

INTERNAL AUDIT CHECKLIST

Department Audited: _____ Audit Number: _____ Audit Date: _____

Audit Team Members: _____

Section I

Step – 1 Upon receiving the audit assignment from the CMCSS PRM Office contact the assigned department representative to schedule audit time(s) to meet with the department leadership. In the space provided below record the information.

Department Contact Information	Name _____ Title _____				
Meeting information	Date	Time	Location	Bldg.	Room #

Step – 2 When scheduling the audit time with the department representative, request a copy of the department's organizational chart (may be on the web) and measurable objectives (PRM-M001, Attachment B).

Step – 3 Prior to performing the audit locate the department's documentation located on the CMCSS website <http://www.cmcss.net/iso/main.asp>

- Choose which document(s) you plan on auditing, record the document number, title, and date in the space provided below.

Document Number:	Document Title:	Document Date:	Revision:

- Does the documentation you have chosen to audit contain the elements as prescribed by ISO 9001:2000 4.2.3?
 - Response and objective evidence:
 - Yes No (issue a corrective action request) Opportunity for Improvement

- During the audit, review the chosen procedures with the appropriate staff member. Have them walk you through the procedure/process. Record staff members name(s) in section 3, page 10 of 12.

Step – 4 Review the measurable objectives (PRM-M001, Attachment B). (Refer to section 2, question 3, page 3 of 12)

Step – 5 Review the organizational chart and define the area(s) of Senior Leadership Team (SLT), Management/Supervisor, and Staff within the scope of audit that you would like to examine. Record the names of the leadership under Step 8, page 2 of 12, and record the names of the management under Step 9, page 2 of 12. During the course of the audit, randomly select three staff members, record their names in Section 3, page 11 of 12, and ask each staff member questions 22.1 through 22.5.

Step – 6 Review the department's previous audits, both internal and external. (These files are located in the PRM office) N/A

- Were there any prior opportunities for improvement or nonconformances found?
 - Yes No

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- If yes, during the audit verify if there is evidence the department has taken action to correct the opportunity for improvement (OFI) and/or non-conformance (N-C)?
 - Response and objective evidence:
 - Yes No (issue a corrective action request) Opportunity for Improvement

Step – 7 There are three areas in the organization that must be examined, Leadership (L1), Management/Supervisor (M2), and Staff (S3).

Step – 8 All 21 questions provided in this checklist, must be asked of the Leadership (L1). Record name(s) of the leadership representative you spoke with in the space provided.

Leadership Name:	Title:
Leadership Name:	Title:

NOTE: Inform the leadership representative of the area(s) you plan on visiting during the audit and request to meet with the appropriate manager/supervisor(s).

Step – 9 Management/Supervisor (M2) **must be asked questions 1-5.** In addition, you may select any of the remaining questions in this checklist. Ensure there is sufficient evidence of communication and information flow among Leadership (L1) and Management/Supervisor (M2).

Management/Supervisor Name:	Title:
Management/Supervisor Name:	Title:

NOTE: Inform the manager/supervisor of the areas you plan on visiting during the audit and request to meet with the appropriate staff member(s) who can walk you through the procedures/process you have chosen to audit. Record staff names and their responses on page 11 and 10 of 12.

Step - 10 Upon completion of the audit, if you have not completed the Audit Summary, inform L1 representative that the audit summary will be provided to them within 2-3 business days. In addition, conduct a closing meeting with leadership and provide feedback concerning the audit.

Step – 11 Upon completion of the audit summary provide the original to the PRM Coordinator, and a copy to the department leadership.

L1 = SLT M2 = Management/Supervisor S3 = Staff Y = Yes N = No OFI = Opportunity for Improvement N-C = Non-Conformance

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Section 2

1. Organizational Chart (ISO 5.5.1)					
1.1	L1	Y	OFI	N-C	Is the department's organizational chart current? (Check date)
	M2	Y	OFI	N-C	
1.2	L1	Y	OFI	N-C	Do all staff members have access to, and can they locate the organizational chart?
	M2	Y	OFI	N-C	
Notes:					

2. Mission Statement (ISO 5.3)					
2.1	L1	Y	OFI	N-C	During the course of the audit, request a copy of the department's mission statements/ goals. (District, department, quality policy)
	M2	Y	OFI	N-C	
2.2	L1	Y	OFI	N-C	Can department representative articulate what role their department fulfills in carrying out the districts mission?
	M2	Y	OFI	N-C	
2.3	L1	Y	OFI	N-C	Do all staff members have access to, and can they locate the aforementioned information?
	M2	Y	OFI	N-C	
2.4	L1	Y	OFI	N-C	Ask department representative if all staff members can articulate how they contribute to the mission of the district?
	M2	Y	OFI	N-C	
Notes:					

3. Measurable Objectives (ISO 5.4.1)					
3.1	L1	Y	OFI	N-C	Was there evidence of measurable objectives?
	M2	Y	OFI	N-C	
3.2	L1	Y	OFI	N-C	If yes, what results did the measurable objectives produce? <ul style="list-style-type: none"> Can the department representative articulate where they currently are? (baseline)
	M2	Y	OFI	N-C	
3.3	L1	Y	OFI	N-C	<ul style="list-style-type: none"> Does the department representative know where they want to be? (percentage of increase)
	M2	Y	OFI	N-C	
3.4	L1	Y	OFI	N-C	<ul style="list-style-type: none"> Does the department representative know if they are meeting their objectives? (demonstrate)
	M2	Y	OFI	N-C	
3.5	L1	Y	OFI	N-C	<ul style="list-style-type: none"> If they are not meeting their objectives, can they describe why, and their plan to change the results?
	M2	Y	OFI	N-C	
3.6	L1	Y	N	OFI	<ul style="list-style-type: none"> Aside from being written, are the measurable objectives presented in a graphical format?
	M2	Y	N	OFI	
3.7	L1	Y	OFI	N-C	<ul style="list-style-type: none"> Does the department have an action plan for achieving the measurable objectives?
	M2	Y	OFI	N-C	
3.8	L1	Y	OFI	N-C	<ul style="list-style-type: none"> Does management communicate measurable objectives of the department to all staff members?
	M2	Y	OFI	N-C	
3.9	L1	Y	OFI	N-C	<ul style="list-style-type: none"> Are staff members able to articulate department measurable objectives and their part in accomplishing those objectives?
	M2	Y	OFI	N-C	
Notes:					

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4. Meeting Minutes (ISO 5.1)					
4.1	L1	Y	OFI		During the course of the audit, request copies of staff meeting minutes.
	M2	Y	OFI		
4.2	L1	Y	OFI		Is there evidence that staff meetings are being held and meeting minutes are being maintained?
	M2	Y	OFI		
4.3	L1	Y	OFI		Is there evidence that meeting minutes included employee suggestions, preventive/corrective actions, and continual improvement objectives?
	M2	Y	OFI		
Notes:					

5. Employee Feedback/Suggestion (ISO 5.5.3)					
5.1	L1	Y	OFI	N-C	Is there a process to address employee feedback and/or suggestions?
	M2	Y	OFI	N-C	
5.2	L1	Y	OFI	N-C	Can department representative provide evidence as to how they obtain employee feedback and/or suggestions?
	M2	Y	OFI	N-C	
5.3	L1	Y	OFI	N-C	Are all staff members aware of the Correction Action process?
	M2	Y	OFI	N-C	
Notes:					

6. Continual Improvement/Corrective/Preventive Action (ISO 8.1)					
6.1	L1	Y	OFI	N-C	Verify evidence that corrective and preventive actions are encouraged, tracked, acted upon, and documented.
	M2	Y	OFI	N-C	
6.2	L1	Y	OFI	N-C	Ask the department representative to provide evidence of ways in which their department has improved.
	M2	Y	OFI	N-C	
Notes:					

7. New Employee Department Orientation (ISO 6.2)					
7.1	L1	Y	OFI	N-C	Does the department conduct a department orientation for new employees?
	M2	Y	OFI	N-C	
7.2	L1	Y	OFI	N-C	Was there evidence that a department orientation is being conducted for new employees?
	M2	Y	OFI	N-C	
Notes:					

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8. Department Procedures (ISO 4.2)					
8.1	L1	Y	OFI	N-C	Does each staff position have documented procedures and/or work instructions?
	M2	Y	OFI	N-C	
8.2	L1	Y	OFI	N-C	Are staff members using the most current documented procedures?
	M2	Y	OFI	N-C	
Notes:					

9. Training (ISO 6.2.2)					
9.1	L1	Y	OFI	N-C	Can the department representative articulate how they determine if training provided to staff members was effective?
	M2	Y	OFI	N-C	
9.2	L1	Y	OFI	N-C	Is there evidence of training records?
	M2	Y	OFI	N-C	
9.3	L1	Y	OFI	N-C	Ask the department representative if everyone in the department/division has been trained in PRM/ISO?
	M2	Y	OFI	N-C	
9.4	L1	Y	OFI	N-C	Is there evidence job descriptions are maintained for each position?
	M2	Y	OFI	N-C	
9.5	L1	Y	OFI	N-C	Is there evidence personnel evaluations are conducted on a scheduled basis to ensure competency/need for additional training?
	M2	Y	OFI	N-C	
Notes:					

10. Data Disaster Response Plan (ISO 6.4)					
10.1	L1	Y	N	OFI	During the course of the audit, request a copy of the department's data disaster preparedness and response plan.
	M2	Y	N	OFI	
10.2	L1	Y	N	OFI	Has it been disseminated to the appropriate personnel?
	M2	Y	N	OFI	
10.3	L1	Y	N	OFI	Can the department representative provide evidence of what their department has done to minimize risk?
	M2	Y	N	OFI	
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11. Use of Machines, Tools or Computers (ISO 7.6)					
11.1	L1	Y	OFI	N-C	During the course of the audit look for evidence that monitoring and measurement devices (if applicable) used to ensure predetermined specifications of a product or service have been identified. (Calibration)
	M2	Y	OFI	N-C	
11.2	L1	Y	OFI	N-C	Are there records documenting the testing, monitoring and/or maintaining of this equipment?
	M2	Y	OFI	N-C	
Notes:					

12. Document Control Information (ISO 4.2)						
12.1	L1	Y	N	OFI	N-C	During the course of the audit did you encounter any documentation that was not legible, identifiable, or retrievable? If yes, issue an OFI or N-C.
	M2	Y	N	OFI	N-C	
Record the document title, location, and any other information that identifies the document in the space provided.						
12.2	OFI	N-C	Document Title and or location _____ Doc. No. _____ Rev: _____ Date: _____			
12.3	OFI	N-C	Document Title: _____ Doc. No. _____ Rev: _____ Date: _____			
12.4	OFI	N-C	Document Title: _____ Doc. No. _____ Rev: _____ Date: _____			
Notes:						

13. Customer Feedback/Satisfaction (ISO 8.2.1)					
13.1	L1	Y	OFI	N-C	Can department representative provide evidence of how they obtain customer feedback/satisfaction?
	M2	Y	OFI	N-C	
13.2	L1	Y	OFI	N-C	Can department representative provide evidence of what actions have been taken to address customer feedback/satisfaction?
	M2	Y	OFI	N-C	
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14. Analysis of Data (ISO 8.4)					
14.1	L1	Y	OFI	N-C	Can the department representative provide evidence that data regarding improving effectiveness, efficiency and customer satisfaction of the department is being collected?
	M2	Y	OFI	N-C	
	M2	Y	OFI	N-C	
14.2	L1	Y	OFI	N-C	Can the department representative provide evidence on how the information has been used to make data driven decisions to improve the effectiveness, efficiency and customer satisfaction of the department ?
	M2	Y	OFI	N-C	
Notes:	L1 = Leadership M2 = Management/Supervisor S3 = Staff Yes = Yes OFI = Opportunity for Improvement N-C = Non-Conformance				

15. Infrastructure/Work Environment (ISO 6.3, 6.4)					
15.1	L1	Y	OFI	N-C	Is there indication that the current infrastructure (buildings, workspace, associated utilities, and processing equipment) is sufficient to perform required responsibilities?
	M2	Y	OFI	N-C	
15.2	L1	Y	OFI	N-C	Is there an indication of a safe, clean, organized work environment?
	M2	Y	OFI	N-C	
Notes:					

16. Resource Needs (ISO 6.1)					
16.1	L1	Y	OFI	N-C	Has department management identified resources needed by the department to accomplish the department's mission; and have those needs been communicated to upper management?
	M2	Y	OFI	N-C	
16.2	L1	Y	OFI	N-C	If so, can the department representative provide evidence?
	M2	Y	OFI	N-C	
Notes:					

17. Cost Saving, or Cost Avoidance (ISO 8.4)					
17.1	L1	Y	OFI	N-C	Can the department representative provide evidence of efforts in the area of cost savings or cost avoidance?
	M2	Y	OFI	N-C	
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18. Employee Retention Report (ISO 6.2.1)					
18.1	L1	Y	N	OFI	Ask the department representative if they have analyzed employee retention within their department; and if they have considered the following: <ul style="list-style-type: none"> • How many employees have left within the past 12 months? • Why are they leaving? • Where are they going? • What action have you taken to retain employees?
	M2	Y	N	OFI	
Response and objective evidence:					

19. Best Practices and Comparisons (ISO 6.1)					
19.1	L1	Y	N	OFI	Can the department representative provide evidence articulating what other districts or similar industries are doing which can assist in improving their department?
	M2	Y	N	OFI	
19.2	L1	Y	N	OFI	Can the department representative provide statistics, graphs and/or reports showing comparisons to other districts or similar industries?
	M2	Y	N	OFI	
Notes:					

20. Supplier Review (ISO 7.4.1)					
20.1	L1	Y	OFI	N-C	Does the department representative know who their suppliers (internal/external) are?
	M2	Y	OFI	N-C	
20.2	L1	Y	OFI	N-C	Can department representative provide evidence they communicate with their suppliers, both internal and external, to ensure issues concerning nonconforming product or service requirements are being addresses?
	M2	Y	OFI	N-C	
Notes:					

21. Service Realization (ISO 7.0)					
21.1	L1	Y	OFI	N-C	Is there evidence the department has a process in place for the realization of new products or services?
	M2	Y	OFI	N-C	
21.2	L1	Y	OFI	N-C	If yes, is there evidence the following items are taken into consideration?
	M2	Y	OFI	N-C	
	L1	Y	OFI	N-C	<ul style="list-style-type: none"> • Measurable objectives or requirements for the new product/service. • The establishment of procedures, documents, and needed resources specific to the new product/service.
	M2	Y	OFI	N-C	
	L1	Y	OFI	N-C	<ul style="list-style-type: none"> • Required verification, validation, monitoring, inspection, and test activities

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	M2	Y	OFI	N-C	specific to the new product/service, and the criteria for product/service acceptance.
	L1	Y	OFI	N-C	<ul style="list-style-type: none"> Records needed to provide evidence that the product/service development process and resulting product/service meet requirements of the organizations management system.
	M2	Y	OFI	N-C	

Section 3: Staff Level 3 Questions

- Review chosen procedures with the appropriate staff member. (Have them walk you through the procedure) Record staff members name(s) below.

Staff # 1. Name: _____

Title: _____

Procedure reviewed: _____

Was staff member able to locate the procedure?

- Yes No (issue a corrective action request) Opportunity for Improvement

Was staff member able to walk you through the procedure?

- Yes No (issue a corrective action request) Opportunity for Improvement

Notes:

Staff # 2. Name: _____

Title: _____

Procedure reviewed: _____

Was staff member able to locate the procedure?

- Yes No (issue a corrective action request) Opportunity for Improvement

Was staff member able to walk you through the procedure?

- Yes No (issue a corrective action request) Opportunity for Improvement

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Staff # 3. Name: _____

Title: _____

Procedure reviewed: _____

Was staff member able to locate the procedure?

Yes No (issue a corrective action request) Opportunity for Improvement

Was staff member able to walk you through the procedure?

Yes No (issue a corrective action request) Opportunity for Improvement

Notes:

22. Staff Level 3:					
22.1	Can you summarize the quality policy (mission statement) for the CMCSS?				
	Staff # 1	Y	OFI	N-C	
	Staff # 2	Y	OFI	N-C	
	Staff # 3	Y	OFI	N-C	
22.2	Explain how your job relates to the achievement of the District's mission.				
	Staff #1	Y	OFI	N-C	
	Staff # 2	Y	OFI	N-C	
	Staff #3	Y	OFI	N-C	
22.3	Do you have written documentation explaining your specific job functions?				
	Staff # 1	Y	OFI	N-C	
	Staff #2	Y	OFI	N-C	
	Staff # 3	Y	OFI	N-C	
22.4	Is there effective communication concerning improvement related activities within the department? If so, in what ways?				

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	Staff #1	Y	OFI	N-C	
	Staff # 2	Y	OFI	N-C	
	Staff # 3	Y	OFI	N-C	
22.5	If you have a suggestion; how do you provide the feedback to your manager and/or supervisor?				
	Staff #1	Y	OFI	N-C	
	Staff #2	Y	OFI	N-C	
	Staff # 3	Y	OFI	N-C	

Section 4: Audit Findings

23. Were there any non-conformances?

- No, go to # 24
- Yes, go to #23

24. List non-conformance information below:

Question #	Nonconformance Description	Corrective Action #

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25. Internal Audit Report (PRM-F108) completed and submitted: Date: _____	
Team Lead (printed)	
Team Lead (signed)	Date:
Auditor Name (printed)	
Auditor Name (signed)	Date:
PRM Coordinator or Management Representative Review & Approval:	
Process Management Coordinator Name (printed)	
Process Management Coordinator Name (signed)	Date:
Management Representative Name (printed)	
Management Representative Name (signed)	Date:
Notes:	

Revision History:

<u>Date:</u>	<u>Rev:</u>	<u>Description of Revision:</u>
8/12/08		Initial Release
11/11/08	A	Add space for Audit Number on page one