QAS Internal Quality Audit Procedure (QAS-P007)

Saint Louis Public Schools

The online version of this procedure is official. Therefore, all printed versions of this document are unofficial copies.

1.0 SCOPE:

1.1 This procedure applies to all personnel directing and administering internal management system audits in the St Louis Public Schools.

2.0 RESPONSIBILITY:

2.1 Superintendent of Schools

3.0 APPROVAL AUTHORITY:

_____ _____

Signature Date

3.1 Management Representative

4.0 DEFINITIONS:

4.1 QAS – Quality Assurance System Program

4.2 SLPS – Saint Louis Public Schools

4.3 MRT – Management Review Team

4.4 CAR – Corrective Action Request

5.0 PROCEDURE:

5.1 St Louis Public Schools conducts internal quality audits according to a schedule developed and maintained by the Lead Auditor and Management Representative. This Audit Schedule is modified, as needed, taking into consideration the status and importance of areas to be audited. All areas of the QAS - ISO certification scope will be audited annually.

a) Internal audits may be required, in addition to the above requirements, by the Management Review Team.

5.2 Internal quality audits are conducted to determine if the process management system at St Louis Public Schools conforms to the requirements of ISO 9001:2000 as well as documented procedures and is effectively implemented and maintained.

a) The Management Representative and Lead Auditor will outline the audit scope and objectives and the audit performance and reporting methods.

5.3 Internal consultants plan the audits by preparing an Audit Checklist prior to the start of the audit. This involves the review of previous audit results, CARs opened and/or closed (see CAR Log) in the department being audited; any non-conformance statements associated documents and processes in order to ensure an effective and efficient audit process.

a) Internal consultants may re-verify non-conformance CAR's as a means of demonstrating conformity of the QAS.

b) Internal consultants send the department selected to be audited an Audit Notification (QAS-F013).

5.4 The consultants selected to perform internal quality audits are objective and impartial of the process to be audited. No consultant will be permitted to audit his or her own work.

5.5 Internal consultants at the conclusion of the internal audit prepare an Audit Reports QAS-F011). In the event that the internal audit uncovered nonconformities in the continuous systems improvement program, the Internal Consultant shall complete a CAR and submit all documentation to the Lead Auditor and/or Management Representative.

a) The Management Representative will update the Tentative Audit Schedule (QAS-F015), apply any necessary control numbers to process correction requests, make appropriate copies, and forward the Internal Audit Correction Form to the responsible manager.

5.6 The responsible manager of the area audited shall take corrective action and/or eliminate the cause of the non-conformity without delay and in the time frame specified by the form, and return the form to the Management Representative.

a) If the manager cannot respond by the requested time on the document, the manager must notify the PMO for an extension

5.7 The Management Representative will review the corrective action, request any modifications if needed, and file

5.8 When the implementation date of the Quality Assurance Improvement Request has been reached, the Management Representative will assign the follow-up activity to an Internal Consultant who will record the verification activity performed and results. The form is then returned to the Management Representative and/or Lead Auditor who takes any appropriate action resulting from the follow-up audit.

5.9 The Lead Auditor and management representative prepare an Audit Summary Report as early as possible, but not later than two (2) weeks after completion of the audit. The report is based on non-conformances, observations and findings of the internal consultants.

a) Lead Auditor communicates the results of the audit report to the MRT and to the departments audited.

5.10 The Management Representative or PMO shall maintain records of audits (Audit Schedule, Audit Notification, Audit Checklist, Internal Audit Report, and Summary Report) for a minimum period of five (5) years in the Quality Audit files

6.0 ASSOCIATED DOCUMENTS:

6.1 Internal Audit Schedule (QAS – F015)

6.2 Audit Notification (QAS – F013)

6.3 Corrective Action Request (QAS – F001)

6.4 Internal Audit Checklists (QAS – F010)

6.5 Internal Audit Report (QAS – F011)

6.6 Internal Audit Summary Report (QAS – F016)

6.7 Corrective Action Request Log (QAS – F006)

6.8 Auditing Activity, before, During, and After QAS Audit Work Instruction (QAS – W003)

6.9 ISO 9001:2000 Standard

7.0 RECORD RETENTION TABLE:

Identification	Storage	Retention	Disposition	Protection
Audit Schedule	Hard copy in Binder in Project Management Office	5 years	Discard as desired	Locked Office
Audit Notification Form	Hard copy in Binder in Project Management Office	5 years	Discard as desired	Locked Office
Internal Audit Checklist	Hard copy in Binder in Project Management Office	5 years	Discard as desired	Locked Office
CAR From	Hard copy in Binder in Project Management Office	5 years	Discard as desired	Locked Office
Internal Audit Report	Hard copy in Binder in Project Management Office	5 years	Discard as desired	Locked Office
Internal summary Report	Hard copy in Binder in Project Management Office – by Month	5 years	Discard as desired	Locked Office
CAR Log	Electronic	Permanent	Electronic	Electronic

8.0 REVISION HISTORY:

Date:	Rev.	Description of Revision:
04/02/08		Initial Release

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