

المركز السعودي للاعتماد
Saudi Accreditation Center



Conducting Internal Audits and Handling Nonconformities and Opportunities for Improvement procedure

P-08-04

1444 AH - 2023 AD

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1. Purpose

This document demonstrates the Saudi Accreditation Center (SAAC) commitment to implementing ISO/IEC 17011:2017 and related international requirements, and that the quality system is being effectively implemented, non-conformities and opportunities for improvement are being identified and managed in SAAC's processes.

2. Scope

2.1 This procedure is applicable to all processes of SAAC.

2.2. Non-conformities are identified by:

- 2.2.1 Any member of SAAC (permanent staff or teams' members)
- 2.2.2 Internal auditors
- 2.2.3 Customers of SAAC
- 2.2.4 External evaluators (Peer evaluation)

3. Normative References

3.1 Conformity assessment - general requirements for accreditation bodies providing ISO/IEC 17011:2017 accreditation services

3.2 Guidelines for Training Courses for Assessors Used by Accreditation Bodies - G3: 08/2020

3.3 IAF/ILAC Multi-Lateral Mutual Recognition Arrangements (Arrangements): Template report for the peer evaluation of an Accreditation Body based on ISO/IEC 17011:2017 - IAF/ILAC A3:03/2020

4. Terms and Definitions

4.1 **SAAC:** Saudi Accreditation Center

4.2 **Internal Audit:** is an independent and objective activity aimed at verifying the effectiveness and continuity of the quality system in SAAC.

4.3 **Auditor:** The person who conducts the audit, he/she may be an employee in SAAC or external to SAAC.

4.4 **A Non-conformity:** A case of non-fulfilment of the requirements of the relevant specifications and standards.

4.5 **Opportunities for Improvement:** These are developmental observations in certain areas to avoid their impact, if not improved, on fulfilling the requirements of the relevant specifications and standards.

4.6 **Root Causes Analysis:** The process of investigating the root causes of problems through a set of principles, techniques and methodologies used in order to identify appropriate solutions.

4.7 Corrective Actions: procedures to remove causes of non-conformities and prevent their recurrence.

5. Policies

5.1 Preparation for the Internal Audit

SAAC conducts one internal audit at least once a year covering all the elements of the management system or partial audits of specific elements of the management system. SAAC is committed to comply with the national regulations and laws related to conformity assessment activities.

5.2 Auditors

The auditor shall meet the following minimum competency requirements:

- 5.2.1 Has received training in ISO/IEC 17011
- 5.2.2 Has received training in ISO 19011
- 5.2.3 Has at least 3 years work experience in an accrediting body.
- 5.2.4 is a "Lead assessor" according to one of the accreditation standards.
- 5.2.5 The internal auditors are appointed by the General Manager of Quality after being qualified.
- 5.2.6 If the auditor is an employee of SAAC, he/she shall not audit the department in which they are working.

5.3 Identifying non-conformities and opportunities for improvement

Non-conformities can be identified as a result of internal audits by any member of SAAC, from complaints received from conformity assessment bodies, peer evaluation, etc. using the form F-57.

6. Related Procedures

Not applicable

7. Exceptions

No exceptions

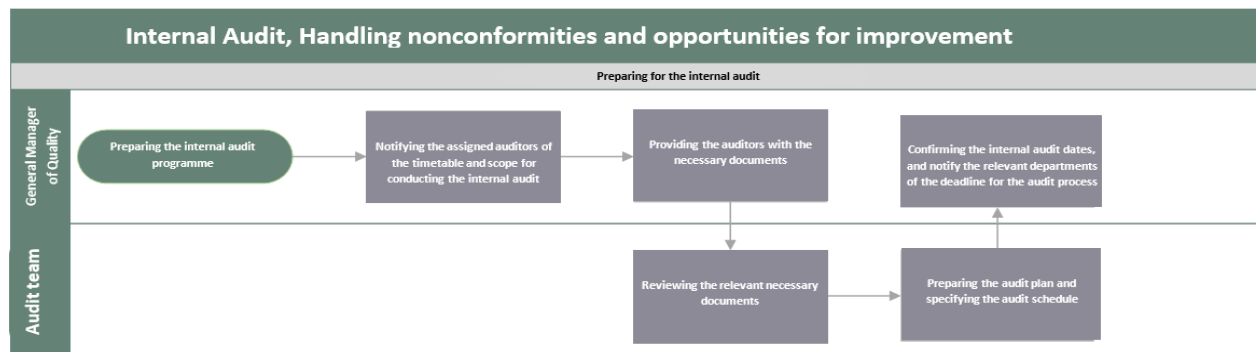
8. Procedures

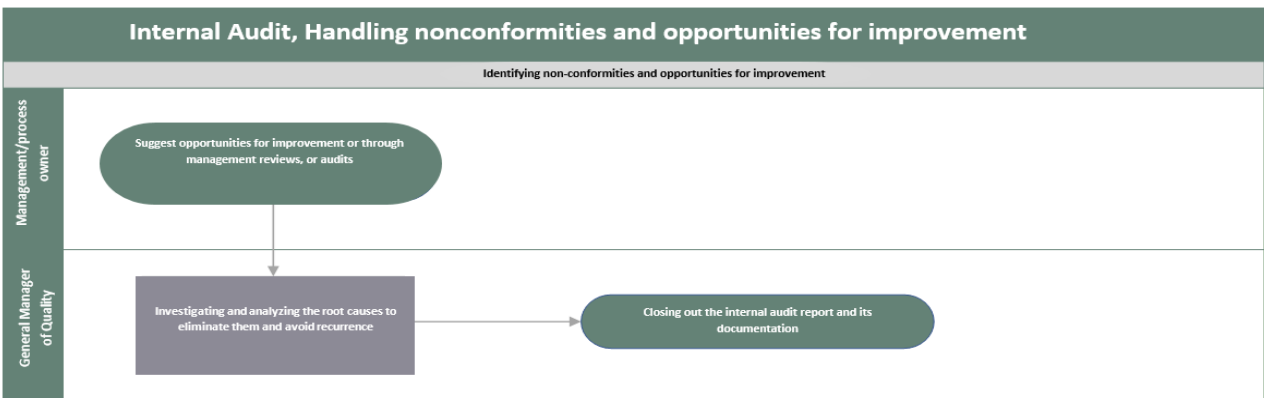
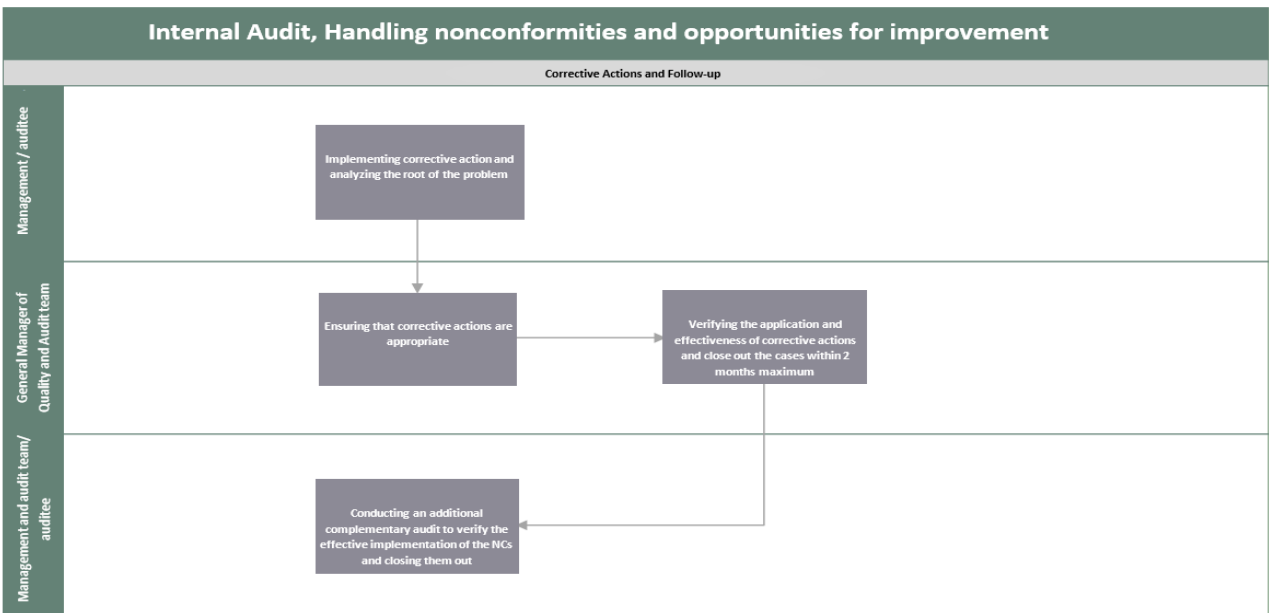
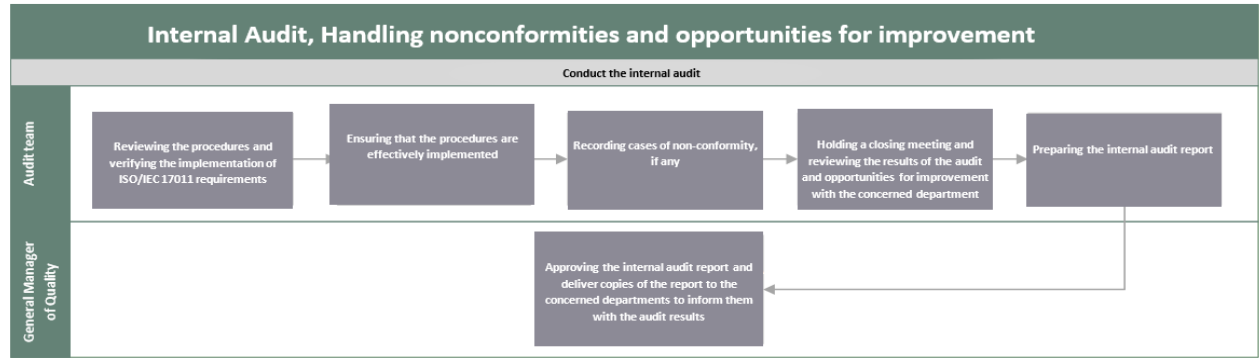
	Activity	Responsibility	Relevant documents/links
6-1	Preparation for the Internal Audit		
6-1-1	Preparing the internal audit programme, taking into consideration the followings:	General Manager of Quality	Form F-32

	<p>المملكة العربية السعودية SAUDI ARABIA</p> <p>Developing an audit programme for the scopes to be audited;</p> <ul style="list-style-type: none"> - Determining the schedule for conducting the internal audit; - Notifying the concerned departments of the internal audit proposed date(s); - appointing auditors to conduct the audit from SAAC experienced staff, or qualified external experts by SAAC; - Results of previous audits. 		
6-1-2	Notifying the assigned auditors of the timetable and scope for conducting the internal audit.	General Manager of Quality	-
6-1-3	Providing the auditors with the necessary documents.	General Manager of Quality	-
6-1-4	Reviewing the relevant necessary documents.	Audit team	-
6-1-5	Preparing the audit plan and the audit schedule.	Audit team	Form F-32
6-1-6	Confirming the internal audit dates, and notifying the relevant departments of the deadline for the audit process.	General Manager of Quality	Form F-32
6-2	Conducting the Internal Audit Procedure		
6-2-1	Reviewing the documents and verifying the implementation of SAAC's procedures and the extent of conformity with the requirements of ISO/IEC 17011 and international requirements.	Audit team	Form F-32
6-2-2	Ensuring that the procedures are effectively implemented.	Audit team	Form F-32
6-2-3	Recording identified cases of non-conformities, if any.	Audit team	Form F-32
6-2-4	Holding a closing meeting and reviewing the results of the audit and opportunities for improvement with the concerned department(s).	Audit team	Form F-32
6-2-5	Preparing the internal audit report and submitting it to the General Manager of Quality.	Audit team	Form F-32
6-2-6	Receiving the internal audit report and delivering copies of the report to the concerned department(s).	General Manager of Quality	Form F-32
6-3	Corrective Actions and Follow Up Procedure		

6-3-1	Recording the corrective action, analyzing the root cause of the problem for each case of non-conformity, and sending it to the General Manager of Quality within a specified period.	The concerned department(s)/ auditee	Form F-50
6-3-2	Ensuring that corrective actions are appropriate.	Audit team	Form F-50
6-3-3	Implementing the proposed corrective actions and closing out the NCs within the specified date, not exceeding 90 days.	The concerned department(s)/ auditee	Form F-50
6-3-4	Verifying the implementation and effectiveness of corrective actions and closing out the NCs.	General Manager of Quality and Audit team	Form F-50
6-3-5	Closing out the internal audit report.	General Manager of Quality	Form F-32 Form F-50
6-4	Handling Nonconformities and Opportunities for Improvement (Outside the Internal Audit Process)		
	Raising a Non-Conformity, Observation, or Opportunity for Improvement		
6-4-1	Receiving non-conformities, observation, or improvement opportunities.	General Manager of Quality	Form F-50
	Sending the identified cases (findings) to the process owner/auditee.	General Manager of Quality	
6-4-2	Investigating and analyzing the root causes to find out the reasons that led to the occurrence of the finding.	Process owner/ auditee	Form F-50
	Recording the corrective action(s).	Process owner	
	Ensuring that the corrective action is effective.	General Manager of Quality	
	Closing out the non-conformity.	General Manager of Quality	
6-4-3	Closing out the internal audit report and its documentation.	General Manager of Quality	Form F-32 Form F-57

9. Procedure Flowchart





10. Performance Indicators

Not applicable

11. Version control

Not applicable

12. Related documents

12.1 F-57 Nonconformity Report Form

12.2 F-32 Comprehensive Internal Audit Plan Form

12.3 F-50 Internal Nonconformity / Improvement Opportunity Form

13. Attachments

Not applicable