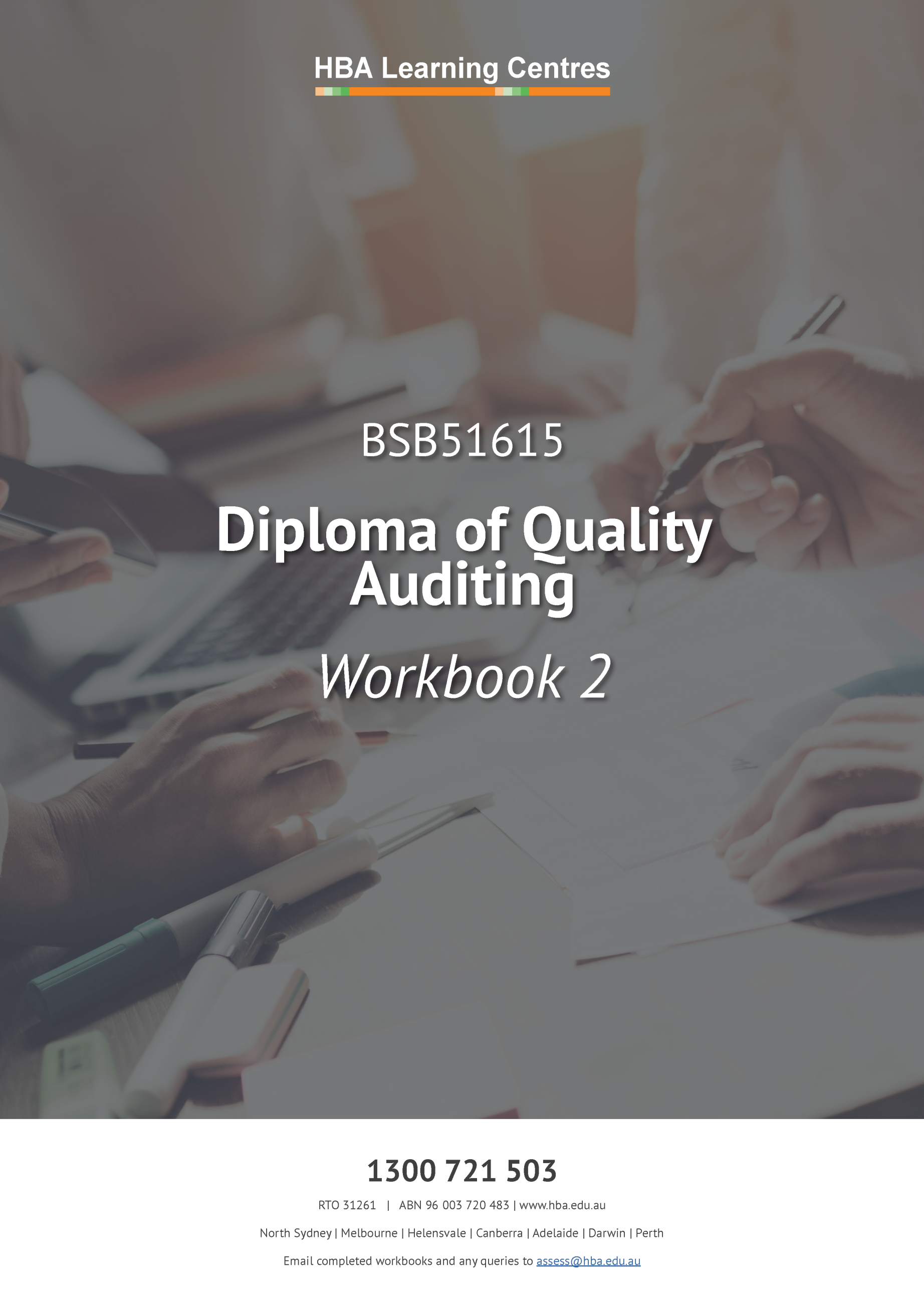
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## Workbook 2 Completion Options

Delivery Modes

Please read the following information regarding completion options for Workbook 2 relating to the delivery mode you are enrolled in.

#### Intensive Delivery

Learners undertaking BSB51615 Diploma of Quality Audit through Intensive Delivery are encouraged to commence Workbook 1 prior to attending face-to-face delivery where they are able to. Where a Learner has not commenced the workbook, this will be completed in their own time post course. This workbook will not be worked on during the face-to-face course.

#### Self-Paced Delivery

Learners undertaking BSB51615 Diploma of Quality Audit through Self-Paced Delivery must complete and submit Workbook 1 prior to attempting Workbook 2. Learners can commence Workbook 2 without having received outcome of Workbook 1. Learners who have not submitted workbook 1, will not have workbook 2 assessed.

**NOTE:** Remember you have 24 /7 access to our online learner discussion forum as well as regular access to our trainer and assessors via phone or email. If you do require assistance please call 1300721503 or email [assess@hba.edu.au](mailto:assess@hba.edu.au)

**About this Workbook**

These assessment workbooks designed to be used in conjunction with the Learner Guide and also require you to undertake research and demonstrate the knowledge and corresponding skills that will be needed for the assessment activities. The work you complete in this workbook will be used as evidence to contribute to your overall competence.

There are two assessment workbooks to complete for this course. This is the first assessment workbook. The intent of the workbook is to provide for the acquisition of underpinning knowledge via the reading of a comprehensive learner guide and completion of assessment questions.

Read and consider all of the information for each activity prior to commencing the activities. All sections in this workbook must be completed prior to submitting for assessment.

Once you have successfully completed both workbooks and been assessed as Competent by HBA, you will have achieved your BSB51615 Diploma of Quality Audit.

TheBSB51615 Diploma of Quality Audit comprises of eight (8) Elective Units of Competencies.

|  |  |
| --- | --- |
| **Units of Competency:** | |
| BSBAUD501 | Initiate a quality audit |
| BSBAUD503 | Lead a quality audit |
| BSBAUD402 | Participate in a quality audit |
| BSBAUD504 | Report on a quality audit |
| BSBWOR502 | Lead and manage team effectiveness |
| BSBRSK501 | Manage risk |
| BSBINM501 | Manage an information or knowledge management system |
| BSBMGT516 | Facilitate continuous improvement |

Locked Documents

HBA assessment materials are ‘Locked’ with restricted editing. This means you can only write in the coloured brackets provided. We do this to ensure the integrity of our documents can be maintained.

If your software is not compatible with a locked document and you are having any issues typing into the brackets, refer to HBA Learning Centres Support Centre <https://hba.edu.au/support-centre/>or contact HBA at [support@hba.edu.au](mailto:support@hba.edu.au)

Elements of Assessment

The elements of each activity in this workbook need to be undertaken, completed, and returned to HBA electronically for assessment. Any additional information or evidence supplied by the learner to support their assessments should be returned with this workbook.

In undertaking an activity in this workbook you will be asked to:

* Answer questions;
* Conduct research;
* Complete templates

**NOTE:**

Some activities may require you to undertake internet or other research. This research assists in meeting competency requirements and in completing assigned activities.

**This workbook:**

* The Learner Guide has been designed to provide you with ample amount of background information to assist you with understanding each Unit of Competency. Use the Learner Guide, the Learner Resources Folder and conduct some additional research to formulate your answers.
* It is essential that your answer addresses all components of the question adequately, simply copying and pasting content that more or less answers the question is not appropriate. You can copy and paste content from other sources, but you must modify/paraphrase it to meet the question requirements and demonstrate your understanding of key concepts, ideas and models.
* Provide a response to each question/request in the left hand column of the table below. Your responses should be entered into the adjacent area in the right hand column. Answers need to contain enough information and detail to demonstrate a sound understanding of the area/s the question relates to.
* It is not acceptable to use the example provided for you under the question in your own response.

**Tips:**

* Read the questions to ensure you are providing what has been asked for.
* Answers do not need to be overly expansive, but they do need to have sufficient information to clearly answer the question and demonstrate your understanding
* Where simulation has taken place to complete an activity, please ensure all components of the activity have been completed i.e. simulated learner, must include name, address, etc. of the simulated learner

Assessment Conditions

Assessment conditions stipulate any mandatory conditions for assessment. These conditions specify the conditions under which evidence for assessment must be gathered, including any details of required equipment and materials; contingencies; specifications; physical conditions; relationships with team members and supervisor; relationships with client/customer; and timeframe.

Assessment conditions, provide specific learner and assessor requirements, including any details related to qualifications, experience and industry currency.

The following stipulates the assessment conditions for the individual Unit of Competencies, to be completed for the BSB51615 Diploma of Quality Audit.

When completing the required activities, ensure these assessment conditions outlined below for each Unit of Competency are met.

**BSBAUD501 Initiate a quality audit**

Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the regulation, licensing and risk – quality auditing field of work and include access to:

* workplace documentation including previous quality audit reports, checklists, risk management plans and audit plans

**BSBAUD503 Lead a quality audit**

Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the regulation, licensing and risk – quality auditing field of work and include access to:

* workplace documentation including previous quality audit reports
* checklists
* risk management and audit plans

**BSBAUD402 Participate in a quality audit**

Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the regulation, licensing and risk – quality auditing field of work and include access to:

* workplace documentation including previous quality audit reports, checklists, risk management plans and audit plans

**BSBAUD504 Report on a quality audit**

Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the regulation, licensing and risk – quality auditing field of work and include access to:

* workplace documentation including quality audit reports, checklists, risk management plans and audit plans

**BSBWOR502 Lead and manage team effectiveness**

Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the industry capability - workplace effectiveness field of work and include access to:

* workplace documents
* case studies and, where possible, real situations
* office equipment and resources
* interaction with others

**BSBRSK501 Manage risk**

Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the regulation, licensing and risk - risk management field of work and include access to:

* relevant legislation, regulations, standards and codes
* relevant workplace documentation and resources
* case studies and, where possible, real situations
* interaction with others

**BSBINM501 Manage information or knowledge management systems**

Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the knowledge management – information management field of work and include access to:

* relevant legislation, regulation, standards and codes
* relevant workplace systems, documentation and resources
* case studies and, where possible, real situations
* interaction with others

**BSBMGT516 Facilitate continuous improvement**

Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the management and leadership field of work and include access to:

* relevant workplace documentation and resources
* case studies and, where possible, real situations
* interaction with others

Checking off Assessment Tasks

As you complete each activity, it is recommended you check it off against the supplied activity checklist and attach any additional supplementary evidence required to meet competency. In signing off on each activity you are declaring that YOU have undertaken the specified task(s). Where it is verified that a learner fraudulently signed off on an assessment item as being their own work when it is not, competency will be withheld and the relevant authorities notified.

* Once you answer the question, re-read the question to make sure you have covered off on all requirements.
* It is not appropriate to use the example provided for you in your answer

Submitting Assessment Workbooks

Only completed assessment activity items with appropriate evidence which is valid under the Registering Authority guidelines, and the terms of the RTO and its authorised delegates will be used toward determining competence.

Ensure you save your work regularly while completing the workbook. Ensure you keep a copy of your workbook prior to submitting.

You **must** submit your assessments in the Workbooks provided in their original format.

Untidy, unclear, or hard to decipher material will be returned to the learner without assessment being conducted. HBA will not undertake assessment until the evidence supplied is in a format that meets the professional standard required by those working in leadership roles in the workplace.

Workbooks will only be assessed when all activities have been completed. Where a Workbook is submitted with activities not complete, this is a formal submission and you will be deemed Not Satisfactory, with 2 submission attempts remaining.

Upon submission, learners will receive an automated response, detailing assessment timeframe. Feedback will be provided by email within 14 business days from receipt of the workbook. Assessors will provide clear and specific feedback where resubmission is required. Where resubmission is not required, assessors will advise Learners, they have satisfactorily completed the workbook.

Learners have three (3) attempts at each assessment before alternative learning options are considered. This will be completed on a case by case basis by a member of the Compliance team.

HBA Learning Centres provides all assessors with assessment benchmark guides, to assist with the assessing of workbooks. HBA Learning Centres assessors have also been instructed to use their professional judgement as an assessor and from industry currency and experience, to allow for reasonable adjustment and flexibility when assessing holistically.

**NOTE:**

Intensive delivery learners please ensure you submit your completed workbooks and any supporting evidence to your trainer, you will be provided their email address during the course.

Self-paced learners, please submit you completed workbooks and supporting evidence electronically sent (e-mailed) to HBA’s assess desk at: [assess@hba.edu.au](mailto:assess@hba.edu.au)

Assessment Feedback

Assessment feedback will be provided to you via email. You will receive progressive feedback, outlining each of the activities within the workbook and the outcome of either Satisfactory or Not Satisfactory.

Where you have received outcomes of Not Satisfactory, the assessor will provide you with clear and precise feedback, to assist you with your resubmission.

Once you have been deemed Satisfactory in all required activities in both workbooks, you will receive overall results, which will, provide you with the results of Competent and show Competent in all Units of Competency completed.

You as a learner, have a right to appeal against a decision made by HBA Learning Centres in regard to an assessment result. If following feedback discussions with the Assessor, you are not satisfied, you are required to:

* Complete the [**RTO 2.6.3 Complaints and Appeals Application Form**](file:///\\HBA-FILE1\HBA%20Documents\HBA%20CONFIDENTIAL\MANAGEMENT%20SYSTEM\RTO%20POLICIES%20AND%20PROCEDURES\FORMS%20AND%20TEMPLATES\CURRENT\RTO%202.6.3%20Complaints%20and%20Appeals%20Form%20V1.00%20April%202015.docx) or provide in writing (email is acceptable), reason for the appeal;
* HBA will source the original submission and request and/or accept further evidence as required; and
* Document and submit an account of any non-written assessment items to the Compliance Manager: [complaints@hba.edu.au](mailto:complaints@hba.edu.au)

Any such resubmissions are to be provided to the HBA Compliance Manager who will arrange for the resubmission to be re-assessed by a neutral third party, by way of an independent HBA Assessor.

The outcomes of the re-assessment will by fully document. This outcome will be given to the Learner directly and further support will be made available if required.

Learners are entitled to **one (1) appeal per assessment decision**. The decision of the independent HBA Assessor assigned to the appeals case decision will be final.

Support Available

1. **Discussion Forum:** Many questions related to the course have already been answered on the Learner Discussion Forum [hba.edu.au/support-centre/](https://hba.edu.au/support-centre/); this should be your first point of call. If it has not been addressed, then post your questions there.
2. **IT Tips:** Outlines software compatibility for workbooks, how to split pages, zip files etc. [hba.edu.au/support-centre/](https://hba.edu.au/support-centre/)
3. **Email:** You can also direct more specific or non-course related questions to [assess@hba.edu.au](mailto:questions@hba.edu.au) (e.g. assessment turnaround times, help unlocking workbooks, assistance using the forum, etc.)
4. **Telephone support:** Call 1300 721 503 for short conversations (less than 10 minutes) to get quick and direct answers
5. **Face-to-Face or Telephone Tutorials:**1 Hour sessions by request ($50p/hr)
6. **Progression Email:**HBA will contact you every 3 months via email throughout the duration of your course, offering support as required and approximately where you should be in completing your workbooks, to ensure you will complete the course within the given timeframe
7. **Extension Applications:** An extension **may be** granted in exceptional circumstances. There will be an administration fee applied for extensions. Extensions must be applied for during the course timeframe. No more than 2 extensions will be granted. All extension requests regardless of you mode of delivery must be sent to [assess@hba.edu.au](mailto:assess@hba.edu.au)for consideration.

Activity Checklist and Declaration

The activity checklist on this page and the declaration on the next page need to be completed prior to submitting your workbook for assessment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sections** | **Unit/ of Competency**  **(Primary focus of this section)** | **Completed**  **(Initialled)** | **Date** |
| **Section 1** | Prepare for an Audit | JI | 22.06.19 |
| **Section 2** | Lead and Participate in an Audit | JI | 22.06.19 |
| **Section 3** | Report on a Quality Audit | JI | 22.06.19 |
| **Section 4** | Lead and Manage Team Effectiveness | JI | 22.06.19 |
| **Section 5** | Manage Risk | JI | 22.06.19 |
| **Section 6** | Manage an Information or Knowledge Management System | JI | 22.06.19 |

Learner Declaration

I Jamie Ilton declare that I have personally completed all activities in this workbook.

I understand that competency will not be given if I do not meet the assessment evidence and activity requirements or if it is discovered that I have not undertaken all expected tasks.

I understand that HBA reserves the right to immediately withdraw a qualification if it is found that I provided false or misleading evidence, this includes any declaration, resource or tool I have submitted as being authored by me that I have submitted.

I further note this includes any statement, whether written or spoken, by any witness or other third party I have used to provide testimony, or any other evidence which serves to allow HBA Assessors to make an Assessment decision.

I understand HBA may, at its own discretion and without notice contact any third party I have used to provide testimony or any other evidence to HBA Assessors. If HBA forms a reasonable doubt as to the authenticity of such evidence, then it shall withdraw any issued qualification without notice.

I confirm, I have met the required assessment conditions, as outlined in this workbook.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: | 22.06.2019 |
| Name (print): | Jamie Ilton | | |

\* Electronic Signature is acceptable

**Course Completion Date:** You are given 18 months from enrolment to complete this course. An extension **may be** granted in exceptional circumstances. **NOTE** there will be an administration fee applied for extensions. Extensions must be applied for during the course timeframe. No more than 2 extensions will be granted.

# Section 1 – Prepare for an Audit

Section 1 cover the requirements for the Unit of Competency, BSBAUD501 Initiate a Quality Audit.

This unit describes the skills and knowledge required to initiate and organise a quality audit with an auditee. It covers assessing the scope and objectives of a quality audit; communicating with the auditee regarding the proposed quality audit; identifying resources required to conduct the audit; and developing and submitting a quality audit plan. The types of audits may include external or internal systems audits or process or product/service audits.

It applies to individuals with a well-established theoretical knowledge base in quality auditing who are proficient in using a wide range of specialised, quality auditing and managerial techniques to plan, carry out and evaluate a quality audit. Individuals also supervise and monitor the processes and outcomes of others working in a quality audit team.

Learners are required to meet the following assessment conditions for this Unit of Competency.

Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the regulation, licensing and risk – quality auditing field of work and include access to:

* Workplace documentation including previous quality audit reports, checklists, risk management plans and audit plans.

Tick upon completion of activities:

|  |  |
| --- | --- |
| ACTIVITY SUBMISSION | |
| Y | Activity 1.1 Initiating an Audit |
| Y | Activity 1.2 Pre-Audit Discussion Proposal |
| Y | Activity 1.3(a) Develop an Audit Plan |
| Y | Activity 1.3(b) Develop an Audit Plan |
| Y | Activity 1.4 Prepare Audit Team |
| Y | Activity 1.5 Organise Entry Meeting |
| Y | Activity 1.6 Entry Meeting Agenda |

## Activity 1.1Initiating an Audit

**Instructions to Learners:**

Using the case study, SSS RTO located in the learner resource folder. Learners are required to compose an email or letter, responding to the request from the organisation for a quality audit. Learners must ensure they demonstrate structure, tone and vocabulary appropriateness to the intended audience, context and purpose.

Within the email or letter, learners should address the following:

* Identification of who you are
* Introduction of audit team if one is required
* Identification of the objectives of the audit
* Mention of what may be required by the organisation
* Mention that staff may be required by the auditors
* Mention of an agenda to be provided

|  |
| --- |
| The A Team Auditors  115/165 James Street  SYDNEY NSW 2001  11 June 2019  Dear Patricia  RE: Application for ISO 9001:2016 – Quality Management Systems  As per your previous email re the above, we wish to propose the following to support the above-mentioned audit of your QMS, at your Sydney premises from 9am Monday 19 August to 5pm Tuesday 20 August 2019.  Undertaking this audit will be:   * Lead Auditor: Jacqui Crafter * Assistant Auditor: Jamie Ilton * Specialist Auditor: Claudia Schiffer * ASQA Advisor: Sally Wray-McCann * Document/system Control: Peter Douch   The objectives of the audit include a review of your existing QMS systems to determine compliance and conformity to ISO and ASQA standards requirements and any other suggestions for your upcoming expansion into WA.  For us to prepare the Audit plan and to assist us to acquire an understanding of your organization prior to the audit we would request the following documents:   * Quality Manual including Policies and Procedures; * Previous Audit findings and their associated Corrective Actions; * Contract with SIM; * Marketing Materials; * Organizational Chart including Staff Matrices * Existing or Upcoming KPIs/PPIs   Once on site and for us to conduct an effective audit we require the following:   * Access to your premises from 9.00am to 5.00pm * A room that can accommodate a minimum of 5 people * Internet access * Access to following SSS staff:   + Simon Smith - Business Owner (Founder)   + Steven Sibley - Compliance Manager (Co-Founder)   + Patricia Prat - Operations Manager   + Terry Troutback - Training Manager   + Rebecca Right- Office Manager   + Henry Hogan- HR Manager   + Alison Allwell, Michael Carmichael, Willard Woo - Sydney Training Consultants   + Other staff as required * Access to necessary documents (hard copies and/or soft copies) * Car parking   Once we have received the requested documentation we will provide you with a draft of the Agenda going forward. This will allow both parties to rectify any discrepancies and finalize the agenda.  We will email all related reports securely to you and will ensure that all reports are written in a systematic format.  Should you have any questions please contact myself to discuss. |
| Kind regards  Jacqui Crafter  Lead Auditor  Email: [hsmith@theAteam.org.au](mailto:hsmith@theAteam.org.au)  Mobile: 0877 302020 |

## Activity 1.2Pre-Audit Discussion Proposal

**Instructions to Learners:**

Learners are required to develop a pre-audit discussion proposal. Learners may use the case study, SSS RTO located in the learner resource folder, or their own workplace as an example.

The pre-audit discussion is the first contact an auditor has with an auditee to determine the following:

* the audit objectives and scope based on identified business risk areas, including critical success factors and goals
* previous audit history, organisational structure
* the relevant standards and legislation impacting on the audit
* Identified risks associated with conducting the audit, both audit team and organisation
* proposed audit methods and techniques
* Handling of any areas of confidentiality or sensitivity
* A familiarisation tour- identifying any high risk areas or exclusion zones
* Barriers to conducting the audit
* Identify your role in the audit process

Complete the template below or submit a work sample, which you may have already completed. Where a work sample is submitted, a third-party report is required.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pre-audit discusson proposal** | | | | | | | | | | | | |
| **Timeframes** (determine the time & date required for the audit) | | | | **Start** | | | **Finish** | | | | | |
| 9am Monday 19 August | | | 5pm Wednesday 21 August | | | | | |
| Review the organization and identify and rate any risks that the business might have. (1 = most likely, 9 = least likely) | | | | | | | | | | | | |
| Financial | | 5 | | Staff Retention | | 7 | Reputational | | | | 1 | |
| Legislative | | 4 | | Technological | | 9 | Safety/Injury | | | | 8 | |
| Political | | 2 | | Economic | | 3 | Policy | | | | 6 | |
| Other ASQA | | 10 | | Other | |  | Other | | | |  | |
| Determine the objectives of the auditee  *(Why does the auditee need to conduct an audit?)* | | | | Build rapport and image across multiple sites  Strong Marketing/Advertising properties  Assist with ASQA compliance processes (ongoing)  Improve on SSS management systems and staff morale  To achieve ISO 9001:2016 accreditation  Assist with expansion into WA | | | | | | | | |
| Determine the scope of the audit from the risks identified above  *(What are you going to audit?)* | | | | To complete an external audit on SSS with AS/NZS ISO 9001:2016 Quality Management System Section 5 Leadership   * 1. Reputation (5.1.1, 5.1.2, 5.2.1, 5.2.2, 5.3)   2. Political (5.1.1, 5.1.2, 5.2.2,5.3)   3. Economic (5.1.1, 5.1.2, 5.3)   4. Legislative (5.1.1, 5.1.2, 5.2.2)   5. Financial (5.1.1, 5.1.2, 5.2.1, 5.3)   6. Policy (5.1.1, 5.1.2, 5.2.1, 5.2.2)   7. Staff Retention (5.1.1, 5.2.1, 5.2.2, 5.3)   8. Safety (5.1.1, 5.2.1, 5.2.2)   9. Technological (5.1.1, 5.2.1, 5.2.2, 5.3)   10. ASQA (5.1.1, 5.2.1, 5.2.2, 5.3) | | | | | | | | |
| Identify your role in the audit process  *(Include job title and duties of lead auditor)* | | | | Lead Auditor: Jacqui Crafter(Audit team and timeline management/ Audit and document control)  Assistant Auditor: Jamie Ilton(Human Recourses)  Specialist Auditor: Claudia Schiffer(Financial/Economic/accountancy)  ASQA Advisor: Sally Wray-McCann(OHS/WHS)  Document/system Control: Peter Douch(Operations) | | | | | | | | |
| Relevant stakeholders (Both internal and external) | | | | Simon Smith - Business Owner (Founder)  Steven Sibley - Compliance Manager (Co-Founder)  Patricia Prat - Operations Manager  Terry Troutback - Training Manager  Rebecca Right- Office Manager  Henry Hogan - HR Manager  Insurers  SSS Students/clients  ASQA  Premise owners  Legal aid  Accountant | | | | | | | | |
| Organisational Structure Summary  *(Summarise the organisations business structure and outputs)* | | | | SSS RTO Business Structure:  Simon Smith - Business Owner (Founder)  Steven Sibley - Compliance Manager (Co-Founder)  Patricia Prat - Operations Manager (Audit Responsibility)  Terry Troutback - Training Manager  Rebecca Right- Office Manager  Henry Hogan- HR Manager  Alison Allwell, Michael Carmichael, Willard Woo - Sydney Training Consultants  Joan Jolly, Beatrix Botter- Administration Officers | | | | | | | | |
| Relevant standards and legislation impacting on the audit  *(List the standards and legislation you will review or benchmark to complete this audit)* | | | | AS/NZS ISO 9001:2016 Guidelines for Quality Management System – requirements, Section 5 Leadership.  Fair Work Act 2009  Privacy Act 1988 (including amendments)  Privacy & Personal Information Protection Act 1998 (NSW)  Work Health and Safety Act 2011  Work Health and Regulations 2011  NVR Standards for RTO 2015  Occupational Health and Safety Act 1984(WA)  OHS Regulations 1996 (WA) | | | | | | | | |
| **Audit History** | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **AUDIT RECORDS** | | | | | | **Audit Type** | **Audit Date** | **Outcomes** | **Actions Required** | **Audit Status** | | ASQA initial Registration Audit | 6.10.2015 | Organisation demonstrated Compliance with the Standards for RTOs 2015 | No actions required | Organisation has met the requirements to become a Registered Training Organisation (RTO) | | ISO Standard 9000 Audit | 3.02.2016 | Unable to provide evidence of quality policy and objective. | Develop the quality policy and objectives, before the next internal audit (clause 5.2.1) | Non-Conformities and Corrective Actions Recommended | | ISO Standard 9000 Audit | 10.04.2016 | Organisation did not provide evidence that it could determine and provide resource needed for implementation and maintenance of the quality management system and continually improve its effectiveness | The organisation must develop a strategy for determining and providing resource requirements for the QMS they advised is implemented (clause 4.4) | Non-Conformities and Corrective Actions Recommended | | | | | | | | | | | | | |
| **Risk** | | | | | | | | | | | | |
| **Identify a minimum of four (4) safety risks/consequences associated with conducting this audit** | | | | | | | | | | | | |
| **Risk/Consequence** | | | **Control** | | | **Responsibility- Name and Title** | | | | **Action by (date)** | | |
| Stress/Fatigue | | | Review or Implement Fatigue Management Policy and Plan to manage | | | Simon Smith - Business Owner (Founder)  Patricia Prat - Operations Manager | | | | 10 August 2019 | | |
| Technology Failure | | | Review or Implement ICT Policy and Operational Guidelines to manage  Spare computers/system | | | Steven Sibley - Compliance Manager (Co-Founder)  Patricia Prat - Operations Manager  Rebecca Right- Office Manager | | | | 10 August 2019 | | |
| Financial - Loss | | | Review or  Implement Financial Policy and Procedure to manage | | | Simon Smith - Business Owner (Founder)  Steven Sibley, Compliance Manager (co-founder)  Patricia Prat - Operations Manager | | | | 10 August 2019 | | |
| Reputation - Bad | | | Review or Implement Marketing Strategy  to manage | | | Simon Smith - Business Owner (Founder)  Steven Sibley, Compliance Manager (co-founder)  Patricia Prat - Operations Manager  Henry Hogan, HR Manager | | | | 10 August 2019 | | |
| **Barriers** | | | | | | | | | | | | |
| **Identify a minimum of four (4) barriers you may face when conducting this audit** | | | | | | | | | | | | |
| **Barrier** | | | **Solution** | | | **Responsibility- Name and Title** | | | | **Resource requirements** | | |
| Time constraints | | | Allocation preparation time.  Follow timeframes as per audit plan. | | | Patricia Prat - Operations Manager  Henry Hogan- HR Manager | | | | Staffing for preparation time and over the duration of the audit. | | |
| Staff Illness/availability | | | Secondary person available with the knowledge of the audit components /Communicate in plenty of time to provide notice. Invites in staff calendars. | | | Patricia Prat - Operations Manager  Henry Hogan- HR Manager | | | | Availability of secondary staff prior to and during the audit. Staff Calendars, emails/invites | | |
| Power outage | | | Hardcopy documents available where possible. Backup e.g. Cloud in place. | | | Joan Jolly, Beatrix Botter- Administration Officers | | | | Access to IT and to the required documentation. | | |
| Physical space to conduct the audit | | | Arrange and book suitable space for five plus people with access to WIFI, projector, photocopier/scanner and general facilities. | | | Patricia Prat – Operations Manager  Henry Hogan – HR Manager  Rebecca Right – Office Manager | | | | Meeting room with teleconferencing facilities. Book/request use of meeting room. | | |
| Lack of understanding for key staff of the auditing requirements | | | Email/distribute a fact sheet on audit and what’s involved | | | Steven Sibley, Compliance Manager  Patricia Prat, Operations Manager | | | | Make available to staff Fact Sheet for Internal Auditing IIA Australia | | |
| Determine the proposed audit methods and techniques  *(What methods will you use to collect data and conduct the audit?)* | | | | Initial email/letter  Documentation review  Face to face interview and consultation  Practical demonstrations  Process sampling | | | | | | | | |
| Determine any requirements for confidentiality and privacy of information  *(Is the information you access, relevant to achieving the audit scope? Does the organisation have any boundaries to accessing data/personnel?)* | | | | Privacy Act 1988, ISO auditing Standards  Privacy/confidentiality policy for company: Patricia Prat – Operations Manager/Rebecca Right – Office Manager to manage/hold/review and take ownership of  Out auditing team shallot disclose information to any person during or after the audit has occurred without prior approval for the SSS.e.g.; findings and corrective actions will not be provided to SAI Global 9001:2016 – certification unless requested in writing by SSS.  Retention of records relevant to audits and reviews (as per AS4390 Australian Standards for records management and Australian Standard AS/ISO15489 for electronic records) must be retained for 7 years. | | | | | | | | |
| Familiarisation tour (if necessary)  *(Identify any high-risk work areas, exclusion zones and PPE that may be required when conducting this audit)* | | | | High risk areas | | | | | | | | |
| Server room, kitchen | | | | | | | | |
| Exclusion zones | | | | | | | | |
| Server room, financial records, staff records | | | | | | | | |
| PPE (personal protective equipment) | | | | | | | | |
| Closed toe footwear, appropriate apparel | | | | | | | | |
| **Resource Requirements** | | | | | | | | | | | | |
| Identify and confirm availability of any resources required to conduct this audit, ensuring you mention audit team members and organisation employees. | | | | | | | | | | | | |
| **Resource** | | | | **Availability (Y/N) If no- why?** | | | **Details (When is the resource available, where is it accessed?)** | | | | | |
| Previous audit results | | | | [Y] | | | Supplied prior to Audit by Patricia Prat Operations manager (email) | | | | | |
| QMS (including P&P Org Chart | | | | [Y] | | | Supplied prior to Audit by Patricia Pratt – Operations Manager (email) | | | | | |
| IT equipment (i.e. pcs scanners, Printers etc. | | | | Y | | | Rebecca Right – Office Manager | | | | | |
| Meeting Room | | | | [Y] | | | Rebecca Right – Office Manager | | | | | |
| SSS Server | | | | [Y] | | | Supplied prior to audit by PP – Ops Manager | | | | | |
| SIM | | | | [Y] | | | Steven Sibley – Compliance manager (co-founder) | | | | | |
| Audit tools & Plans | | | | [Y] | | | Lead Auditor – Jacqui Crafter | | | | | |
| catering | | | | Y | | | Rebecca Right, Office Manager | | | | | |
| Admin support for scanning/printing/office needs | | | | Y | | | Rebecca Right, Office Manager | | | | | |
| **Continuous Improvement** | | | | | | | | | | | | |
| Determine the organisations method for continuous improvement  *(What system or process will the organisation follow to ensure continuous improvement- of resource use, efficiency etc.)* | | | | Implement continuous Improvement Register  Action plan and action items completed as per as per continuous Improvement Register  Keep software/hardware up to date  Monitoring of current legislative requirements  Implement ASQA requirements  Review student and trainer feedback  Implement risk management register  Implement controls as per risk management register  Review risk controls continually  Review and implement training packages  Implement profession development  Review Non-conformances and implement corrective actions  Management review/staff performance review  Peer to peer review process  Staff meeting and minutes, review outcomes of meeting minutes  Review and understand OHS and WHS policy and procedure  Safety meetings and minutes, review outcomes of meeting minutes  Set KIS/SMART goals and KPIs | | | | | | | | |
| Outline strategies to ensure audit team members, participate in the decision-making process throughout the audit | | | | Initiation meeting (start-up)  Entry meeting  Regular consultation  Lead Auditor review of auditors and information gathering  Updates via email  Progress reports to all relevant stakeholders  Exit meeting  Final report review | | | | | | | | |
| **Approvals** | | | | | | | | | | | | |
| Determine date for approval of the following criteria.  *(Date of approval is required so that the auditee can request changes to audit schedules and plans)* | | | | Audit Plan | | Documents required for review prior to entry meeting | Facilities required for audit team | | | | Which departments/individuals are required for the audit | |
| Friday 5 August 2019 | | Friday 5 August 2019 | suitable space for five plus people with access to WIFI, projector, photocopier/scanner and general facilities | | | | Simon Smith - Business Owner (Founder)  Steven Sibley - Compliance Manager (Co-Founder)  Patricia Prat - Operations Manager  Terry Troutback - Training Manager  Rebecca Right- Office Manager  Henry Hogan- HR Manager  Alison Allwell, Michael Carmichael, Willard Woo - Sydney Training Consultants  Joan Jolly, Beatrix Botter- Administration Officers | |
| **Approvals** | | | | | | | | | | | | |
| The signatures below certify that this pre-audit proposal has been reviewed and accepted and demonstrates that the signatories are aware of all the requirements contained herein and are committed to ensuring their provision. Please note- approvals are only to be signed once final approval has been made. | | | | | | | | | | | | |
| **Name** | | | | | **Signature** | | | | **Position** | | | **Date** |
| **Prepared by:** | Jacqui Crafter | | | | Jacqui Crafter | | | | Lead Auditor | | | 4 June 2019 |
| **Reviewed by:** | Jamie Ilton | | | | Jamie Ilton | | | Assistant Auditor | | | | 4 June 2019 |
| **Approved by:** | Claudia Schiffer | | | | *Claudia Schiffer* | | | Specialist Auditor | | | | 4 June 2019 |

## Activity 1.3Develop an Audit Plan

**Instructions to Learners:**

Learners are required to develop two (2) audit plans for 2 different auditees’, across a variety of contexts.

Audit Plan One (1), is to be developed using the case study, SSS RTO in the learner resources folder. The second (2) audit plan, can be developed for an organisation of your choice.

Learners have been provided the templates for 2 audit plans below. Learners are required to complete these templates, or are able to submit work samples, along with a third-party report.

An audit plan is used to clarify the entirety of the audit with the auxcsditee. Once you have approved the audit plan you will then develop your audit checklists and prepare your audit team. You will need to plan for:

* audit requirements and/or identification of relevant quality system documentation
* auditee provision of personnel for audit
* confidentiality requirements
* contingency actions
* Continuous improvement strategies for organistion and employees
* distribution of reports
* entry meeting
* exit interview
* follow-up procedures
* reporting procedures
* resource requirements
* roles and responsibilities of auditors
* Risks (auditors, audit process, organisation, including, political, economic, social, legal, technological and policy)
* Sampling techniques
* Scope and objectives of the audit
* Time lines and schedules
* Risk management identification
* Risk management action pla

## Activity 1.3(a) Develop an Audit Plan

Learners are required to complete the following template: All components of the template must be completed, including fictional details, i.e. names.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Audit plan 1** | | | | | | | | | | | | | |
| **General Information** | | | | | | | | | | | | | |
| **Date:** | | | 19th August 2019 | | | **Auditee Organisation Name:** | | | | | SSS RTO | | |
| **Auditee Representative:** | | | Patricia Prat - Operations Manager | | | **Location** | | | | | 1 George St Sydney NSW 2000 | | |
| **Audit Requirement** | | | | | | | | | | | | | |
| SSS is looking to expand into the western states within a year and this will require more staff to service a growing customer base.  Patricia has identified that if SSS do not comply with internal audits completed and need to understand what are the “at risk” business practices or failings within SSS.Not understanding and then implementation of controls may put SSS’s reputation at risk and force possible closure. | | | | | | | | | | | | | |
| **Scope and Objectives** | | | | | | | | | | | | | |
| **Scope** | | | To complete an external audit on SSS with AS/NZS ISO 9001;2016 QMS section 5 Leadership | | | | | | | | | | |
| **Audit Objectives** | | | Requirements needed to help achieve ISO 9001:2016 accreditation  Build rapport and image across and into new and sites  Strengthen image within current SSS footprint  Understand how to develop strong marketing/ advertising properties  Assist in complying with ASQA and their processes  Understand and build on SSS management systems  Assist with staff understanding of SSS systems and improving productivity | | | | | | | | | | |
| **Audit Team Matrix** | | | | | | | | | | | | | |
| **Member** | | | **Name** | | **Responsibility** | | | | | **Required Skills** | | | **Required Knowledge** |
| **Audit Team Leader** | | | Jacqui Crafter | | Lead Auditor | | | | | Microsoft office, VET degree, 30 experience in auditing, TAE qualified | | | ISO Standards 9001 QMS |
| **Audit Team** | | | Jamie Ilton | | Assistant Auditor | | | | | Microsoft office, VET Cert IV, 10 yrs. audit experience | | | ISO Standards 9001 QMS |
| Sally Wray-McCann | | ASQA Advisor | | | | | Microsoft office, in depth knowledge of ASQA standards, VET degree | | | ISO Standards 9001 QMS |
| Claudia Schiffer | | Specialist Advisor | | | | | Microsoft office, RTO 15 years’ experience, Communications Degree | | | ISO Standards 9001 QMS |
| Peter Douch | | Document/systems control | | | | | Microsoft office, SIM expert, ICT degree | | | SIM SME |
| **Additional Personnel** | | | | | | | | | | | | | |
| Identify a minimum of 4 additional personnel that could join the auditor’s team to assist the audit | | | | | | | | | | | | | |
| **Activity** | | **Responsibility/Requirements** | | | | | | | **Required Skills** | | | **Required Knowledge** | |
| Audit Consultant/accountancy | | Catherine Aboard/Sydney based/Financial understandings | | | | | | | Microsoft Office, detailed knowledge of RTOs | | | ISO Standards 9001 QMS/CPA | |
| Audit Consultant/legal advice | | Arthur Who/Sydney based/member of the law society | | | | | | | Microsoft Office, detailed knowledge of RTOs | | | ISO Standards 9001 QMS/Law | |
| Audit Consultant/ASQA | | Mary Bird/Melbourne based/RTO registration adviser | | | | | | | Microsoft Office, 15 years training consultant | | | ISO Standards 9001 QMS/RTO compliance understanding | |
| Audit Consultant/VET SME | | John Blue/Darwin/ VET SME | | | | | | | 30 yrs. audit experience, VET degree | | | ISO Standards 9001 QMS/VET understanding | |
| **Privacy and Confidentiality** | | | | | | | | | | | | | |
| You must clarify the privacy and confidentiality agreements outlined in pre-discussion audit proposals | | | | | | | | | | | | | |
| In accordance with the Privacy Act 1988, we will be sighting, but not disclosing any parts of the Audit – unless otherwise disclosed by SSS.  Privacy/confidentiality policy will be required: Patricia Prat – Operations Manager/Rebecca Right – Office Manager will create the documentation.  The audit findings will be privately maintained for twelve months post audit. Sensitive information is defined as data that is protected or needs to be secured against unauthorized access.  Out auditing team shall not disclose information to any person during or after the audit has occurred without prior approval for the SSS.i.e.; findings and corrective actions will not be provided to SAI Global 9001:2016 – certification, unless requested by SSS. | | | | | | | | | | | | | |
| **Distribution of Reports** | | | | | | | | | | | | | |
| The Audit Report and Findings will be provided to Simon Smith- Business Owner and Patricia Prat – Compliance Manager via drop box with a hard copied send via registered post two weeks post audit completion for utilization and distribution as required.  SSS shall acknowledge electronic receipt of report within 24 hours.  The A Team Auditors will retain a controlled copy of the Audit Report and Findings for a period of 12 months post audit completion. Which will not bere- distributed unless A team Auditors receive an official request from SSS RTO. | | | | | | | | | | | | | |
| **Reporting Criteria** | | | | | | | | | | | | | |
| All reports to be formatted against know standards and SSS RTOorganisational requirements, noting if SSS RTO does not prove a formatting requirement, A Team Auditors will format to their formatting standards.  All reports to be stored securely at SSS RTO.  All reports will be secured on The A Team Auditor’s servers (for a period of 12 months and then will be removed).  All reports will also be securely backed-up.  All reports will be checked and verified, including checks for grammatical, spelling and content errors. | | | | | | | | | | | | | |
| **Contingency Actions** | | | | | | | | | | | | | |
| 1. | Time constraints | | | | | | | | | | | | |
| 2. | Staff Illness/availability | | | | | | | | | | | | |
| 3. | Power outage | | | | | | | | | | | | |
| 4. | Physical space to conduct the audit | | | | | | | | | | | | |
| 5. | Lack of understanding for key staff of the auditing requirements | | | | | | | | | | | | |
| **Continuous Improvement** | | | | | | | | | | | | | |
| **Organization** | | | | | | | **Employees** | | | | | | |
| SSS RTO | | | | | | | As per Standards for RTO 2015 – PD for all roles to be completed, PD to align with qualifications on scope, conform to AVETMISS to ensure consistency and accuracy of VET, have knowledge in ASQA and them understand and requirements | | | | | | |
| SIMS | | | | | | | Update system, train in use of and understanding of SIMS, use SIMS best practice protocols | | | | | | |
| The A Team Auditors | | | | | | | Currency with ISO Accreditation requirements against ISO 9001:2016 QMS – requirements assessment review processes, peer to peer review process, maintenance and updating of qualifications | | | | | | |
| External Audit Consultants | | | | | | | Currency with ISO Accreditation requirements against ISO 9001:2016 Quality Management – requirements assessment review processes. NVR RTO standards 2015 expertise. maintenance and update of relevant qualification, | | | | | | |
| **Audit Method and Sampling Techniques** | | | | | | | | | | | | | |
| You must clarify the audit methods and sampling techniques outlined in pre-discussion audit proposals | | | | | | | | | | | | | |
| Initial email and letter  Entry meeting - discussion  Face-to-face interviews – draw on questions and answers given  Consultations – seek clarification of information/documents/procedure and policy  Random sampling of documentation – review on site  Pre-audit documentation review – thorough review of information requested and proved  Practical demonstrations – by interviews and in a work environment  Exit meeting - open and frank discussion on in draft findings | | | | | | | | | | | | | |
| **Audit Schedule** | | | | | | | | | | | | | |
| Identify auditee personnel that you will be required to interview throughout the audit. Include the meeting/interview type, participants, resources and topics that you will discuss. | | | | | | | | | | | | | |
| **Type** | | **Allocated Time** | | **Participants** | | | | **Topics** | | | | **Resources/documentation** | |
| E.g. Entry Meeting | | 9-00-9.30 | | Who from the auditee team will be involved in meeting & who from the audit team?  Full name and titles of all involved | | | | ISO9001: Clause 4.2 (Documentation requirements) | | | | ISO9001:2016  Quality Assurance Manual  Documentary Evidence- Policies and procedures | |
| PRE-AUDIT | |  | |  | | | |  | | | |  | |
| Letter/email | | Thirty Minutes  Prior to Audit | | Jacqui Crafter - Lead Auditor  Patricia Patt – Operations Manager | | | | As outlined in the email/letter | | | | PC, internet, scope of requirements for audit, ISO 9001:2016 Quality management systems - requirements | |
| Audit Plan | | 2 weeks pre-audit | | Jacqui Crafter – Lead Auditor  Jamie Ilton – Assistant Auditor  Claudia Schiffer – Specialist auditor | | | | Documentation requirements as specified in previous communications | | | | ISO 9001:2016 Quality management systems – requirements | |
| DAY ONE | |  | |  | | | |  | | | |  | |
| Entry Meeting | | 9am – 9.30am | | Jacqui Crafter - Lead Auditor  Jamie Ilton - Assistant Auditor  Claudia Schiffer - Specialist Auditor  Sally Wray-McCann - ASQA Advisor  Peter Douch - Document/system Control  Simon Smith - Business Owner (Founder)  Steven Sibley - Compliance Manager (Co-Founder)  Patricia Prat - Operations Manager  Terry Troutback - Training Manager  Rebecca Right- Office Manager  Henry Hogan- HR Manager  Alison Allwell, Michael Carmichael, Willard Woo - Sydney Training Consultants  Joan Jolly, Beatrix Botter- Administration Officers | | | | ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | | | | Resources:  Meeting Room and related amenities  IT Technology (PCs, printers, scanners, etc.)  Software platforms, i.e. SIMS  Documentation:  Meeting template with required fields, i.e. – entry meeting Agenda items  Attendance records etc.  ISO9001:2016 quality management systems – requirements  Previous Audit findings  RTO documentation – including but not limited to:   |  | | --- | | D4.1 - Quality Assurance Manual | | D4.2.3 - Document Control | | D4.2.3B - Document Review | | D4.2.3C - Document Outgoing | | D4.2.4 - Document Design and Approval | | P4.1 - Quality Policy | | P4.2.1 - Quality Objective | | P4.2.3 - Emailing Policy | | R4.2.3C - Outgoing document log | | Customer Feedback Folder with content | | D5.5.1 - Quality Management Responsibilities | | D5.5.3B - Workplace Meetings policy | | D5.6.1 - Customer Feedback policy | | F5.5.3B - Meeting Minute Agenda template | | F5.5.3C - Monthly Meeting Minutes | | F5.6.1 - Student Feedback Template | | P5.5.1 - Org Chart | | R5.5.3B - Meeting Minutes Register | | R5.6.1 - Customer Feedback Register | | Induction form folder | | D6.2.2 - Monthly Staff Training | | D6.2.2B - Induction policy | | D6.4 - Work Environment policy | | F6.2.2 - Induction checklist template | | R6.2.2 - Staff Training Matrix | | R6.2.2B - Induction training register | | General Manager Compliance Job Description | | Training Consultant Job Description | | SSS Continuous Improvement Policy V1.0 October 2016 | | SSS Continuous Improvement Procedure V1.0 Oct 2016 | | SSS Risk Management Policy | | SSS Risk Management Procedure V1.0 October 2016 | | SSS RTO Risk ManagementRegister V1.1 October 2016 | | 1. Case Study SSS RTO Details V1.2 October 2016docx | | 2. Case Study SSS Team Profiles V1.0 October 2016 | | 3. Case Study Audit Team Candidate Profiles | | |
| Site Inspection and Induction | | 9.30am – 10.15am | | Patricia Prat – Operations manager  Jacqui Crafter - Lead Auditor  Jamie Ilton - Assistant Auditor  Claudia Schiffer - Specialist Auditor  Sally Wray-McCann - ASQA Advisor  Peter Douch - Document/system Control | | | | ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | | | | Resources: PPE as required  ISO 9001:2016 Quality management systems – requirements | |
| Morning Break | | 10.15 – 10.30 | | Jacqui Crafter - Lead Auditor  Jamie Ilton - Assistant Auditor  Claudia Schiffer - Specialist Auditor  Sally Wray-McCann - ASQA Advisor  Peter Douch - Document/system Control | | | |  | | | | Tea and Coffee, cake, healthy options | |
| Interviews | | 10.30 –11.30 | | Simon Smith - Business Owner (Founder)  Jacqui Crafter – Lead Auditor | | | | ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | | | | ISO 9001:2016 Quality management systems – requirements  Reputation (5.1.1, 5.1.2, 5.2.1, 5.2.2, 5.3)  Political (5.1.1, 5.1.2, 5.2.2,5.3)  Economic (5.1.1, 5.1.2, 5.3)  Legislative (5.1.1, 5.1.2, 5.2.2)  Financial (5.1.1, 5.1.2, 5.2.1, 5.3)  Policy (5.1.1, 5.1.2, 5.2.1, 5.2.2)  Staff Retention (5.1.1, 5.2.1, 5.2.2, 5.3)  Safety (5.1.1, 5.2.1, 5.2.2)  Technological (5.1.1, 5.2.1, 5.2.2, 5.3)  ASQA (5.1.1, 5.2.1, 5.2.2, 5.3) | |
|  | | 10.30 – 11.30 | | Steven Sibley - Compliance Manager (Co-Founder)  Jamie Ilton – Assistant Auditor | | | | ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | | | | ISO 9001:2016 Quality management systems – requirements  Legislative (5.1.1, 5.1.2, 5.2.2)  Policy (5.1.1, 5.1.2, 5.2.1, 5.2.2)  Safety (5.1.1, 5.2.1, 5.2.2)  Technological (5.1.1, 5.2.1, 5.2.2, 5.3) | |
|  | | 10.30 – 11.30 | | Patricia Prat - Operations Manager  Claudia Schiffer - Specialist Auditor | | | | ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | | | | ISO 9001:2016 Quality management systems – requirements  Financial (5.1.1, 5.1.2, 5.2.1, 5.3)  Policy (5.1.1, 5.1.2, 5.2.1, 5.2.2)  Staff Retention (5.1.1, 5.2.1, 5.2.2, 5.3)  Safety (5.1.1, 5.2.1, 5.2.2)  Technological (5.1.1, 5.2.1, 5.2.2, 5.3)  ASQA (5.1.1, 5.2.1, 5.2.2, 5.3) | |
| Concurrent Interviews | | 11.30 – 1pm | | Rebecca Right – Office Manager  Peter Douch – Document/system control | | | | ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | | | | ISO 9001:2016 Quality management systems – requirements  Policy (5.1.1, 5.1.2, 5.2.1, 5.2.2)  Safety (5.1.1, 5.2.1, 5.2.2)  Technological (5.1.1, 5.2.1, 5.2.2, 5.3)  ASQA (5.1.1, 5.2.1, 5.2.2, 5.3) | |
|  | | 11.30 – 1pm | | Terry Troutback - Training Manager  Sally Wray-McCann – ASQA Advisor | | | | ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | | | | ISO 9001:2016 Quality management systems – requirements  Policy (5.1.1, 5.1.2, 5.2.1, 5.2.2)  Safety (5.1.1, 5.2.1, 5.2.2)  Technological (5.1.1, 5.2.1, 5.2.2, 5.3)  ASQA (5.1.1, 5.2.1, 5.2.2, 5.3) | |
| Lunch | | 1pm – 2pm | |  | | | |  | | | | Sandwiches, options available for dietary requirements | |
| Evidence Gathering | | 2 – 3.30 | | Simon Smith - Business Owner (Founder)  Steven Sibley - Compliance Manager (Co-Founder)  Patricia Prat - Operations Manager  Terry Troutback - Training Manager  Jacqui Crafter - Lead Auditor  Jamie Ilton - Assistant Auditor  Claudia Schiffer - Specialist Auditor  Sally Wray-McCann - ASQA Advisor  Peter Douch - Document/system Control | | | | ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | | | | ISO 9001:2016 Quality management systems – requirements  Reputation (5.1.1, 5.1.2, 5.2.1, 5.2.2, 5.3)  Political (5.1.1, 5.1.2, 5.2.2,5.3)  Economic (5.1.1, 5.1.2, 5.3)  Legislative (5.1.1, 5.1.2, 5.2.2)  Financial (5.1.1, 5.1.2, 5.2.1, 5.3)  Staff Retention (5.1.1, 5.2.1, 5.2.2, 5.3)  Access to RTO site, officers, other staff as required, software, files, policies and procedures | |
| Afternoon Break | | 3.30 – 3.45 | | Jacqui Crafter - Lead Auditor  Jamie Ilton - Assistant Auditor  Claudia Schiffer - Specialist Auditor  Sally Wray-McCann - ASQA Advisor  Peter Douch - Document/system Control | | | |  | | | | Tea and coffee, cake, healthy options | |
| Evidence Gathering | | 3.45 – 5 pm | | Rebecca Right- Office Manager  Henry Hogan- HR Manager  Alison Allwell, Michael Carmichael, Willard Woo - Sydney Training Consultants  Joan Jolly, Beatrix Botter- Administration Officers  Lead Auditor: Jacqui Crafter Assistant Auditor: Jamie Ilton  Specialist Auditor: Claudia Schiffer  ASQA Advisor: Sally Wray-McCann  Document/system Control: Peter Douch | | | | ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | | | | ISO 9001:2016 Quality management systems – requirements  Policy (5.1.1, 5.1.2, 5.2.1, 5.2.2)  Safety (5.1.1, 5.2.1, 5.2.2)  Technological (5.1.1, 5.2.1, 5.2.2, 5.3)  ASQA (5.1.1, 5.2.1, 5.2.2, 5.3)  Access to RTO site, officers, other staff as required, software, files, policies and procedures | |
| DAY TWO | |  | |  | | | |  | | | |  | |
| Evidence Gathering | | 9 – 10.30 | | Jacqui Crafter – Lead Auditor  Simon Smith – Business Owner (Founder) | | | | ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | | | | ISO 9001:2016 Quality management systems – requirements  Reputation (5.1.1, 5.1.2, 5.2.1, 5.2.2, 5.3)  Political (5.1.1, 5.1.2, 5.2.2,5.3)  Economic (5.1.1, 5.1.2, 5.3)  Legislative (5.1.1, 5.1.2, 5.2.2)  Financial (5.1.1, 5.1.2, 5.2.1, 5.3)  Policy (5.1.1, 5.1.2, 5.2.1, 5.2.2)  Staff Retention (5.1.1, 5.2.1, 5.2.2, 5.3)  Safety (5.1.1, 5.2.1, 5.2.2)  Technological (5.1.1, 5.2.1, 5.2.2, 5.3)  ASQA (5.1.1, 5.2.1, 5.2.2, 5.3)  Access to RTO site, officers, other staff as required, software, files, policies and procedures | |
|  | | 9 – 10.30 | | Henry Hogan- HR Manager  Terry Troutback - Training Manager  Rebecca Right- Office Manager  Document/system Control: Peter Douch | | | | ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | | | | ISO 9001:2016 Quality management systems – requirements  Reputation (5.1.1, 5.1.2, 5.2.1, 5.2.2, 5.3)  Policy (5.1.1, 5.1.2, 5.2.1, 5.2.2)  Staff Retention (5.1.1, 5.2.1, 5.2.2, 5.3)  Safety (5.1.1, 5.2.1, 5.2.2)  Technological (5.1.1, 5.2.1, 5.2.2, 5.3)  ASQA (5.1.1, 5.2.1, 5.2.2, 5.3)  Access to RTO site, officers, other staff as required, software, files, policies and procedures | |
| Morning Break | | 10.30 – 10.45 | |  | | | |  | | | | Tea and coffee, cake, healthy options | |
| Compilation of Evidence | | 10.45 – 1 pm | | Jacqui Crafter - Lead Auditor  Jamie Ilton - Assistant Auditor  Claudia Schiffer - Specialist Auditor  Sally Wray-McCann - ASQA Advisor  Peter Douch - Document/system Control | | | | ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | | | | ISO 9001:2016 Quality management systems – requirements  Meeting Room and related amenities  IT Technology (PCs, printers, scanners, etc.) | |
| Lunch | | 1pm – 1.30pm | | Jacqui Crafter - Lead Auditor  Jamie Ilton - Assistant Auditor  Claudia Schiffer - Specialist Auditor  Sally Wray-McCann - ASQA Advisor  Peter Douch - Document/system Control | | | |  | | | | Sandwiches, options available for dietary requirements | |
| Audit Findings | | 1.30 – 2.30pm | | Jacqui Crafter - Lead Auditor  Jamie Ilton - Assistant Auditor  Claudia Schiffer - Specialist Auditor  Sally Wray-McCann - ASQA Advisor  Peter Douch - Document/system Control | | | | ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | | | | ISO 9001:2016 Quality management systems – requirements  Meeting Room and related amenities  IT Technology (PCs, printers, scanners, etc.)  Access to Practica Prat- Operations Manager, as required for clarifications | |
| Audit Conclusion | | 2.30 – 3pm | | Jacqui Crafter - Lead Auditor  Jamie Ilton - Assistant Auditor  Claudia Schiffer - Specialist Auditor  Sally Wray-McCann - ASQA Advisor  Peter Douch - Document/system Control | | | | ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | | | | ISO 9001:2016 Quality management systems – requirements  Meeting Room and related amenities  IT Technology (PCs, printers, scanners, etc.)  Access to Practica Prat- Operations Manager, as required for clarifications | |
| Afternoon Break | | 3pm – 3.15pm | |  | | | |  | | | | Tea and coffee, cake, healthy options | |
| Exit Meeting | | 3.15 pm – 5pm | | Jacqui Crafter - Lead Auditor  Jamie Ilton - Assistant Auditor  Claudia Schiffer - Specialist Auditor  Sally Wray-McCann - ASQA Advisor  Peter Douch - Document/system Control  Simon Smith - Business Owner (Founder)  Steven Sibley - Compliance Manager (Co-Founder)  Patricia Prat - Operations Manager  Terry Troutback - Training Manager  Rebecca Right- Office Manager  Henry Hogan- HR Manager  Alison Allwell, Michael Carmichael, Willard Woo - Sydney Training Consultants  Joan Jolly, Beatrix Botter- Administration Officers | | | | ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | | | | Resources:  Meeting Room and related amenities  IT Technology (PCs, printers, scanners, etc)  Software platforms, i.e. SIMS  Documentation:  Meeting template with required fields, i.e. – entry meeting Agenda items  Attendance records etc  ISO9001:2016 quality management systems – requirements  Previous Audit findings  RTO documentation – including but not limited to: TAS (Training and Assessment Strategy), TP (Training Package) requirements, validation outcomes, compliance reports etc)  Relevant P&Ps | |

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| **Responsibilities and Action Plan Checklist** | | | | |
| Who will do what? – Complete the following matrix using the appropriate persons found in your case study. | | | | |
| **Action** | | **Priority**  **\*Order the stages from 1-6**  **(1= highest priority)** | **Responsibility (Audit team, Auditee or an individual) Full Name and Job Title if an individual** | **What documentation or information is required?** |
| **Preparation** | Review relevant QMS documents and records | 1 | Lead Auditor – Jacqui Crafter | QMS documentation  Org chart  Audit checklist  ISO 9001:2016 Quality Management Systems – Requirements Clause 5 |
| Determine their adequacy with respect to the audit criteria | Lead Auditor – Jacqui Crafter | ISO 9001:2016 Quality Management Systems – Requirements  Clause 5  Audit Checklist  Verification record (e.g. Register of staff) |
| Review relevant requirements of ISO 9001:2016 | The A Team Auditors | Compliance Matrix |
| Review and prepare the audit checklist | The A Team Auditors | ISO 9001:2016 Quality Management Systems – Requirements Clause 5  Audit Checklist |
| Arrange audit appointment | Lead Auditor – Jacqui Crafter | Email |
| **Audit** | Sample and observe necessary process inputs/outputs | 3 | The A Team Auditors | Audit Checklist  Verification documents |
| Record objective evidence to verify process compliance | The A Team Auditors | Audit Checklist  Verification documents |
| Generate and record audit findings | The A Team Auditors | Audit Checklist  Audit Report |
| **Review** | Consider and act upon audit findings during Management Review | 4 | Lead Auditor – Jacqui Crafter  Patricia Prat – Operations Manager | Audit Report  Non-conformances and Corrective Actions |
| Use the audit report to promote best practice | Patricia Prat – Operations Manager | Email  Management review meeting |
| Ensure status of corrective actions and non-conformances communicated to the QMR | Lead Auditor – Jacqui Crafter | Email  Management review meeting |
| Provide feedback on the audit process | Lead Auditor – Jacqui Crafter  Patricia Pratt – Operations Manager | Exit Meeting  Draft Report |
| **Reporting** | Review audit conclusions | 6 | Lead Auditor – Jacqui Crafter  Patricia Pratt – Operations Manager | Audit report  Non-conformance and Corrective Actions |
| Identify trends | Lead Auditor – Jacqui Crafter | Non-conformance and Corrective Actions |
| Make recommendations for improvement | Patricia Pratt – Operations Manager | Email  Management review meeting |
| Finalise audit report | Lead Auditor – Jacqui Crafter | Draft audit report  Audit records (i.e. Non-conformances and Corrective actions, checklists, registers etc) |
| Issue audit report to Top Management | Lead Auditor – Jacqui Crafter | Final report |
| **Planning** | Establish and communicate audit schedule | 2 | Lead Auditor – Jacqui Crafter | Email  Audit Plan |
| Establish and implement the audit plan | Lead Auditor – Jacqui Crafter | ISO 9001:2016 Quality management systems – requirements Clause 5  SSS QMS documentation |
| Appoint the audit team leader where required | Lead Auditor – Jacqui Crafter | Introduction email |
| Select the audit team | Lead Auditor – Jacqui Crafter | The A Team Auditing team – Audit Schedule |
| Assign audit duties to the auditor | Lead Auditor – Jacqui Crafter | The A Team Auditing team – Audit Schedule |
| **Exit meeting** | Decide whether any non-conformance observed should be included in correction reports or whether they can be solved immediately | 5 | Lead Auditor – Jacqui Crafter | Audit records (i.e. Non-conformances and Corrective Actions, checklists, registers etc)  Non-conformances and Corrective actions |
| Minor areas of non-conformance are taken care of immediately, while a conclusion for the audit as a whole is written down | The A Team Auditors | Audit checklist  Non-conformances and Corrective actions |
| An audit report is prepared which is examined together with the manager responsible for the area in question | Lead Auditor – Jacqui Crafter  With assistance from The A Team Auditors | NCR (Non-conformances and Corrective actions) review  Meeting |
| Corrective actions are reviewed by the manager responsible and close out action is agreed upon | Lead Auditor – Jacqui Crafter  Patricia Prat – Operations Manager | Meeting  Validation Reports |
| The audit leader and responsible manager sign off audit report | Lead Auditor – Jacqui Crafter  Patricia Prat – Operations Manager | Signed Audit Report |
| The reports are given to the QMR & the responsible manager | Lead Auditor – Jacqui Crafter  Patricia Prat – Operations Manager | Email |

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| **Risk Management- Identification** | | | | | | | | |
| Conduct a risk assessment to identify and manage risks to the audit team (minimum 2) and audit process (minimum 2).  Note: The risk score may be used to aid decision making and help in deciding what action to take in view of the overall risk. How the risk score is derived can be seen from the sample risk matrix (attached below). | | | | | | | | |
| ***Risk*** | | | ***Explanation*** | | ***Likelihood*** | ***Consequence*** | | ***Risk Score*** |
| Audit Team | Uneven surface | Electrical cords left uncontrolled on training room floors | | 1. Almost Certain | | 4- Major | E- Extreme Risk  A4- Extreme risk | |
| Audit Team | Stairwell safety | Wide stairwell with no handrail on wall side may be dangerous when persons are passing with no hand support | | C - Possible | | 4- Major | H – High  C4 – High Risk | |
| Incorrect storage of medication | Medication being stored in easily accessed kitchen fridge with general food stuffs | | D – Unlikely | | 4 - Major | H – High  D4 – High Risk | |
| Meeting room ventilation | Meeting room without suitable ventilation creating buildup of stale air and toxins | | C – Possible | | 2 - Minor | M – Moderate  C2–Medium Risk | |
| Fire door access/security | Items blocking fire doors | | B-likely | | 3 – Moderate | H – High  B3 – High Risk | |
| Untrained Fire Warden | Insufficient or non-existence of fire warden training | | C – Possible | | 4 – Major | H – High  C4 – High Risk | |
| Working in heat | Trainers and trainees working in the heat without scheduled breaks and hydration | | C - Possible | | 3- Moderate | H – High  C3-Medium Risk | |
| Lack of appropriate training | Trainer/assessors not appropriately qualified and lack relevant vocational experience related to what they are training | | C - Possible | | 4 - Major | H – High  C4 – High Risk | |
| Power Failures | Working in unsafe conditions which may include reduced light or darkness | | D - Unlikely | | 2 – Minor | M - Moderate  D2 – Medium Risk | |

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| **Risk Management- Action Plan** | | | | | | | | | | | | | | | | | |
| Complete the action plan below for the 4 hazards and risks identified above | | | | | | | | | | | | | | | | | |
| ***Initial Risk***  ***e.g. A2 – High*** | | | | ***Control Options/Actions Required***  ***(Hierarchy of Control)*** | | | | | ***Responsibility***  ***(Full name and title)*** | | ***Expected date for closure***  ***(dd-mm-yy)*** | | | | ***Residual Risk Score***  ***e.g. C3 - Moderate*** | | |
| C4 – High Risk | | | | Hand rail to be installed | | | | | Rebecca Right- Office Manager | | 20/09/2019 | | | | E4 - Medium Risk | | |
| D4 – High Risk | | | Storage of personal mediation to be discussed and finalised with Office Manager. Personal mediation not to be stored in staff kitchen fridge. Personal mediation, if fridge storage required, will be stored in small non-food stuffs fridge in Office Managers controlled work station | | | | | Rebecca Right- Office Manager | | | 23/08/2019 | | | E4 - Medium Risk | | | |
| C2 - Medium Risk | | | Windows to be opened to allow natural ventilation if weather allows. Air-conditioning system to be maintained as per manufacturers guideline. | | | | | A team Auditors when in room. Rebecca Right- Office Manager for AC maintenance. | | | 19/08/2019 | | | E2- Low Risk | | | |
| B3 – High Risk | | | Remove all items stored in front of fire doors. Email to all staff responsibility of safe egress in fire and storage of items. Office cleaning to include clear fire door access | | | | | Rebecca Right- Office Manager for AC maintenance. | | | 19/08/19 | | | E3 Medium Risk | | | |
| C4 – High Risk | | | Appropriated trained and authorised fire wardens, Conduct fire warden meetings and evacuation practical’s | | | | | Rebecca Right- Office Manager | | | 20/09/19 | | | E4 - Medium Risk | | | |
| C3- Medium Risk | | | Develop Hydration policy, schedule regular breaks, prove hydration (e.g. water), work in an air-conditioned environment | | | | | Patricia Prat – Operations Manager | | | 20/09/19 | | | E3- Medium Risk | | | |
| C4 – High Risk | | | Prove training for assessors, introduce management systems to ensure assessors authorisations and competencies are kept current | | | | | Patricia Prat – Operations Manager | | | 20/09/19 | | | E4- Medium Risk | | | |
| D2 – Medium Risk | | | Maintain and service emergency lighting, have battery back systems available | | | | | Patricia Prat – Operations Manager, Rebecca Right- Office Manager | | | 20/09/19 | | | E2-Low Risk | | | |
|  | |  |  | | |  |  | **Consequence** | | | | | | | | | |
| **E – Extreme risk – detailed action plan required**  **H - High risk – needs senior management attention**  **M – Medium risk – specify management responsibility**  **L – Low risk – manage by routine procedures**  **High** or **Extreme** risks must be reported to Senior Management and require detailed treatment plans to  reduce the risk to **Low** or **Medium**. | |  |  | | |  | **People** | Injuries or ailments not requiring medical treatment. | | | Minor injury or First Aid Treatment Case. | | Serious injury causing hospitalisation or multiple medical treatment cases. | Life threatening injury or multiple serious injuries causing hospitalisation. | | | Death or multiple life threatening injuries. |
|  | |  |  | | |  | **Reputation** | Internal Review | | | Scrutiny required by internal committees or internal audit to prevent escalation. | | Scrutiny required by external committees or ACT Auditor General’s Office, or inquest, etc. | Intense public, political and media scrutiny. Eg: front page headlines, TV, etc. | | | Assembly inquiry or Commission of inquiry or adverse national media. |
|  | |  |  | | |  | **Business Process & Systems** | Minor errors in systems or processes requiring corrective action, or minor delay without impact on overall schedule. | | | Policy procedural rule occasionally not met or services do not fully meet needs. | | One or more key accountability requirements not met. Inconvenient but not client welfare threatening. | Strategies not consistent with Government’s agenda. Trends show service is degraded. | | | Critical system failure, bad policy advice or ongoing non-compliance. Business severely affected. |
|  | |  |  | | |  | **Financial** | 1% of Budget  or <$5K | | | 2.5% of Budget  or <$50K | | > 5% of Budget  or <$500K | > 10% of Budget  or <$5M | | | >25% of Budget  or >$5M |
|  | |  |  | | |  |  | **Insignificant** | | | **Minor** | | **Moderate** | **Major** | | | **Catastrophic** |
|  | | **Probability:** | **Historical:** | | |  |  | **1** | | | **2** | | **3** | **4** | | | **5** |
| **Likelihood** | | >1 in 10 | Is expected to occur in most circumstances | | | **A** | **Almost Certain** | **M** | | | **H** | | **H** | **E** | | | **E** |
| 1 in 10 - 100 | Will probably occur | | | **B** | **Likely** | **M** | | | **M** | | **H** | **H** | | | **E** |
| 1 in 100 – 1,000 | Might occur at some time in the future | | | **C** | **Possible** | **L** | | | **M** | | **M** | **H** | | | **E** |
| 1 in 1,000 – 10,000 | Could occur but doubtful | | | **D** | **Unlikely** | **L** | | | **M** | | **M** | **H** | | | **H** |
| 1 in 10,000 – 100,000 | May occur but only in exceptional circumstances | | | **E** | **Rare** | **L** | | | **L** | | **M** | **M** | | | **H** |

Adapted from Standards Australia Risk Management AS/NZS 31000:2009

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| **Exit Meeting** | | | | | |
| Summarise the purpose of the exit meeting and provide a list of topics you would discuss. | | | | | |
| **Purpose** | | | | **Topics** | |
| The scope of the audit was to evaluate the effectiveness of SSS RTO operating matrix includingSSS ability to seek and obtain ISO 9001:2016 QMS accreditation and expansion to WA.  To communicate audit results (in draft) and receive feedback from Patricia Prat – Operations Manager  SSS RTO will be given the opportunity to comment and request explanation or changes to the draft. Note: SSS will need to provideevidencewith request for change to draft audit. SSS with have five working days post exit meetingto prove comments and requests.  The Non-conformances and Corrective Actions that were identified will be explained and provided to Patricia Prat – Operations Manager.  Post exit meeting, Patricia Prat – Operations Manager will have ten working days to respond verifying the results of the Non-conformances and Corrective Actions  On receipt of this information the final Audit Report will be provided for acceptance. SSS to acknowledge in writing to A Team Auditors of acceptance of final audit documentation.  Our exit meeting adheres to the below:  ISO 9001:2016 Quality management systems  **Clause: 5 - Leadership**  Management shall demonstrate leadership and commitment with respect to the quality management system by taking into account the effectiveness ensuring that the quality policy and quality objectives are established. | | | | Introductions | |
| Attendance and thank you to all involved | |
| Scope | |
| Criteria | |
| Non-conformances and Corrective Actions | |
| Findings | |
| Conclusion  Daft Report | |
| Minutes of meetings  Action items from exit meeting | |
| N/A | |
| **Performance Meeting** | | | | | |
| Describe the strategies you will use to monitor performance for the Auditee (a) and the auditor (b) to ensure support for performance outcomes | | | | | |
| **Group** | | | | **Strategies** | |
| A) Auditee | | SSS RTO  Quality communication (Open and honest information)  Clear instruction on Audit requirements  Fit for purpose documentation and policy/procedure development  Non-conformances and Corrective Actions completed/actioned  Audit recommendations followed up and actioned  Progressive business model of expansion into WA  Actively seeking the ability to secure accreditation for ISO 9001:2016 QMS | | | |
| B) Auditor | | The A Team Auditing  Concise and focused information/questions and answers  Documented understanding from auditees  Fit for purpose documentation that understood by auditees  Competent and Qualified team  Time Management  Quality and timely communication  Focus on the processes not individual auditees  Actively listening  Understandable paraphrasing  Be objective always  Be empathetic and respectful  Use positive body language  Adaptability/changeability  All actions pre-planned  Feedback from auditees  Acceptance of audits by auditees  Conflict resolution | | | |
| **Follow-Up Procedures** | | | | | |
| Policy/procedure writing and reviewing skill enhancement, team building exercises, follow up review of audit outcomes, follow up on success of obtaining ISO certification, close out post audit team review, performance coaching, document control review, Non-conformances and Corrective Actions review, follow up on any actions and close out, review document/company security control and privacy processes not compromised | | | | | |
| **Approvals** | | | | | |
| The signatures below certify that this audit plan has been reviewed and accepted and demonstrates that the signatories are aware of all the requirements contained herein and are committed to ensuring their provision. Please note- approvals are only to be signed once final approval has been made. | | | | | |
| **Name** | | **Signature** | | **Position** | **Date** |
| **Prepared by:** | Jacqui Crafter | *Jacqui Crafter* | | Lead Auditor | 06/09/19 |
| **Reviewed by:** | Jamie Ilton | Jamie Ilton | Assistant Auditor | | 06/09/19 |
| **Approved by:** | Peter Douch | Peter Douch | Document/system Control | | 06/09/19 |

## Activity 1.3(b) Develop an Audit Plan

Learners are required to complete the following template: All components of the template must be completed, including fictional details, i.e. names.

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| **Audit plan 2** | | | | | | | | | |
| **General Information** | | | | | | | | | |
| **Date:** | | | 22/06/19 | | | **Auditee Company Name:** | | | Jamie jack Auditing Co |
| **Auditee Representative:** | | | Jamie Ilton | | | **Location** | | | Melbourne |
| **Audit Requirement** | | | | | | | | | |
| SSS is looking to expand into the western states within a year and this will require more staff to service a growing customer base.  Patricia has identified that if SSS do not comply with internal audits completed and need to understand what are the “at risk” business practices or failings within SSS. Not understanding and then implementation of controls may put SSS’s reputation at risk and force possible closure. | | | | | | | | | |
| **Scope and Objectives** | | | | | | | | | |
| **Scope** | | | To complete an external audit on SSS with AS/NZS ISO 9001;2016 QMS section 5 Leadership | | | | | | |
| **Audit Objectives** | | | Requirements needed to help achieve ISO 9001:2016 accreditation  Build rapport and image across and into new and sites  Strengthen image within current SSS footprint  Understand how to develop strong marketing/ advertising properties  Assist in complying with ASQA and their processes  Understand and build on SSS management systems  Assist with staff understanding of SSS systems and improving productivity | | | | | | |
| **Audit Team Matrix** | | | | | | | | | |
| **Member** | | | **Name** | | **Responsibility** | | | **Required Skills** | |
| **Audit Team Leader** | | | Jacqui Crafter | | Lead Auditor | | | Microsoft office, VET degree, 30 experience in auditing, TAE qualified | |
| **Audit Team** | | | Jamie Ilton | | Assistant Auditor | | | Microsoft office, VET Cert IV, 10 yrs. audit experience | |
| Sally Wray-McCann | | ASQA Advisor | | | Microsoft office, in depth knowledge of ASQA standards, VET degree | |
| Claudia Schiffer | | Specialist Advisor | | | Microsoft office, RTO 15 years’ experience, Communications Degree | |
| **Additional Personnel** | | | | | | | | | |
| Identify a minimum of 4 additional personnel that could join the auditor’s team to assist the audit | | | | | | | | | |
| **Activity** | | **Responsibility/Requirements** | | | | | **Required Skills** | | **Required Knowledge** |
| Accountant | | Financial Advice | | | | | Financial management  Audit experience | | CPA |
| Legal advisor/solicitor | | Legal Advice  Member of the Law Society | | | | | Legal qualifications and certification | | Law |
| ASQA | | RTO Compliance Advice | | | | | and the Standards 2015 | | Knowledge of RTO workings and compliance |
| RTO SME | | RTO Subject Matter Expert | | | | | Previous audits and compliance | | Knowledge of RTO workings and compliance |
| **Privacy and Confidentiality** | | | | | | | | | |
| You must clarify the privacy and confidentiality agreements outlined in pre-discussion audit proposals | | | | | | | | | |
| Adhere to Privacy and Confidentiality Legislation 1998  SSS’s Privacy and Confidentiality P & P to be provided by Patricia Prat – Operations Manager – needs to be developed by Compliance Manager  Audit findings privately maintained. Sensitive info is defined as data that is protected or needs to be protected against unjustified disclosure  Auditing team to sign a privacy and confidentiality agreement  Our auditing team shall not disclose information to any person during or after the audit has occurred without prior approval from SSS | | | | | | | | | |
| **Distribution of Reports** | | | | | | | | | |
| Audit report to be submitted via Drop box to SSS’s CEO & Ops Mgr. for action one week after conclusion of audit. SSS Ops Mgr. must acknowledge receipt of report within 24 hours  SSS CEO & Ops Mgr. to submit responses to audit report one week from receipt of audit report via Drop box  Jxxxxti submit final audit report to SSS CEO within one week via Dropbox | | | | | | | | | |
| **Reporting Criteria** | | | | | | | | | |
| All reports to be formatted against standards and organizational requirements.  All reports to be stored securely on SSS & Jxxxx servers, backed-up securely  Verified for grammatical and spelling & content errors | | | | | | | | | |
| **Contingency Actions** | | | | | | | | | |
| 1. | Staff attitude | | | | | | | | |
| 2. | Staff availability | | | | | | | | |
| 3. | Lack of understanding of key staff of auditing requirements | | | | | | | | |
| 4. | Time constraints | | | | | | | | |
| **Continuous Improvement** | | | | | | | | | |
| **Organization** | | | | | | **Employees** | | | |
| SSS RTO | | | | | | As per Standards for RTOs 2015 – PD registered up to date and aligned with Quals on scope. | | | |
| Jxxxxxxx | | | | | | Update audit tools to maintain currency to AS/NZS 9001:2016 | | | |
| SIMS | | | | | | Up-to-date with current SMS AVETMISS/ASQA requirements | | | |
|  | | | | | |  | | | |
| **Audit Method and Sampling Techniques** | | | | | | | | | |
| You must clarify the audit methods and sampling techniques outlined in pre-discussion audit proposals | | | | | | | | | |
| Initial email and letter  Entry meeting  Face-to-face interviews  Consultations  Random sampling of documentation  Pre-audit documentation review  Practical demonstrations  Exit meeting | | | | | | | | | |
| **Audit Schedule** | | | | | | | | | |
| Identify auditee personnel that you will be required to interview throughout the audit. Include the meeting/interview type, participants, resources and topics that you will discuss. | | | | | | | | | |
| **Type** | | **Allocated Time** | | **Participants** | | **Topics** | | | **Resources/documentation** |
| E.g. Entry Meeting | | 9-00-9.30 | | Who from the auditee team will be involved in meeting & who from the audit team.  Full name and titles of all involved | | ISO9001: Clause 4.2 (Documentation requirements) | | | ISO9001:2016  Quality Assurance Manual  Documentary Evidence- Policies and procedures |
| Entry meeting | | 9am – 9.30am | | All members of the JDxxx Auditor team  **SSS staff** | | As per agenda  Audit Plan  Audit schedule | | | Meeting Room  Audit Team PCs  Data projector  **Agenda**  **Audit Plan & Schedule**  **Attendance and Meeting Records** |
| Site inspection and induction | | 9.30am – 10am | | All members of JD… Auditor team, Henry Hogan and Patricia Prat | | SSS Induction process | | | SSS induction form  PPE |
| Face-to-face interviews | | 10.30am – 11.30am | | Simon Smith, Steven Sibley and Patricia Prat with Muditha Senanayake – Lead Auditor;  Henry Hogan, HR, with Fleur Limpus - Assistant Auditor (HR);  Terry Troutback with Brenda Stocks - Assistant Auditor (OH&S) | | ISO9001:2016 Sect 6  Audit Plan  Audit schedule | | | Meeting rooms x 4  Audit Team Pcs  SSS PCs  SIMs software  QMS documentation  RTO doc  Previous audits  P & P  CI documentation  Incident Report & Reg  Complaints P & P & Reg  Risk Mgmnt P & P , register,  Matrix  Most recent set of financial reports  Marketing & promotional mats  WHS P & P  HR doc  Minutes of mtgs  Bus Plan |
| Face-to-face interviews | | 11.30am – 12.30pm | | Simon Smith, Steven Sibley withJason Watson – Assistant Auditor (Financial)  Patricia Prat with Darren Linkins - Assistant Auditor (Operations) | | ISO9001:2016 Sect 6  Audit Plan  Audit schedule | | | Meeting Rooms x 2  Annual Report  Monthly stats  Meeting rooms x 4  Audit Team Pcs  SSS PCs  SIMs software  QMS documentation  RTO doc  Previous audits  P & P  CI documentation  Incident Report & Reg  Complaints P & P & Reg  Risk Mgmnt P & P , register,  Matrix  Most recent set of financial reports  Marketing & promotional mats  WHS P & P  HR doc  Minutes of mtgs  Bus Plan |
| Lunch | | 12:30pm – 1:00pm | |  | |  | | |  |
| Gather Evidence | | 1:00pm – 4:00pm | | Muditha Senanayake – Lead Auditor  Terry Troutback Training Manager  • Jason Watson – Assistant Auditor (Financial)  Simon Smith - CEO  • Fleur Limpus - Assistant Auditor (HR)  Henry Hogan – HR Manager  •  Patricia Prat– Operatins Mngr  • Brenda Stocks - Assistant Auditor (OH&S)  Steven Sibley – Compliance Mngr | | ISO9001:2016 Sect 6  Audit Plan  Audit schedule | | | Meetings x 5  Auditor Pcs  **RTO Doc**  **SIMS**  **Financial P & P**  **Financial Reports**  **Audit Reports**  **RTO Financial Viability Assess**  **Bus Plan**  **Accounting system**  **Annual Report**  **HR P & P, PDs, Performance Reviews, Staff Induction Manual, Professional Devlpt log, Projects,**  **All P & Ps, QMS,**  **All P & Ps**  **QMS**  **Audit Reports**  **Business Plan**  **Marketing materials including website** |
| End of Day Audit Team Meeting | | 4:00pm -4:30pm | | Audit Team | | ISO9001:2016 Sect 6  Audit Plan  Audit schedule | | | Meeting Room  Auditor PC  All findings |
| Day 2 | |  | |  | |  | | |  |
| Day 2 Audit Meeting | | 09:00am- 9:30am | | Audit Team  SSS staff | | ISO9001:2016 Sect 6  Audit Plan  Audit schedule | | | Meeting Room  Agenda  Audit Schedule |
| Evidence GISO 9001:2016 – Clauses….  athering | | 09:30am-12:30pm | | Muditha Senanayake – Lead Auditor  Patricia Prat - Operations  • Jason Watson – Assistant Auditor (Financial)  Rebecca Right -  • Fleur Limpus - Assistant Auditor (HR)  Joan Jolly  • Darren Linkins - Assistant Auditor (Operations)  Beatrix Botter  • Brenda Stocks - Assistant Auditor (OH&S)  Allison Allwell  Michael Carmichael  Willard Woo | | ISO9001:2016 Sect 6  Audit Plan  Audit schedule | | | Meeting rooms x  Auditor PC  Sample of P& P  Meeting Records  ISO 9001:2016 – Clauses….  Financial P & P  Financial Reports  Audit Reports  RTO Financial Viability Assess  Bus Plan  Accounting system  Annual Report  ISO 9001:2016  HR P & P, PDs, Performance Reviews, Staff Induction Manual, Professional Devlpt log, Projects,  ISO 9001:2016 – Clauses….  ISO 9001:2016 – Clauses….  ISO 9001:2016 – Clauses…. |
| Lunch | | 12:30pm-1:00pm | |  | |  | | |  |
| Report Writing | | 1:00pm-3:00pm | | Audit Team | | ISO9001:2016 Sect 6  Audit Plan  Audit Checklist  Audit schedule | | | Meeting Room  Auditor PCs  Findings  **Photocopier** |
| Exit Meeting | | 3:00pm-4:30pm | | Audit Team  SSS Team Leaders | | ISO9001:2016 Sect 6  Audit Plan  Audit schedule | | | Meeting Room  **Data projector**  **Draft Report (hard copy)**  **Photocopier** |

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| **Responsibilities and Action Plan Checklist** | | | | |
| Who will do what? – Complete the following matrix using the appropriate persons found in your case study. | | | | |
| **Action** | | **Priority**  **\*Order the stages from 1-6**  **(1= highest priority)** | **Responsibility (Audit team, Auditee or an individual) Full Name and Job Title if an individual** | **What documentation or information is required?** |
| **Preparation** | Review relevant QMS documents and records | 1 | Lead Auditor – Jacqui Crafter | QMS documentation  Org chart  Audit checklist  ISO 9001:2016 Quality Management Systems – Requirements Clause 5 |
| Determine their adequacy with respect to the audit criteria | Lead Auditor – Jacqui Crafter | ISO 9001:2016 Quality Management Systems – Requirements  Clause 5  Audit Checklist  Verification record (e.g. Register of staff) |
| Review relevant requirements of ISO 9001:2016 | The A Team Auditors | Compliance Matrix |
| Review and prepare the audit checklist | The A Team Auditors | ISO 9001:2016 Quality Management Systems – Requirements Clause 5  Audit Checklist |
| Arrange audit appointment | Lead Auditor – Jacqui Crafter | Email |
| **Audit** | Sample and observe necessary process inputs/outputs | 3 | The A Team Auditors | Audit Checklist  Verification documents |
| Record objective evidence to verify process compliance | The A Team Auditors | Audit Checklist  Verification documents |
| Generate and record audit findings | The A Team Auditors | Audit Checklist  Audit Report |
| **Review** | Consider and act upon audit findings during Management Review | 4 | Lead Auditor – Jacqui Crafter  Patricia Prat – Operations Manager | Audit Report  Non-conformances and Corrective Actions |
| Use the audit report to promote best practice | Patricia Prat – Operations Manager | Email  Management review meeting |
| Ensure status of corrective actions and non-conformances communicated to the QMR | Lead Auditor – Jacqui Crafter | Email  Management review meeting |
| Provide feedback on the audit process | Lead Auditor – Jacqui Crafter  Patricia Pratt – Operations Manager | Exit Meeting  Draft Report |
| **Reporting** | Review audit conclusions | 6 | Lead Auditor – Jacqui Crafter  Patricia Pratt – Operations Manager | Audit report  Non-conformance and Corrective Actions |
| Identify trends | Lead Auditor – Jacqui Crafter | Non-conformance and Corrective Actions |
| Make recommendations for improvement | Patricia Pratt – Operations Manager | Email  Management review meeting |
| Finalise audit report | Lead Auditor – Jacqui Crafter | Draft audit report  Audit records (i.e. Non-conformances and Corrective actions, checklists, registers etc) |
| Issue audit report to Top Management | Lead Auditor – Jacqui Crafter | Final report |
| **Planning** | Establish and communicate audit schedule | 2 | Lead Auditor – Jacqui Crafter | Email  Audit Plan |
| Establish and implement the audit plan | Lead Auditor – Jacqui Crafter | ISO 9001:2016 Quality management systems – requirements Clause 5  SSS QMS documentation |
| Appoint the audit team leader where required | Lead Auditor – Jacqui Crafter | Introduction email |
| Select the audit team | Lead Auditor – Jacqui Crafter | The A Team Auditing team – Audit Schedule |
| Assign audit duties to the auditor | Lead Auditor – Jacqui Crafter | The A Team Auditing team – Audit Schedule |
| **Exit meeting** | Decide whether any non-conformance observed should be included in correction reports or whether they can be solved immediately | 5 | Lead Auditor – Jacqui Crafter | Audit records (i.e. Non-conformances and Corrective Actions, checklists, registers etc)  Non-conformances and Corrective actions |
| Minor areas of non-conformance are taken care of immediately, while a conclusion for the audit is written down | The A Team Auditors | Audit checklist  Non-conformances and Corrective actions |
| An audit report is prepared which is examined together with the manager responsible for the area in question | Lead Auditor – Jacqui Crafter  With assistance from The A Team Auditors | NCR (Non-conformances and Corrective actions) review  Meeting |
| Corrective actions are reviewed by the manager responsible and close out action is agreed upon | Lead Auditor – Jacqui Crafter  Patricia Prat – Operations Manager | Meeting  Validation Reports |
| The audit leader and responsible manager sign off audit report | Lead Auditor – Jacqui Crafter  Patricia Prat – Operations Manager | Signed Audit Report |
| The reports are given to the QMR & the responsible manager | Lead Auditor – Jacqui Crafter  Patricia Prat – Operations Manager | Email |

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| **Risk Management- Identification** | | | | | | | | |
| Conduct a risk assessment to identify and manage risks to the audit team (minimum 2) and audit process (minimum 2).  Note: The risk score may be used to aid decision making and help in deciding what action to take in view of the overall risk. How the risk score is derived can be seen from the sample risk matrix (attached below). | | | | | | | | |
| ***Risk*** | | | ***Explanation*** | | ***Likelihood*** | ***Consequence*** | | ***Risk Score*** |
| Audit Team | Uneven surface | Electrical cords left uncontrolled on training room floors | | 1. Almost Certain | | 4- Major | E- Extreme Risk  A4- Extreme risk | |
| Audit Team | Stairwell safety | Wide stairwell with no handrail on wall side may be dangerous when persons are passing with no hand support | | C - Possible | | 4- Major | H – High  C4 – High Risk | |
| Incorrect storage of medication | Medication being stored in easily accessed kitchen fridge with general food stuffs | | D – Unlikely | | 4 - Major | H – High  D4 – High Risk | |
| Meeting room ventilation | Meeting room without suitable ventilation creating build up of stale air and toxins | | C – Possible | | 2 - Minor | M – Moderate  C2 – Medium Risk | |
| Fire door access/security | Items blocking fire doors | | B-likely | | 3 – Moderate | H – High  B3 – High Risk | |
| Untrained Fire Warden | Insufficient or non-existence of fire warden training | | C – Possible | | 4 – Major | H – High  C4 – High Risk | |
| Working in heat | Trainers and trainees working in the heat without scheduled breaks and hydration | | C - Possible | | 3- Moderate | H – High  C3-Medium Risk | |
| Lack of appropriate training | Trainer/assessors not appropriately qualified and lack relevant vocational experience related to what they are training | | C - Possible | | 4 - Major | H – High  C4 – High Risk | |
| Power Failures | Working in unsafe conditions which may include reduced light or darkness | | D - Unlikely | | 2 – Minor | M - Moderate  D2 – Medium Risk | |

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| **Risk Management- Action Plan** | | | | | | | |
| Complete the action plan below for the 4 hazards and risks identified above | | | | | | | |
| ***Initial Risk***  ***e.g. A2 – High*** | | ***Control Options/Actions Required***  ***(Hierarchy of Control)*** | | ***Responsibility***  ***(Full name and title)*** | ***Expected date for closure***  ***(dd-mm-yy)*** | | ***Residual Risk Score***  ***e.g. C3 - Moderate*** |
| C4 – High Risk | | Hand rail to be installed | | Rebecca Right- Office Manager | 20/09/2019 | | E4 - Medium Risk |
| D4 – High Risk | Storage of personal mediation to be discussed and finalised with Office Manager. Personal mediation not to be stored in staff kitchen fridge. Personal mediation, if fridge storage required, will be stored in small non-food stuffs fridge in Office Managers controlled work station | | Rebecca Right- Office Manager | | 23/08/2019 | E4 - Medium Risk | |
| C2 - Medium Risk | Windows to be opened to allow natural ventilation if weather allows. Air-conditioning system to be maintained as per manufacturers guideline. | | A team Auditors when in room. Rebecca Right- Office Manager for AC maintenance. | | 19/08/2019 | E2- Low Risk | |
| B3 – High Risk | Remove all items stored in front of fire doors. Email to all staff responsibility of safe egress in fire and storage of items. Office cleaning to include clear fire door access | | Rebecca Right- Office Manager for AC maintenance. | | 19/08/19 | E3 Medium Risk | |
| C4 – High Risk | Appropriated trained and authorised fire wardens, Conduct fire warden meetings and evacuation practical’s | | Rebecca Right- Office Manager | | 20/09/19 | E4 - Medium Risk | |
| C3- Medium Risk | Develop Hydration policy, schedule regular breaks, prove hydration (e.g. water), work in an air-conditioned environment | | Patricia Prat – Operations Manager | | 20/09/19 | E3- Medium Risk | |
| C4 – High Risk | Prove training for assessors, introduce management systems to ensure assessors authorisations and competencies are kept current | | Patricia Prat – Operations Manager | | 20/09/19 | E4- Medium Risk | |
| D2 – Medium Risk | Maintain and service emergency lighting, have battery back systems available | | Patricia Prat – Operations Manager, Rebecca Right- Office Manager | | 20/09/19 | E2-Low Risk | |

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|  |  |  |  |  | **Consequence** | | | | |
| **E – Extreme risk – detailed action plan required**  **H - High risk – needs senior management attention**  **M – Medium risk – specify management responsibility**  **L – Low risk – manage by routine procedures**  **High** or **Extreme** risks must be reported to Senior Management and require detailed treatment plans to  reduce the risk to **Low** or **Medium**. |  |  |  | **People** | Injuries or ailments not requiring medical treatment. | Minor injury or First Aid Treatment Case. | Serious injury causing hospitalisation or multiple medical treatment cases. | Life threatening injury or multiple serious injuries causing hospitalisation. | Death or multiple life-threatening injuries. |
|  |  |  |  | **Reputation** | Internal Review | Scrutiny required by internal committees or internal audit to prevent escalation. | Scrutiny required by external committees or ACT Auditor General’s Office, or inquest, etc. | Intense public, political and media scrutiny. E.g.: front page headlines, TV, etc. | Assembly inquiry or Commission of inquiry or adverse national media. |
|  |  |  |  | **Business Process & Systems** | Minor errors in systems or processes requiring corrective action, or minor delay without impact on overall schedule. | Policy procedural rule occasionally not met, or services do not fully meet needs. | One or more key accountability requirements not met. Inconvenient but not client welfare threatening. | Strategies not consistent with Government’s agenda. Trends show service is degraded. | Critical system failure, bad policy advice or ongoing non-compliance. Business severely affected. |
|  |  |  |  | **Financial** | 1% of Budget  or <$5K | 2.5% of Budget  or <$50K | > 5% of Budget  or <$500K | > 10% of Budget  or <$5M | >25% of Budget  or >$5M |
|  |  |  |  |  | **Insignificant** | **Minor** | **Moderate** | **Major** | **Catastrophic** |
|  | **Probability:** | **Historical:** |  |  | **1** | **2** | **3** | **4** | **5** |
| **Likelihood** | >1 in 10 | Is expected to occur in most circumstances | **A** | **Almost Certain** | **M** | **H** | **H** | **E** | **E** |
| 1 in 10 - 100 | Will probably occur | **B** | **Likely** | **M** | **M** | **H** | **H** | **E** |
| 1 in 100 – 1,000 | Might occur at some time in the future | **C** | **Possible** | **L** | **M** | **M** | **H** | **E** |
| 1 in 1,000 – 10,000 | Could occur but doubtful | **D** | **Unlikely** | **L** | **M** | **M** | **H** | **H** |
| 1 in 10,000 – 100,000 | May occur but only in exceptional circumstances | **E** | **Rare** | **L** | **L** | **M** | **M** | **H** |

Adapted from Standards Australia Risk Management AS/NZS 31000:2009

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| **Exit Meeting** | | | | | |
| Summarise the purpose of the exit meeting and provide a list of topics you would discuss. | | | | | |
| **Purpose** | | | | **Topics** | |
| The scope of the audit was to evaluate the effectiveness of SSS RTO operating matrix including SSS ability to seek and obtain ISO 9001:2016 QMS accreditation and expansion to WA.  To communicate audit results (in draft) and receive feedback from Patricia Prat – Operations Manager  SSS RTO will be given the opportunity to comment and request explanation or changes to the draft. Note: SSS will need to provide evidence with request for change to draft audit. SSS with have five working days post exit meetingto prove comments and requests.  The Non-conformances and Corrective Actions that were identified will be explained and provided to Patricia Prat – Operations Manager.  Post exit meeting, Patricia Prat – Operations Manager will have ten working days to respond verifying the results of the Non-conformances and Corrective Actions  On receipt of this information the final Audit Report will be provided for acceptance. SSS to acknowledge in writing to A Team Auditors of acceptance of final audit documentation.  Our exit meeting adheres to the below:  ISO 9001:2016 Quality management systems  **Clause: 5 - Leadership**  Management shall demonstrate leadership and commitment with respect to the quality management system by taking into account the effectiveness ensuring that the quality policy and quality objectives are established. | | | | Introductions | |
| Attendance and thank you to all involved | |
| Scope | |
| Criteria | |
| Non-conformances and Corrective Actions | |
| Findings | |
| Conclusion  Daft Report | |
| Minutes of meetings  Action items from exit meeting | |
|  | |
| **Performance Meeting** | | | | | |
| Describe the strategies you will use to monitor performance for the Auditee (a) and the auditor (b) to ensure support for performance outcomes | | | | | |
| **Group** | | | | **Strategies** | |
| A) Auditee | | SSS RTO  Quality communication (Open and honest information)  Clear instruction on Audit requirements  Fit for purpose documentation and policy/procedure development  Non-conformances and Corrective Actions completed/actioned  Audit recommendations followed up and actioned  Progressive business model of expansion into WA  Actively seeking the ability to secure accreditation for ISO 9001:2016 QMS | | | |
| B) Auditor | | The A Team Auditing  Concise and focused information/questions and answers  Documented understanding from auditees  Fit for purpose documentation that understood by auditees  Competent and Qualified team  Time Management  Quality and timely communication  Focus on the processes not individual auditees  Actively listening  Understandable paraphrasing  Be objective always  Be empathetic and respectful  Use positive body language  Adaptability/changeability  All actions pre-planned  Feedback from auditees  Acceptance of audits by auditees  Conflict resolution | | | |
| **Follow-Up Procedures** | | | | | |
| Policy/procedure writing and reviewing skill enhancement, team building exercises, follow up review of audit outcomes, follow up on success of obtaining ISO certification, close out post audit team review, performance coaching, document control review, Non-conformances and Corrective Actions review, follow up on any actions and close out, review document/company security control and privacy processes not compromised | | | | | |
| **Approvals** | | | | | |
| The signatures below certify that this audit plan has been reviewed and accepted and demonstrates that the signatories are aware of all the requirements contained herein and are committed to ensuring their provision. Please note- approvals are only to be signed once final approval has been made. | | | | | |
| **Name** | | **Signature** | | **Position** | **Date** |
| **Prepared by:** | Jacqui Crafter | *Jacqui Crafter* | | Lead Auditor | 06/09/19 |
| **Reviewed by:** | Jamie Ilton | Jamie Ilton | Assistant Auditor | | 06/09/19 |
| **Approved by:** | Peter Douch | Peter Douch | Document/system Control | | 06/09/19 |

## Activity 1.4 Prepare Audit Team

**Instructions for Learners:**

Now that you have prepared the audit plan and other relevant audit materials, you will need to consult with, and prepare your audit team.

When preparing your audit team, you need to ensure you:

* Inform audit team members of their responsibilities, audit objectives and scope
* Communicate the audit plan and schedule, using appropriate communication methods for team members
* Discuss and clarify audit methods, techniques and resources with team members as required
* Outline performance management outcomes, outputs, key performance indicators and goals for the team
* Support that you as the lead auditor will provide to your team during the audit
* Checklist ensuring all areas of the audit have been addressed and communicated to audit team
* Ensure all members of the audit team agree to the requirements of the audit

**Instructions for Learners:**

Using one (1) of the audit plans developed in Activity 1.5 (a) or (b), use the template below, to show how you will prepare your audit team.

Where providing a work sample for this activity, please ensure a third party report is provided for the document.

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| **Audit Team Preparation** | | | | | | | | | | | | | | | | |
| **Date:** | 19/08/2019 | | | | | **Auditee Organisation Name:** | | | | | | | | SSS RTO | | |
| **Auditee:** | Simon Smith - Business Owner (Founder) | | | | | **Auditee Representative:** | | | | | | | | Patricia Prat - Operations Manager | | |
| **Audit Scope and Objectives** | | | | | | | | | | | | | | | | |
| **Scope:** | ISO 9001:2016 Clause 5 Leadership  Reputation (5.1.1, 5.1.2, 5.2.1, 5.2.2, 5.3)  Political (5.1.1, 5.1.2, 5.2.2,5.3)  Economic (5.1.1, 5.1.2, 5.3)  Legislative (5.1.1, 5.1.2, 5.2.2)  Financial (5.1.1, 5.1.2, 5.2.1, 5.3)  Policy (5.1.1, 5.1.2, 5.2.1, 5.2.2)  Staff Retention (5.1.1, 5.2.1, 5.2.2, 5.3)  Safety (5.1.1, 5.2.1, 5.2.2)  Technological (5.1.1, 5.2.1, 5.2.2, 5.3)  ASQA (5.1.1, 5.2.1, 5.2.2, 5.3) | | | | | | | | | | | | | | | |
| **Audit Objectives:** | Requirements needed to help achieve ISO 9001:2016 accreditation  Build rapport and image across and into new and sites  Strengthen image within current SSS footprint  Understand how to develop strong marketing/ advertising properties  Assist in complying with ASQA and their processes  Understand and build on SSS management systems  Assist with staff understanding of SSS systems and improving productivity | | | | | | | | | | | | | | | |
| **Lead Auditor:** | **Name of Auditor** | | | | | | | | | | | **Roles and Responsibilities** | | | | |
| Jacqui Crafter | | | | | | | | | | | Audit team and timeline management/ Audit and document control | | | | |
| **Auditor(s)** | **Team Member** | | | | | | | | | | | **Roles and Responsibilities** | | | | |
| Jamie Ilton | | | | | | | | | | | Assist in the entire audit processleader of Human Recourses processes | | | | |
| Claudia Schiffer | | | | | | | | | | | Assist in the entire audit process, leader of financial, economic and accountancy practices | | | | |
| Sally Wray-McCann | | | | | | | | | | | Assist in the entire audit process, leader in OHS/WHS principles | | | | |
| Peter Douch | | | | | | | | | | | Assist in the entire audit process, leader on operational processes | | | | |
| **Instructions** | | | | | | | | | | | | | | | | |
| Provide general instruction to your audit team to make them aware of the procedures for the audit. | | | | | | | | | | | | | | | | |
| **Instructions (methods and techniques** | | | | | The audit team will be supplied with the following documentation, which they have been inducted and trained in their use by Jacqui Crafter  Overarching Audit Plan  Audit scheduling tool  Company self-audit checklist  Company employee audit handbook  Audit Checklist (as per ISO 9001:2016 Quality management systems – requirements/leadership)  Risk assessment and control matrix | | | | | | | | | | | |
| **Resources (list)** | | | | | Previous audit results, review and close out meeting outcomes,  Meeting facilities and related amenities  Audit team tools (PC, scans, software)  Audit plan  Audit schedule  Auditors checklists  Employee handbook  AS/NZS ISO9001:2016  Access to related Regulations, acts, guidelines and standards  Risk assessment and control matrix | | | | | | | | | | | |
| **Performance Management** | | | | | | | | | | | | | | | | |
| **Performance** | | **Target** | | | | | | **Action** | | | **KPI (Key Performance Indicator)** | | | | | |
| **Audit** | | 2 working days against ISO 9001:2016 quality management systems - requirements Clause 5 Leadership | | | | | Complete Audit Plan | | | | Successful outcome of Audit findings | | | | | |
| 14 days | | | | | Final Report | | | | Final Report completed | | | | | |
| **Audit Team** | | Complete100% of task as per audit plan | | | | | Achieve completion – error free | | | | Complete by COB 20 August 2019 (2nd day of Audit) | | | | | |
| Complete 100% of final audit report | | | | | Finalize and submit | | | | Complete by COB Tuesday 5 September 2019 | | | | | |
| **Audit Individual** | | 100 % completed two days prior to audit start date  100% complete prior to exit meeting  Review completed within two working days after exiting meeting | | | | | Review SSS RTO documents as supplied  Completion of assigned tasks  Final review of audit tasks, corrections and changes completed as per action items from exit meeting | | | | Email audit leader, review completed prior to Commenting audit process on Monday 19 August 2019  Completed Audit by  Wednesday 21 August 2019  Commence and 100% complete audit processes as per action  100% compliant document – formatted and technically/grammatically correct  Audit Leader prove review of audit performance | | | | | |
|  | | | | |  | | | |  | | | | | |
| **Support for Performance Management** | | | | | | | | | | | | | | | | |
| What support must you (audit leader) provide to assist Individuals and Groups in achieving their KPI’s and other targets/goals? | | | | | | | | | | | | | | | | |
| Acknowledge employee accolades  Provide mentoring and capacity building  Be available for questions  Identify areas of improvement  Monitor and evaluate results  Performance reviews  Set SMART goals and review performance based on multi-lane communication strategies and methodologies.  Use respectful approach | | | | | | | | | | | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | |
| **Scope Discussed** | | | | 🗹 | | | | | | **Risk Management** | | | | |  | |
| **Objectives Discussed** | | | | 🗹 | | | | | | **Instructions Provided** | | | | |  | |
| **Resources Checked** | | | | 🗹 | | | | | | **KPI’s Discussed** | | | | |  | |
| **Changes required** | | | |  | | | | | | **Questions** | | | | |  | |
| **Declarations** | | | | | | | | | | | | | | | | |
| By signing below, I agree to the performance requirements of this audit. Instruction has been provided on the support and information I can access to meet the requirements of me throughout this audit. | | | | | | | | | | | | | | | | |
| **Team Members**  **(Auditors)** | | | **Name** | | | | | | **Signature** | | | | **Date** | | | **Communication Method** |
| Jacqui Crafter | | | | | | *Jacqui Crafter* | | | | Lead Auditor | | | 06/09/19 |
| Jamie Ilton | | | | | | Jamie Ilton | | | | Assistant Auditor | | | 06/09/19 |
| Peter Douch | | | | | | Peter Douch | | | | Document/system Controll | | | 06/09/19 |
| Jacqui Crafter | | | | | | *Jacqui Crafter* | | | | Lead Auditor | | | 06/09/19 |

## Activity 1.5 Organise Entry Meeting

Audits can be either internal or external and therefore, the entry meeting may have a slightly different context for an internal auditor, to an external auditor.

**Instruction to Learners:**

Outline below, the details for organising an entry meeting for an external audit, using the case study SSS RTO and an internal audit (think about your own workplace).

When organising an entry meeting, you should include, but not limited to the following:

* Gather contact details of the people you need to invite
* Suggest and agree on the date and time of the meeting
* Communicate the length of the meeting
* Communicate the meeting location – neutral ground works best
* Mode of communication effective for those who are required to be involved

Complete in the template below.

Where providing a work sample for this activity, please ensure a third-party report is provided for the document

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Entry Meeting SSS RTO (External Audit)** | | | | | |
| **Date:** | Monday 19 August 2019 | **Time:** | **9am** | **Length of Meeting:** | **30 mins** |
| **Location:** | SSS RTO | | | | |
| **Attendees:** | **The A Team Auditing Team**  **SSS staff as listed in pre-audit documentation** | | | | |
| **Mode of Communication for confirmation:** | email | | | | |
| **Other:** Cloud | **drobox** | | | | |
| **Other:** email |  | | | | |
| **Other:** |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Entry Meeting Your Organization (Internal Audit)** | | | | | |
| **Date:** | Monday 19 August 2019 | **Time:** | **9am** | **Length of Meeting:** | **30 mins** |
| **Location:** |  | | | | |
| **Attendees:** | **The A Team Auditing Team**  **SSS staff as listed in pre-audit documentation** | | | | |
| **Mode of Communication for confirmation:** | email | | | | |
| **Other:** Cloud | **drobox** | | | | |
| **Other:** email |  | | | | |
| **Other:** |  | | | | |

## Activity 1.6 Entry Meeting Agenda

**Instructions to Learners:**

Using one (1) audit plan from Activity 1.3, along with the audit team preparation document, developed in Activity 1.4, develop an agenda for the audit entry meeting.

Entry meeting agendas are the initial meeting of an audit. The agenda will detail a list of agreed topics that were discussed in the pre-audit discussion. You as the audit team leader would be responsible for developing this agenda.

An entry meeting agenda, may include, but not limited to the following:

* Audit Scope and Objectives
* Benchmarks (Standards, policies/ Procedures)
* Audit methods and techniques
* Discuss confidentiality and sign declarations
* Audit approach (open and transparent)
* How the auditor(s) will handle corrective actions and present findings
* Clarify any issues you may face when accessing work areas (if applicable)
* Discuss the purpose of the exit meeting
* Provide opportunity for questions
* Any immediate actions required

You should also take into account the general items that are listed in a meeting agenda (attendees, apologies, times, dates etc.).

Complete the entry meeting agenda in the template below.

Where providing a work sample for this activity, please ensure a third party report is provided for the document.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Entry Meeting Agenda** | | | | | | | | | | |
| **Date:** | | 19 August 2019 | | | **Time:** | 9am | | **Meeting Chair:** | Jacqui Crafter – Lead Auditor | |
| **Attendees:** | | Lead Auditor: Jacqui Crafter  Assistant Auditor: Jamie Ilton  Specialist Auditor: Claudia Schiffer  ASQA Advisor: Sally Wray-McCann  Document/system Control: Peter Douch  Simon Smith - Business Owner (Founder)  Steven Sibley - Compliance Manager (Co-Founder)  Patricia Prat - Operations Manager  Terry Troutback - Training Manager  Rebecca Right- Office Manager  Henry Hogan- HR Manager  Alison Allwell, Michael Carmichael, Willard Woo - Sydney Training Consultants  Joan Jolly, Beatrix Botter- Administration Officers | | | | | | | | |
| **Apologies:** | |  | | | | | | | | |
| **Agenda Item** | | **Plan for discussion (what will you discuss?)** | | | | **Minutes (resulting from discussion)** | | | | |
| **0.**Introduction from Patricia Prat – Operations Manager (SSS) | | Housekeeping, Emergency Exits, allocated break out areas and break out time.  Parking is 2 hours  Identification of high-risk areas, PPE requirements.  Introduction of SSS staff members  Welcome to the A Team | | | | PLEASE SEE SCAN | | | | |
| **1.**Introduction from The A Team from Jacqui Crafter – Lead Auditor | | Introduction of A Team Audit organization, himself and A Team member and their area of expertise/responsibility. | | | |  | | | | |
| **2.**Scope – ISO 9001:2016 quality management systems – requirements Clause 5 Leadership | | Cover the fundamentals of the audit process. | | | |  | | | | |
| **3.**Schedule | | Cover the schedule and confirm auditees. Clarify meeting areas and arrangements. | | | |  | | | | |
| **4.**Point of contact | | Confirm contact details of The A Team Auditing Team | | | |  | | | | |
| **5.**Other items | | Present on day | | | |  | | | | |
|  | |  | | | |  | | | | |
| **Immediate Actions (from discussion)** | | | | | | | | |
| **Action** | | **Responsibility** | | | | **Expected completion date/time** | | |
| Contact list | | Rebecca Right- Office Manager | | | | **27.06.19** | | |
| Resolve any questions issues | | Muditha Senanayake – Lead Auditor  Patricia Prat - Operations Manager | | | | **27.06.19** | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | |
| **Value Adding Activity Recommendations** | | | | | | | | |
| Provide information as required, where no activities are recommended, place N/A. | | | | | | | | |
| **Risk based audits** | | | N/A | | | | | |
| **Process audits:** | | |  | | | | | |
| **Pre-implementation reviews:** | | |  | | | | | |
| **Self-assessment:** | | |  | | | | | |
| **Internal-control education:** | | |  | | | | | |
| **Other:** | | |  | | | | | |
| **Other:** | | |  | | | | | |

# Section 2 – Lead & Participate in a Quality Audit

Section 2 covers the requirements for the Unit of Competency, BSBAUD503 Lead a Quality Audit and BSBAUD402 Participate in a Quality Audit.

BSBAUD503 Lead a quality audit describes the skills and knowledge required to lead an audit team as it runs a quality audit. It covers conducting entry and exit meetings; identifying and gathering relevant information; managing audit team resources; and providing feedback to audit team members on their performance. The types of quality audit that may be covered by this unit include an external or internal system audit or process or product/service audit.

It applies to individuals with a well-established theoretical knowledge base of quality auditing, who are proficient in using a wide range of specialised quality auditing and managerial techniques to carry out their own work and to supervise the quality audit team. It is relevant to audits where a lead auditor is responsible for a quality audit team.

Learners are required to meet the following assessment conditions for this Unit of Competency.

Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the regulation, licensing and risk – quality auditing field of work and include access to:

* workplace documentation including previous quality audit reports
* checklists
* risk management and audit plans

BSBAUD402 Participate in a quality audit describes the skills and knowledge required to prepare for and participate in a quality audit as a member of a quality audit team. The types of audits may include external or internal systems audits or process or product/service audits.

The process includes reviewing designated documentation; identifying and developing checklists and audit related documentation; preparing audit schedules; gathering, analysing and evaluating information; and reporting findings to the lead auditor.

It applies to individuals with a broad knowledge of the quality auditing environment who analyse and evaluate information from a variety of sources to provide solutions to auditing issues, including unpredictable quality auditing problems.

Learners are required to meet the following assessment conditions for this Unit of Competency.

Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the regulation, licensing and risk – quality auditing field of work and include access to:

* workplace documentation including previous quality audit reports, checklists, risk management plans and audit plans

Tick upon completion of activities:

|  |  |
| --- | --- |
| **ACTIVITY SUBMISSION** | |
| Y | Activity 2.1 Prepare Audit Agenda |
| Y | Activity 2.2 Amendments to Audit Agenda |
| Y | Activity 2.3 Conducting Interview |
| Y | Activity 2.4 Managing Audit Team Resources |
| Y | Activity 2.5 Use Appropriate Checklists/Tools to Conduct a Quality Audit |
| Y | Activity 2.6 Prepare and Conduct an Exit Meeting |
| Y | Activity 2.7 Guide Team Members |

## Activity 2.1 Prepare Audit Agenda

Audit Agendas should be discussed at the entry meeting. Audit agendas should be transparent so that everyone involved is informed. Agendas should be broken up into sessions, so that everyone knows what is going on and when.

**Instructions to Learners:**

When preparing the audit agenda, things you should think about, but not limited to may be:

* Entry and Exit meetings
* Make changes to audit plan (as appropriate)
* Site inspection/induction (as appropriate)
* Commence audit activities
* Conduct interviews
* Conduct meetings
* Gather evidence
* Make observations
* Break (as required)
* Interim report
* Toolbox meeting (as required)
* Confirm activities
* Collate evidence (table findings)
* Prepare audit reports (NCR’s and CAR’s)
* Prepare and present exit meeting
* Discuss and organise follow-ups
* Evaluate auditor performance

Using one (1) of the audit plans developed in Activity 1.5; develop an audit agenda in the template below.

Complete this activity using the templates below. For this activity, the audit will be conducted over 2 days.

Where providing a work sample for this activity, please ensure a third party report is provided for the document

|  |  |  |  |
| --- | --- | --- | --- |
| **Day 1** | | | |
| **ACTIVITY TIMES** | **ACTIVITY** | **PARTICIPANTS** | |
| **Auditor** | **Auditee** |
| 9.00 am – 9.30 am | Entry Meeting  ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | The A Team Auditor | Simon Smith - Business Owner (Founder)  Steven Sibley - Compliance Manager (Co-Founder)  Patricia Prat - Operations Manager  Terry Troutback - Training Manager  Rebecca Right- Office Manager  Henry Hogan- HR Manager  Alison Allwell, Michael Carmichael, Willard Woo - Sydney Training Consultants  Joan Jolly, Beatrix Botter- Administration Officers |
| 9.30 am – 10.15 am | Site Inspection and induction  ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | The A Team Auditing | Patricia Prat – Operations manager |
| 10.15 am – 10.30am | **Morning Break** |  |  |
| 10.30am – 11.30am | Evidence Gathering - ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | Jacqui Crafter – Lead Auditor  Jamie Ilton – Assistant Auditor  Claudia Schiffer – Specialist Auditor  Peter Douch – Document/system control  Sally Wray-McCann – ASQA Advisor | Simon Smith - Business Owner (Founder) Steven Sibley - Compliance Manager (Co-Founder)  Patricia Prat - Operations Manager  Rebecca Right – Office Manager  Terry Troutback - Training Manager |
| 01.00pm – 1.30pm | Lunch |  |  |
| 2pm – 3.30pm | Evidence gathering - ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | Jacqui Crafter – Lead Auditor  Jamie Ilton – Assistant Auditor  Claudia Schiffer – Specialist Auditor  Peter Douch – Document/system control  Sally Wray-McCann – ASQA Advisor | Simon Smith - Business Owner (Founder)  Steven Sibley - Compliance Manager (Co-Founder)  Patricia Prat - Operations Manager  Terry Troutback - Training Manager |
| 3.30pm – 3.45pm | Afternoon Break |  |  |
| 3.45 – 5pm | Evidence gathering - ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | Jacqui Crafter – Lead Auditor  Jamie Ilton – Assistant Auditor  Claudia Schiffer – Specialist Auditor  Peter Douch – Document/system control  Sally Wray-McCann – ASQA Advisor | Rebecca Right- Office Manager  Henry Hogan- HR Manager  Alison Allwell, Michael Carmichael, Willard Woo - Sydney Training Consultants  Joan Jolly, Beatrix Botter- Administration Officers |

|  |  |  |  |
| --- | --- | --- | --- |
| **Day 2** | | | |
| **ACTIVITY TIMES** | **ACTIVITY** | **PARTICIPANTS** | |
| **Auditor** | **Auditee** |
| 9.30 am – 10.30 am | Evidence Gatherings 9001:2015 Quality management systems – requirements – Section 5 Leadership | Jacqui Crafter – Lead Auditor | Simon Smith – Business Owner (Founder) |
|  | Evidence Gatherings 9001:2015 Quality management systems – requirements – Section 5 Leadership | Terry Troutback - Training Manager  Document/system Control: Peter Douch | Henry Hogan- HR Manager  Rebecca Right- Office Manager |
| 10.30am – 10.45am | Morning Tea |  |  |
| 10.45am – 1pm | Compilation of Evidence  ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | Lead Auditor: Jacqui Crafter  Assistant Auditor: Jamie Ilton  Specialist Auditor: Claudia Schiffer  ASQA Advisor: Sally Wray-McCann  Document/system Control: Peter Douch |  |
| 01.00pm – 1.30pm | Lunch |  |  |
| 1.30pm – 2.00pm | Audit Findings  ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | Lead Auditor: Jacqui Crafter  Assistant Auditor: Jamie Ilton  Specialist Auditor: Claudia Schiffer  ASQA Advisor: Sally Wray-McCann  Document/system Control: Peter Douch |  |
| 2.30pm – 3.00pm | Audit conclusion  ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | Lead Auditor: Jacqui Crafter  Assistant Auditor: Jamie Ilton  Specialist Auditor: Claudia Schiffer  ASQA Advisor: Sally Wray-McCann  Document/system Control: Peter Douch |  |
| 3.00pm – 3.15pm | Afternoon Break |  |  |
| 3.15pm – 5.00pm | Exit Meeting  Audit conclusion  ISO 9001:2015 Quality management systems – requirements – Section 5 Leadership | Lead Auditor: Jacqui Crafter  Assistant Auditor: Jamie Ilton  Specialist Auditor: Claudia Schiffer  ASQA Advisor: Sally Wray-McCann  Document/system Control: Peter Douch | Simon Smith - Business Owner (Founder)  Steven Sibley - Compliance Manager (Co-Founder)  Patricia Prat - Operations Manager  Terry Troutback - Training Manager  Rebecca Right- Office Manager  Henry Hogan- HR Manager  Alison Allwell, Michael Carmichael, Willard Woo - Sydney Training Consultants  Joan Jolly, Beatrix Botter- Administration Office |

## Activity 2.2 Amendments to Audit Agenda

**Instructions to Learners:**

On the day of the audit, one of the auditors is running late and one of the employees who were to be interviewed has become unavailable.

Using the agendas created in Activity 2.1 for day 1 and 2, you are required to make changes to the plan, schedule and arrangements for the audit, as laid out in the agenda.

Complete this activity using the templates below.

Where providing a work sample for this activity, please ensure a third party report is provided for the document

|  |  |  |  |
| --- | --- | --- | --- |
| **Day 1** | | | |
| **ACTIVITY TIMES** | **ACTIVITY** | **PARTICIPANTS** | |
| **Auditor** | **Auditee** |
| Day One |  |  |  |
| 9am – 9.30am | Change of entry meeting time | Jason Watson |  |
| 9.30am – 10.15am | Change of inspection time | Jason Watson |  |
| 9.30am- 10.15am | Add Henry Hogan to site inspection | Jamie Ilton | Henry Hogan |
| 10.30am – 11.30am | Interview not required | Jacqui Crafter | Simon Smith  Steven Sibley |
| 1pm – 4pm | Add interviewee | Mudi Senanayake | Joan Jolly required |
| **Day 2** | | | |
| 9.30am – 12.30pm | Change start time to 10.30am | Brenda Stocks | Late arrival expected |
| 9.30 – 12.30pm | Change of interviewee | Darren Linkins |  |
| 9.30am – 12.30pm | Change of interviewee | Fleur Limpus |  |
| 10.45-1pm | Availability shortened | Sally Wray-McCann Available 1 hour only 10.45-11.45am |  |
| 10.45am – 1pm | Remove interviewee | Peter Douch | Claudia Schiffer – not available |

## Activity 2.3 Conducting Interview

Conducting an audit interview can be broken down into several different steps – each step does not necessarily need to last long, but they are important for a successful interview where you gain the information you are looking for.

Using the case study, SSS RTO, outline in the template below, how and why you would conduct an interview with the chosen employee during an audit. Detailing how you would conduct the following steps on an interview for the purpose of an audit. Including, questions you may ask the employee to gain the required information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Audit Interview with Employee** | | | | | |
| **Employee Name:** | Henry Hogan | **Date:** | 20 August 2019 | **Time:** | 9am-10.30am |
| **Employee Position:** | HR Manager | **Location:** | | SSS RTO | |
| **Establish rapport** | Introduce ourselves, find common ground, light humor, friendly small talk, etc. | | | | |
| **Briefing interviewee** | Background of The A Team Auditors, experience. | | | | |
| **Background information** | Experience, case studies of previous audits, open floor to any questions SSS might have, gain knowledge and feedback, brief timeline of events proceeding. | | | | |
| **Questions** | Closed: Can you please show me your complete induction records?  Open Question: Who has access to your induction records?  Probing: How do you track completions?  Challenging: I’ve noticed the record you’ve supplied is not complete. Do you have another process to document each staff member’s induction? | | | | |
| **Summarisation & clarification** | Reflection: So what I’m hearing is that staff members are completing their induction process however the documentation is not being completed to reflect this?  Hypothetical: So if a staff member has an injury in the workplace in a controlled area how can you provide evidence to Work Safe to demonstrate the staff member knew that it was a controlled area and they understood their responsibilities? | | | | |
| **Closing of interview** | Please feel free to approach me at any time during or after the audit, should new information come to light or you have any concerns or queries regarding the audit. | | | | |
| **Documentation** | Audit checklist  Notes  Induction Records | | | | |

## Activity 2.4 Managing Audit Team Resources

As the Lead Auditor, you will be responsible for managing the audit team throughout the audit. This will include:

* Supervision of activities
* Assessing and reviewing team findings in line with the audits scope
* Re-assigning team members as required
* Instigating contingency actions as required
* Seeking and reaching agreements on corrective action reports

Keep in mind, your team may not all be at the same location.

Detail below, how you would manage your audit team, including the above requirements in this management. Include an explanation where required, why you may have made a certain decision.

|  |
| --- |
| I would define roles and responsibilities and delegate tasks to each team member with a define timeframe for each item then follow up accordingly. |

## Activity 2.5 Use Appropriate Checklists/Tools to Conduct a Quality Audit

Audit checklists/tools are used by the audit team, to systematically plan and conduct an audit.

**Instructions to Learners:**

Using the ISO Standards/NZS ISO 9001:2016 Quality management systems – Requirements and the resource documents for SSS RTO in the learner resource folder, Learners are required to develop a series of checklist and tools and conduct a desktop audit of the RTO SSS.

Learners are required to choose **one (1)** of the **four (4)** clauses, which you will conduct an audit on.

Your checklists/tools should contain:

* A list of interview questions to determine compliance/non-compliance in the applicable clause
* Identify expected evidence for each of the sub clauses
* Record any comments or findings whilst the audit is conducted
* Assess, using an impact scale rating, the impact or consequence if a non-conformance is not rectified
* Evaluate and prioritise non-conformance impact

Using the templates provided below, develop checklists/tools.

Where providing a work sample for this activity, please ensure a third-party report is provided for the document.

|  |  |  |  |
| --- | --- | --- | --- |
| **Audit Checklist** | | | |
| **Date:** | 22.06.19 | **Location:** | Melbourne |
| **Lead Auditor:** | Jacquie Crafter | **Auditee Representative:** | Jamie Ilton |
| **Scope** | | | |
| **Audit Clause:** |  | | |

**Legend**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A | = Conformant | B | = Minor Non-Conformance | C | = Major Non-Conformance |

|  |  |
| --- | --- |
| **Conformance** | Adherence with the requirements of the standard. No major or minor non-conformances found |
| **Minor Non-Conformance:** | A non-conformity that, based on the judgment and experience of the auditor, is not likely to result in the failure of the management system or reduce its ability to assure controlled processes or products.  It may be either:  A failure in some part of the supplier’s management system relative to a specified requirement.  A single observed lapse in following one item of an organisation’s management system. |
| **Major Non-Conformance:** | The absence (omission, not addressed) or total breakdown (commission, failure, not implemented) of a system to meet a specified requirement.  A number of minor non-conformities against one requirement can represent a total breakdown of the system and thus be considered a major non-conformity.  Any non-conformance that would result in the probable shipment of a non-conforming product. Conditions that may result in the failure of or materially reduce the usability of the products or services for their intended purpose.  A non-conformance that, in the judgment and experience of the auditor, is likely to either to result in the failure of the management system or to materially reduce its ability to assure controlled processes and products. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Clause Name and Number** | | | | | | | | |
| **Question Number** | **Clause Reference** | **Audit Question** | **Expected Evidence** | **Conformance Outcome** | | | | **Comments** |
| **Yes** | | **No** | | **N.B. Provide references to documentation where necessary** |
| **A** | **B** | | **C** |
|  | 6.1.1 | How are the internal and external issues and interested parties considered when planning for the QMS? | QAM  Business plan  SWOT analysis  Meeting minutes  Emails  Quality Objectives  Quality Policy  Quality Management Responsibilities  Position Descriptions | **☐** | **☐** | | **☒** | NCR01  QAM does not address external issues  CAR001  QAM does not meet document control as per SSS Doc Control P & P  CAR002  QAM revision control division incomplete  CAR003  QAM clause 7.3 incomplete, QAM has no page numbering  NCR002  QAM refers to OHS manual – no OHS manual  NCR003  QAM refers to detailed operating procedure – operating procedure missing  NRC004  QAM refers to approved supplier list – approved supplier list missing  NCR005  QAM refers to quality record master list – quality record master list missing  NCR006  QAM referred positions do not related to existing positions  NCR007  QAM states that work place mtgs occur –no evidence  NCR008  No evidence of discussions associated with planning for the QMS  NCR009  QAM state Management reviews take place – no evidence provided  NCR010  Business plan missing  NCR011  Meeting minutes missing  NCR012  SWOT analysis missing  NCR013  Emails missing |
|  | 6.1.1 a | How are the risks determined and addressed so that the QMS can achieve its intended results? | QAM  Business plan  SWOT analysis  Meeting minutes  Emails Quality Objectives  Quality Policy  Quality Management Responsibilities  Position Descriptions  Risk management register | **☐** | **☐** | | **☒** | NCR014  Risk management missing from QAM  NCR010  Business plan missing  NCR012  SWOT analysis missing  NCR011  Meeting minutes missing  NCR013  Emails missing  Risk management register and risk management P & P are in place  NCR015  Risk management not included in continuous improvement procedure |
|  | 6.1.1 a | How are the opportunities determined and addressed so that the QMS can achieve its intended results? | QAM  Business plan  SWOT analysis  Meeting minutes  Emails  Risk management register  Continuous improvement (CI) register, P & P  Quality Objectives  Quality Policy  Quality Management Responsibilities  Position Descriptions | **☐** | **☐** | | **☒** | QAM refers to planning and development opportunities process missing  NCR010  Business plan missing  NCR012  SWOT analysis missing  NCR011  Meeting minutes missing  NCR013  Emails missing  Risk management register identifies opportunities improvements  NCR016  Continuous improvement register missing  NCR017  CI Procedure does not identify opportunities for improvements |
|  | 6.1.1 b | How are risks and opportunities determined and addressed so that the QMS can enhance desirable effects? | QAM  Business plan  SWOT analysis  Meeting minutes  Emails  Risk management register  CI P&P  Quality Objectives  Quality Policy  Quality Management Responsibilities  Position Descriptions  Meetings Document | **☐** | **☐** | | **☒** | NCR018  QAM does not address risk and opportunities  NCR010  Business plan missing  NCR012  SWOT analysis missing  NCR011  Meeting minutes missing  NCR013  Emails missing  NCR019  CI procedure does not address how to deal with risk  CI policy refers to review risk and implementation of risk strategies  NCR020  Risk strategies missing |
|  | 6.1.1 c | How are risks and opportunities determined and addressed so that the QMS can prevent or reduce undesired effects? | QAM  Business plan  SWOT analysis  Meeting minutes  Emails  Risk management register  CI P&P  Quality Objectives  Quality Policy  Quality Management Responsibilities  Position Descriptions  Meetings Document | **☐** | **☐** | | **☒** | NCR014  Risk management missing from QAM  NCR010  Business plan missing  NCR012  SWOT analysis missing  NCR011  Meeting minutes missing  NCR013  Emails missing  NCR019  CI procedure does not address how to deal risk  CI policy refers to review risk and implementation of risk strategies  NCR020  Risk strategies missing |
|  | 6.1.1 d | How are risks and opportunities determined and addressed so that the QMS can achieve continual improvement? | QAM  Business plan  SWOT analysis  Meeting minutes  Emails  Risk and opportunities register  Continual Improvement register  CI P&P  Meetings Document | **☐** | **☐** | | **☒** | NCR018  Risks and opportunities not address in QAM  NCR010  Business plan missing  NCR012  SWOT analysis missing  NCR011  Meeting minutes missing  NCR013  Emails missing  NCR019  CI procedure does not address how to deal risk  CI policy refers to review risk and implementation of risk strategies  NCR020  Risk strategies missing |
|  | 6.1.2 a | How are actions planned to address risks and opportunities? | QAM  Business plan  SWOT analysis  Meeting minutes  Emails  Change management plan  Risk management register  Continual Improvement register  Assigned tasks and actions  Meetings Document | **☐** | **☐** | | **☒** | NCR018  Risks and opportunities not address in QAM  NCR010  Business plan missing  NCR012  SWOT analysis missing  NCR011  Meeting minutes missing  NCR013  Emails missing  NCR019  CI procedure does not address how to deal risk  CI policy refers to review risk and implementation of risk strategies  NCR020  Risk strategies missing  NCR021  Assigned tasks and actions  missing |
|  | 6.1.2 b1 | How actions are integrated and implemented into the QMS processes? | QAM  Business plan  SWOT analysis  Meeting minutes  Emails  Change management plan  Risk management register  Continual Improvement register  Assigned tasks and actions  Meetings Document | **☐** | **☐** | | **☒** | NCR018  Risks and opportunities not address in QAM  NCR010  Business plan missing  NCR012  SWOT analysis missing  NCR011  Meeting minutes missing  NCR013  Emails missing  NCR019  CI procedure does not address how to deal risk  CI policy refers to review risk and implementation of risk strategies  NCR020  Risk strategies missing  NCR021  Assigned tasks and actions missing |
|  | 6.1.2 b2 | How do you evaluate the effectiveness of the actions? | QAM  Business plan  SWOT analysis  Meeting minutes  Emails  Monthly reports  Annual reports  Client feedback  Internal feedback  Risk management register  Continual Improvement register  Assigned tasks and actions  Meeting Document | **☐** | **☐** | | **☒** | QAM refers to corrective action program - corrective action program missing  NCR010  Business plan missing  NCR012  SWOT analysis missing  NCR011  Meeting minutes missing  NCR013  Emails missing  NCR022  Monthly reports missing  Annual reports missing  **NCR023**  **Client feedback not evaluated to analyse effectiveness of actions**  **NCR016**  **Continues Improvement register missing**  **NCR021**  **Assigned tasks and actions missing**  **CAR004**  **Risk Register does not evaluate effectiveness of actions** |
|  | 6.1.2 | How are actions taken to address the risks determined as being appropriate to the potential impact on the conformity of the products? | QAM  Business plan  SWOT analysis  Meeting minutes  Emails  Monthly reports  Annual reports  Client feedback  Internal feedback  Risk management register  Continual Improvement register  Assigned tasks and actions  Meeting Document | **☐** | **☒** | | **☐** | CAR005  QAM refers to corrective action program - corrective action program missing and corrective action register is missing  Risk Management Register sighted and risks identified, documented and assigned for action  NCR016  Continual Improvement register missing  NCR011  Meeting minutes missing |
|  | 6.1.2 | How are actions taken to address the risks determined as being appropriate to the potential impact on the conformity of the services? | QAM  Business plan  SWOT analysis  Meeting minutes  Emails  Monthly reports  Annual reports  Client feedback  Internal feedback  Risk management register  Continual Improvement register  Assigned tasks and actions  Meeting Document | **☐** | **☒** | | **☐** | NCR024  QAM refers to corrective action program - corrective action program missing and corrective action register is missing  Risk Management Register sighted and risks identified, documented and assigned for action  NCR016  Continual Improvement register missing  NCR011  Meeting minutes missing |
|  | 6.1.2 | How are actions taken to address the opportunities determined as being appropriate to the potential impact on the conformity of the products? | QAM  Business plan  SWOT analysis  Meeting minutes  Emails  Monthly reports  Annual reports  Client feedback  Internal feedback  Risk management register  Continual Improvement register  Assigned tasks and actions  Meeting Document | **☐** | **☒** | | **☐** | NCR024  QAM refers to corrective action program - corrective action program missing and corrective action register is missing  Risk Management Register sighted and risks identified, documented and assigned for action  NCR016  Continual Improvement register missing  NCR011  Meeting minutes missing  NCR013  Emails missing  NCR022  Monthly reports missing  Annual reports missing |
|  | 6.1.2 | How are actions taken to address the opportunities determined as being appropriate to the potential impact on the conformity of the services? | QAM  Business plan  SWOT analysis  Meeting minutes  Emails  Monthly reports  Annual reports  Client feedback  Internal feedback  Risk management register  Continual Improvement register  Assigned tasks and actions  Meeting Document | **☐** | **☒** | | **☐** | NCR024  QAM refers to corrective action program - corrective action program missing and corrective action register is missing  Risk Management Register sighted and risks identified, documented and assigned for action  NCR016  Continual Improvement register missing  NCR011  Meeting minutes missing  NCR013  Emails missing  NCR022  Monthly reports missing  Annual reports missing |
|  | 6.2.1 | Where are the quality objectives and are these at all relevant functions, levels and processes? | QAM  Quality Policy  Quality Objectives  Monthly reports  Annual reports | **☐** | **☐** | | **☒** | CAR006  Quality Objectives sighted however, document needs to be updated to reflect current staffing status and positions and missing documentation  CAR007  Customer Feedback register has no actions attached  NCR022  Monthly reports missing  Annual reports missing |
|  | 6.2.1 a | Are the quality objectives consistent with the quality policy? | QAM  Quality Policy  Quality Objectives  Monthly reports  Annual reports | **☐** | **☒** | | **☐** | Quality Policy and Quality Objectives documents sighted and are consistent and aligned.  NCR016  Continual Improvement register missing (listed in Quality Policy).  CAR008  Quality Policy refers to roles/positions that do not exist. Needs to be updated to reflect currency. |
|  | 6.2.1 b | Are the quality objectives measurable? | QAM  Quality Policy  Quality Objectives  Monthly reports  Annual reports | **☐** | **☐** | | **☒** | NCR025  No measures identified.  NCR026  No feedback register found.  NCR022  Monthly reports missing  Annual reports missing |
|  | 6.2.1 c | Do the quality objectives consider applicable requirements? | QAM  Quality Policy  Quality Objectives  Monthly reports  Annual reports | **☐** | **☐** | | **☒** | NCR027  No AVETMISS requirements found.  NCR022  Monthly reports missing  Annual reports missing |
|  | 6.2.1 d | Are the quality objectives relevant to the conformity of the products and do they enhance customer satisfaction? | QAM  Monthly reports  Annual reports  Customer feedback  Quality Objectives  Quality Policy | **☐** | **☐** | | **☒** | Evidence of quality objectives relevant to the conformity of the products found.  NCR028  No evidence found as to customer surveys.  NCR022  Monthly reports missing  Annual reports missing |
|  | 6.2.1 d | Are the quality objectives relevant to the conformity of the services and do they enhance customer satisfaction? | QAM  Monthly reports  Annual reports  Customer feedback  Quality Objectives  Quality Policy | **☐** | **☐** | | **☒** | Evidence of quality objectives relevant to the conformity of the products found.  NCR028  No evidence found as to customer surveys and no analysis found.  NCR022  Monthly reports missing  Annual reports missing |
|  | 6.2.1 e | Are the quality objectives monitored? | QAM  Monthly reports  Annual reports  Quality Objectives  Quality Policy  Quality Management responsibilities  Customer feedback | **☐** | **☐** | | **☒** | NCR022  No evidence found  Monthly reports missing  Annual reports missing |
|  | 6.2.1 e | How is the quality objectives monitored? | QAM  Monthly reports  Annual reports  Quality Objectives  Quality Policy  Quality Management responsibilities  Customer feedback | **☐** | **☐** | | **☒** | NCR022  No evidence found  Monthly reports missing  Annual reports missing |
|  | 6.2.1 e | How often are the quality objectives monitored? | QAM  Monthly reports  Annual reports  Quality Objectives  Quality Policy  Quality Management responsibilities  Customer feedback | **☐** | **☐** | | **☒** | NCR022  No evidence found  Monthly reports missing  Annual reports missing |
|  | 6.2.1 f | How is the quality objectives communicated? | QAM  Business plan  Strategic plan  Monthly reports  Annual reports  Meeting minutes  Staff inductions  Emails  Quality Management responsibilities  Workplace meetings | **☐** | **☒** | | **☐** | Via staff induction- signed Employee Training Plan – R6.2.2)  Induction checklist sighted.  Via annual ‘think tank and review’ meeting.  NCR011  No evidence of meeting being conducted or minutes.  NCR029  No evidence of annual strategy being conducted or communicated. |
|  | 6.2.1 g | How is the quality objectives updated? | QAM  Quality Objectives  Quality Policy  Quality Management responsibilities  Workplace meetings | **☐** | **☒** | | **☐** | Via annual ‘think tank and review’ meeting.  NCR011  No evidence of meeting being conducted or minutes.  Monthly meeting between CEO and GM, Compliance indicated in Quality Policy, however, no evidence signed that this meeting has occurred or been minuted. |
|  | 6.2.1 | Where is the documented information on the quality objectives? | QAM  Business plan  Strategic plan  Quality objectives  Quality policy | **☒** | **☐** | | **☐** | Quality Objectives sighted. (P4.2.1)  Quality Policy sighted. (P4.1)  QAM – Section 5.4 – Planning – Quality Objectives. |
|  | 6.2.2 a | How does the organization determine what will be done? | QAM  Business plan  Strategic plan  Change management plan  SWOT analysis  Meeting minutes  Emails  Monthly reports  Annual reports  Client feedback  Internal feedback  Risk management register  Continual Improvement register  Quality management responsibilities  Policy and Quality objectives | **☐** | **☒** | | **☐** | Via annual ‘think tank and review’ meeting.  NCR011  No evidence of meeting being conducted or been minuted.  Monthly meeting between CEO and GM, Compliance indicated in Quality Policy, however,  NCR011  No evidence signed that this meeting has occurred or been minuted. |
|  | 6.2.2 b | How does the organization determine what resources will be required? | QAM  Business plan  Strategic plan  Change management plan  Meeting minutes  Emails  Assigned tasks and actions  Quality management responsibilities  Policy and Quality objectives | **☐** | **☒** | | **☐** | Via annual ‘think tank and review’ meeting.  NCR011  No evidence of meeting being conducted or been minuted.  Monthly meeting between CEO and GM, Compliance indicated in Quality Policy, however,  NCR011  No evidence signed that this meeting has occurred or been minuted. |
|  | 6.2.2 c | How does the organization determine who will be responsible? | QAM  Business plan  Strategic plan  Change management plan  Meeting minutes  Emails  Assigned tasks and actions  Quality management responsibilities  Policy and Quality objectives | **☐** | **☒** | | **☐** | Via Quality Management Responsibilities (D5.5.1) – sighted.  Job descriptions for Training Consultant and General Manager, Compliance sighted.  QAM – Section 5 – Management Responsibility sighted.  NCR030  No evidence of specific responsibilities assigned for specific risks or opportunities.  CAR009  No further job descriptions provided.  Risk Register does indicate responsibilities – signed. |
|  | 6.2.2d | How does the organization determine when it will be completed? | QAM  Business plan  Strategic plan  Change management plan  Meeting minutes  Quality management responsibilities  Policy and Quality objectives  Emails  Assigned tasks and actions | **☐** | **☐** | | **☒** | CAR010  Risk management register identifies due dates and assigned responsibilities, however, the due dates are mostly blank or are indicated as ‘Ongoing’.  NCR031  No evidence to suggest that Risk Management policy is being followed or completed. |
|  | 6.2.2 e | How does the organization determine how results be evaluated for quality objectives when completed? | QAM  Business plan  Strategic plan  Change management plan  Meeting minutes  Emails  Monthly reports  Annual reports  Client feedback  Internal feedback  Quality management responsibilities  Policy and Quality objectives | **☐** | **☒** | | **☐** | Risk Management Policy identifies that results will be evaluated at monthly management meetings NCR011  However no evidence sighted.  NCR011  Risk management team meeting is listed as being held however no evidence of this occurring. |
|  | 6.3 | How are changes to the QMS planned systematically? | QAM  Business plan  Strategic plan  Change management plan  SWOT analysis  Meeting minutes  Emails  Monthly reports  Annual reports  Client feedback  Internal feedback  Risk management register  Continual Improvement register  Quality management responsibilities  Policy and Quality objectives | **☐** | **☐** | | **☒** | Workplace meetings document (D5.5.3B) advises that monthly Operations Meetings contains agenda item for QMS review, however, no evidence sighted that this occurs and NCR011  No minutes sighted.  Annual ‘think tank and review’ meeting.  NCR011  No evidence of meeting being conducted or been minuted.  Monthly meeting between CEO and GM, Compliance indicated in Quality Policy, however,  NCR011  no evidence signed that this meeting has occurred or been minuted |
|  | 6.3 a | How do changes to the QMS demonstrate the purpose and potential consequences of changes; | QAM  Business plan  Strategic plan  Change management plan  SWOT analysis  Meeting minutes  Emails  Monthly reports  Annual reports  Client feedback  Internal feedback  Risk management register  Continual Improvement register  Quality objectives | **☐** | **☐** | | **☒** | NCR032  No evidence sighted of QMS changes.  CAR011  Evidence sighted of continuous improvement documentation and control and responsibilities and authorities; however no evidence sighted that these are being followed. |
|  | 6.3 b | How do changes to the QMS demonstrate the integrity of the QMS; | QAM  Business plan  Strategic plan  Change management plan  SWOT analysis  Meeting minutes  Emails  Client feedback  Internal feedback  Quality management responsibilities  Policy and Quality objectives | **☐** | **☐** | | **☒** | NCR032  No evidence sighted of QMS changes.  CAR010  Evidence sighted of continuous improvement documentation and control and responsibilities and authorities; however no evidence sighted that these are being followed. |
|  | 6.3 c | How do changes to the QMS demonstrate how resources are made available? | QAM  Business plan  Strategic plan  Change management plan  SWOT analysis  Meeting minutes  Emails  Assigned tasks and actions  Quality management responsibilities  Policy and Quality objectives | **☐** | **☐** | | **☒** | NCR032  No evidence sighted of QMS changes.  CAR010  Evidence sighted of continuous improvement documentation and control and responsibilities and authorities; however no evidence sighted that these are being followed. |
|  | 6.3 d | How do changes to the QMS demonstrate how responsibility and authority is allocated or reallocated? | QAM  Business plan  Strategic plan  Change management plan  SWOT analysis  Meeting minutes  Emails  Assigned tasks and actions  Quality management responsibilities  Policy and Quality objectives | **☐** | **☐** | | **☒** | NNCR032  O evidence sighted of QMS changes.  CAR010  Evidence sighted of continuous improvement documentation and control and responsibilities and authorities; however no evidence sighted that these are being followed. |

Risk Impact Assessment

Instructions to Learner:

To complete the risk impact assessment, select five (5) non-conformances identified in the above audit checklist and outline the impact each non-conformance, may have on SSS RTO. Once you have outlined the potential impact across the aspects of the organisation, evaluate and prioritise the risks for treatment using the risk matrix on page 186 of the learner guide.

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| **RATING** | **GENERAL** | **FINANCIAL** | **LEGAL** | **REPUTATION** |
| Example: 5 | Success of business objectives jeopardised | Turnover >$1M | Breach of legislation/policy which results in costly legal action and sanctions which severely impact the business | Reputation damaged at an international level with a significant negative public response |
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| **Clause Name and Number** ISO 9001:9016 Quality Management System – requirements Section 5 Leadership | | | | | | | | |
| **Question Number** | **Clause Reference** | **Audit Question** | **Expected Evidence** | **Conformance Outcome** | | | | **Comments** |
| **Yes** | | **No** | | **N.B. Provide references to documentation where necessary** |
| **A** | **B** | | **C** |
| **1.** | 5.1.1a | Have the resources been provided for the quality management system? | Quality Assurance Manual  Corrective Action Reports  Version Control Register | **☐** | **x** | | **☐** | CAR008Mis – Corrective Action Report  NCR019 Mis – Version control register |
| **2.** | 5.1.1a | Can you show me your QMS system? | QMS | **x** | **☐** | | **☐** |  |
| **3.** | 5.1.1a | Who in SSS has overall control of the QMS? | QMS  Position Description  Quality Management Responsibilities | **☐** | **X** | | **☐** | NCR010 PD does not define responsibility |
| **4.** | 5.1.1a | Who ensures your QMS process is reviewed? | QMS  Position Description  Version control Register | **☐** | **☐** | | **X** | NCR010 Policy does not identify role responsible  NCR019Mis – version control register |
| **5.** | 5.1.1b | How do you track that work practices align with your quality policy? | Continuous improvement P&P | **☐** | **☐** | | **x** | NCR008 No evidence of version control |
| **6.** | 5.1.1b | Can you describe how work practices align with your quality objectives? | Continuous improvement P&P  QMS  Mission statement  Induction item | **☐** | **x** | | **☐** | CAR005No induction item  NCR005 Mis – mission statement |
| **7.** | 5.1.1b | What process is in place to ensure your QMS are meeting your organizational needs? | Continuous improvement P&P  Customer Survey/Questionnaires | **x** | **☐** | | **☐** |  |
| **8.** | 5.1.1b | Do you have a process that shows how your QMS was established? | Continuous improvement P&P | **x** | **☐** | | **☐** |  |
| **9.** | 5.1.1b | If I asked your workers if they could use the documents would they understand me? | Continuous improvement P&P | **x** | **☐** | | **☐** |  |
| **10.** | 5.1.1b | Do you have documents that show the organization’s direction or rules to live by? | Mission statement | **☐** | **☐** | | **x** | NCR005 Mis – Mission Statement |
| **11.** | 5.1.1c | Do you have any training or information sharing processes on your QMS for your staff? | Continuous improvement P&P  Risk Management Policy  Induction item | **☐** | **x** | | **☐** | CAR007Risk management is not on the induction list |
| **12.** | 5.1.1c | Can you demonstrate how you ensure your staff understand and work to your P&P? | Risk Management Policy  Staff Surveys  Training Reports  Training Needs Analysis | **☐** | **x** | | **☐** | CAR013Mis- staff surveys, training reports  CAR017TNA out of date |
| **13.** | 5.1.1d | Can you show me how your QMS is updated? | Continuous Improvement register  Version control | **☐** | **☐** | | **x** | NCR 008 Mis – version control  NCR 001 Mis - CI register |
| **14.** | 5.1.1d | Do your staffs receive information on when your Risk Assessment Register is updated? | Risk Management Policy  Risk Register | **x** | **☐** | | **☐** |  |
| **15.** | 5.1.1e | What information is readily available to your staff, if they wish to add a risk to the QMS? | Risk Management Policy and Procedure  Staff handbook  Risk Management Register | **☐** | **x** | | **☐** | CAR 010Mis – staff handbook |
| **16.** |  | Can you show and demonstrate resources available to staff that allow them to understand the QMS? | Quality Management System | **x** | **☐** | | **☐** |  |
| **17.** | 5.1.1e | How are the controls implemented in the QMS? | Quality Management System  Version control | **☐** | **x** | | **☐** | NCR 008 Mis – version control |
| **18.** | 5.1.1e | Who has control of implemented outcomes from the QMS? | Continuous Improvement register  Position Description  Quality Management System | **☐** | **X** | | **☐** | NCR 001 Mis – No CI register  NCR 010 Reference not available on PD |
| **19.** | 5.1.1e | Is the quality management system available? | Quality Assurance Manual | **x** | **☐** | | **☐** |  |
| **20.** | 5.1.1e | Is the latest version of the quality management system available? | Quality Assurance Manual  Version Control Register | **☐** | **x** | | **☐** | NCR 018 Mis – version control register |
| **21.** | 5.1.1f | Is the corrective action register available? | Corrective Action Register | **☐** | **☐** | | **x** | CAR008Mis – corrective action register |
| **22.** | 5.1.1f | Is the communication register available? | Communication Register | **☐** | **☐** | | **x** | CAR 002 Mis – communication register |
| **23.** | 5.1.1f | Can SSS please show me updates to the quality management system are communication records? | Corrective Action Register  Quality Assurance Manual  Corrective Action Reports  Version Control Register | **☐** | **x** | | **☐** | CAR 008Mis – corrective action register  NCR 008 Mis – version control register |
| **24.** | 5.1.1f | So, if I was your employee how do you know I am conforming to the quality management system? | Corrective Action Register  Quality Assurance Manual  Corrective Action Reports  Communication Register  Version control | **☐** | **x** | | **☐** | CAR 002 Mis – communication register  CAR 008Mis – Corrective action register  NCR 008 Mis – version control register |
| **25.** | 5.1.1f | Also how do you know I am conforming to these changes or updates that have been made to the system? | Corrective Action Register  Quality Assurance Manual  Corrective Action Reports  Version Control Register  Document Version Control  Meeting minutes | **☐** | **x** | | **☐** | CAR 001 Mis – meeting minutes  CAR 008 Mis – Corrective Action Register  NCR 008 Mis – version control register  CAR 001 Mis – meeting minutes |
| **26.** | 5.1.1g | Does SSS ensure that your quality management system is fit for purpose and achieves its intended results? | Quality Management System  Document Review Policy  Version Control | **☐** | **x** | | **☐** | NCR 008 Mis – version control |
| **27.** | 5.1.1h | Does SSS have a training procedure on how to use your quality management system before your employees start work? | Training Manual  Training Records  Induction item | **☐** | **x** | | **☐** | CAR 004 Mis – induction item  NCR 017 Mis – training manual  NCR 017 Incomplete training records |
| **28.** | 5.1.1h | Can SSS provide a copy of your training records? | Training Register  Training Records | **☐** | **x** | | **☐** | NCR 017 Training records are incomplete |
| **29.** | 5.1.1i | Does SSS have a continuous improvement policy? | Continuous improvement policy | **x** | **☐** | | **☐** |  |
| 29a |  | Does SSS have a continuous improvement register? | Continuous Improvement Register | **☐** | **☐** | | **x** | NCR 001 Mis –CI register |
| **30.** | 5.1.1i | Does SSS promote improvement to its employees? | Continuous improvement policy  Continuous Improvement Register  Customer feedback register  Surveys and customer feedback forms | **☐** | **x** | | **☐** | NCR 001 Mis – CI register  NCR 006 No actions in customer feedback register |
| **31.** | 5.1.1i | I am an SSS customer how do you respond to my feedback report? | Surveys and customer feedback forms  Meeting Minutes | **☐** | **x** | | **☐** | CAR 001 Mis – meeting minutes  CAR 014 No evidence of response to feedback |
| **32.** | 5.1.1j | Can you provide a copy of each employee’s position description document? | Position Description | **☐** | **☐** | | **x** | NCR 009 Not all PDs available |
| **33.** | 5.1.1j | Can you demonstrate how your employees apply their position description to their areas of responsibility? | Position Description | **☐** | **☐** | | **x** | NCR 009 Not all PDs available |
| **34.** | 5.1.2 | Explain your end to end process for the delivery of quality customer service? | Quality Policy | **x** | **☐** | | **☐** |  |
| **35.** | 5.1.2a | How are legislative changes captured? | Relevant subscriptions  Document review procedure  Staff meeting minutes | **☐** | **x** | | **☐** | CAR 012 Mis – subscriptions  CAR 001 Meeting minutes not available |
| **36.** | 5.1.2b | What tools do you use to capture customer satisfaction? | Customer Survey/Questionnaire Template  Customer Feedback Register with Actions  Customer Feedback records with example of feedback loop | **☐** | **x** | | **☐** | CAR 003 Mis – Customer feedback register with actions  CAR 014 No evidence of loop available |
| **37.** |  | What is the process if a risk to customer satisfaction is identified? | Customer Survey/Questionnaire Register with actions | **☐** | **☐** | | **x** | NCR 006 Mis – customer survey/questionnaire register with actions |
| **38.** | 5.1.2c | How do you maintain customer satisfaction? | Staff Meeting Agenda Item  Induction Item | **☐** | **☐** | | **x** | CAR 011Mis – staff meeting agenda does not include agenda item to customer satisfaction  CAR 004 Mis – induction item |
| **39.** | 5.2.1a | How does your Quality Policy specifically support the strategic direction of your organization? | Quality Policy  Strategic Plan  Document Review procedure | **☐** | **x** | | **☐** | NCR 016 Mis – strategic plan |
| **40.** | 5.2.1b | What framework do you use for setting quality objectives? | Quality Policy  Example of Quality Framework process | **☐** | **x** | | **☐** | NCR 004 Mis – example of quality framework process |
| **41.** | 5.2.1c | Can you provide documentation demonstrating a commitment to satisfy your quality policy? | Quality Statement  Quality Policy | **☐** | **x** | | **☐** | NCR 015 Mis – quality statement |
| **42.** | 5.2.1d | How do you demonstrate your commitment to continual improvement of the quality management system? | Quality Policy  QMS in place  Continuous Improvement Register  Position Description incorporating quality management responsibility | **☐** | **x** | | **☐** | NCR 001 Mis – CI register  Not all PDs available |
| **43.** | 5.2.2a | How do staff members know about and access the quality policy? | Quality Policy  Document Register  Quality Manual access  Induction item | **☐** | **x** | | **☐** | NCR 002 Mis – document register  NCR 014 Mis – quality manual  CAR 016 Not all staff inductions available or completed |
| **44.** | 5.2.2b | Can you provide an example of how the quality policy has been applied by a staff member in your organization? | Quality Policy  Quality Manual  Induction item | **x** | **☐** | | **☐** |  |
| **45.** | 5.2.2c | Can a stakeholder access the quality policy? | Quality Policy  Outgoing Document Register | **☐** | **x** | | **☐** | NCR 007 No description available in the Quality Policy about stakeholder access |
| **46.** |  | How does your organization ensure confidentiality of organizational documents? | Privacy and confidentiality policy  Document Release Policy  Outgoing Document Register | **☐** | **x** | | **☐** | NCR019Mis – privacy and confidentiality policy  NCR 003 Mis – document release policy |
| **47.** | 5.3a | Who is responsible for ensuring the quality management system conforms to the requirements of the International Standard? | ISO 9001:2016 quality management system - requirements  Position Description | **☐** | **x** | | **☐** | NCR 009 Not all PDs available |
| **48.** | 5.3b | What processes does the organization have in place to ensure delivery of its intended outputs? | Quality Policy  Project Plans and Evaluations  Meeting Minutes | **☐** | **x** | | **☐** | NCR 012 Mis – project plans and evaluation  CAR 001 No meeting minutes available |
| **49.** | 5.3c | Explain your organization’s reporting process? | Quality Policy  Reporting Requirements  Quality Action Plan  Continuous Improvement Activity Register | **☐** | **x** | | **☐** | NCR 013 Mis – quality action plan  NCR 001 Mis – CI activity register  CAR 006 Reporting requirements not available |
| **50.** |  | How are opportunities for improvement identified? | Continuous Improvement Register  Continuous Improvement Procedure  Meeting minutes | **☐** | **x** | | **☐** | NCR 001 Mis – CI register  CAR 001 No meeting minutes available |
| **51.** |  | How are identified opportunities actioned by top management? | Continuous Improvement Register  Continuous Improvement Procedure  Meeting minutes | **☐** | **x** | | **☐** | NCR 001 Mis – CI register  CAR 001 No meeting minutes available |
| **52.** | 5.3d | How do you ensure the promotion of customer focus throughout the organization? | Staff meetings  Staff newsletters, Yammer  Induction item | **☐** | **☐** | | **x** | CAR 001 No meeting minutes available  CAR 015 No newsletters, intranet or other staff communication available  CAR 004 No induction item available |
| **53.** | 5.3e | How does your organization plan changes to the quality management system? | Position Description  Document Control processes including version control  Document Register  Quality meeting minutes | **☐** | **☐** | | **x** | NCR 009 Not all PDs available  NCR 008 Mis – version control  CAR 001 No meeting minutes available |
| **54.** |  | How does your organization implement changes to the quality management system? | Position Description  Document Control processes including version control  Document Register  Quality meeting minutes | **☐** | **☐** | | **x** | NCR 009 Not all PDs available  NCR 008 Mis – version control  CAR 001 No meeting minutes available  NCR 002 Mis – document register |

## Activity 2.6Prepare &Conduct an Exit Meeting

**Instructions to Learners:**

When preparing for an exit meeting, the audit team should provide the organisation with, but not limited to the following:

* Executive Summary
* Benchmarks (standards, policies/ procedures)
* Audit Results
* NCR’s raised
* Opportunities for improvement
* Risk
* Root Cause analysis
* Follow-ups
* Provide opportunity for questions
* Continuous improvement

You will also need to take into account the general items that are listed in a meeting agenda (attendees, apologies, times, dates etc.).

Complete the template below.

Where providing a work sample for this activity, please ensure a third party report is provided for the document

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| **Exit Meeting Agenda** | | | | | | | | |
| **Date:** |  | | | **Time:** |  | | **Meeting Chair:** |  |
| **Attendees:** |  | | | | | | | |
| **Apologies:** |  | | | | | | | |
| **Agenda Item** | | **Plan for discussion (what will you discuss?)** | | | | **Minutes (resulting from discussion)** | | |
| **1.** | |  | | | |  | | |
| **2.** | |  | | | |  | | |
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| **13.** | |  | | | |  | | |
| **Immediate Actions (from discussion)** | | | | | | | | |
| **Action** | | **Responsibility** | | | | **Expected completion date/time** | | |
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| **Follow Up Required** | | | | | | | | |
| **Action** | | **Responsible** | | | | **Expected completion date/time** | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | |
| **Value Adding Activity Recommendations** | | | | | | | | |
| Provide information as required, where no activities are recommended, place N/A. | | | | | | | | |
| **Risk based audits** | | |  | | | | | |
| **Process audits:** | | |  | | | | | |
| **Pre-implementation reviews:** | | |  | | | | | |
| **Self-assessment:** | | |  | | | | | |
| **Internal-control education:** | | |  | | | | | |
| **Other:** | | |  | | | | | |
| **Other:** | | |  | | | | | |

## Activity 2.7 Guide Team Members

As a Lead Auditor, it is essential you provide feedback to your audit team as a whole and to each individual for evaluation of the audit performance.

Referring back to Activity 1.6, Prepare Audit Team. Review the information within the template. This information will assist you with completing the below template.

Where providing a work sample for this activity, please ensure a third party report is provided for the document

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Audit Evaluation** | | | | | | | | | | |
| **Date:** | |  | | | **Auditee Organisation Name:** | | | |  | |
| **Auditee:** | |  | | | **Auditee Representative:** | | | |  | |
| **Audit Scope and Objectives** | | | | | | | | | | |
| **Scope:** | |  | | | | | | | | |
| **Audit Objectives:** | |  | | | | | | | | |
| **Lead Auditor:** | | **Name of Auditor** | | | | | **Roles and Responsibilities** | | | |
|  | | | | |  | | | |
| **Auditor(s)** | | **Team Member** | | | | | **Roles and Responsibilities** | | | |
|  | | | | |  | | | |
|  | | | | |  | | | |
|  | | | | |  | | | |
|  | | | | |  | | | |
| **Instructions** | | | | | | | | | | |
| Were the general instructions to your audit team to make them aware of the procedures for the audit effective? Provide detail of any improvements. | | | | | | | | | | |
| **Instructions (methods and techniques** | | | |  | | | | | | |
| **Resources (list)** | | | |  | | | | | | |
| **Performance Management Summary** | | | | | | | | | | |
| Summarise your findings for each of the areas below. | | | | | | | | | | |
| **Audit** | |  | | | | | | | | |
| **Audit Team** | |  | | | | | | | | |
| **Audit Individual** | |  | | | | | | | | |
| **Key Performance Indicators (KPI)** | | | | | | | | | | |
| **Performance** | | | **KPI (Key Performance Indicator)** | | | **Met** | | | | **Improvement action required (if not met)** |
| **Yes** | | **No** | |
| **Audit** | | |  | | | ☐ | | ☐ | |  |
|  | | | ☐ | | ☐ | |  |
| **Audit team** | | |  | | | ☐ | | ☐ | |  |
|  | | | ☐ | | ☐ | |  |
| **Audit Individual** | | |  | | | ☐ | | ☐ | |  |
|  | | | ☐ | | ☐ | |  |
| **Support for Performance Management** | | | | | | | | | | |
| Where KPI’s were not meet by the team or an individual, as the Lead Auditor, what further support could you have provided? | | | | | | | | | | |
|  | | | | | | | | | | |
| **Auditor Reflection** | | | | | | | | | | |
| Reflect on your own performance as a Lead Auditor and your understanding of the required processes. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Team Members Critique** | | | | | | | | | | |
| List four (4) items, team members could use to critique their own work. | | | | | | | | | | |
| 1. |  | | | | | | | | | |
| 2. |  | | | | | | | | | |
| 3. |  | | | | | | | | | |
| 4. |  | | | | | | | | | |

# Section 3 –Report on a Quality Audit

Section 3 describes the requirements for the Unit of Competency, BSBAUD504 Report on a quality audit. The skills and knowledge required to report on the outcomes of a quality audit and to take appropriate follow up action. It covers compiling audit results; preparing a report for the auditee/client; negotiating follow up action with the auditee/client; and monitoring and reviewing the auditing system and activities. The types of quality audit that may be covered by this unit include an external or internal systems audit or process or product/service audit.

It applies to individuals with a well-established theoretical knowledge base in quality auditing who are proficient in using a wide range of specialised quality auditing and managerial techniques to carry out their own work and to supervise the quality audit team. It addresses the function performed by either an auditor having sole responsibility for the audit or a lead auditor of a quality audit team.

Learners are required to meet the following assessment conditions for this Unit of Competency.

Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the regulation, licensing and risk – quality auditing field of work and include access to:

* workplace documentation including quality audit reports, checklists, risk management plans and audit plans

Tick upon completion of Section 4 the following activities:

|  |  |
| --- | --- |
| **ACTIVITY SUBMISSION** | |
| ☐ | Activity 3.1 Report on a Quality Audit |
| ☐ | Activity 3.2 Compile Non-Conformance Audit Report |
| ☐ | Activity 3.3 Compile Corrective Action Report |
| ☐ | Activity 3.4 Compile Non-Conformance Matrix |

## Activity 3.1 Compile an Audit Report

**Instructions to Learners:**

Using the data gathered in Activity 2.5, Learners are required to compile an audit report for SSS’s Business Owner.

Learners are required to complete the report in the template below:

Where a learner is submitting a work sample for this activity, a third party report must be provided.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Audit Report** | | | | | | |
| **Auditee:** | Simple Simon Services (SSS) RTO | | | | | |
| **Date:** | 29 August 2019 | | | | | |
| **Auditor Site Address:** | Martin Place, Sydney 2000 | | | | | |
| **Postal Address:** | PO Box 4747, Sydney 2001 | | | | | |
| **Auditor Information** | | | | | | |
| **Lead Auditor:** | Jacqui Crafter | | | | | |
| **Auditors:** | Jamie Ilton  Claudia Schiffer  Sally Wray-McCann  Peter Douch | | | | | |
| **Scope and Executive Summary** | | | | | | |
| **Identify audit scope:** | | | To complete an external audit on SSS with AS/NZS ISO 9001:2016 Quality Management System   * 1. Reputation (5.1.1, 5.1.2, 5.2.1, 5.2.2, 5.3)   2. Political (5.1.1, 5.1.2, 5.2.2,5.3)   3. Economic (5.1.1, 5.1.2, 5.3)   4. Legislative (5.1.1, 5.1.2, 5.2.2)   5. Financial (5.1.1, 5.1.2, 5.2.1, 5.3)   6. Policy (5.1.1, 5.1.2, 5.2.1, 5.2.2)   7. Staff Retention (5.1.1, 5.2.1, 5.2.2, 5.3)   8. Safety (5.1.1, 5.2.1, 5.2.2)   9. Technological (5.1.1, 5.2.1, 5.2.2, 5.3)   10. ASQA (5.1.1, 5.2.1, 5.2.2, 5.3) | | | |
| **Identify audit objectives:** | | | Build rapport and image across multiple sites Strong Marketing / Advertising properties Assist with ASQA compliance processes  Improve on SSS management systems and staff morale  Assist with expansion into WA | | | |
| **Executive Summary (summarise your findings- include minor and major non-conformities, as well as any opportunities for improvement):** | | | The audit identified major weaknesses in the QMS system, with 8 major NCR’s and 1 minor CAR’s identified.  There was a consistent lack of resource and endeavor in managing the QMS at levels, including lack of policies and  It is noted that two previous ISO Audits have been conducted and areas of concern have still not been met.  SSS Executive needs to clearly consider their intent to implement the use of ISO 9001:2016 Quality Management Systems. | | | |
| **Compliance** | | | | | | |
| **Compliant with clause?** | | | **Compliant** | | **Not Compliant** | |
|  | | Clause 5 Leadership | |
| **Verification** | | | | | | |
| **Lead Auditor (Name)** | | Jacqui Crafter | | **Lead Auditor (Signature)** | | Jacqui Crafter |
| **Auditee (Name)** | | Simon Smith | | **Auditee (signature)** | | Simon Smith |
| **Auditee Position** | | Business Owner (Founder) | | **Date:** | | 30 August 2019 |

## Activity 3.2 Compile Non-Conformance Audit Reports

**Instructions to Learners:**

Referring to the data gathered in Activity 2.5, Learners are required to detail the non-conformities, including clause reference, number and title, in a Non-Conformance Report, to SSS’s Business Owner.

Ensure the audit method where non-conformity was identified has been checked, where the method was not used, place N/A.

Learners are required to complete this activity in the template below.

Where a learner is submitting a work sample for this activity, a third party report must be provided.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Non-Conformance Report (ncr)** | | | | | |
| **Auditee:** | Simple Simon Services (SSS) RTO | | | | |
| **Date:** | 29 August 2019 | | | | |
| **Auditor:** | The A Team Auditors | | | | |
| **Summary of Non-Conformities** | | | | | |
| **Major Non-Conformances** | | | | | |
| NCR 001  Mis – Continuous Improvement Register  NCR002  Mis – document register  NCR003  Mis – document release policy  NCR004  Mis – example of quality framework process  NCR005  Mis – mission statement  NCR006  Mis - No actions in customer feedback register  NCR007  Mis - No description available in the Quality Policy about stakeholder access  NCR008  Mis – Version control  NCR009  Mis - Not all PDs available  NCR010  Mis - PD does not define responsibility  NCR011  Mis - Policy does not identify role responsible  NCR012  Mis – project plans and evaluation  NCR013  Mis – quality action plan  NCR014  Mis – quality manual  NCR015  Mis – quality statement  NCR016  Mis – strategic plan  NCR017  Mis – training manual  NCR018  Mis – version control register  NCR019  Mis – Privacy and confidentiality Policy | | | | | |
| **Minor Non-Conformances** | | | | | |
| CAR001  Mis - No meeting minutes available  CAR002  Mis – communication register  CAR003  Mis – Customer feedback register with actions  CAR004  Mis – induction item  CAR005  Mis - No induction item  CAR006  Mis - Reporting requirements not available  CAR007  Mis - Risk management is not on the induction list  CAR008  Mis - Corrective Action Report  CAR009  Mis – privacy and confidentiality policy  CAR010  Mis – staff handbook  CAR011  Mis – staff meeting agenda does not include agenda item to customer satisfaction  CAR012  Mis – subscriptions  CAR013  Mis- staff surveys, training reports  CAR014  Mis - No evidence of response to feedback  CAR015  Mis - No newsletters, intranet or other staff communication available  CAR016  Mis - Not all staff inductions available or completed  CAR017  Mis - TNA out of date  CAR018  Mis - Training records are incomplete | | | | | |
| **Method Used for Identification** | | | | | |
| **Observation** | | ☐ | **Questioning** | | ☐ |
| **Data Analysis** | | ☐ | **Other (please define)** | | ☐ |
| **Reported by (name)** | | ☐ | **Reported by (signature)** | | ☐ |
| **Review** | | | | | |
| **Reviewed by (name)** | | | | **Reviewed by (signature)** | |
|  | | | |  | |
| **Auditee (Name)** | |  | | **Auditee (signature)** |  |
| **Auditee Position** | |  | | **Date:** |  |

## Activity 3.3 Compile Corrective Action Report

**Instructions to Learners:**

Referring back to the data gathered in Activity 2.5, Learners are required to compile a Corrective Action Report for SSS’s Business Owner. Ensure you detail the clauses reference, number and title for the corrective actions.

Learners are required to complete the report in the template below:

Where a learner is submitting a work sample for this activity, a third party report must be provided.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Corrective Action report (CAR)** | | | | | | |
| **Auditee:** | SSS RTO | | | | | |
| **Date:** | Thursday 29 August 2019 | | | | | |
| **Auditor:** | The A Team Auditors | | | | | |
| **Summary of Corrective Actions** | | | | | | |
| CAR001  Mis - No meeting minutes available  CAR002  Mis – communication register  CAR003  Mis – Customer feedback register with actions  CAR004  Mis – induction item  CAR005  Mis - No induction item  CAR006  Mis - Reporting requirements not available  CAR007  Mis - Risk management is not on the induction list  CAR008  Mis - Corrective Action Report  CAR009  Mis – privacy and confidentiality policy  CAR010  Mis – staff handbook  CAR011  Mis – staff meeting agenda does not include agenda item to customer satisfaction  CAR012  Mis – subscriptions  CAR013  Mis- staff surveys, training reports  CAR014  Mis - No evidence of response to feedback  CAR015  Mis - No newsletters, intranet or other staff communication available  CAR016  Mis - Not all staff inductions available or completed  CAR017  Mis - TNA out of date  CAR018  Mis - Training records are incomplete | | | | | | |
| **Root Cause Analysis** | | | | | | |
| **Identify the root cause of non-conformities** | | | Insufficient process control against stands set at by ISO 9001:2016 Quality Management Systems – requirements Clause 5 Leadership. | | | |
| **Risk Assessment** | | | | | | |
| **Gap/Non-Conformities of Major Non-Conformities** | | **Likelihood e.g. D - Likely** | | **Consequences**  **e.g. 2 - Minor** | | **Risk Score**  **e.g. D2 - Medium** |
| NCR 001  Mis – Continuous Improvement Register  NCR002  Mis – document register  NCR003  Mis – document release policy  NCR004  Mis – example of quality framework process  NCR005  Mis – mission statement  NCR006  Mis - No actions in customer feedback register  NCR007  Mis - No description available in the Quality Policy about stakeholder access  NCR008  Mis – Version control  NCR009  Mis - Not all PDs available  NCR010  Mis - PD does not define responsibility  NCR011  Mis - Policy does not identify role responsible  NCR012  Mis – project plans and evaluation  NCR013  Mis – quality action plan  NCR014  Mis – quality manual  NCR015  Mis – quality statement  NCR016  Mis – strategic plan  NCR017  Mis – training manual  NCR018  Mis – version control register  NCR019  Mis – Privacy and confidentiality Policy | | A(5)  A (5)  A (5)  B(4)  B (4)  A (5)  C (3)  A (5)  B (4)  B (4)  B (4)  B (4)  A(5)  A (5) | | 3 -Moderate  2 - Minor  2- Minor  1 - Insignificant  2- Minor  2- Minor  1 – Insignificant  4 – Major  2 – Minor  2 – Minor  2 – Minor  2 – Minor  3 – Moderate  3 - Moderate | | 15 - High  10 - High  10 - High  4 - Medium  8 - Medium  10 - High  3 – Low  20 – Extreme  8 – Moderate  8 – Moderate  8 – Moderate  8 – Moderate  15 – High  15 - High |
| **Corrective Actions not Agreed Upon**  Corrective Actions, recommended by the audit team, which the auditee may not see as either a requirement or priority. | | | | | | |
| Due to evidentiary post-audit discussions audit results were recognized and accepted by the management of SSS RTO. | | | | | | |
| **Close** | | | | | | |
|  | | **Signature** | | | **Position** | **Date** |
| **CAR initiated by:** | | Jacqui Crafter | | | Lead Auditor | 22 September 2019 |
| **CAR issued to:** | | Simon Smith | | | Business Owner | 22 September 2019 |
| **CAR closed by (only when closed):** | | Jacqui Crafter | | | Lead Auditor | 22 September 2019 |
|  | |  | | |  |  |
| **Approvals** | | | | | | |
| The signatures below certify that this corrective action report has been reviewed and accepted, and demonstrate that the signatories are aware of all the requirements contained herein and are committed to ensuring their provision. Please note- approvals are only to be signed once final approval has been made. | | | | | | |
| **Name** | | **Signature** | | | **Position** | **Date** |
| **Prepared by:** | | Jacqui Crafter | | | Lead Auditor | 22 August 2019 |
| **Reviewed by:** | | Jamie Ilton | | | Assistant Auditor | 22 August 2019 |
| **Approved by:** | | Patricia Prat | | | Operations Manager | 22 August 2019 |

## Activity 3.4 Non-Conformance Matrix

**Instructions to Learners:**

Using the data from Activity 2.5 and Activity 3.2, Learners are required to develop a Non-Conformance Matrix, which will be provided to SSS’S Business Owner, with the Non-Conformance Report.

Learners are required to complete the report in the template below:

Where a learner is submitting a work sample for this activity, a third party report must be provided.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Non-conformance matrix** | | | | | |
| The matrix below summarises the minor and major Non-Conformities in clause 5 Leadership of ISO 9001:2016 Systems Management –requirements | | | | | |
| **Example layout** | | | | | |
| **Clause &**  **Standard Number** | **Standard summary** | **Status**  **C—Compliant**  **NC—Non- Compliant** | **Evidence sighted & comments** | **Details of non-conformance/s & corrective action required**  **\*only detail non conformities\*** | **Suggested date for corrective action** |
| 4.2.1 | Documentation Requirements- General | NC | QAM, Quality Policy, Observations | 4.2.1f) Taken from your non-conformance & corrective action reports. | 18.10.2017 |
| **Clause &**  **Standard Number** | **Standard summary** | **Status**  **C—Compliant**  **NC—Non- Compliant** | **Evidence sighted & comments** | **Details of non-conformance/s & corrective action required**  **\*only detail non conformities\*** | **Suggested date for corrective action** |
| 5.1.1a | Accountability for effectiveness of QMS | NC | Incomplete evidence | CAR008 Mis – Corrective Action Report  NCR019 Mis – Version control register  NCR010 PD does not define responsibility  NCR010 Policy does not identify role responsible  NCR019 Mis – version control register | Tuesday 10 September 2019 |
| 5.1.1b | Quality policy and objectives are established for the QMS system in context of the organization |  |  | NCR008 No evidence of version control  CAR005No induction item  NCR005 Mis – mission statement | Tuesday 10 September 2019 |
| 5.1.1c | Interaction of QMS aligns to organization business process |  |  | CAR007Risk management is not on the induction list CAR013Mis- staff surveys, training reports  CAR017TNA out of date | Tuesday 10 September 2019 |
| 5.1.1d | Promote process approach to risk based thinking |  |  | NCR 008 Mis – version control  NCR 001 Mis - CI register | Tuesday 10 September 2019 |
| 5.1.1e | Ensure resources for QMS are available |  |  | CAR 010Mis – staff handbook NCR 008 Mis – version control NCR 001 Mis – No CI register  NCR 010 Reference not available on PD  NCR 018 Mis – version control register | Tuesday 10 September 2019 |
| 5.1.1f | Communicate importance of QMS to conform to system requirements |  |  | CAR 008Mis – corrective action register  CAR 002 Mis – communication register  NCR 008 Mis – version control register  CAR 001 Mis – meeting minutes | Tuesday 10 September 2019 |
| 5.1.1g | Ensure QMS achieves intended results |  |  | NCR 008 Mis – version control | Tuesday 10 September 2019 |
| 5.1.1h | Engage, direct and support contributions to the effectiveness of QMS |  |  | CAR 004 Mis – induction item  NCR 017 Mis – training manual  NCR 017 Incomplete training records | Tuesday 10 September 2019 |
| 5.1.1i | Promoting improvement |  |  | NCR 001 Mis –CI register  NCR 006 No actions in customer feedback register  CAR 001 Mis – meeting minutes  CAR 014 No evidence of response to feedback | Tuesday 10 September 2019 |
| 5.1.1j | Support relevant management to demonstrate leadership within their area of responsibility |  |  | NCR 009 Not all PDs available | Tuesday 10 September 2019 |
| 5.1.2a | Statutory and regulatory requirements are met |  |  | CAR 012 Mis – subscriptions  CAR 001 Meeting minutes not available | Tuesday 10 September 2019 |
| 5.1.2b | Customer satisfaction, risks and opportunities are determined and addressed |  |  | CAR 003 Mis – Customer feedback register with actions  CAR 014 No evidence of loop available | Tuesday 10 September 2019 |
| 5.1.2c | The focus on enhancing customer satisfaction is maintained |  |  | CAR 011Mis – staff meeting agenda does not include agenda item to customer satisfaction  CAR 004 Mis – induction item | Tuesday 10 September 2019 |
| 5.2.1a | Contextualize the organization’s strategic direction |  |  | NCR 016 Mis – strategic plan | Tuesday 10 September 2019 |
| 5.2.1b | Provide framework for quality objectives |  |  | NCR 004 Mis – example of quality framework process | Tuesday 10 September 2019 |
| 5.2.1c | Includes a commitment to satisfy applicable requirements |  |  | NCR 015 Mis – quality statement | Tuesday 10 September 2019 |
| 5.2.1d | Includes a commitment to CI of the QMS |  |  | NCR 001 Mis – CI register  Not all PDs available | Tuesday 10 September 2019 |
| 5.2.2a | Quality policy is available and maintained |  |  | NCR 002 Mis – document register  NCR 014 Mis – quality manual  CAR 016 Not all staff inductions available or completed | Tuesday 10 September 2019 |
| 5.2.2b | Quality policy communicated, understood and applied |  |  |  |  |
| 5.2.2c | Be relevant |  |  | NCR 007 No description available in the Quality Policy about stakeholder access  NCR019Mis – privacy and confidentiality policy  NCR 003 Mis – document release policy | Tuesday 10 September 2019 |
| 5.3a | Responsibility for QMS conforming to ISO |  |  | NCR 009 Not all PDs available | Tuesday 10 September 2019 |
| 5.3b | Responsibility for processes delivering intended outputs |  |  | NCR 012 Mis – project plans and evaluation  CAR 001 No meeting minutes available | Tuesday 10 September 2019 |
| 5.3c | Responsibility for reporting on QMS performance and opportunities for improvement |  |  | NCR 013 Mis – quality action plan  NCR 001 Mis – CI activity register  CAR 006 Reporting requirements not available  NCR 001 Mis – CI register  CAR 001 No meeting minutes available | Tuesday 10 September 2019 |
| 5.3d | Responsibility for promotion of customer focus |  |  | CAR 001 No meeting minutes available  CAR 015 No newsletters, intranet or other staff communication available  CAR 004 No induction item available | Tuesday 10 September 2019 |
| 5.3e | Responsibility for maintenance of QMS integrity when changes are planned and implemented |  |  | NCR 009 Not all PDs available  NCR 008 Mis – version control  CAR 001 No meeting minutes available | Tuesday 10 September 2019 |

# Section 4 –Lead & Manage Team Effectiveness

Section 4 describes the requirements for the Unit of Competency, BSBWOR502 Lead and manages team effectiveness. This Unit of Competency describes the skills and knowledge required to lead teams in the workplace and to actively engage with the management of the organisation.

It applies to individuals working at a managerial level who facilitate work teams and build a positive culture within their work teams. At this level, work will normally be carried out using complex and diverse methods and procedures requiring the exercise of considerable discretion and judgement, using a range of problem solving and decision making strategies.

Learners are required to meet the following assessment conditions for this Unit of Competency.

Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the industry capability - workplace effectiveness field of work and include access to:

* workplace documents
* case studies and, where possible, real situations
* office equipment and resources
* interaction with others

Tick upon completion of activities:

|  |  |
| --- | --- |
| **ACTIVITY SUBMISSION** | |
| ☐ | Activity 4.1 Policy and Procedures |

## Activity 4.1 Policy & Procedures

Instructions to Learners:

As the Lead Auditor, it is included within your role, to ensure you lead and manage your audit team.

Learners are required to develop a policy and procedure that would be presented to members of an audit team prior to the audit. The policy and procedure must ensure team members take responsibility for own work, assist others to undertake required roles and responsibilities and ensure any issues, concerns and problems identified by team members are recognised and addressed.

Each document should contain, but not limited to the following:

Policy

* Purpose – why is the policy required
* Scope – what does the policy apply to
* Definitions – as required
* Policy Statement – details of the policy
* Non-Conformances if policy not followed
* Key personnel responsible for the policy
* Related documents – are there any documents that are required within the policy
* Review timeframe

Procedure

* Purpose – why is the procedure required
* Scope – what does the procedure apply to
* Procedure Steps – how will the procedure be completed
* Non-Conformances if policy not followed
* Key personnel responsible for the policy
* Related documents – are there any documents that are required within the policy
* Review timeframe

Learners are required to complete this activity in the policy and procedure templates below. Learners may submit work samples that they have developed for this activity, along with a third party report.

|  |  |
| --- | --- |
| **Policy** | |
| **Policy Title:** | Auditing Policy |
| **Scope:** | Internal and External Auditing of systems against specified requirements |
| **Definitions:** | As per ISO and relevant Standards, Codes, Legislation and regulation requirements |
| **Policy Statement:** | To provide independent and objective assessment of the system being audited |
| **Non-Conformances:** | To identify breaches in compliance to specified requirements |
| **Key Personnel Responsible:** | Lead Auditor – to provide clear and concise direction in the management of the audit process  Team Auditor – to provide technically and grammatically correct assessment of the system being audited in a timely manner.  Auditee – The person being audited.  Point of Contact – The interface person of the organization being audited. |
| **Related Documents:** | Auditee QMS documentation in accordance with Audit plan |
| **Review:** | This policy shall be reviewed in accordance with The A Team Auditing management review schedule. |

|  |  |
| --- | --- |
| **Procedure** | |
| **Procedure Title:** | Auditing Procedure |
| **Scope:** | Internal and External Auditing of systems against specified requirements. |
| **Procedure Steps:** | Step 1 – Define Audit Scope, requirements, cost and letter of introduction  Step 2 – Develop Audit Plan including scope, requirements, schedule, resources required, GAP, Checklists and other supporting documents  Step 3 – Training and induction of Audit team  Step 4 – Conduct Audit Entry meeting and finalize scope, location and Auditee availability  Step 5 – Commence Audit activities  Step 6 – Ongoing assessment of Auditors and problems during audit and review deficiencies identified during the audit  Step 7 – Compile and assess audit verification documentation  Step 8 – Compile Draft Audit report and assess Auditor performance  Step 9 – Review and discuss audit queries or clarifications with auditors  Step 10 – Conduct Exit meeting with relevant parties including CAR responses and action plan  Step 11 – Audit review including:   * Audit scope was achieved in a professional and objective manner in within the time constraints of the audit plan * The reporting was compiled in a technically compliant and grammatically acceptable manner * That Risks were identified and categorized in accordance with Risk procedure guidelines * That any conflict between parties have been resolved with minimum impact to the audit process and schedule   Step 12 – Issue Final Report |
| **Policy Statement:** | To provide independent and objective assessment of the system being audited |
| **Non-Conformances:** | To identify breaches in compliance to specified requirements |
| **Key Personnel Responsible:** | Lead Auditor – to provide clear and concise direction in the management of the audit process:  Team Auditor – to provide technically and grammatically correct assessment of the system being audited in a timely manner  Auditee – The person being audited  Point of Contact – The interface person of the organization being audited. |
| **Related Documents:** | Auditee QMS documentation in accordance with Audit Plan |
| **Review:** | This procedure shall be reviewed in accordance with the A Team Auditing management review schedule. |

# Section 5 –Manage Risk

Section 5 describes the requirements for the Unit of Competency, BSBRSK501 Manage Risk. This unit describes skills and knowledge required to manage risks in a range of contexts across an organisation or for a specific business unit or area in any industry setting.

It applies to individuals who are working in positions of authority and are approved to implement change across the organisation, business unit, and program or project area. They may or may not have responsibility for directly supervising others.

Learners are required to meet the following assessment conditions for this Unit of Competency.

Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the regulation, licensing and risk - risk management field of work and include access to:

* relevant legislation, regulations, standards and codes
* relevant workplace documentation and resources
* case studies and, where possible, real situations
* interaction with others

Tick upon completion activities:

|  |  |
| --- | --- |
| **ACTIVITY SUBMISSION** | |
| ☐ | Activity 5.1 Establishing a Risk Management Process |
| ☐ | Activity 5.2(a) Participation of Relevant Parties |
| ☐ | Activity 5.2(b) Researching and Using Tools and Techniques to Generate Risks |

## Activity 5.1Establishing aRisk Management Process

**Instructions to Learners:**

Learners are required to establish, identify, analyse, select and implement treatments for identified risks.

Learners are to refer to the case study; SSS RTO located in the learner’s resource folder and reviews the RTO’s information, establishing areas of risk.

Learners are required to review SSS RTO’s processes, procedures and requirements for undertaking risk management. Upon reviewing SSS RTO’s processes, procedures and requirements, learners are required in the template below, to detail the following:

* Determine the scope for risk management
* Identify internal and external stakeholders and their issues
* Review political, economic, social and technological policy (PEST Analysis)
* Review strengths and weaknesses of existing arrangements (SWOT Analysis)
* Document critical success factors (CFS), goals or objectives, included in the scope
* Required support
* Communicate the risk management process and invite participation with relevant parties

The required documentation to assist learners with this activity is located in the learner’s resource folder.

|  |  |  |
| --- | --- | --- |
| **SSS RTO’s Risk Management Process** | | |
| **Scope** | To complete and external audit on SSS with ISO 9001:2016 Quality Management – Requirements Clause 5 | |
| **Stakeholders** | **Internal** | **External** |
| SSS staff and personnel | The A Team Auditors and if required external auditing consultants |
| **PEST Analysis** | Political – non compliant to ASQA requirements, NSW WHS 2011 act/regulations 2017, (potential) WA legislation and regulation)  Economic – Closure and removal of scope (Qualifications) from ASQA, Lawsuits from employees (bullying and harassment charges), LTI / LTD  Social – Reputational (negative / poor), media exposure  Technological – IT system failure, communication systems failure, not user friendly | |
| **SWOT Analysis** | **Strengths** | **Weaknesses** |
| S – compliant to ASQA standards as current  O – when audit conformance is achieved opportunity to expand into WA, Audit from ASQA | W – loss of business / income, negative reputation  T – Negative social reputation/media |
| **Critical Success Factors (CFS)** | Adhere to advise provided by The A Team Auditing on the audit findings | |
| **Required Support** | As outlined in the welcome email from The A Team Auditing and entry meeting, Jeffrey Pearce and his team are available upon request | |
| **Communication** | Email, Phone | |

## Activity 5.2 Identifying Risks

**Instructions to Learners:**

In Section 5, learners are required to identify risks for SSS RTO. Learners will engage four (4) SSS RTO team members and complete the following:

* Invite relevant parties to assist in the identification of risks
* Research risks that may apply to scope
* Use tools and techniques to generate a list of risks, in consultation with relevant parties

## Activity 5.2(a)Participation of Relevant Parties

**Instructions to Learners:**

Learners are required to review the profile of each SSS RTO team member and select four (4) team members to assist with the identification of risks.

Learners are required to identify each team member to be invited and outline why they chose this team member to be involved in this process.

For each individual, learners are required to briefly describe why they chose the mode of communication they will use to inform and invite each individual to partake in the process.

Learners are required to complete this activity in the template below:

|  |  |
| --- | --- |
| **Team Member 1** | Patricia Prat – Operations Manager |
|  | Oversees operational activities, Authority to make executive decision |
| **Team Member 2** | Henry Hogan – HR Manager |
|  | Major responsibilities for the creation of missing (Major NCR) policies and procedures |
| **Team Member 3** | Steven Sibley – Compliance Manager |
|  | All major non-compliant NCR’s and CAR set against ISO 9001:2016 Quality Management Systems – Requirements Clause 5, and NVR Standards 2015 set out by ASQA |
| **Team Member 4** | Rebecca Right – Office Manager  IT infrastructure and OHS risks to the office |
|  |  |

## Activity 5.2(b) Researching& Using Tools & Techniques to Generate Risks

**Instructions to Learners:**

SSS RTO, has requested you review the identified risks in their Risk Management Register. Upon reviewing the register, you notice there are risks which have not been identified and recorded.

Learners are required to research risks that may apply to the scope for SSS RTO. Learners are required to select two (2) research methods located in the learner guide. Learners are required to outline, why they chose the methods, what research was conducted (this is simulated) and the risks identified from the research in the template below.

Once learners have researched risks, they are required to choose one (1) risk and tool or technique, outlined in the learner guide and develop a systematic approach to prevent, manage or eliminate the risk. Learners are required to complete the activity on a document separate to the workbook and attach for submission with workbook. Ensure this activity is clearly labelled i.e. Learners Name\_Activity 5.2(b)

|  |  |
| --- | --- |
| **Risk Research** | |
| **Method 1** | A SWOT analysis was conducted on SSS RTO which reviewed the strength and weaknesses of the business. This method was chosen to outline the strengths and weaknesses of the organization. Risk registers were reviewed in this instance as well as research conducted to identify trends within the RTO space, those that succeeded and those that failed. Some of the risks identified include:   * Top Management heavy * Ensuring customer feedback forms assessed to allow ongoing improvement * Strong business plan not in place which can allow for easy movement interstate * External factors such as theft which can cost the business time and money to replace * External factors such as natural disasters |
| **Method 2** | A PEST analysis was conducted for SSS RTO which outlines the potential risks within the external environment in the form of identifying political, economic and technological factors. Some of the risks identified for SSS are as follows:   * Planned and unplanned legislation changes could affect the business * Political changes * Customer trends and attitudes * Advertising and brand issues * Technological advances * Innovation and R&D * Local tax and inflation rate changes |

# Section 6 – BSBINM501 Manage an Information or Knowledge Management System

This unit describes the skills and knowledge required to organise training for others for an information or knowledge management system and to manage the use of the system.

It applies to individuals who are responsible for seeing that key information and corporate knowledge are retained, accessible to others and improve business outcomes.

The unit applies to information or knowledge management systems which comprise policies, protocols, procedures and practices to manage information or knowledge within the organisation and among relevant stakeholders.

Learners are required to meet the following assessment conditions for this Unit of Competency.

Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the knowledge management – information management field of work and include access to:

* relevant legislation, regulation, standards and codes
* relevant workplace systems, documentation and resources
* case studies and, where possible, real situations
* interaction with others

Tick upon completion of activities:

|  |  |
| --- | --- |
| **ACTIVITY SUBMISSION** | |
| ☐ | Activity 6.1 Learning Plan for Information Management System |
| ☐ | Activity 6.2 Manage Use of Information Management System |

## Activity 6.1 Learning Plan for Information Management System

**Instructions to Learners:**

During the audit, it was identified that the staff of SSS RTO, were having issues using their information management system.

You and your audit team identified this and you have been asked to provide assistance in organising learning to use the information management system.

Learners are required to develop a plan that will be presented to the Senior Management of SSS RTO. The plan is required to outline the following requirements:

* Identification of learning needs for team members Identification and plan to secure human, financial and physical resources required for the learning
* Outlining a plan for organisation and facilitation of the learning
* Promotion and support of the system within SSS RTO
* Plan on how to monitor and document effectiveness of the learning

Refer to the case study SSS RTO documents located in the learner resource folder to assist with this activity.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SSS RTO Learning plan for information management system** | | | | | | | | | | | |
| **Team Members** | Simon Smith | Patricia Prat | Terry Troutback | Rebecca Right | Henry Hogan | Joan Jolly | Beatrix Botter | | Alison Alwell | Michael Carmichael | Willard Woo |
| **Learning Requirements** | Has access to the SIM |  |  |  |  |  | |  |  |  |  |
| **Outline the plan for the organisation and facilitation of learning** | SSS RTO currently uses an internal computer system known as SIM to complete everyday tasks. It is imperative that all staff are made aware of the system and become proficient in its use.  It would be beneficial for the business to have the original trainers | | | | | | | | | | |
| **Promotion and support of information system** |  | | | | | | | | | | |
| **Monitor and document effectiveness of learning** |  | | | | | | | | | | |

## Activity 6.2 Manage Use of Information Management System

**Instructions to Learners:**

Learners are required to develop a plan on how to manage the use of the information management system. This plan should outline the following:

* Assurance of implementation of correct policy and procedures (compliance, effectiveness, efficiency, implementation issues etc.)
* How to monitor integration and alignment with data and information systems
* Collection of information on achievement of performance measures
* Management of contingencies (system failure, technical difficulties, use of technical specialists, consultants, auditors)
* Analysis of effectiveness of system (strengths and limitations)
* Review of business and operational plan, determining how effective system is contributing to organisations intended outcomes
* Recommendations for improvements to system, policy or work practices

|  |  |
| --- | --- |
| **Management of information management system** | |
| **Required Policy and Procedures:** |  |
| **Monitoring of integration & alignment:** |  |
| **Collection of information on performance:** |  |
| **Management of contingencies:** |  |
| **Effectiveness of system:** |  |
| **Review of business and operational plan:** |  |
| **Recommendations:** |  |

**Congratulations, you have now completed workbook 2.**

