





# KISII NATIONAL POLYTECHNIC

## PROCEDURE FOR INTERNAL AUDITS

DOC.NO: KNP/MR/SOP/002	REV: 06
ISSUED BY: MANAGEMENT REPRESENTATIVE	DATE OF ISSUE: 20 <sup>th</sup> JANUARY 2021
AUTHORIZED BY: PRINCIPAL	SIGNATURE: 
ISSUE NO: 07	COPY NO:

**CONTROLLED**

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### 0.2 RECORDS OF CHANGE

NO.	Date	Details of changes		Authorization/ Name
		Page	Clause/Sub-clause and comment	
01	15/3/2016	All	General review in line with ISO 9001:2015	Omweri Joyce
02	30/09/2020	All	General review in line with ISO 9001:2015 & ISO/IEC 27001:2013	Mary Koigi

### 0.3 DISTRIBUTIONS

HOLDER	COPY NUMBER	LOCATION
Principal	01	PRINCIPAL'S OFFICE

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Deputy Principal, Administration	02	D/PRINCIPAL, ADMIN'S OFFICE
Deputy Principal, Academics	03	D/PRINCIPAL, ACADEMICS' OFFICE
Management Representative	04	MR'S OFFICE

#### **0.4 ABBREVIATIONS**

The abbreviations given in the IMSM apply in addition to:

**CAR** – Corrective Action Request

#### **1.0 PURPOSE**

To ensure systematic and independent review of the IMS to determine the degree to which it conforms to the requirements of IMS Standards, KNP objectives and procedures.

#### **2.0. SCOPE**

This procedure covers all internal audits of the IMS within KNP.

#### **3.0 REFERENCES**

3.1 IMS Manual

3.2 ISO 9001: 2015 Quality Management Systems


3.3 ISO 19011:2018 Guidelines for Auditing Management Systems.

3.4 ISO 9000:2015 – Quality Management Systems Fundamentals & Vocabulary.

3.5 ISO/IEC 27001:2013 – Information Security Management Systems

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#### 4.0 TERMS USED

Definitions in KNP IMSM apply in addition to the following:

**Auditor** – A person with the competence to conduct an audit.

**Auditee** – The person/section being audited.

**Corrective Action** – Action taken to eliminate the cause of a detected nonconformity or other undesirable situation.

#### 5.0 RESPONSIBILITIES

5.1 The Management Representative (MR) ensures that this procedure is implemented and maintained.

5.2 The respective HOD is responsible for facilitating accessibility of information during the internal system audits in their departments.

5.2 The appointed auditors conduct the audits and prepare non repudiative audit reports.


#### 6.0 METHOD

##### 6.1 Audit Scheduling

6.1.1 The MR in January of every year prepares an audit schedule taking into considering the status of processes. The audit schedule is comprehensive enough to ensure that each functional area is audited at least once a year. The audit schedule, among other things details the following:

- The area to be audited
- The date of the audit
- Audit number
- The auditee (s)

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- The audit team

## 6.2 Audit Planning

6.2.1 The MR selects auditors from a pool of trained auditors and allocates them audit assignments. The selected auditors are independent of the area to be audited to ensure objectivity and impartiality of the audit process.

6.2.2 The Lead auditor notifies the auditee(s) of the eminent audit, two weeks before the audit date through an internal memo.

6.2.3 The audit team obtains the audit basis from the MR and familiarize themselves with the requirements. They then prepare the audit checklist.

## 6.3 Audit Execution

6.3.1 The Lead auditor and the audit team conduct an opening meeting together with the auditee(s). The agenda of the meeting includes:-

- Introduction and registration
- Confirmation of the purpose and scope of the audit
- Confirmation of the audit basis
- Confirmation of the audit timetable

6.3.2 The audit team uses the checklist prepared to obtain objective evidence which is recorded in the audit findings form. The audit is conducted through interviews, observations and inspections.

6.3.3 The audit team convenes an audit meeting to analyze the audit findings. The audit findings are categorized as observations, minor or major nonconformity. The Lead auditor then fills a CAR form for each nonconformity identified.

6.3.4 The audit team conducts a closing meeting together with the auditee (s). The agenda includes;

- Introduction and recording of those in attendance

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- Confirmation of the purpose of audit
- Presentation of the audit findings
- Filling of the CAP form by the auditee (s)
- Discussion and agreement on follow-up dates
- Closing the meeting

#### **6.4 Audit Follow-Up**

6.4.1 The audit team conducts follow-up on the agreed corrections and corrective actions, on the agreed dates to establish the effectiveness of corrective actions taken.

6.4.2 The audit team prepares an audit report and forwards it to the MR who distributes copies to the auditee (s).

6.4.3 The MR analyzes the audit findings and reports to management.

#### **6.5 Corrective Action**

6.5.1 When nonconformity is identified/detected as detailed in clause 6.6 of this procedure, the MR appoints a team to investigate the nonconformity.

6.5.2 The team evaluates the need for the action and the status of the nonconformity then recommends the appropriate corrective action.

6.5.3 The process owner effects the correction and corrective action within two weeks.

6.5.4 The Lead Auditor evaluates the effectiveness of the correction and the corrective action and reports to the MR.

6.5.5 Records of the investigation, correction, corrective action and evaluation are maintained by the MR.

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## **6.6 Control of Non-conforming Outputs**

6.6.1 The nonconforming products or services are identified through the following methods:

- Customer complaints
- Normal operations (observation)
- Benchmarking
- Quality Control checks
- Monitoring & Evaluation
- IMS Audits
- Customer surveys
- Research/report

6.6.2 The interested party who has identified the nonconforming output reports to the institution through established channels of communication.

6.6.3 The MR records the nonconforming output and appoints a team to investigate its status, need for action and recommend the correction and corrective action to be taken.

6.6.4 KNP deals with nonconforming outputs in one or more of the following ways depending on the nature of the nonconformity:

- a) correction;
- b) segregation, containment, return or suspension of provision of products and services;
- c) informing the customer;
- d) obtaining authorization for acceptance under concession.



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6.6.5 The process owner makes the correction and puts in place corrective action(s).

6.6.6 Records of the non conformity, the investigation results and the corrective actions are maintained by the MR.

6.6.7 Conformity to the requirements shall be verified by the process owner when nonconforming outputs are corrected and records retained.

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