

SARAWAK ECONOMIC DEVELOPMENT CORPORATION

QUALITY PROCEDURE

INTERNAL QUALITY AUDIT

DOCUMENT NO.: QP-SEDC-23

CONTROLLED COPY

	PREPARED BY:	APPROVED BY:
SIGNATURE	MJ -elm	lolber
NAME	Muriyadi Haji Basri	Haji Abdul Hadi Datuk Haji Abdul Kadir
DESIGNATION	Acting Director, Innovation & Quality Division	General Manager, SEDC
DATE	5 February 2020	5 February 2020

ISSUED TO		IQD	
REVISION NO.	1	DATE	5 February 2020



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1. OBJECTIVE

This procedure is to provide guidelines to ensure Internal Quality Audit is performed effectively, professionally, and able to meet SEDC QMS requirements.

2. SCOPE

This procedure is applicable when performing Internal Quality Audit of SEDC QMS.

3. DEFINITION

- a) Non Conformance
- Not complying to the requirements of the quality management system.
- b) Quality Management Review Committee (QMR)
- Committee responsible to review and assess the effectiveness of SEDC's Quality Management System. This committee is chaired by General Manager (GM), and its other members consists of Quality Management Representative (MR), and Deputy Quality Management Representative (DMR).
- c) Audit Team
- Qualified Personnel appointed by Chairman of QMR to carry out Internal Quality Audit to assess the effectiveness of the Quality Management System.

4. ABBREVIATIONS

GM - General Manager

MR - Quality Management Representative
LA(IQA) - Lead Auditor (Internal Quality Audit)
AT(IQA) - Audit Team (Internal Quality Audit)
QMS - Quality Management System

IQA - Internal Quality Audit
NCR - Non Conformity Report

QMR - Quality Management Review Committee

5. QUALITY RECORD

ATTACHMENT	TYPE	RETENTION	LOCATION
1	Notice of IQA	5 Years	IQD
2	Audit Checklist	5 Years	IQD
3	Non Conformance Report (NCR)	5 Years	IQD
-	Annual Internal Quality Audit Plan	5 Years	IQD
-	Internal Quality Audit Report	5 Years	IQD
-	Follow-Up Audit Report	5 Years	IQD
-	QMR Minutes	5 Years	IQD



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Internal Quality Audit (IQA) to be carried out at least once a year

Quality Record Responsibility AUDIT PLANNING Prepare Annual IQA Plan/Schedule, MR Annual Internal Quality Audit to include the following: Plan a) Date, venue, & audit time Audit Team Processes & Divisions to be audited Present IQA Schedule together with Name List of Audit Team to Chairman (QMR) for approval Approved? No GM Yes 🔻 Issue appointment letter to LA(IQA) & AT(IQA) (d \mathbf{v} MR R Inform party to be audited using (0) Notice of IQA on the IQA Plan Attachment 1: (C) MR Notice for IQA E Submit IQA schedule to the AT(IQA) & request them to audit according to the MR schedule Prepare Audit Checklist LA(IQA) / AT(IQA) Attachment 2: Audit Checklist **OPENING MEETING** Conduct Opening Meeting with the auditees and auditors to brief on the LA(IQA) / AT(IQA) following:-Confirm IQA scope & objective Date & duration of IQA Audit Team Processes to be audited Responsibility of Auditors Closing Meeting Explain report system of non conformance Cooperation / facility needed Others Α



PROCESS OUTPUT:

NCR Closed

REFERENCE DOCUMENTATION:

- QP-SEDC-24 (Corrective Action)
- QP-SEDC-25 (Management Review)



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IN-	• Int	ernal Quality Audit (IQA) to be ca	arried out at least once a year		
PUT					O. olika Donasal
		(A)		Responsibility	Quality Record
		AUDIT EXECUTION		LA(IQA) / AT(IQA)	Attachment 3:
-		w actual actions carried out st QMS requirements/ processes			Non Conformity Report (NCR)
	as in 0	QP and agreed on NC (if any).			
	and co	rd Non-compliance into NCR forn ompile.	1		
	c) Revie	w audit findings with MR			
		+		LA(IQA) / AT(IQA)	
	Conduct	CLOSING MEETING t Closing Meeting after the audit			
	exec	ution for following purposes:			
	b) Agree	n on audit findings e on NCR by the auditee			
		e on deadline for corrective n proposals			
PR	d) Subm	nit NCR to auditee			
Ó		+	<i>/</i>	LA(IQA)	Internal Quality Audit Report
G E		AUDIT REPORTING Prepare IQA Report			,
∣°S.	- Propost	↓ IQA Report to MR, together with)]		
S		ory & number of NCR raised		LA(IQA)	
	Receiv	ve IQA Report & follow-up on		MD	
		greed action to be taken		MR	
	F	OLLOW-UP AUDITING		LA(IQA) / AT(IQA)	Follow-Up Audit Report
		n follow-up audit to cover the following items:			
		y the effectiveness of corrective			
	b) Close	n taken e NCR if action had been taken			
	subm	are Follow-Up Audit Report & nit to MR			
T.		nit completed Audit Checklist to Secretariat for record purposes			
F					
		, l			
		В			

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PROCESS OUTPUT:

• NCR Closed

- REFERENCE DOCUMENTATION:

 QP-SEDC-24 (Corrective Action)

 QP-SEDC-25 (Management Review)



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Internal Quality Audit (IQA) to be carried out at least once a year

Receive Follow-Up Audit Report & confirm the corrective action taken and close the Audit finding (if applicable)

Table Report to QMR Meeting Reference: QP-SEDC-25 (Quality Management Review)

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Instruct auditee on corrective action to be implemented according to the QMR meeting decision (if any)
Reference: QP-SEDC-24 (Corrective Action)

File all IQA related records

Responsibility

Quality Record

MR

QMR Minutes MR

MR

MR

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PROCESS OUTPUT:

NCR Closed

REFERENCE DOCUMENTATION:

- QP-SEDC-24 (Corrective Action)
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	REVISION HISTORY SHEET
Rev.	Document History
No.	Newly established.
1.	Cover Page - Change of General Manager's name and Acting Director's name
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ISO 9001:2015 QUALITY MANAGEMENT SYSTEM

NOTICE OF INTERNAL QUALITY AUDIT (IQA)

rom : (MR))	IQA Reference No:	
o: (Audite	e)		
nis notice s	erves to inform you	that an IQA will be conducted at your Division as follows	3.
		·	
Date	Time	Quality Procedure	
cope of A	udit :		
Signature)			
			
ated:			
ору То :	(Audit Team)		

PPES:Q/IQA-AC/09/04(Rev.02-11)

	ISO 9001:2015	
	AUDIT CHECKLIS	•
AUDIT CHECKLIST	PROCEDURE :	AUDITOR:
AUDIT CHECKLIST	DOCUMENT NO.:	AUDIT LOCATION:
AUDIT CHECKLIST		DATE OF AUDIT:

Š.	No. Requirements	Specification	Observations / Findings	Evidence

ATTACHMENT 3

PPES:Q/IQA-NCR/09/06(Rev.02-11)

ISO 9001: 2015 QMS NON CONFORMITY REPORT (NCR)	NCR No:	of S · E · D · C sarawak	
DIVISION		Quality Procedure No.	
AUDITEE	Date of Audit:		
AUDITOR	Date of Maria		
1. DESCRIPTION OF THE NONCONFORMITY			
Auditee: (Name & Signature)		Auditor: (Name & Signature)	
3. PROPOSED CORRECTIVE ACTION (To be completed by a	auditee and agreed with	h auditor)	
Auditee : (Name & Signature) (Divisional Director)		Proposed Implementation date:	
4. REVIEW OF CORRECTIVE ACTION IMPLEMENTATION	(Auditor or representat	ive must verify the corrective action taken)	
Auditor: (Name & Signature)		Review Date:	
Checked By : (Quality Management Representative	e)	Dated:	