NATIONAL LIBRARY OF THE PHILIPPINES

QMS PROCEDURES

Internal Quality Audit

INTERNAL QUALITY AUDIT

1.0. Purpose

Internal Quality Audits are conducted to ensure ongoing compliance with the requirements of the QMS standards, NLP policies and procedures, and other statutory and regulatory requirements.

This document describes the procedures and resource requirements for the evaluation of the level of understanding and effective implementation of the NLP QMS. It defines the system for the planning, preparation, execution, follow-up, and reporting of IQA activities to obtain information on whether the NLP QMS currently conforms to ISO 9001:2015 Certification and the applicable statutory and regulatory requirements if the QMS is effectively implemented and maintained, as well as information on the continuing improvement of the efficiency of the delivery of products and services of the NLP.

2.0. Scope

The procedure shall cover the NLP's management, core, and support processes necessary for the efficient delivery of its products and services.

3.0. Frequency

The internal quality audit shall be conducted twice a year. However, the NLP Top Management may decide to direct the conduct of an internal quality audit as it deems necessary, such as when operational issues or conflicts arise, or in response to a request from internal or external parties. In such cases, the request should be approved by the NLP Top Management.

4.0. Method

The IQA shall be conducted using the following methods, processes, and tools:

a. **Use of an Audit Program,** which shall be prepared for a 12-month period by the IQA Team in consultation with the auditors during the last quarter of the year. This will serve as a guide in the preparation of the Audit Plan(s).

b. **Use of Audit Plan(s),** which shall be prepared by the Audit Team

Leader(s) for each process upon the issuance of the approved Audit Program. The plan(s) reflects the scope and complexity of the audit, as well as the risk of not achieving the audit objectives.

c. Opening and Closing Meetings, which shall be used to communicate the objectives and other important information on the IQA to the Auditee as well as the results and findings of the audit.

d. Interviews, which are conducted to gather further audit evidence, and can take the form of either a panel interview or a one on one interview.

e. Documented Information Review, which is done by studying the documents and records to validate the information and findings. The documents include but are not limited to process criteria, metrics and objectives, previous audit findings, customer feedback, and corrective actions, inputs, and outputs.

f. Verification, which involves substantiating the audit findings, which should be discussed with the Auditee before the preparation of the final audit report.

g. Audit Reporting, which involves summarizing the audit findings, including the Conformities, Nonconformities, and Potential for Improvements, through a written report which shall be presented to the parties concerned.

h. Use of the Corrective Action Request, which follows a procedure set in the NLP Corrective Action Procedure (NLP-007) to provide appropriate action for a certain issue.

5.0. Definition of Terms

Audit
A systematic, independent, and documented process for obtaining objective evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled.

Auditee
A section or division that is being audited.

Auditor
A person who conducts an audit

Audit Criteria
Set of policies, procedures, or requirements which are used as a reference against which audit evidence is compared.

Audit Conclusion
The outcome of an audit, after consideration of the audit objectives and all audit findings.

Audit Finding
Any summary of audit evidence; findings may be positive (reports of compliance or conformity) or negative (reports of nonconformity or potential for improvement).

Audit Plan
A documented plan prepared before the conduct of audit which details activities such as where to go, what to do, when to do, and whom to see.

Audit Program
Arrangements for a set of one or more audits planned for a specific time frame and directed towards a specific objective/s.

Audit Team
A team composed of one or more auditors, one of which is designated as the audit leader.

Correction
Action to eliminate a detected nonconformity.

Corrective Action
Action to eliminate the cause of nonconformity and to prevent a recurrence.

Conformity
Fulfillment of a requirement.

Competence
Ability to apply knowledge and skills to achieve intended results.

Corrective Action Report
Document used to record a nonconformity, identify the root cause of the nonconformity, and determine correction and corrective action.

Effectiveness
The extent to which planned activities are realized and planned results achieved.

Non-conformity
Failure to comply with a requirement.

Management System
Set of interrelated or interacting elements of an organization to establish policies and objectives, and processes to achieve those objectives.

Observers
Individuals who do not act as an auditor but provide support and accompanies the audit team in the conduct of audit and performs assignments given by the IQA Team.

Objective Evidence
Data supporting the existence or verity of something. It can be obtained through observation, measurement, test, or by other means. For the audit, objective evidence generally consists of records, statements of fact, or other information that are relevant.

Potential for Improvement
An observed situation that is not a non-conformity, but the results achieved may not be optimal, less than well-organized, or over complicated.

Performance
Measurable results that activities, processes, services, systems which the organization able to achieve.

Regulatory Requirement
A given obligation by an authority which gets its mandate by a legislative body.

Requirement
Need or expectation that is stated, generally implied, or obligatory.

Risk

Effect of uncertainty. An effect is a deviation from the expected - positive or negative.

Statutory Requirement
A given obligation defined by a legislative body and shall be binding and obligatory.

6.0. Audit Program

6.1. Organize the Audit Program

6.1.1 The activities covered in the audit are identified, including the processes covered, the divisions concerned, the records needed, the auditees, auditors who will handle the audit, and the time frame of the audit.

6.1.2. Auditors should be independent of the area being audited. Hence, no auditors shall be assigned to an area they belong to and/or are responsible for organizationally. Auditors are likewise discouraged to audit the areas where they have been involved in any manner for a year before the audit.

6.2. Gather available data and conduct analysis

6.2.1 Available data, including results, process criteria, metrics, objectives, previous audit findings, customer feedback, and corrective action report, relevant ISO standards, and other documented information are gathered and analyzed in the preparation of the audit program and audit plans.

6.3. Develop an audit program and audit plan

6.3.1. An audit program is prepared for a 12-month period by the IQA Team in consultation with the auditors during the last quarter of the year. The audit program shall be prepared by the IQA Team and submitted to the QMS Leader for endorsement to the NLP Director for approval.

6.3.2. Upon approval of the audit program, the IQA Team will coordinate with the Lead Auditors in preparing the audit plan for every scheduled audit. The audit plans shall include the objectives of the audit, its scope,

criteria, objectives, audit methods, the Auditees, the names of the auditors handling the audit, and the date and time of the IQA.

6.3.3. Audits can also be conducted in instances such as the following:

- In cases where there is an increase in quality-related problems
- In instances where new services or products have been introduced
- When major changes in QMS, personnel, and processes occur

6.3.4. Audit plans shall be disseminated to all Auditees, Auditors, and Observers. Notice shall be sent ten (10) working days before the conduct of the audit.

7.0. Audit Execution

7.1. Audit Opening Meeting

7.1.1. The IQA Team shall prepare the necessary materials, including the audit criteria, scope, objectives, period and location, the composition of the audit team, and the required documents. These materials shall be presented during the Opening Meeting, which shall be conducted before the conduct of the audit.

7.2. Conduct Audit

7.2.1. Auditing shall be performed by obtaining objective evidence to support each requirement or indicate where non-conformities are found.

7.2.2. The audit proper shall include the following activities:

7.2.2.1 Establishment of facts by interviewing personnel, examining the documents, observing the processes, and verifying records.

7.2.2.2 Recording of facts as evidence of the audit.

7.2.2.3. Evaluation of facts to determine objective evidence of non-conformities.

7.2.2.4. Classification of audit findings as to conformities, non-

conformities, and potential for improvement. The strengths of the system and good practices are also recorded.

7.2.2.5. A copy of the Audit Report for a particular process shall be issued to the Auditee within three (3) working days after the conduct of the audit.

7.2.3. An Auditee with unresolved issues with an audit finding may contest such findings before or during the closing meeting. The issue may be elevated to the QMS Leader should it be unresolved at the level of the IQA Team. The QMS Leader may call a special meeting with the auditor and auditee to discuss the findings and resolve the issue. Unresolved issues at this level may be elevated to the Office of the Directors.

7.2.4. The Management Review Process audit shall be conducted at least five (5) working days after the conduct of the annual Management Review Meeting.

7.3. Conduct Closing Meeting

7.3.1. The Closing Meeting shall be conducted within three (3) working days after the conduct of the audit. During the Closing Meeting, the IQA Team Leader presents the audit findings as well as the audit results and preliminary recommendations to the auditees and other sections/divisions concerned.

7.4. Prepare and Issue Corrective Action Report (CAR)

7.4.1. Nonconformities identified from the IQA shall be documented in the CAR form. The Auditors shall prepare CAR within two (2) working days after the conduct of the Closing Meeting.

7.4.2. The Auditors shall submit CARs to the IQA Team for review of its completeness and control number assignment. In recording the CAR, the following coding system shall be observed: Year-Source of CAR-CAR number.

Example: 2017-IA-001 (Year-Internal Audit-CAR Number) for CARs that are product of an audit and 2017-IP-001 (Year-Relevant Interested

Parties/Customer Feedback-CAR Number) for CARs that are not the products of an audit.

7.4.3. Each non-conformity identified shall also be numbered using the following coding system: Auditor/Initiator's Initials + Division/Process Initials + NC number

Example: ARGC-FAD-001 (Auditor/Initiator's Initials-Finance and Administrative Division-001)

7.4.4. The IQA Team shall issue the duly numbered CARs to the Auditee for the corresponding action. The Auditee shall determine and implement appropriate CA following the NLP Corrective Action Procedure (NLP-007). The Auditee shall return the accomplished CAR to the IQA Team within two (2) working days after its issuance. The Auditor/IQA Team shall review the CAR as to the suitability of the actions indicated. A file copy of the recorded CARs will be provided to the Auditees.

8.0. Audit Reporting

8.1. Consolidate Comments Obtained during Closing Meeting

8.1.1. The IQA Team shall consolidate the comments obtained during the Closing Meeting. Audit Findings as contained in the Audit Report and CARs shall be documented in the IQA Report within ten (10) working days after the consolidation.

8.2. Prepare and Issue Internal Quality Audit Report

8.2.1. The results of IQA shall be gathered and summarized by the IQA Team for review by the Top Management.

8.2.2. The IQA Report shall be reviewed in terms of its accuracy against the documents used in the audit as well as the extent to which the audit program and plans have been achieved, applications of the standard operating procedures, the policies of the NLP, and the guidelines set by the NLP's QMS.

8.2.3. The IQA Report will be issued to the Auditees, Auditors, and

Observers within fifteen (15) working days upon completion of all audits.

9.0. Audit Follow-through

9.1. Monitoring

9.1.1. The IQA Team shall summarize the dates of completion of corrections and corrective actions. The summary shall be forwarded to the Auditees and Auditors as a guide and reminder for follow-through.

9.1.2. A follow-up letter, signed by the IQA Team Leader and QMS Leader shall be issued for any outstanding CARs, for its immediate submission.

9.1.3. Failure to accomplish and submit the CARs to the IQA Team despite the issuance of a follow-up letter shall result in the section/division concerned to be reported to the Office of the Directors for appropriate action.

9.2. Verification of Actions

9.2.1. The Auditor, together with the IQA Team, shall also conduct verification of the implementation of actions as provided in the CAR.

9.2.2. If the corrective action is not fulfilled upon first verification, the Auditee will provide a new implementation date, subject to second verification. If no action is taken on the second verification, the case shall be reported to the QMS Leader for appropriate action. If not, elevate the case to the Office of the Directors for decision.

9.2.3. The assessment of the effectiveness of the CAs taken will be conducted three (3) months after the agreed implementation date. The effectiveness of CAs taken can be ascertained if there is no recurrence of NC in the succeeding audit.

9.2.4. The IQA Team shall update the CAR Monitoring Log within the Audit Plan to reflect the closure of the audit and enter a summary of audit findings.

10. Auditor's Competence

10.1. The NLP shall compose a pool of trained IQA auditors originating from different units of the Agency. They should possess these minimum qualifications:

10.1.1. Must be ethical, open-minded, diplomatic, observant, perceptive, versatile, tenacious, decisive, and self-reliant, able to act with fortitude, open to improvement, culturally sensitive, collaborative.

10.1.2. Must have knowledge of auditing concepts and methodologies, auditing skills, and knowledge of ISO QMS standards and the NLP QMS.

10.1.3. Must have completed at least sixteen (16) hours of internal quality audit training.

10.1.4. Must have observed an actual audit at least once;

10.1.5. Must attend a refresher course offered in-house at least once a year and,

10.1.6. Must be a permanent employee and must have been employed with the Agency for at least five (5) years.

10.2. The Training and Advocacy Team shall organize and conduct at least one (1) IQA training a year in coordination with IQA Team. This training would also serve as a refresher course for existing members of the pool of trained IQA auditors.

10.3 To ensure the high quality of auditors in the Audit Pool, auditors shall be subject to performance evaluation at four levels: self-evaluation, peer (co-auditor) evaluation, customer evaluation (auditee), and supervisor evaluation (Team Leader).

11.0 Forms and Records

11.1. Audit Program
11.2. Audit Plan
11.3. Audit Report
11.4. Corrective Action Request Form

11.5. IQA Auditor Assessment Form
11.6. Corrective Action Request Monitoring Log

12.0 References

12.1. NLP Quality Manual
12.2. NLP Work Instructions
12.3. NLP Retention and Disposition of Documented Information Procedure
12.4. NLP Maintenance of Documented Information Procedure
12.5. NLP Control of Nonconformity Procedure
12.6. NLP Corrective Action Procedure
12.7. NLP Customer Satisfaction Management Procedure
12.8. NLP Division Performance Commitment Review
12.9. NLP Annual Report

13.0 Approval

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