

ALIKHAN BOKEIKHAN UNIVERSITY		
Level 2 QMS document	Revision No. 6 of 02.11.2021 instead of the revision No. 5 of 01.10.2018	DP.10.05/2021
Documented procedure		

Documented procedure
«Procedure for conducting internal audit»
DP.10.05/2021

CONTENTS

1 Purpose and scope of application	3
2 Regulatory references	3
3 Documents related to the procedure	3
4 Definitions of terms, designations and abbreviations	3
4.1 Terms and definitions	3
5 Description of the process	4
5.1 General regulations	4
5.2 Audit planning	4
5.3 Preparation of internal audit	4
5.4 Conducting an audit	5
6 Documentation and archiving	6
7 Information on the process	7
7.1 Incoming information	7
7.2 Outgoing information	7
8 Annexes	8
9 Change Registration Sheet	11

1 PURPOSE AND SCOPE OF APPLICATION

1.1 This documented procedure of the quality management system has been developed in accordance with the requirements of the ST RK ISO 9001:2016 and regulates the procedure for planning, conducting internal audit (inspection).

This documented procedure is applied when conducting an internal audit (inspection) of all activities of the university in the structural divisions and departments of the university. The original of this documented procedure is a paper medium.

1.2 The requirements of this documented procedure apply to all divisions of the University.

2 REGULATORY REFERENCES

2.1 The following regulatory documents were used in the development of this documented procedure:

ISO 9000:2017 Quality Management Systems - Basic provisions and vocabulary.

ST RK ISO 9001-2016. Quality management systems. Requirements.

UST 141-02-2021 Documentation support

DP.10.02/2021 Documentation management procedure

DP.10.03/2021 Procedure for managing quality records.

3 DOCUMENTS RELATED TO THE PROCEDURE:

Division inspection schedule – F 01 – DP.10.05/2021

Internal audit checklist –

F 02 – DP.10.05/2021

Plan of corrective and preventive actions –

F 03 – DP.10.05/2021

4 DEFINITIONS OF TERMS, DESIGNATIONS AND ABBREVIATIONS

4.1 Terms and definitions

Audit (inspection) - a systematic, independent documented process of obtaining audit (inspection) certification and their objective assessment in order to establish the degree of compliance with the agreed audit criteria (inspection).

Audit schedule - a description of the types of activities and activities of the audit (inspection).

Scope of the audit (inspection) - the content and boundaries of the audit (inspection).

Checklist - a pre-compiled systematized list of questions, the answers to which will allow the specialist who conducts the internal audit to obtain during the audit (inspection) the necessary information about the degree of compliance of the object's condition with the established requirements.

Procedure - an established way of carrying out an activity or process.

Requirement - a need or expectation that is established, usually assumed or is mandatory.

Compliance - fulfillment of a requirement.

Non-compliance - non-fulfillment of a requirement.

Corrective action - an action taken to eliminate the cause of a detected non-compliance or other undesirable situation.

Preventive action - an action taken to eliminate the cause of a potential non-compliance or other potentially undesirable situation.

5 DESCRIPTION OF THE PROCESS

5.1 General regulations

Purpose of internal audit (inspection):

- assessment of the effectiveness of the QMS functioning and identification of opportunities and ways to improve it;
- identification of non-compliances in the QMS (procedures, processes, products) with the established requirements;
- determination of all causes of identified non-compliances (main, additional, accompanying).

5.2 Audit planning (inspection)

5.2.1 Audits (inspections) are carried out by specialists of structural divisions in the areas of activity.

5.2.2 QMS audits (inspections) are divided into planned and unscheduled (operational).

Scheduled audits (inspections) are planned on the basis of the status and importance of the audited activity based on the schedule of internal audit (inspection) Form F 01 - DP.10.05/2021.

Unscheduled inspections are carried out at the direction of the rector of the university, as well as according to the results of previous audits (inspections).

5.2.3 Each audit (inspection) includes the following steps:

- preparation of checklists;
- notification of the audited structural division of the university about the upcoming audit (inspection);
- preliminary meeting with representatives of the structural division under inspection;
- object audit (inspection);
- final meeting with the staff of the division under inspection;
- recommendations for the development of corrective measures to eliminate the identified non-compliances;
- completion of the audit (inspection);
- carrying out actions following the audit (inspection).

5.3 Preparation of internal audit (inspection)

5.3.1 Preparation of the internal audit (inspection) begins with the formation of the checklist questions.

When preparing checklists, the following recommendations should be followed:

- the questions given in the checklist should be formulated clearly and provide an opportunity for detailed answers;
- the specialist should be able to record the answers received.

The form of the checklist is given in F 02- DP.10.05/2021.

5.3.2 Prior to the audit (inspection), the specialists of the structural division are required to conduct independent training, which consists in the study of regulatory documents in accordance with the audit (inspection) plan, the preparation of checklists.

5.3.3 Responsibility and obligations of the responsible person for conducting an internal audit (inspection).

The persons responsible for conducting the internal audit (inspection) are responsible for the impartiality of the audit and the objectivity of the conclusions based on the results of the audit.

During the internal audit, the specialist of the structural division must:

- study the structural division of the university being checked, having familiarized with the nature of the work performed, the official duties of the employees;
- analyze the procedures and work instructions necessary for the inspection.

5.4 Conducting an audit (inspection)

5.4.1 Before the start of the audit (inspection), a preliminary meeting is held with the employees of the structural division being audited to clarify the tasks, methods and procedure for conducting an internal audit and forming a positive attitude to the audit.

5.4.2 Object audit (conducting an inspection)

During the audit of the object, the specialist of the structural division should receive information on the basis of which it will be possible to draw reasonable conclusions in the following areas:

- the state of the object being inspected (procedure, process) and the reasons for non-compliances;
- availability, correct understanding and application by the staff of the "Regulations on the structural division", job descriptions, university standards, working documentation;
- compliance of the applied normative and educational-methodical documentation with the objectives and Policy of the university in the field of quality.

5.4.3 When inspecting an object (a structural division of the university), the following is carried out:

- 1) documentation expertise;
- 2) communication with employees of the structural division;
- 3) process monitoring.

When conducting an internal audit, methods of analysis, questioning and observation are used.

All observations obtained during the internal audit are recorded in the checklist and analyzed.

When non-compliances are detected, the specialists of the structural division, together with the head of the structural division being inspected, analyze their causes, develop corrective actions, determine the deadlines and the responsible persons for implementation.

The methodology of internal audit (inspection) includes the following operations:

- 1) checking the availability of documents;
- 2) verification of compliance of documents with the established requirements;
- 3) verification of fulfillment of document requirements;
- 4) fixing non-compliances.

During the audit (inspection), the detected non-compliance must be registered in the checklist (F 02 - DP.10.05/2021).

All identified non-compliances are listed in the plan of corrective and preventive actions (F 03 - DP.10.05/2021).

In case of disagreement of the representative of the division, this non-compliance is considered at the final meeting.

5.4.4 After the end of the audit (inspection), a final meeting is held. Its main purpose is to present and explain all the audit results entered in the checklist, to agree on the timing of the necessary measures. At the meeting, the necessary explanations are given on all identified non-compliances in order to ensure a clear understanding by the management of the inspected division of the essence of the non-compliances, their importance and impact on the stability of the quality of educational services and processes. At the same time, the nature of non-compliances (accidental or systematic) is clarified, recommendations for improving the documentation of the quality system and the development of corrective measures are considered.

5.4.5 Preparation of the final report

After the final meeting, the specialist of the structural division draws up a plan of corrective and (or) preventive measures.

6 DOCUMENTATION AND ARCHIVING

6.1 The original of the documented procedure after expiration, cancellation or replacement is stored in the Department of Academic Affairs.

6.2 The quality records generated during the work under this documented procedure include the form given in Table 2.

Table 2

№	Document name	Form
1	Internal audit checklist	F 02– DP.10.05/2021
2	Plan of corrective and preventive actions	F 03 –DP.10.05/2021

6.3 Quality records are kept in accordance with the requirements of the documented procedure DP.10.03./2021 "Procedure for managing quality records".

7 INFORMATION ON THE PROCESS

7.1 Incoming information

No	Document name	Responsible person for compiling	Term of provision	Note
1	Summary list of documents Quality management systems	Quality control representative	In time according to the internal audit schedule	
2	QMS documentation required for process management or the functioning of a structural division	Process Owner Head of the structural division	In time according to the internal audit schedule	

7.2 Outgoing information

No	Document name	Responsible person for providing	Term of provision	Note
1	2	3	4	5
1	Internal audit schedule	Head of structural division	Within the time limits determined by the internal audit schedule	F 01 – DP.10.05/2021
2	Internal audit checklist	Specialist of structural division	Before the start of the audit	F 02 – DP.10.05/2021
3	Plan of corrective and preventive actions	Specialist of structural division	After filling out the audit checklist	F 03 – DP.10.05/2021

8 ANNEXES

Form F 01 – DP.10.05/2021

«APPROVED»

Rector, professor

_____ Full name

«__» _____ 20__

SCHEDULE
of internal audit on _____ academic year

№	Name of the activity	Audit period

Vice-Rector in the field of activity _____ Full name

Checklist for conducting an internal audit

CHECKLIST for conducting an internal audit

name of the division (object of inspection)

document code and name

Control questions	Note
Does the department have a list of documents related to the quality system?	
Does the list of documents have an official status (specify in the explanation by whom and when it was approved)?	
Has the person responsible for keeping the list in working order and maintaining it been appointed (specify in the explanation by whom, when and by what document this person was appointed)?	
Is there a documented procedure for familiarizing staff with the documents included in the list and related to the work they are doing (specify in the explanation which document establishes this procedure)?	
Are the requirements for storage, modification and withdrawal of documents documented (specify in the explanation - which document)?	
Is the department's staff familiar with the Quality Policy?	
Is there documentary evidence of staff familiarization with the Quality Policy?	

Specialisy _____
signature, data, decryption of the signature

I am familiar with the results of the audit: _____
signature, data, decryption of the signature

Note: The list of general questions is recommended and can be supplemented by the auditor when drawing up a checklist, based on the purpose and objectives of a specific audit (instruction).

Form F 03 – DP.10.05/2021

Plan of corrective and preventive actions

Approved

Rector _____ Sh.A.Kurmanbayeva
 "___" _____ 20__

**PLAN
OF CORRECTIVE ACTIONS**

№	Non-compliance	Corrective actions	Responsible for the elimination of non-compliance	Term of performance	Mark of completion
1	2	4	5	6	7

**PLAN
OF PREVENTIVE ACTIONS**

PREVENTIVE ACTIONS					
№	Proposal for improving the activities of the division	Justification of the proposal	Responsible for execution	Term of performance	Mark of completion
1	2	3	4	5	6

