Audit Documentation Expectations

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QMS / EMS / OHS Audits

1. **Pre-Assessment Audit Report (RF-22P series)**
   a. This audit report is applicable only for Pre-Assessment audits. The report shall be completed in its entirety.

2. **Stage 1 Audit Report (RF-22 S1 series)**
   a. This audit report is only applicable for Stage 1 QMS, EMS, or OHS audits. This audit report may also be used to perform a document review for a new Auditor going in for a recertification audit. The report shall be completed in its entirety.

3. **Audit Plan (RF-12 series)**
   a. An audit plan is to be completed by the Auditors for each on-site audit. The dates listed on the audit plan shall match the dates of the audit. The correct audit time shall be utilized based on the audit plan data, including hours utilized.
   b. Audit time begins with the start of the Opening Meeting, not at the time of arrival at the facility.
   c. Lunches shall not be included as part of audit time.
   d. If an Auditor utilizes time at the Client facility(ies) to complete audit documentation, this must be reflected in the audit plan as a portion of the “off-site” time allotted for the audit. This time shall be properly indicated (if utilized).
   e. If the audit includes the review of NCRs, then this time shall be clearly identified. If the review is for closure, then audit time shall not be used. If the review is for effectiveness, then audit time may be used if the process associated with the NCR is listed on the audit plan.
   f. The audited processes, as listed on the audit plan, should be reflective of the processes as identified and defined by the Client in their sequence and interaction diagram.
   g. For recertification audits, the “Review of the Previous Certification Cycle” section of the audit plan shall also be completed by the Auditor.
   h. Ensure all available shifts are indicated in the shift verification section. If all available shifts were not audited, ensure proper justification is provided.

4. **Audit Participant Sign-In Sheet (RF-20a)**
   a. The sign-in sheet is used by the Auditor to create a record of audit participants. The form is to be passed around during the opening and closing meetings, and participants are expected to initial appropriately. Remote attendees may be notated and initialed by the Auditor. This form is also used by the Auditor, or escort, while auditing to indicate who was interviewed.
   b. The sign-in sheet shall reflect shifts appropriately, and these shifts shall correspond to the shift designation specified in the audit plan (RF-12 series), unless there is only one shift, in which case no shift need be indicated.
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5. Process Audit Form (RF-26 series)
   a. For the sake of legibility, this form is to be typed.
   b. For a full-system audit, a separate RF-26 QMS form is to be completed for each process the client has identified on the RF-129 QMS Matrix; for a surveillance, a separate RF-26 QMS form is to be completed for each process identified on the Audit Program as being assessed during that audit.
   c. Process names must match the process names identified by the client on the RF-129 Matrix form.
   d. The second section is to be completed only for processes that the client identifies as “critical” on the RF-129 Matrix.

6. Audit Report (RMS)
   a. Report tab
      i. The report shall be completed in its entirety.
      ii. Any identified OFI (opportunity for improvement) must not be an ”NCR in disguise” (i.e. soft-grading). The OFI’s must not take the form of consultancy.
      iii. The Narrative Summary shall be present, complete and free of errors. It shall conform to the instructions given in RMS.
      iv. If a Special Surveillance or switch to six-month surveillance is required, this shall be indicated via the Other Recommendations section.
      v. If the next regular audit is the first surveillance following initial registration, ensure that the proposed audit date is no more than 12 months after the end date of the Stage 2 audit.
       vi. For all audits, ensure that no calendar year is skipped by the next audit date.
   b. NCR tab
      i. Client responses indicating that “no correction / root cause / corrective action is necessary” are not acceptable.
      ii. Verification statements should be robust and reference the objective evidence reviewed when closing the NCR – generic statements (e.g., “The objective evidence is sufficient, and the NCR is closed.”) are not acceptable.
      iii. Previous Audit NCRs –
         1. If verifying implementation of an open NCR, then auditors shall enter the verification statement directly into the NCRs in the previous audits. The previous audit can be via the link in the NCR tab.
            a. If the previous NCR cannot be closed due to a lack of effective implementation, then the previous NCR shall still be closed in RMS, but with a statement indicating that the corrective action was not effective, and that a new NCR is being written at the current audit and that an additional major NCR is being written against the client’s ability to implement corrective actions.
   c. Audit Program Tab
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i. The Audit Program table is to be completed for the full 3-year cycle at the time of the Stage 2 or Recertification audit. The table may be modified to reflect changing circumstances throughout the cycle.

ii. The processes planned to be audited, as indicated on the Audit Program table, shall be reflected in the RF-12 audit plan and Management System Matrix (RF-129), and process names shall match amongst the three documents, and with the client’s Process and Interaction Diagram.

iii. The activities section of the Audit Program table is to be used to track any activities that are listed in the scope of certification that do not directly match a process (e.g., the scope lists heat treating, but heat treating is included in the Production process). All activities listed in the scope must be assessed at a full-system audit (e.g., Stage 2 or recertification), and at least once during the cycle of surveillance audits.

   1. The activities may also be used by the auditor for general organizational or informational purposes, but once listed, the activity is subject to the requirements listed above.

   d. Documents Tab

   i. The lead auditor shall be responsible for the upload of the Audit Participant Sign-In Sheet (RF-20a).

      1. This form may also be uploaded in the Plan section of the audit. It is only to be uploaded once, in either location. Both locations will be populated once it has been uploaded.

   ii. The lead auditor, as well as any delegated team auditor(s), shall be responsible for the upload of the Process Audit Form(s) generated during the audit.
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AS9100 / AS9110 / AS9120 Audits

1. Pre-Assessment Audit Report (RF-22P series)
   a. This audit report is applicable only for Pre-Assessment audits. The report shall be completed in its entirety.

2. Aerospace Audit Planning Resource (RF-114)
   a. The RF-114 is provided to the Client in advance of the audit, and the Client is expected to complete the form and submit it and their Process and Interaction Diagram to the Auditor no later than 30 days prior to the audit.
      i. The Auditor is expected to use the information when preparing the audit plan for the upcoming audit.
      ii. A completed RF-114 shall be submitted in the completed audit package, and the processes indicated on the RF-114 shall match the top-level processes on the Client's Process and Interaction Diagram. These processes shall also be reflected on the QMS Matrix (AS9101E Form 2) and the Audit Program Table in RMS.

3. Audit Plan (RF-12 series)
   a. An audit plan is to be completed by the Auditors for each on-site audit. The dates listed on the audit plan shall match the dates of the audit. The correct audit time shall be utilized based on the audit plan data, including hours utilized.
   b. If an Auditor utilizes time at the Client facility(ies) to complete audit documentation, this must be reflected in the audit plan as a portion of the “off-site” time allotted for the audit. This time shall be properly indicated (if utilized).
   c. The audited processes, as listed on the audit plan, should be reflective of the processes as identified and defined by the Client in their sequence and interaction diagram.
   d. For recertification audits, the “Review of the Previous Certification Cycle” section of the audit plan shall also be completed by the Auditor.
   e. Ensure all available shifts are indicated in the shift verification section. If all available shifts were not audited, ensure proper justification is provided. All shifts that contain activities listed for audit in the audit plan must be seen.

4. Stage 1 Audit Report (AS9101F Form 1)
   a. This report is applicable for Stage 1 audits only. The report shall be completed in its entirety. The auditor shall indicate in the “Audit Team Leader Recommendations” section whether the client is prepared to move forward with the Stage 2 audit.
   b. Boxes 16, 17, and 18 shall be completed in their entirety. Percentages for revenue and workforce shall equal 100%; listing 100% in each row is not acceptable. The total employee count (as applicable to the aerospace certification) shall be identified in the form “Full Time/Part Time/Temporary” for box 17, and “Early Shift/Day Shift/Late Shift/Night Shift” for box 18.

5. QMS Process Matrix (AS9101F Form 2)
   a. The QMS Matrix shall be completed by the Auditor in its entirety. The “Process Names” shall reflect the processes as defined by the Client. The processes entered on the QMS Matrix shall match the processes entered in the Audit Program table in RMS. Any
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process that deals with a product realization process (section 8 of the AS91XX standard) shall also have a related PEAR form. Any identified NCRs from the current audit shall be properly reflected in the appropriate column of the QMS Matrix.

b. All applicable sites may be added to a single QMS Matrix, with objective evidence labeled for each included site. Multiple matrices may be used at the auditor's discretion.

c. If objective evidence is gathered by the auditor using a table, this data cannot and shall not be pasted into the text fields of the QMS Matrix. Tables may be either:
   i. summarized in the Summary of Objective Evidence fields; or
   ii. attached in a word processing document via the “Attach” button.

d. All standard clauses are to be assessed at full-system audits (e.g., Stage 2 or recertification), and at least once during the cycle of surveillance audits.

6. PEAR – Process Effectiveness Assessment Report (AS9101F Form 3)

a. A PEAR form is expected to be completed for every process that relates to a “Product Realization” process (section 8 of the AS91XX standard), as defined by the Client.

b. The PEAR forms shall be complete and accurate, and the information presented shall support the designated “effectiveness level” for each PEAR.

c. The summary of audit trails and sources of evidence shall include specific data, as well as discussion of the relevance of the data.

d. Objective evidence shall be identified in such a way as to support the biasing of the audit based on the client’s top five customers.

e. Process metrics are to be process-specific – metrics may not be repeated unless they relate to multiple processes, and these repeated metrics should be supplemented by other, unique metrics.

f. For any PEAR associated with 3 or more NCRs, the Process Effectiveness Rating shall be restricted to the row for “Planned activities not realized”.

7. NCRs (AS9101F Form 4)

a. Auditors are expected to enter the NCRs into the audit record of OASIS.

b. The site information for any locations to which the NCR applies are to be imported into each NCR.
   i. Client responses indicating that “no correction / root cause / corrective action is necessary” are not acceptable.

c. Verification statements should be robust and reference the objective evidence reviewed when closing the NCR – generic statements (e.g., “The objective evidence is sufficient, and the NCR is closed.”) are not acceptable.

d. Previous Audit NCRs –
   i. If verifying implementation of an open NCR, then auditors shall enter the verification statement directly into the NCRs in the previous audits. The previous audit can be accessed by searching in OASIS under the status of “Modification in Progress”.
      1. If the previous NCR cannot be closed due to a lack of effective implementation, then the previous NCR shall still be closed in OASIS, but
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with a statement indicating that the corrective action was not effective, and that a new NCR is being written at the current audit and that an additional major NCR is being written against the client’s ability to implement corrective actions.

ii. If verifying effectiveness of a closed NCR, a description of the results of verification shall be described in the Stage 2.

8. **Stage 2 Audit Report (AS9101F Form 5)**
   a. The report shall be completed in its entirety. Some specific items to account for when completing a Stage 2 Audit Report:
      i. The audit summary shall speak to the effectiveness of the Client’s quality management system, as well as all items listed in the OASIS form instructions.
      ii. Any identified OFI (opportunity for improvement) must not be an “NCR in disguise” (i.e. soft-grading). The OFI’s must not take the form of consultancy.
      iii. Ensure the “Previous Audit Nonconformity Status” section is completed properly. For any NCR which may not have been closed, ensure that the NCR has been carried forward into the current audit, or otherwise addressed.
      iv. The OASIS Administrator indicated in box 9 shall be verified by the auditor within OASIS to ensure the administrator remains active in the system.
         1. If being witnessed by ANAB, verification must take place on-site, in view of assessor.
   b. In the case of integrated or combined audits, separate IAQG forms must be completed in OASIS for each standard’s audit; PRI Registrar internal documents are only completed once.

9. **Supplemental Audit Report (AS9101F Form 6)**
   a. This report is only applicable in the case of multiple facilities and shall be used to provide detailed audit results on an individual site, if the Stage 2 Audit Report (Form 5) does not include details for that site. If used, the report shall be completed in its entirety.
   b. This report shall not be used for special audits, unless the special takes place across multiple sites and all site-specific detail cannot be documented on the Form 5.

10. **Audit Participant Sign-In Sheet (RF-20a)**
    a. The sign-in sheet is used by the Auditor to create a record of audit participants. The form is to be passed around during the opening and closing meetings, and participants are expected to initial appropriately. Remote attendees may be notated and initialed by the Auditor. This form is also used by the Auditor, or escort, while auditing to indicate who was interviewed.
    b. The sign-in sheet shall reflect shifts appropriately, and these shifts shall correspond to the shift designation specified in the audit plan (RF-12 series), unless there is only one shift, in which case no shift need be indicated.

11. **Additional Audit Report (RMS)**
    a. Report Tab
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i. The report shall be completed in its entirety.

ii. The client’s scope of certification is to be reviewed and confirmed at each audit event. Any changes to the scope of certification shall be documented.

iii. A justification for the client certification structure will be provided as part of the report; the auditor shall review the justification and indicate whether they agree with information that led to the structure determination. The reasons for any disagreement shall be documented for review by the office.

iv. The justification for the audit duration is documented on the Audit Duration Calculation in OASIS. The auditor is to review the ADC and indicate in RMS whether they agree or disagree with the justification for audit duration. The reasons for any disagreement shall be documented for review by the office.

v. If the Auditor has indicated disagreement with either the certification structure or audit days, the auditor should immediately contact the appropriate Sales personnel.

vi. Any changes to various company site details (e.g., company name or address, main contact, etc.) are to be documented in the Site Details section.

vii. If a Special Surveillance or additional time is required, the appropriate option shall be checked in the Other Recommendations section.

viii. If the next regular audit is the first surveillance following initial registration, the proposed audit date shall be no more than 12 months after the end date of the Stage 2 audit.

ix. For all audits, ensure that no calendar year is skipped by the next audit date.

b. Audit Program Tab

i. The Audit Program table is to be completed for the full 3-year cycle at the time of the Stage 2 or Recertification audit. The table may be modified to reflect changing circumstances throughout the cycle.

ii. The processes planned to be audited, as indicated on the Audit Program table, shall be reflected in the RF-12 audit plan and QMS Matrix (Form 2) for the current audit, and process names shall match amongst the three documents, and with the Process and Interaction Diagram provided by the Client.

iii. The activities section of the Audit Program table is to be used to track any activities that are listed in the scope of certification that do not directly match a process (e.g., the scope lists heat treating, but heat treating is included in the Production process). All activities listed in the scope must be assessed at a full-system audit (e.g., Stage 2 or recertification), and at least once during the cycle of surveillance audits.

1. The activities may also be used by the auditor for general organizational or informational purposes, but once listed, the activity is subject to the requirements listed above.

c. Documents Tab
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i. The lead auditor shall be responsible for the upload of the Audit Participant Sign-In Sheet (RF-20a).
   1. This form may also be uploaded in the Plan section of the audit. It is only to be uploaded once, in either location. Both locations will be populated once it has been uploaded.
ii. Any other supporting documentation the auditor wishes to submit may be uploaded here.