

Example Procedure

INTERNAL AUDIT

1. PURPOSE

The effectiveness of the documented and implemented Quality and Feed Safety Management System shall be monitored and guaranteed by audits. Through the audit the fulfilment to the required specifications and standards is examined and verified. Deviations are stated and can then be eliminated through corrective actions.

2. SCOPE

This procedure is valid for all sections of the Quality and Feed Safety Management System. Each section shall be regularly reviewed to ensure it is operating according to the documented guidelines and is efficient and effective.

Only staff trained as Internal Auditors are to conduct internal audits.

The [insert relevant positions] are directly responsible for this procedure.

3. TERMS & DEFINITIONS

Audit: During the audit the effectiveness of the Management and Quality System or parts of it (processes) is controlled and assessed through trained auditors. The sense of an audit is the investigation of the actual state, whereas deviations to the target state are determined. The audit is an instrument for permanent improvement.

Internal audit: Internal audits are arranged as an act of self-evaluation. This is a determination without questioning the general effectiveness, it only serves as improvement.

Deviation: This is a determination, which is inconsistent with an effective Management and Quality System. During an external audit a deviation can lead to the loss or non-achievement of the quality certificate.

Corrective actions: Determined improvements to the Management and Quality System, which are e.g. recognised through an external audit, can be eliminated through corrective actions.

Exemplar Global: Certification authority for external auditors.

4. PROCESS

4.1 AUDIT PLANNING

Qualification of the auditors

External: All external people with an appropriate certificate of competence as an auditor, such as Exemplar Global.

Internal: All employees that are listed in the Register of Auditors can be appointed as auditors.

NB: The registration in the Register of Auditors takes place through the Quality Manager after an internal or external training with a certified auditor or recognised training provider.

4.2 INTERNAL AUDIT SCHEDULING

Each section of the Management and Quality System department is, at least once a year, the subject of an internal audit against the relevant documented processes. For that purpose an internal audit schedule is drafted on an annual basis by the Management Committee. The form for the internal audit schedule includes following:

- Function/product/process, which have to be audited
- Audit date
- Auditors

4.3 DETAILED AUDIT PLANNING

Appropriate to the internal audit schedule a detailed planning has to take place at least two weeks before the audit.

Results of earlier audits, an increase of complaints or extensive organizational changes can cause additional audits.

The detailed planning is completed with following aspects:

- audit date (day, time)
- place of the audit (meeting point)
- auditors (audit team)
- section/person to be audited

The intended auditors must be hierarchically independent from the audited persons.

The audit detailed planning is distributed to the audited persons and auditors.

4.4 AUDIT IMPLEMENTATION

The internal audit shall be arranged as a briefing and motivate process owners and employees to work on an active Management and Quality System.

The introductory conversation has to be seen as information about scope and targets of the following audit. With the help of an audit checklist, which has to be arranged by the QM, the functions of the audited persons have to be questioned. The auditor or the audit team (consisting of at least two auditors) make sure that the planned measures have actually taken place and that the intended purpose can be reached.

Significant mistakes or nonconformities are noted, analysed and documented.

All conclusions (comments and deviations) shall be documented by the auditor.

The results of the audit must be discussed with the **Chief Operating Officer and the Management committee**.

The purpose of this conversation is to explain the audit conclusions to the management of the audited department in a way to make sure that the results of the audit are clearly understood.

4.5 AUDIT REPORT

The result of the audit is recorded. Established deficiencies and potential weak points, which have to be corrected, are recorded within the audit report. The audit report contains also an entire valuation. The audited departments are informed about the audit results and have to take the necessary steps to remove the weak points. The effectiveness of the measures is controlled within a given period of time; if necessary a post-audit is implemented.

Audit reports are documented in the "To Do Database" and distributed to the audited persons. Management Committee is responsible for review and corrective actions that result from the audit.



4.6 CORRECTIVE ACTIONS

Corrective actions for the elimination of deficiencies are initiated and monitored for all audit determinations by the auditor.

The Internal Audit Report shall include all deficiencies, weak points and areas of improvement.

The Management Committee shall review all submitted internal audit reports on a quarterly basis and shall action the required corrective actions.

The Management Committee shall review all Corrective Action reports on a quarterly basis and is responsible for timely close out of required corrective actions.

5. DOCUMENTATION & RECORDS

The following records shall be maintained to assure this program was conducted according to the Quality Policy.

- Internal Audit Reports
- Internal Audit Schedule
- Non-Conformance Reports
- CAPA Reports
- Management Review

6. DOCUMENT HISTORY

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