MEMUN9-2017-RRA-RPT

**CONFIDENTIAL**

# MANAGEMENT SYSTEM (MS) AUDIT REPORT
# For
# Memorial University Technical Services

DATE OF AUDIT: February 20 – 23, 2017

DATE OF REPORT: June 19, 2017

AUDIT CRITERIA: **ISO 9001:2015**
APPLICABLE DOCUMENTS:
MS Documents (Manual, Procedure, Work Instruction, Forms)
QUASAR Audit Documents

AUDIT TYPE: Re-registration

SCOPE OF THE MANAGEMENT SYSTEM: The scope of this quality management system applies to the Department of Technical Services, and all its associated facilities distributed throughout Memorial University. It also includes all activities performed by Technical Services to fulfill our mandate to provide technical support to the various departments within the university. As part of this it will include all equipment and personnel both directly and indirectly providing service to our clients. As part of Memorial University, we are required to operate within policy and procedures as set forth by the University Administrative Department. These policies and procedures are established by the Office of the President and the Board of Regents and apply to all Department and employees. Due to the nature of the services provided by Technical Services all sections of the Standard apply to our operations.

**SITES:** (* - visited at this audit):

| * | # of Employees | Address |
|---|---|---|
| * | 69 | Technical Services, Memorial University<br>253 Prince Philip Drive, St. John's, NL A1B 3X7 |

AUDIT TEAM: Lead Auditor: Ray Kavanagh
Auditor: N/A

MANAGEMENT REPRESENTATIVE: Richard Meaney, Director (Top Manager of Technical Services)
James Titford, Manager Finance, Administration & Quality

LANGUAGE OF AUDIT: English

LANGUAGE OF DOCUMENTATION: English

CONFIDENTIALITY: QUASAR ensures that client information will be maintained in confidence.

SIGNATURE OF LEAD AUDITOR: *Ray Kavanagh*



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## CONCLUSIONS

Upon QUASAR's review and acceptance of Memorial University Technical Service's dispositions and corrective actions to the Nonconformity Report (NCR), I will recommend continued registration to **ISO 9001:2015**

With regards to the AUDIT OBJECTIVES, the MS has demonstrated:

| | | |
|---|---|---|
| a) | Conformity to the AUDIT CRITERIA. | No |
| b) | The ability to meet applicable statutory, regulatory and contractual requirements. | Yes |
| c) | Effectiveness of the MS to ensure that specified objectives are met. | Yes |

## AUDITOR COMMENTS

The transition of the Technical Services Management System to ISO 9001:2015 was successful with one exception. The internal audit failed to meet the requirements of Element 9.2.2 of ISO 9001:2015 regarding 9.2.2 (a) Planned, established and maintained an audit programme(s) that include frequency, methods, responsibilities, and requirements for planning and reporting. This resulted in a Major Nonconformity and a resultant hold on the processing of the registration audit file until an acceptable disposition and corrective action was implemented. This has been completed and the nonconformity is closed subject to QUASAR's acceptance of the corrective action.

The nonconformity was not representative of the overall integrity of the MS regarding the transition to ISO 9001:2015. The various departments of Technical Services were found to be somewhat effective regarding achieving objectives. Greater emphasis on the development and implementation of an upfront plan to achieve objectives would strengthen the process of establishing and measuring objectives.

The MS at the executive and managerial levels was found to be effective in the identification of risks and opportunities. Developing the concept of risk based thinking throughout the employees of the various departments would b a valuable professional development initiative and should be implemented without delay.

Technical Services has decided to maintain its documented procedures for the immediate future at least and the focus on identification and corrective action to nonconformities continues to be effective to ensure that no nonconforming product is not released to internal or external customers. The process of controlling nonconforming product includes reporting to management of nonconformities and corrective actions.

A continual improvement log is maintained.to track activities planned to improve the MS.

The Director and the Quality Manager are committed to following up on internal audit findings. The disposition and corrective action to the nonconformity during the RRA has been review and found acceptable and as noted previously is closed by the Lead Auditor subject to acceptance by QUASAR. Since the original registration to ISO 9001:2008 the MS has had the active and effective support of the Director and the Quality Manager and all Managers and staff through Technical Services.

Keep up the good work and strive to achieve maximum value from the internal audits and other continual improvement tool in the MS. I wish you every success.

| **Tentative date for the next audit:** | **Next audit type:** | **Date of expiry on the current certificate:** |
|---|---|---|
| February 2018 | Surveillance Audit One (SA1) | February 2, 2017 |
| Re-Registration audits should be booked eight to six weeks prior to the date of expiration. | | |

**Planned requirements / processes to be audited according to ISO 9001**

| Requirements | 4 | 5 | 6 | 7.1 | 7.2 | 7.3 | 7.4 | 7.5 | 8.1 | 8.2 | 8.3 | 8.4 | 8.5 | 8.6 | 8.7 | 9.1 | 9.2 | 9.3 | 10.1 | 10.2 | 10.3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ST 2 / Re-Reg.** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| 1st Surveillance | X | X | X | | | | | X | X | X | X | X | | | | X | X | X | X | X | |
| 2nd Surveillance | | X | X | X | X | X | X | | | | | | X | X | X | | X | X | | X | X |

## NONCONFORMITIES

| # of Minor: | # of Major: | Target response date: | Follow-up audit required: |
|---|---|---|---|
| **0** | 1 | Within 90 days | No |
| Please ensure that you include responses for Disposition/Correction(s), Cause(s) and Corrective Action(s). | | | |

## OPPORTUNITIES FOR IMPROVEMENT

| Clause # | OIs are opportunities for improvement to the management system and an opportunity for QUASAR to contribute to our productive partnership. OI's are generic in nature and are not intended to be specific / prescriptive advice. |
|---|---|
| 4.3 | Inclusion of specific information in Scope on services such as mechanical, electrical, glass blowing etc. |
| 4.4 | Fine tuning of description of Management System in terms of processes in accordance with the Standard |
| 5.2 | Completion of process to sign, frame and post copy of Quality Policy |
| 5.2 | Inclusion of examples of priorities in Quality Policy |
| 6.2 | Consider use of key performance indicators (KPIs) to establish objectives with plan for achievement of objectives and criteria for measurement |
| 6.3 | Inclusion of 'purpose of change' in planning of changes in QMS documentation |
| 7.1.1 | Top Manager's delegation of authority to support management system maintenance to be subject to statement 'in accordance with the authority delegated by the Top Manager' |
| 7.2 | Consider 'lunch and learn' sessions with employees on the 7 principles of quality management to increase 'organizational knowledge' |
| 7.4 | Provision of training in 'risk based thinking' to employees |
| 8.4.1 | Development and implementation of criteria to evaluate and select critical supplies |

| ISO 9001:2015 AUDIT SUMMARY | | | EVALUATION | | | | |
|---|---|---|---|---|---|---|---|
| | **ELEMENTS** | **NCR#** | **S** | **OI** | **MI** | **MA** | **NA** |
| **1. SCOPE** | | | | | | | |
| **1** | Scope | | X | | | | |
| **4. CONTEXT OF THE ORGANIZATION** | | | | | | | |
| **4.1** | Understanding the organization and its context | | X | | | | |
| **4.2** | Understanding the needs and expectations of interested parties | | X | | | | |
| **4.3** | Determining the scope of the quality management system | | X | X | | | |
| **4.4** | Quality management system and its processes | | X | X | | | |
| **5. LEADERSHIP** | | | | | | | |
| **5.1** | Leadership and commitment; Customer focus | | X | | | | |
| **5.2** | Quality policy | | X | xx | | | |
| **5.3** | Organizational roles, responsibilities, and authorities | | X | | | | |
| **6. PLANNING FOR THE QUALITY MANAGEMENT SYSTEM** | | | | | | | |
| **6.1** | Actions to address risks and opportunities | | X | | | | |
| **6.2** | Quality objectives and planning to achieve them | | X | | | | |
| **6.3** | Planning of changes | | X | X | | | |
| **7. SUPPORT** | | | | | | | |
| **7.1.1** | Resources - General | | X | X | | | |
| **7.1.2** | People | | X | | | | |
| **7.1.3** | Infrastructure | | X | | | | |
| **7.1.4** | Environment for operation of processes | | X | | | | |
| **7.1.5** | Monitoring and measuring resources | | X | | | | |
| **7.1.6** | Organizational knowledge | | X | | | | |
| **7.2** | Competence | | X | X | | | |
| **7.3** | Awareness | | X | | | | |
| **7.4** | Communication | | X | X | | | |
| **7.5** | Documented information | | X | | | | |
| **8. OPERATION** | | | | | | | |
| **8.1** | Operational planning and control | | X | | | | |
| **8.2** | Requirements for products and services | | X | | | | |
| **8.3** | Design and development of products and services | | X | | | | |
| **8.4** | Control of externally provided products and services | | X | X | | | |
| **8.5** | Product and service provision | | X | | | | |
| **8.6** | Release of products and services | | X | | | | |
| **8.7** | Control of nonconforming outputs | | X | | | | |
| **9. PERFORMANCE EVALUATION** | | | | | | | |
| **9.1.1** | Monitoring, measurement, analysis and evaluation - General | | X | | | | |
| **9.1.2** | Customer satisfaction | | X | | | | |
| **9.1.3** | Analysis and evaluation | | X | | | | |
| **9.2** | Internal audit | MA NCR 001 | | | | X | |
| **9.3** | Management review | | X | | | | |
| **10. IMPROVEMENT** | | | | | | | |
| **10.1** | General | | X | | | | |
| **10.2** | Nonconformity and corrective action | | X | | | | |
| **10.3** | Continual improvement | | X | | | | |

**EVALUATION CODE:**
**S**=Satisfactory: **OI**=Opportunity for Improvement; **MI**=Minor Nonconformity; **MA**=Major Nonconformity; **N/A**=Not Applicable