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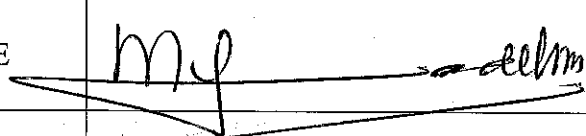
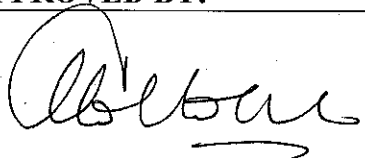
SARAWAK ECONOMIC DEVELOPMENT CORPORATION

# QUALITY PROCEDURE

INTERNAL QUALITY AUDIT

DOCUMENT NO.: QP-SEDC-23

CONTROLLED COPY

	PREPARED BY:	APPROVED BY:
SIGNATURE		
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



<b>QUALITY PROCEDURE</b>			
<b>TITLE</b>	<b>INTERNAL QUALITY AUDIT</b>		
<b>DOCUMENT NO.</b>	QP-SEDC-23		
<b>REVISION</b>	1	<b>PAGE</b>	2 of 6

**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

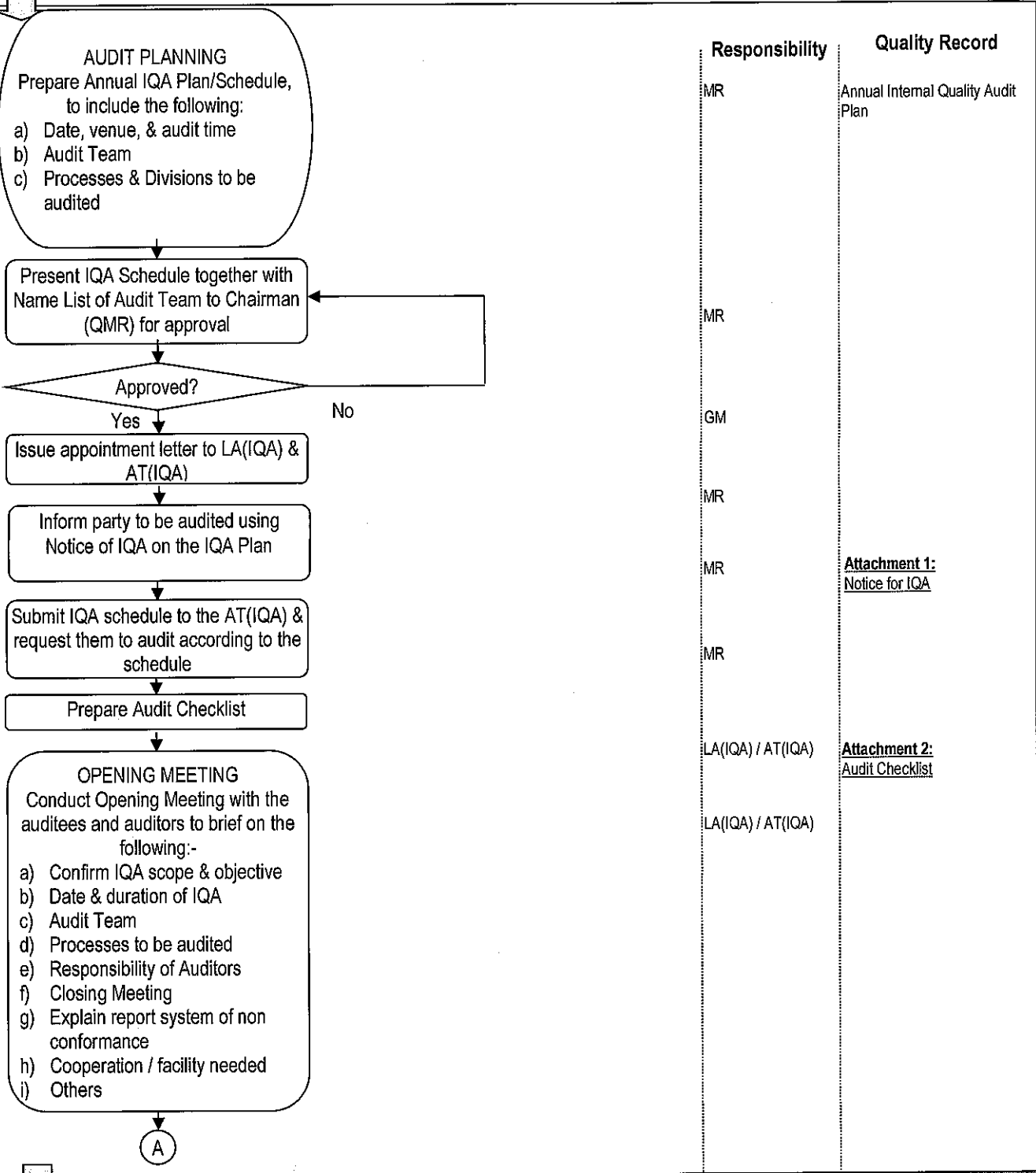


QUALITY PROCEDURE			
TITLE	INTERNAL QUALITY AUDIT		
DOCUMENT NO.	QP-SEDC-23		
REVISION	1	PAGE	3 of 6

INPUT

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

PROCESS



Responsibility	Quality Record
MR	Annual Internal Quality Audit Plan
MR	
GM	
MR	
MR	<u>Attachment 1:</u> Notice for IQA
MR	
LA(IQA) / AT(IQA)	<u>Attachment 2:</u> Audit Checklist
LA(IQA) / AT(IQA)	

OUTPUT

**PROCESS OUTPUT:**

- NCR Closed

**REFERENCE DOCUMENTATION:**

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

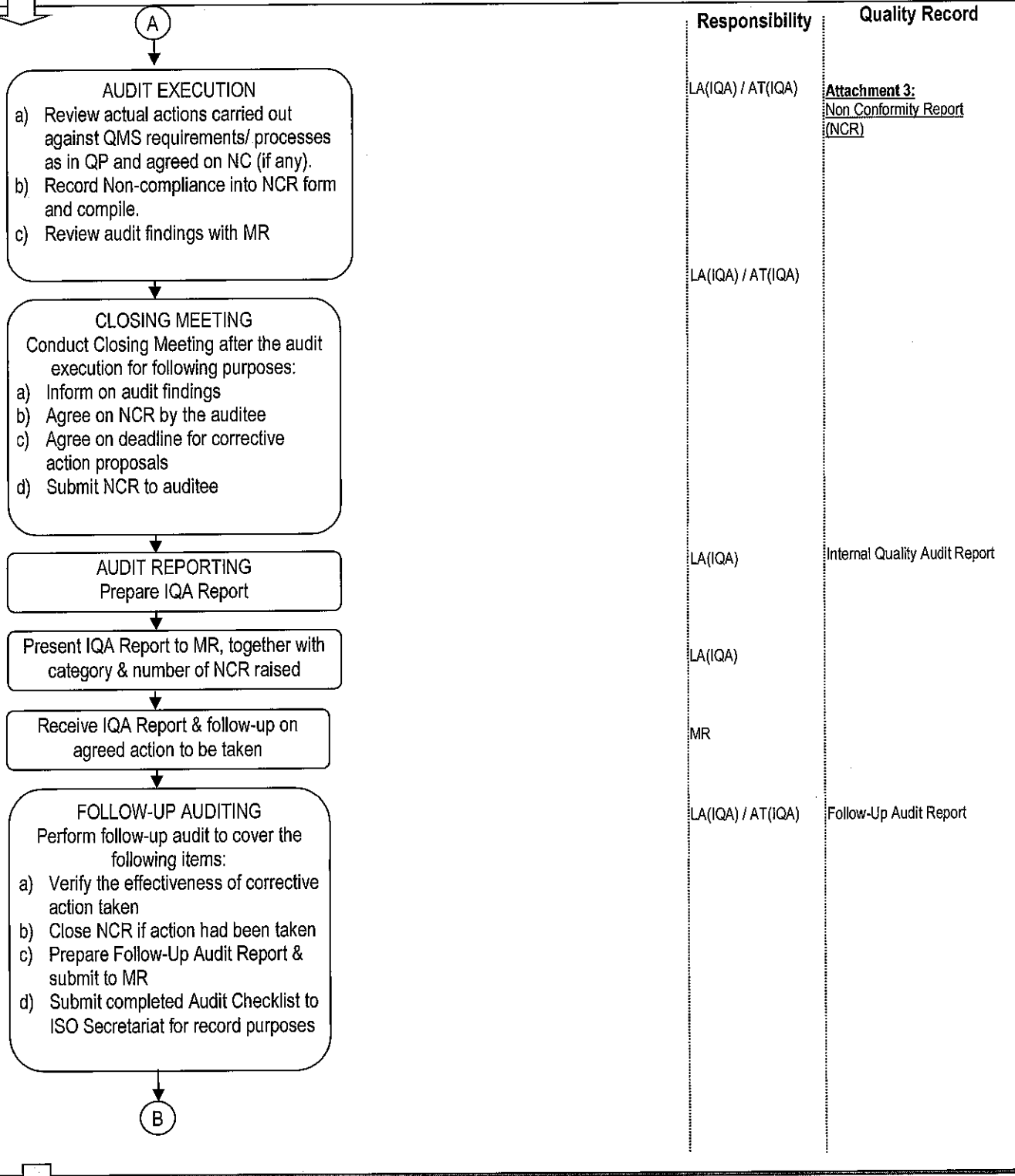


QUALITY PROCEDURE			
TITLE	INTERNAL QUALITY AUDIT		
DOCUMENT NO.	QP-SEDC-23		
REVISION	1	PAGE	4 of 6

IN-PUT

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

P R O C E S S



O U T P U T

**PROCESS OUTPUT:**

- NCR Closed

**REFERENCE DOCUMENTATION:**

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

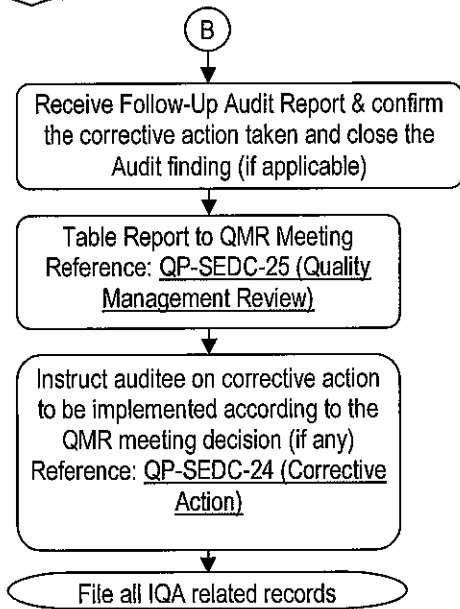


QUALITY PROCEDURE			
TITLE	INTERNAL QUALITY AUDIT		
DOCUMENT NO.	QP-SEDC-23		
REVISION	1	PAGE	5 of 6

INPUT

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

PROCESS



Responsibility	Quality Record
MR	
MR	QMR Minutes
MR	
MR	

OUTPUT

**PROCESS OUTPUT:**

- NCR Closed

**REFERENCE DOCUMENTATION:**

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



<b>QUALITY PROCEDURE</b>			
<b>TITLE</b>	INTERNAL QUALITY AUDIT		
<b>DOCUMENT NO.</b>	QP-SEDC-23		
<b>REVISION</b>	1	<b>PAGE</b>	6 of 6

## REVISION HISTORY SHEET

Rev. No.	Document History
0	Newly established.
1.	<ul style="list-style-type: none"><li>• Cover Page - Change of General Manager's name and Acting Director's name</li></ul>



**ISO 9001:2015**  
**QUALITY MANAGEMENT SYSTEM**  
**NOTICE OF INTERNAL QUALITY AUDIT (IQA)**

**From : (MR)**

**IQA Reference No:.....**

**To: (Auditee)**

This notice serves to inform you that an IQA will be conducted at your Division as follows:

Date	Time	Quality Procedure

**Scope of Audit :**

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**(Signature)**

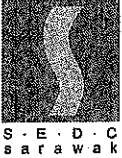
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**Dated:**

**Copy To : (Audit Team )**





<b>ISO 9001: 2015 QMS NON CONFORMITY REPORT (NCR)</b>		NCR No: .....of .....	
		Category: Major <input type="checkbox"/>	<input type="checkbox"/>
		Minor <input type="checkbox"/>	<input type="checkbox"/>
		AFI <input type="checkbox"/>	<input type="checkbox"/>
		 S · E · D · C s a r a w a k	
DIVISION		Quality Procedure No.	
AUDITEE		Date of Audit:	
AUDITOR			
1. DESCRIPTION OF THE NONCONFORMITY			
Auditee: (Name & Signature)		Auditor: (Name & Signature)	
2. ROOT CAUSE <i>(To be completed by auditee and agreed with auditor)</i>			
3. PROPOSED CORRECTIVE ACTION <i>(To be completed by auditee and agreed with auditor)</i>			
Auditee : (Name & Signature) (Divisional Director)		Proposed Implementation date:	
4. REVIEW OF CORRECTIVE ACTION IMPLEMENTATION <i>(Auditor or representative must verify the corrective action taken)</i>			
Auditor: (Name & Signature)		Review Date:	
Checked By : _____  (Quality Management Representative)		Dated:	