning																																																
6.1 Actions to address risks and opportunities																																															

6.2 Quality objectives and planning to achieve them
6.3 Planning of changes
7 Support
7.1 Resources
7.1.1 General
7.1.2 People
7.1.3 Infrastructure
7.1.4 Environment for the operation of processes
7.1.5 Monitoring and measuring resources
7.1.6 Organizational knowledge
7.2 Competence
7.3 Awareness
7.4 Communication
7.5 Documented information
7.5.1 General
7.5.2 Creating and updating documented information
7.5.3 Control of documented information
8 Operation
8.1 Operational Planning and Control
8.2 Requirements for products and services
8.2.1 Customer communication
8.2.2 Determining the requirements for product & services
8.2.3 Review of the requirements for products and services
8.2.4 Changes to requirements for products and services
8.3 Design and development of products and services
8.3.1 General
8.3.2 Design and development planning
8.3.3 Design and development inputs
8.3.4 Design and development controls
8.3.5 Design and development outputs
8.3.6 Design and development changes
8.4 Control of externally provided processes, products and services
8.4.1 General
8.4.2 Type and extent of control
8.4.3 Information for external providers
8.5 Production and service provision
8.5.1 Control of production and service provision
8.5.2 Identification & traceability
8.5.3 Property belonging to customers/external providers
8.5.4 Preservation
8.5.5 Post-delivery activities
8.5.6 Control of changes
8.6 Release of products and services
8.7 Control of non-conforming outputs
9 Performance Evaluation

9.1 Monitoring, measurement, analysis and evaluation																																													
9.1.1 General																																													
9.1.2 Customer satisfaction																																													
9.1.3 Analysis and evaluation																																													
9.2 Internal audit																																													
9.3 Management review																																													
9.3.1 General																																													
9.3.2 Management review inputs																																													
9.3.3 Management review outputs																																													
10 Improvement																																													
10.1 General																																													
10.2 Non-conformity and corrective action																																													
10.3 Continual improvement																																													
TOTALS																																													
GRAND TOTAL	MAJOR																							MINOR																					

LEGEND: √ = MINOR and X = MAJOR

NB: More than one symbol in a box indicates that there was more than one non-conformity in that field

7.0 AUDIT SUMMARY COMMENTS

7.1. Overall Summary of Cross Cutting Issues

7.2 Positive Aspects of the System in Place

7.3. Areas of Improvement and Observations

7.4. Obstacles Encountered

8.0. OVERALL CONCLUSIONS & RECOMMENDATIONS

8.1. Conclusions

8.2. Recommendations