



Section Operating Procedure

ISO 9001 – ASQ Pittsburgh Section

Document #:

ASQPS-004

Rev.:

1

Title:

Internal Audits

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REVISION HISTORY

Rev	Description of Change	Author	Effective Date
0	Original Development	RLD	5/21/06
1	Fitted to Section Template	Doug Hagy	02/04/07

REFERENCE DOCUMENTS


Document Number	Document Title
ASQPS-000	ASQ Pittsburgh Section Quality Manual
ASQPS-005	Nonconformances, Corrective Actions, and Preventative Action

1. Purpose

This procedure describes the system for planning and conducting internal quality audits for ASQ Pittsburgh Section to verify the implementation and effectiveness of the quality system.

2. Definitions and Acronyms

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|-----|-------------|---|
| 2.1 | Author | Person designated to create or revise a document or Quality System data. |
| 2.2 | Data | Quality System information used to control the process that affects the final product (e.g. reference values, benchmarks). |
| 2.3 | Document | Quality System procedure, work instruction, manual, or associated form which is used to control the processes that affect the quality of the final product. |
| 2.4 | Master List | List which identifies the Quality System documents and data and includes current revision status. This list can be found at...
http://http://www.asqpggh.org/proced.html . |

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3. Lead Auditor

The Lead Auditor to conduct this audit is approved by the ASQ Pittsburgh Section Chair and subject to approval by the ASQ Pittsburgh Section Board. Approval is documented in the meeting minutes. This position requires the individual to be a Certified Quality Auditor (CQA), and may not be a member of the ASQ Board.

4. Audit Team

The Lead Auditor may appoint Team Auditors, if needed, who must also be Certified Quality Auditors (CQA).

5. Audit Schedule

An annual audit is scheduled and conducted by the Lead Auditor, according to the process defined in the Quality Manual. Additional audits may be conducted based on the status and importance of the activity or complaints or nonconformances.

6. Audit Report

Upon completion of the audit, a formal audit report is prepared within 15 days. The Lead Auditor is responsible for preparing the report; which includes the description of areas audited and a summary of observations and findings.

At a minimum, the report and any follow-up are presented at the next appropriate ASQ Board Meeting.

7. Audit Response/Corrective Action

The Process Owner (or designee) of the audited area reviews the report, determines and schedules corrective action and formally responds to the audit report in accordance with ASQPS-005 (Nonconformances, Corrective Actions, and Preventative Action) The response is made within 30 days of the audit report date.

The Lead Auditor schedules and arranges for a follow-up audit as required, to verify the implementation and effectiveness of the corrective action taken.

Corrective/Preventive actions are reviewed at ASQ Board Meetings as per ASQPS-005 (Nonconformances, Corrective Actions, and Preventative Action)

8. Records

Records of internal quality audits are maintained in accordance with the ASQPS-000 (ASQ Pittsburgh Section Quality Manual)