

[Co. logo]	[Co. Name]	DOC. REF. NO.	PRO-QSHE-021
		REVISION / ISSUE	00/07
	QSHE STANDARD OPERATING PROCEDURE INTERNAL AUDITS	DATE	3/5/19
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**Commented [MK2]:** Document number is not necessary for identification.

**Commented [MK1]:** Consider not using Co. logo and name in documents.

**Commented [MK4]:** Date is not the same as for the latest revision

**Commented [MK3]:** Consider not using the term "Standard Operating Procedure". Just "Procedure will do.  
Internal Audit Procedure.

**Commented [MK5]:** This example of a procedure is a perfect candidate for simplification. Consider:  
- Eliminating the header per the attached Template Procedure.  
- Avoiding the use of the company name and logo.  
- Eliminating the ToC – the document is too short for it.

**Commented [MK6]:** Inconsistent formatting.

1.0 **OBJECTIVE**

2.0 **SCOPE**

3.0 **RESPONSIBILITY**

4.0 **REFERENCES**

5.0 **PROCEDURE**

6.0 **CROSS REFERENCE**

7.0 **DISTRIBUTION**

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**Subsection: Revision Matrix**

Rev. No	Date of Revision	Issued by : [QQSHE]	Nature of Revision	Appr. By GM
1	1/28/2016		Original release, transferred from CNP system with no changes	S. Simms
2	2/26/2017		Added Distribution table at the end of the procedure to assign locations of controlled copies	S. Simms
3	6/12/2017		F. D. -corrected spelling and punctuation	S. Simms
4	2/24/2018		Added System Compliance section	J. Clark
5	7/2/2018		Corrected reference to QSHE not HSE in entire document	J. Clark
6	3/5/2019		F. D. updated OHSAS 1800:2007 Occupational Health and Safety Management to ISO 45001 2017 Occupational health and safety management systems — Requirements with guidance for use	J. Clark
7	12/2/2019		F. D. corrected 45001 2017 to 2018	J. Clark
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12				
13				
14				
15				

**Commented [MK7]:** The purpose of this column is not clear

**Commented [MK8]:** It appears that the company executes numerous changes only to correct previous mistakes. Consider implementing change validation process

**Commented [MK9]:** The date for the Rev. 7 in the header is different than in the Revision Matrix on the next page

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## 1.0 Objective

This document defines the procedure for performing a QSHE audit and to achieve the following objectives:

- **Systems Compliance:**

Ensuring the activities and controls described in written QSHE documents such as QSHE Manual, QSHE Procedures and OCP's are being observed and adhered to.

- **Systems Design:**

Ensuring the Company's QSHE System is capable of attaining a high level of QSHE Management System.

- **Systems Performance:**

Ensuring the Company's QSHE System maintains high levels of operational efficiency, identifies and exploits QSHE opportunities.

**Commented [MK10]:** The objective does not include requirements for the MS to comply with applicable standards. (Annex SL, 9.2 Internal audit)

## 2.0 Scope

This procedure applies to all internal QSHE audits undertaken by, or on behalf of, the QSHE Department conducted on the Company's QSHE Management System.

## 3.0 Responsibility

MR (QSHE Management Representative)

**Commented [MK11]:** It is not clear WHAT the "MR" is responsible for. Consider clarifying.

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## 4.0 Procedure

### 4.1

Internal QSHE Audits will be conducted by MR or by delegated personnel who shall be suitably trained and are independent of the function being audited. No Auditor shall audit their own work or their own area of responsibility.

The audit schedule defines the activities and areas to be audited and the frequency of each audit depending on the importance of the activity.

The audits will be conducted at projects and offices to verify the compliance with the Company QSHE System Procedures and Project QSHE Plan.

**Commented [MK12]:** Consider avoiding passive voice.

**Commented [MK13]:** How do you define "designation"? It already may be documented in the organizational structure.

**Commented [MK14]:** Training requirements most likely are already defined in you Training program. Is it necessary to duplicate the requirements? What does it mean: "suitable"? Consider clarification.

**Commented [MK15]:** Consider avoiding passive voice: the "WHO" is missing.

### 4.2

1.0 The Management Representative establishes an Internal Audit Schedule. MR shall review the Internal Audit Schedule on a regular basis. The Audit Schedule will be updated as necessary based upon the QSHE System requirements and the audit history. As a minimum, all QSHE system procedures are audited at least once in six months covering all the projects, NHS FAB, NHS Plant and Head Office.

The results will be reviewed and depending on the audit findings, the status and the importance of the activity concerned, the audit scheduling shall be adjusted accordingly to identify weaker areas in the Company operations which will then be audited more frequently.

2.0 The QSHE Department nominates an auditor who is independent of the function being audited. The Auditee shall be notified of the intended date, time and scope of the proposed audit, by interoffice memo.

3.0 The Auditor meets with the department/function head to decide whether he (the auditor) will be accompanied throughout the audit by the department/function head or his nominee (the auditee).

**Commented [MK16]:** The purpose of auditing "procedures" is not clear. Maybe you meant "processes"?

**Commented [MK17]:** Users review your procedures each time they use them. What is the benefit of additional auditing of procedures?

**Deleted:** on going

**Commented [MK18]:** In general, the text is hard to read. Consider use of grammar checker. My checker identified some 37 issues.

**Commented [MK19]:** This requirement is already present in 4.1. Consider avoiding duplication.

**Commented [MK20]:** Avoid passive voice: responsibility is not clear

**Commented [MK21]:** Consider: 3.0 The Auditor meets with the department or function head to decide whether a department representative will accompany the auditor throughout the audit.

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The audit shall be conducted using the relevant procedures and standards as reference and NCR is raised by the auditor in case of non compliance against the system. The auditee prepares the proposed corrective action with time frame against each non conformance raised by the auditor. The auditee signs the acceptance of the findings and the agreed corrective action to be taken. Subsequently the auditor/MR verifies the effectiveness of the corrective action taken further to the verification of the compliance the MR formally closes the non conformance and updates the QSHE audit statistics and reviewed in management review meeting.

4.0 The MR collects the audit results and reports to GM on performance of QSHE Management System.

### 5.0 Cross Reference

RECORD	
ISO 9001 Quality management systems — Requirements	N/A
ISO 14001 2004 Environmental management systems — Requirements with guidance for use	N/A
ISO 45001 Occupational health and safety	N/A
Audit plan	FORM-HSE - 44
Audit observation sheet	FORM-HSE - 06
Non – Conformance report	FORM-HSE - 07
Management Review Meeting Minutes	

**Commented [MK22]:** Overall summary - consider:  
- Improvement of formatting. You can improve formatting through the use of our Procedure Template (attached).  
- Avoiding the use of passive voice,  
- Elimination of duplications,  
- Using grammar checker.

You can replace this procedure with our Audit Plan Template (attached).

Thank you for allowing us to evaluate your sample procedure. Let us know if you have any questions.

If this procedure is a representative sample of your documents' state, your system has a significant opportunity for improvement. Please feel free to contact us to schedule an in-depth review of your system to develop a plan to make your system Lean and efficient.

**Commented [MK23]:** Standards are governing documents and are not needed for performance of this procedure

**Commented [MK24]:** Supporting procedures and forms should have been referenced in the text of the procedure.

### 6.0 Distribution

BOOK LOCATION	
➤ Yard Entrance Guard Booth	1
➤ Equipment Repair Shop West Office	1
➤ General QQSHE Office	1
➤	

**Commented [MK25]:** The process flow is not clear. If this procedure is missing at this location, how would one know that based on this Book Location table? Consider Location Book Table of Contents.