PRI REGISTRAR
AUDITOR WORK INSTRUCTIONS

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NOTE: Text in red has been changed since the previous revision. The [...] indicates text has been removed.
1.0 GENERAL DEFINITIONS


1.2 CLIENT: The Organization under contract agreement with PRI Registrar

Auditor Assignment Policies

2.0 COMMUNICATIONS

2.1 There is a great deal of verbal, electronic and written communications which take place during the assessment and registration process. Prompt attention to messages is important at all times, including when traveling or on assignment in the field. A general standard of response within 24 hours is expected. This is especially important for Lead Auditor responses to Client initiated communications. Such metrics are kept as appropriate for Auditor performance as it impacts PRI Registrar performance, and negative trends could impact future work.

2.2 Communication with the Client

- The Lead Auditor is the official representative of PRI Registrar in communications with the Client. Any problems should be referred to the Lead Auditor.

- In communications with Clients, Auditors should avoid being drawn into arguments. However, if a problem develops, attempt to resolve it. If the problem cannot be resolved, inform the involved party and the company representative that the issue will be taken up with the Lead Auditor and/or PRI Registrar, as necessary. If a situation develops that keeps the audit from being continued properly, the Sr. Program Manager, Registrar Operations should be notified immediately. Then if resolution of the problem is not achieved, the audit should be terminated (in an amicable and professional manner).

2.3 Communications with PRI Registrar

- The Lead Auditor is responsible for any communications with PRI Registrar. Should any problems arise, the Auditor should not hesitate to contact the PRI Registrar staff to discuss the situation. PRI Registrar may be contacted using the Registrar Staff Directory available in the Auditor Reference Materials section of the PRI Registrar Auditor Help webpage.

2.4 Language and Translation Control

- The official language for documenting PRI Registrar audits, and audit reviews, is English. When documents are translated, they are to be used for information only. If a discrepancy exists between the official English document and a translated document the English version shall supersede the translated document.
Prior to PRI Registrar audits and during the course of the audit, audited companies are responsible for providing translation based on the following rules:

a. Pre-audit documents shall be provided written in English, unless an alternative language is agreed upon by the assigned Auditor. If the Auditor is reassigned, pre-audit documents shall be provided in written English unless the new Auditor agrees to an alternative language.

b. During the audit, the company shall provide verbal or written translations as required to assure Auditor’s understanding and proper assessment.

c. All NCR responses, dialogue in RMS or OASIS, and relevant paragraphs of documents submitted as objective evidence of corrective action shall be in English.

d. All translated paragraphs in documents that were submitted as evidence must be part of the official and controlled document/procedure. An uncontrolled document with the relevant translated paragraphs will not be acceptable.

3.0 AUDIT ASSIGNMENT PERSONNEL

3.1 The assigned Lead Auditor shall also match the Client’s IAF codes and/or environmental aspects and be qualified to audit the STANDARD(s) required. If this is not possible, then one of the assigned audit team members should have the technical expertise (IAF code). The PRI Registrar Scheduler will assign Auditor(s) based upon these criteria. If there are any issues, they shall be resolved with the PRI Registrar Scheduler prior to the audit.

Auditor Package and Audit Planning

4.0 DOCUMENTATION

4.1 PRI Registrar shall provide each audit staff member with the necessary documentation to successfully complete the audit. Notify the PRI Registrar office if you are in need of any documentation pertaining to the audit well in advance of the audit date.

NOTE: Audit documentation will not be available until the audit is officially confirmed and scheduled in the RMS system.

4.2 Audit Scheduling

- Audits should be confirmed with the Client and scheduled in RMS at least 90 days prior to the start of an audit. In the event of short notice audits, dates should be confirmed and scheduled as soon as possible following notification of the assignment.

- For a Client who is on an annual surveillance cycle, PRI Registrar permits a range of +/- 60 days around the given target date for the audit to be formally scheduled. For a client who is on a semi-annual surveillance cycle, PRI Registrar permits a range of +/- 30 days around the given target date for the audit to be formally scheduled.
  - Although PRI Registrar permits this range of time for the audit to be scheduled, Auditors must be cautious to ensure that an audit occurs every calendar year. This is
especially critical for annual surveillance Clients whose target date of their audit cycle falls between November 1 and February 28.

- Following a Client’s initial certification, the date of the first surveillance audit shall not be more than 12 months from the issue date of the certificate (i.e., the date of registration decision).

Audit Performance

5.0 COMMUNICATIONS

5.1 Communications within the Audit Team

- Each Audit Team has an assigned Lead Auditor who is in charge of the audit and should be accorded the respect and support needed for a successful audit. While other team members may also have Lead Auditor credentials, they must recognize the authority of the appointed leader, follow his or her instructions, and defer to the leader for decisions in questionable areas.

- The success of the team depends on coordination, cooperation, and communication. Strategies should be discussed by the Lead Auditor and team members to assure a professional execution of the audit. Daily meetings should also be held to discuss progress, problems, schedules, etc., and each member must help the others in completing the assignments as planned.

- The Lead Auditor is responsible to guide any audit team members via assignments clearly stated in the audit plan created by the Lead Auditor.

5.2 Communications with PRI Registrar

- It is the expectation of PRI Registrar that the Lead Auditor will immediately contact the PRI Registrar Account Specialist should any situation arise that has added a complication to the audit, or if Client behaviors are suspected in reducing the quality and effectiveness of the audit.

- The Auditor is responsible for alerting the Account Specialist when any significant changes affecting the scope or objectives of the audit are identified. Such changes may include, but are not limited to: change in contact; new or removed sites; change in employee count. Such changes are to be communicated to the office immediately.

- Never contact the PRI Registrar office with a concern or question on a speaker phone with the Client personnel present.

- QMS Audits: At any point during an audit, if you discover that a Client is conducting business in an illegal fashion, immediately call the office to report it.

- EMS/OHS Audits: Suspected Legal Non-compliance
  - The Lead Auditor verbally notifies the organization’s top management that he/she has observed a suspected noncompliance, and describes the observation to top management.
The management representative may be asked to assist in contacting top management, but cannot be included in the discussion between the Lead Auditor and top management.

- The Lead Auditor documents a nonconformance to the requirements of the ISO 14001/ISO 45001 standard or the requirements of the EMS/OHS, but does not document suspected non-compliance to legal requirements.
- The organization is responsible for determining the appropriate corrective action, if needed, including any reporting to relevant regulatory agencies.
- The Lead Auditor notifies PRI Registrar if the non-compliance causes major pollution.

6.0 PERSONAL CONDUCT

6.1 As a PRI Registrar Auditor, you are a representative of PRI Registrar to the Client. Therefore, your personal behavior at the Client’s site is important and must be professional in all respects. With regard to personal conduct, the following deserves your special attention:

- Respect for the Client’s rules and procedures.
- Use of proper language.
- Use of common sense.
- Avoidance of sexual harassment.
- Interpersonal skills - build rapport instead of being viewed as a "police officer."
- Showing up on time, ready to work.
- Use of time.
- Business attire appropriate to the Client's workplace.
- Confidentiality (of this Client and all others).
- Avoid conducting other business while at a Client’s location.

6.2 As a third-party assessment and registration organization, PRI Registrar and all personnel must maintain the highest standards. The CODE OF ETHICS, PROPRIETARY INFORMATION (confidentiality), and CONFLICT OF INTEREST provisions of the contract, which every Auditor signs, are vital responsibilities which must be fulfilled. As applied to the conduct of audits, the Auditor must use common sense and good judgment when it comes to any gifts, meals, entertainment, etc., which may be offered to the Auditor which could jeopardize this third-party independence.

6.3 As a PRI Registrar Auditor, you will undoubtedly be exposed to information of a confidential nature. This information is to be protected in such a way that no detrimental outcomes occur to PRI or the Client. Material or information should be treated in accordance with the CODE OF ETHICS, PROPRIETARY INFORMATION (confidentiality) and CONFLICT OF INTEREST acknowledgements.

7.0 AUDIT CONDUCT
7.1 Auditors must exhibit knowledge of audit procedures and technical expertise. Audits must be conducted in a professional manner, and be firm yet fair in all phases of the audit. Remember that an audit is FACT finding, not fault finding.

7.2 The Auditor must be aware of such elements of the surroundings as the attitudes of workers, adherence to company policy, how busy people appear to be, how much attention they are giving their work, and whether the shop is neat and orderly, etc.

7.3 Conduct the audit in an above board, non-secretive, and professional manner. Discuss areas of non-conformance during the audit as soon as practicable with the quality representative but not how corrective action should or can be accomplished. You are an Auditor for PRI Registrar, not a consultant for the Client.

7.4 DO NOT RUSH the audit. Take the time required and be thorough, particularly with collection of objective evidence. Before leaving the facility each day, take a few minutes to review the audit forms. Make sure ALL pertinent questions have been answered. Collect your thoughts and write down all items that must be corrected. Be sure that you can defend your position with STANDARD paragraph reference, when possible. If necessary, re-review an item.

7.5 The scope of certification shall not include processes that were not audited to sufficient depth to verify Client (organization) conformance. The client’s scope shall clearly indicate the boundaries of the management system; no processes or activities that are necessary to meet the requirements of the relevant standard may be excluded from these boundaries. Any standard requirements that are deemed to be non-applicable by the client must be justified (for QMS and AQMS only).

7.6 Audit days are 8 hours. Audit duration cannot be reduced by programming longer hours per workday (e.g., five audit days of eight hours cannot be conducted as four audit days of ten hours). Reductions that may be required to comply with local legislation will be satisfied by adding days to ensure that the audit duration requirements are met. If the audit day is being extended beyond 8 hours due to non-audit activities (e.g., review of corrective action implementation) or to assess off-shifts (QMS/EMS/OHS only), then this should be reflected on the audit plan.

7.7 Audit plans (RF 12) are to be uploaded into RMS and e-mailed to the Client 30 days in advance of the audit, unless the audit was assigned less than 45 days prior to the scheduled date, in which case, the audit plan should be uploaded and e-mailed as far in advance of the audit as possible.

The audit plan is used to communicate to the Client the processes being audited and tasks assigned to each of the audit team members.

7.8 The audit plan shall be designed to guide the audit team to verify the effective implementation of processes listed in the scope of registration and:

- examine and verify the structure, policies, process, records, and related documents such that each applicable area of the appropriate standard is validated for existence and effectiveness within the Client organization management system;
- to determine that each item in the scope meets all of the requirements of the applicable standards and company procedures;
• to determine that the processes and procedures are established, implemented and maintained effectively, and to provide a basis for confidence in the Client’s management systems;

• to communicate to the Client, for its action, any inconsistencies between the Client’s policy, objectives and targets (consistent with the expectations in the relevant management system standard or other normative document) and the results;

Additional requirements for the audit plan include:

• On-site audit time does not include time for non-audit activities (e.g. travel, meals, extended break times).

• A certified organization’s Purchasing Process shall be audited at least annually for Aerospace.

7.9 In the case of aerospace (AQMS) integrated audits:

• All areas and activities applicable to each AQMS standard covered by the scope of the visit shall be assessed by competent authenticated AQMS Auditors.

• Sufficient time shall be allocated to accomplish a complete and effective audit of the Client’s management system(s) for the AQMS standards covered by the scope of the audit.

• The entire AQMS standard on all shifts shall be audited for initial and recertification audits. For surveillance audits, the planning shall include coverage of multiple shifts, when the audit plan activities occur across multiple shifts.

• The audit team, as a whole, shall satisfy the competence requirements for the relevant technical area(s) for each certification scheme covered by the scope of the combined audit. In cases where the audit team leader does not have the competence required to audit all AQMS standards covered by the combined audit, individual team members shall be appointed as the ‘Lead Auditor’ for each applicable standard and be responsible for any related recommendations that fall outside the competence of the audit team leader.

• All applicable elements of each AQMS standard relevant to the scope of the combined audit shall be adequately addressed. For example, when conducting a combined audit of an Integrated Management System (IMS) covering 9100 and 9110, it would be unacceptable to verify the effectiveness of the system for “corrective action” by only auditing samples relevant to one of the standards (e.g. 9100).

• In some limited activities associated to the audit plan, it may be appropriate for AQMS Auditors to audit aspects of an AQMS standard for which they are not formally qualified (e.g., 9100 AEA reviewing 9110 aspects):
  o Areas where the requirements of the AQMS standards and the technical knowledge to undertake the audit is common (e.g., control of documents)
  o Areas where the AQMS Auditor verifies compliance with requirements which are administrative in nature; or
  o Confirmation of evidence / close out of an audit trail

8.0 INSTRUCTIONS FOR THE OPENING MEETING
8.1  The instructions for the opening meeting are contained within regulated form 20 (RF-20). This form is available for reference in the applicable Audit Documents section of the PRI Registrar Auditor Help webpage, and it is expected to be reviewed with the Client during the opening meeting. The degree of detail shall be consistent with the familiarity of the client with the audit process. Expected outcomes shall always be covered.

9.0  TEAM MEETINGS

9.1  The Lead Auditor is responsible for informing Team Members about the technical details of the assessment before and during the assessment, and is responsible for ensuring conformance to all PRI Registrar policies and procedures. The Lead Auditor is also responsible for allocating areas for assessment to Team Members. Such allocation should take into account the experience and training needs of Team Members. Care should be taken in allocating Technical Specialists to appropriate areas.

9.2  The team shall convene a brief meeting to compare notes, ask questions, and to review the documentation of objective evidence for completeness and clarity at the end of each audit day. The Lead Auditor may make amendments to the schedule or Auditor assignments based on this review.

9.3  Under the responsibility of the audit team leader and prior to the closing meeting, the audit team shall:
   - review the audit findings, and any other appropriate information obtained during the audit, against the audit objectives and audit criteria and classify the nonconformities;
   - agree upon the audit conclusions, taking in to account the uncertainty inherent in the audit process;
   - agree any necessary follow-up actions;
   - confirm the appropriateness of the audit program or identify any modification required for future audits (e.g., scope of certification, audit time or dates, surveillance frequency, audit team competence, etc.).

10.0  ASSESSMENT POLICIES

10.1  Audit Policies

   - Lead Auditor: The assigned Lead Auditor is responsible and authorized to coordinate audit details with the Organization such as the confirmed schedule date as assigned, conduct the on-site assessment and submit the appropriate reports.

   - Auditors and/or Technical Specialists: The assigned Auditors and/or Technical Specialists are responsible for conducting the assessment under the guidance of the Lead Auditor, accepting and fulfilling responsibilities delegated by the Lead Auditor.

   - When appropriate and requested or approved by the Sr. Program Manager, Registrar Operations, the Lead Auditor may delegate the lead auditor role to another team auditor seeking lead auditor experience. In this case, the team Auditor will lead the assessment. The Lead Auditor remains fully responsible for the work of the delegated Lead-in-Training and must sign the audit report. This requires
direct supervision of the activities and performance of the trainee acting as Lead Auditor and careful review of the complete audit documentation.

- A person approved only at the Auditor-in-training level may be assigned to gain required experience, but shall not be considered in determining fulfillment of minimum assessment time. Such a person shall not audit independently, but must be accompanied by another team member qualified at least at the Auditor level (who shall supervise and validate the audit data obtained and provide performance feedback to the Auditor-in-training and Lead Auditor).

- Additional Auditors will be assigned to assist the Lead Auditor when additional resources are determined to be necessary.

- While PRI Registrar and the administrators of the Nadcap process are in the same organization, each is a separate entity and function. Therefore, at no time should a PRI Registrar Auditor avoid auditing any Client special process simply due to the fact that the special process has been accredited by Nadcap. We must consider all Client processes indiscriminately in our audits.

10.2 EMS/OHS Policies

- For EMS/OHS audits, data on compliance with relevant legislation and regulations is gathered to determine whether the Organization’s EMS/OHS conforms to the STANDARD. EMS/OHS registration may be granted despite observed legal noncompliances provided that the Lead Auditor and PRI Registrar are satisfied that the EMS/OHS does address such noncompliances, and when in aggregate such noncompliances are not determined to indicate a major nonconformance. The registration audit is NOT an audit of full compliance with all applicable regulatory requirements. Any noncompliances with environmental laws or regulations during a registration or surveillance audit will be immediately reported to the Organization for action to comply with the relevant law.

- QMS+EMS/OHS registration audits may be combined provided the combination demonstrates that the audit satisfies the requirements for registration of the QMS and EMS/OHS. The audit must not be adversely affected by the combination and the relationship between the QMS and EMS/OHS must be clearly defined. Where the documentation is not combined, any interfaces shall be clearly defined.

10.3 On-Site Stage 1 audits

- Option 1: Include a pre-assessment. Stage 1 to occur on-site after the pre-assessment.
- Option 2: No pre-assessment. Stage 1 to occur on-site 10 days or more prior to the assessment audit.
- All Stage 1 nonconformances are to be documented in the Stage 1 Audit Report as Areas of Concern. During the Stage 2 audit, the disposition of the Stage 1 Areas of Concern will be reviewed to verify resolution. If the Lead Auditor does not deem resolved, the NCR will be documented on the Stage 2 audit report and a formal response will be necessary.

- The Stage 1 audit shall be performed:
  - The Stage 1 audit will be allotted ONE day of total audit time.
  - The Stage 1 audit consists of a review of Client documentation, as well as a review of site-specific conditions in order to determine the Client’s preparedness for the Stage 2 audit.
The Lead Auditor will request the QMS, EMS, or OHS documentation and the processes associated with the following:
  - Internal Audits
  - Management Review
  - Corrective Action
  - Document Control
  - Risks and Opportunities

The Stage 1 will be performed by the audit team leader appointed for the initial audit with audit team assistance if needed.

- For organizations with more than one site that have a single quality management system, the Stage 1 audit shall also include an evaluation of the identified central function with the authority for administration, control, audit, review, and maintenance of the quality management system. Additionally, a relevant number of representative sites, including all sites with different technologies and dissimilar activities, shall be included. This will give the audit team sufficient information in order to identify the complexity, risk, and scale of the activities covered by the quality management system subject to certification; any differences between sites; and to what extent each site produce or provide substantially the same kind of products/services according to the same procedures and methods.

- The Stage 1 audit shall include a tour of the site facilities. This will enable the audit team to gain a greater understanding of the organization’s processes, equipment, areas, products, and state of readiness in preparation for the Stage 2 audit.

- **Collection of Information**
  - During the Stage 1 audit the audit team shall collect sufficient information that allows the CB to:
    - confirm the audit program;
    - review the need for additional technical experts and/or Auditors to compose a competent audit team;
    - determine any additional audit activities, as needed, for the fulfilment of the requirements for initial certification; and
    - schedule the Stage 2 audit activities.
  - The audit team leader shall require the organization to provide the necessary information and documentation for review, including the following:
    - quality documentation;
    - description of processes showing their sequence and interactions, including the identification of any outsourced processes;
      NOTE 1: The processes can be depicted in various ways [e.g., process maps, turtle diagrams, SIPOC method, etc.].
    - performance measures and trends for the previous 12 months;
    - interactions with support functions on-site or at remote locations/sites;
    - evidence of internal audits of processes/procedures, including internal and external quality management system requirements;
- the latest management review results;

NOTE 2: Examples of customer specific quality management system requirements are: product process verification, including First Article Inspection (FAI) requirements (e.g., AS9102); quality records to be created and maintained by the organization; coordination of document changes; defined special requirements/critical items/key characteristics; approval of design changes by the customer; flow down of requirements to sub-tiers; customer notification of production process changes; traceability; handling of nonconformities; etc.

AQMS only:
- evidence that the requirements of the applicable 9100-series standards are addressed by the organization’s documented procedures established for the quality management system (e.g., by referencing them in the quality documentation or by using a cross reference);
- list of all major (e.g., top five) aviation, space, and/or defense and any other customers requiring 9100-series standard compliance, including an indication of how much business each customer represents and their customer specific quality management system requirements, if applicable; and
- evidence of customer satisfaction and complaint summaries, including verification of customer reports, scorecards, and special status or equivalent.

- **Review of the Organization**
  - During the Stage 1 audit, the following items shall be addressed, as applicable:
    - number of employees (i.e., full time, part time, contract, temporary) dedicated to aviation, space, and defense;
    - number of shifts and shift patterns specific to production and/or maintenance;
    - evaluation of multiple site eligibility for determination of audit time and sampling;
    - identification of high risk associated with processes and products;
    - risk management and associated tools [e.g., Failure Mode and Effect Analysis (FMEA)];
    - identification of special processes performed or subcontracted;
    - regulatory requirements and authority approvals/recognitions;
    - additional requirements on configuration management;
    - project/program management;
    - continual improvement activities;
    - OTD and quality performance measures;
    - identification of special requirements/critical items, including key characteristics;
    - production process verification [i.e., production readiness, production planning verification, FAI requirements (e.g., AS9102)], as invoked in contracts;
    - prevention programs [e.g., Foreign Object Debris/Damage (FOD)];
    - special work environments [e.g., Electrostatic Discharge Sensitive (ESDS), clean room];
    - customer presence at organization [e.g., resident representatives, regular meetings, reason(s) for presence];
    - customer satisfaction and complaints status, including customer reports and scorecards;
- any customer specific organization approval statuses, e.g., limited approval, probation, suspension, withdrawal;
- customer restricted areas or proprietary information/confidentiality;
- non-applicable sections from AS9100-series standards and supporting justification;
- export limitations/controls [e.g., International Traffic in Arms Regulations (ITAR), Export Administration Regulation (EAR)];
- customer delegated verifications and Materials Review Board (MRB) authority; and
- customer authorized direct ship/direct delivery.

NOTE: The audit team can begin recording objective evidence related to the management system process documentation, and the applicable process and procedural conformity results to the requirements of the applicable standards.

**Stage 1 Conclusions**

- The audit team leader shall use the results of the above review and any additional information obtained from the site tour to:
  - determine the quality management system implementation status;
  - determine the organization’s readiness for the Stage 2 audit;
  - identify any areas of concern that would be classified as a nonconformity, if not resolved before the Stage 2 audit;
  - develop a plan for the Stage 2 audit, that includes any additional quality management system requirements from the organization’s aviation, space, and defense customers;
  - verify the proposed scope of certification and its applicability to the IAQG scheme and, where necessary, communicate to the organization why the proposed scope should be modified;
  - verify the information used for and recommend/revise, as needed, the audit day calculation;
  - review the audit time for the Stage 2 audit and update the audit plan accordingly;
  - adjust the composition of the audit team for the Stage 2 audit, including the addition of any technical experts or translators that are needed; and
  - identify any changes required to the contract and communicate those revisions to the organization and CB.

- The audit findings shall be recorded in the Stage 1 Audit Report. A copy of the audit report shall be given to the organization after completion of the Stage 1 audit.

**The Stage 2 shall be performed:**

- The Stage 2 audit will allot at a minimum .5 off-site days for ISO 9001, ISO 14001 and ISO 45001 audits, and 1.00 day for Aerospace audits for pre-audit preparation, document completion and NCR review. If additional time for the NCR review is required, this will be notated in Additional Aerospace Audit Report section of RMS and discussed with the Client during the closing meeting.
Stage 1 and Stage 2 audits shall not be performed on the same day or on consecutive days (back to back) unless the client organization has a currently certified management system.

During the on-site activities for the Stage 2 audit, the elements of the management system and the associated organization’s processes shall be audited for conformity (including determination of effectiveness). Detailed audit findings, including reference to the audited processes, process documentation, and associated records, shall be documented.

During the opening meeting, the audit team leader shall reconfirm with the organization the issues identified during the Stage 1 audit.

After the opening meeting, the audit team leader shall:
- decide on conducting a facility tour to review substantial changes in scope or facilities, since the last visit (extensive tours at the Stage 2 are discouraged); and
- revise planning, as needed, due to organization changes since the Stage 1 audit (e.g., personnel changes, department/business unit reorganization, new customer complaint) or any objections from the organization that impact the audit.

All major nonconformities shall be closed and verified by the audit team before a recommendation for certification can be made. In the case of Aerospace, all nonconformities shall be closed and verified by the audit team before a recommendation for certification can be made.

[ISO/IEC 17021-1:2015 clause 9.3.1.3]

10.4 The purpose of the Stage 2 audit is to evaluate the implementation, including effectiveness, of the Client’s management system. The Stage 2 shall take place at the site(s) of the Client. It shall include the auditing of at least the following:

- information and evidence about conformity to all requirements of the applicable management system standard or other normative document;
- performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document);
- the Client’s management system ability and its performance regarding meeting of applicable statutory, regulatory and contractual requirements;
- operational control of the Client’s processes;
- internal auditing and management review;
- management responsibility for the Client’s policies.

- For EMS and OHS, the registration audit is NOT an audit of full compliance with all applicable regulatory requirements. Any nonconformities with laws or regulations during a registration or surveillance audit will be immediately reported to the Client for action to comply with the relevant law.
- If during the Stage 2 it becomes evident that the objective of registration cannot be achieved successfully, the Client shall be notified and offered the opportunity to select one of the following alternatives:
  - Terminate the audit immediately
• Continue the audit as a pre-assessment (a recommendation regarding registration shall not be made). A subsequent full assessment with a separately determined fee shall be required for registration purposes. Only one pre-assessment may be conducted per client; if the Client has already had a pre-assessment, this option is not available.

• Continue the audit with the understanding that suitable corrective actions shall be required within 180 calendar days to satisfy all registration requirements. A subsequent special audit with a separately determined fee may be required by PRI Registrar to “close-out” the Stage 2 nonconformances. A registration decision shall be based on the ensuing “close-out” status of all the corrective actions.

• An Audit Report is prepared by the Lead Auditor and is given to the Client before the Auditor departs.

• For non-Aerospace only:
  o The Client will have 30 days within which to provide both the Lead Auditor and PRI Registrar with acceptable root cause and plans for correction and corrective action.
  o Extensions of this 30-day requirement will be considered on an individual basis when requested in writing to the PRI Registrar office.
  o If the Lead Auditor and PRI Registrar are not able to verify the implementation of corrections and corrective actions of any major nonconformities within 6 months after the last day of the Stage 2 audit, another Stage 1 and Stage 2 must be conducted prior to recommending certification.
  o For any minor nonconformances that are not verifiably closed as part of the Stage 2 audit, documented evidence of implementation (objective evidence) must be available at the next routine surveillance audit, unless verified by a special surveillance audit in the interim.

• For Aerospace only:
  o In the case of containment, a plan for containment actions and correction must be submitted by the Client no more than 7 calendar days from the last day of the Stage 2 audit. The Lead Auditor is responsible for reviewing the Client’s response no more than 14 days from the day the response was submitted. Root cause and corrective action plans may be submitted as if there were no containment.
  o Root cause and correction/corrective action plans must be submitted by the Client within 20 calendar days, and agreement must be reached between the Auditor and Client on the action plans in no greater than 30 calendar days from the last day of the Stage 2 audit.
  o If the Lead Auditor and PRI Registrar are not able to verify the implementation of corrections and corrective actions for all nonconformities within 6 months after the last day of the Stage 2 audit, another Stage 1 and Stage 2 must be conducted prior to recommending certification.

• A special surveillance audit, with a separately determined fee, may be required to verify the corrective action on Major nonconformances or a surplus of minor and/or major nonconformances, or due to sector specific (e.g., Aerospace) requirements for verified closure before certification can be had.
• If the Client does not respond with corrective actions to nonconformances within the time limit for an initial assessment, the audit report shall be completed with its incomplete status documented and submitted to the Senior Program Manager, Operations as “closed with no recommendation” for registration.

• It is the expectation of PRI Registrar that Auditors will perform complete analyses of the processes surrounding standard elements. For instance, in the auditing of the corrective action process, the Auditor shall not limit the audit to the internal process corrective actions alone. It is expected that the Auditor will expand the examination to the process that exists to claim customer complaints, internal audits, nonconforming material, the required corrective action procedure, the timely response to findings and the overall effectiveness of the process.

10.5

• Expense Reports
  o The Auditor’s expense report is due to PRI Registrar in RMS or via the RF-84 Expense Report form (emailed to auditexpenses@p-r-i.org or priregistrar@p-r-i.org) no more than 7 calendar days from the last day of the audit. Expenses shall be submitted on a per audit basis.

11.0 SURVEILLANCE POLICIES

11.1 Responsibilities

• Lead Auditor: The assigned Lead Auditor is responsible and authorized to coordinate the next audit target dates with the Organization, conduct the surveillance audit and submit the appropriate reports.

• The Lead Auditor is responsible for collaborating with the PRI Registrar Scheduler on the schedule of audit dates and informing the PRI Registrar Scheduler when changes are made to the schedule. Unless the surveillance is unannounced or requires more than one Auditor, the Lead Auditor shall agree upon suitable audit dates with the Client and confirm with Scheduler.

11.2 Routine surveillance audits normally are conducted at intervals of six or twelve months throughout the three-year registration period, as requested by the Client or recommendation of auditor based on Client performance. Surveillance audits shall be conducted at least once a calendar year.

• For Annual Surveillance – the date of the first surveillance audit following initial certification shall not be more than 12 months from the issue date of the certificate (i.e., the certification decision date).

11.3 When the record of continued conformance by Client demonstrates marginal performance or instability, the frequency of routine surveillance visits may be increased, or selective special surveillance audit(s) may be required.

11.4 Routine Surveillance Audits generally are announced, but PRI Registrar reserves the right to conduct unannounced audits. Some of the conditions under which PRI Registrar reserves the right to conduct these types of audits are to: investigate complaints; in response to changes; or as follow up on suspended Clients.
11.5 Surveillance audits are on-site audits, but are not necessarily full system audits, and shall be planned together with other surveillance activities so that confidence can be maintained that the Client’s certified management system continues to fulfill requirements between recertification audits. The Surveillance audits shall be planned by the Lead Auditor so as to cover all elements/processes of the Organization’s AQMS/QMS/EMS/OHS during the three-year registration period.

- Each surveillance audit for the relevant management system standard shall include:
  - Review of scope for continued appropriateness;
  - Internal Audits;
  - Management Review;
  - Review of actions taken on nonconformities identified during the previous audit;
  - Complaints handling;
  - Effectiveness of the management system with regard to achieving the certified Client’s objectives and the intended results of the respective management system(s);
  - Progress of planned activities aimed at continual improvement;
  - Continuing operational control;
  - Review of any changes;
  - Use of marks, logos and/or any other reference to certification;
  - Review of website.

- Other surveillance activities may include:
  - Enquiries to the certified Client on aspects of certification;
  - Reviewing any certified Client’s statements with respect to its operations (e.g. promotional material);
  - Requests to the certified Client to provide documented information (on paper or electronic media);
  - Other means of monitoring the certified Client’s performance

- In general, the expectations for the mandatory elements/processes to be audited at each surveillance are as follows:
  - Ensure that management review is on schedule, with all required items are being covered. Evaluate whether management is effectively reacting to goals and objectives. Essentially, evaluate the involvement of top management.
  - Ensure that the internal audit schedule is alive and being met. Sample a few audit reports to review effectiveness and depth. Verify that nonconformances are being resolved timely and effectively. Also verify that nonconformances are addressed with thorough and adequate root cause. Ensure that the root cause is not simply a re-statement of the nonconformance.

11.6 Audit team leader shall advise the organization whether recorded nonconformities jeopardize an existing certificate. In the event that certification is suspended, an appropriate course of action shall be agreed between the organization and PRI Registrar. Where there is failure to agree on a course of action, the appropriate PRI Registrar appeals procedure shall be invoked.
12.0  RECERTIFICATION POLICIES

12.1  Recertification Audit Planning

• The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of certification. A recertification audit shall be planned and conducted to evaluate the continued fulfillment of all of the requirements of the relevant management system standard or other normative document. This shall be planned and conducted in due time to enable for timely renewal before the certificate expiry date.

• The recertification activity shall include the review of previous surveillance audit reports and consider the performance of the management system over the most recent certification cycle.

• Recertification audit activities may need to have a Stage 1 in situations where there have been significant changes to the management system, the organization, or the context in which the management system is operating (e.g. changes to legislation).

12.2  Recertification Audit

• The recertification audit shall include an on-site audit that addresses the following:
  o the effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;
  o demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance;
  o the effectiveness of the management system with regard to achieving the certified Client’s objectives and the intended results of the respective management system(s).

• For any major nonconformity identified during a recertification audit, actions must be fully implemented and verified prior to the expiration of the certificate.

• If the recertification audit activities are not completed, or Auditors are unable to verify the implementation of corrections and corrective actions for any major nonconformity prior to the expiry date of the certification, then recertification shall not be recommended and the validity of the certification shall not be extended.

• Following expiration of certification, PRI Registrar can restore certification within 6 months provided that the outstanding recertification activities are completed, otherwise at least a stage 2 audit shall be conducted.

• If additional time for the NCR review is required, this will be notated in the Stage 2 audit report and discussed with the Client during the closing meeting.

13.0  SPECIAL AUDITS
13.1 Expanding Scope

- PRI Registrar shall, in response to an application for expanding the scope of a certification already granted, undertake a review of the application and determine any audit activities necessary to decide whether or not the extension may be granted. This may be conducted in conjunction with a surveillance audit.

13.2 Short-Notice Audits

- It may be necessary for PRI Registrar to conduct audits of certified Clients at short notice or unannounced to investigate complaints, or in response to changes, or as follow up on suspended Clients. In such cases:
  - PRI Registrar shall describe and make known in advance to the certified Client the conditions under which such audits will be conducted;
  - PRI Registrar shall exercise additional care in the assignment of the audit team because of the lack of opportunity for the Client to object to audit team members.

13.3 Special Audits may be conducted to determine if a Client has taken the required corrective action for specific nonconformances written against the QMS/EMS/OHS. These audits may be announced, or unannounced. Please notify the office of the suggested length of the Special Surveillance Audit requested.

- Aerospace Related Requirements – Special audits can be performed anytime during the certification cycle in response to one of the following situations:
  - In response to a customer or other interested party request, when a serious issue (supported by objective evidence) has been identified. The requestor shall be notified in advance of the audit dates and made aware of the audit results.
  - In response to an organization’s request to increase the listing of certified sites.
  - When transferring certification from one CB to another (refer to “Transfer Audit Policies” – section 14)

13.4 Special audits are assigned to a Lead Auditor, and additional Auditors shall be assigned to assist when additional resources are needed. When the audit is announced, the PRI Registrar office makes the necessary contract adjustments for the special surveillance audit with the Client.

13.5 A surveillance audit performed to provide detailed on-site verification of the NCR close-out actions to an audit is considered a special audit. The Lead Auditor may make the necessary non-financial arrangements with the Client for a close-out verification audit.

13.6 The audit team leader shall advise the organization whether recorded nonconformities jeopardize an existing certificate. In the event that certification is suspended, an appropriate course of action shall be agreed between the organization and PRI Registrar. Where there is failure to agree on a course of action, the appropriate PRI Registrar appeals procedure shall be invoked.

14.0 PRE-ASSESSMENT POLICIES
14.1 Definitions
- Pre-assessment: A Pre-assessment is a limited on-site assessment of the Client’s documented AQMS/QMS/EMS/OHS to provide feedback regarding apparent adequacy of implementation for conformance to the STANDARD. It is not as extensive as the registration assessment and generally can be conducted alone by the Lead Auditor. Pre-assessments are conducted only as provided by the agreement between PRI Registrar and the Client and are not considered for the registration decision. PRI Registrar shall not perform more than one pre-assessment for a Client site prior to a full assessment.

14.2 Responsibilities
- The Lead Auditor is responsible and authorized to schedule the Pre-assessment in coordination with the PRI Registrar Scheduler, conduct the Pre-assessment and submit the appropriate reports. For a one-person Pre-assessment involving only him/herself, the Lead Auditor will coordinate with the PRI Scheduler to confirm suitable audit dates with the Client.
- Auditors and/or Technical Specialists: The assigned Auditors and/or Technical Specialists are responsible for conducting the Pre-assessment under the guidance of the Lead Auditor, accepting and fulfilling responsibilities delegated by the Lead Auditor.
- If an assessment for initial registration is included in the Agreement, the Lead Auditor assigned to the pre-assessment shall also be assigned the responsibility to lead the full assessment team. The pre-assessment is conducted in accordance with the Audit Performance Process and Assessment Policies, except the sampling and tests are of a more limited nature.
- Nonconformities found at the Pre-Assessment audit do not have to have a formal corrective action response submitted, are to be noted as areas of concern. Areas of concern are to be addressed by the Client internally before the assessment audit, or an NCR could be raised at the assessment.

15.0 TRANSFER AUDIT POLICIES
- PRI Registrar office shall review documentation for all previous audits in the current certification cycle in order to verify the validity of the current certificate.
- If the validity of the certificate can be confidently established from a review of prior audit documentation, and all previous nonconformances are verifiably closed, then for non-Aerospace Clients, an on-site transfer may not be required.
  - If the validity of an existing certification cannot be established, then a Stage 2 audit must be performed.
  - If nonconformances from previous audits are not verifiably closed, an on-site transfer must be conducted to close the nonconformances before the transfer can be completed.
- For Aerospace audits, an on-site transfer must be performed in all cases. The Auditor shall complete IAQG Form 5 (Audit Report) to ensure validity of the existing certification, and will review any open nonconformances to verify that root cause and corrective action have been completed.
16.0 NONCONFORMANCES AND RECOMMENDATIONS FOR REGISTRATION

16.1 Responsibilities

- **Lead Auditor:** The Lead Auditor has the responsibility and authority to grade, disposition and report nonconformances and to make registration recommendations to the Sr. Program Manager, Registrar Operations.

- **Team Auditors:** The Team Auditors have the responsibility for grading and reporting nonconformances.

- **Account Specialist:** The Account Specialist has the responsibility and authority to review, document, and approve audit packages received from the field and to coordinate the review and disposition of any audit NCRs from the corresponding audits.

- **Audit findings summarizing conformity and detailing nonconformity shall be identified, classified and recorded to enable an informed certification decision to be made or the certification to be maintained.**
  - Opportunities for improvement may be identified and recorded, unless prohibited by the requirements of a management system certification scheme. Audit findings, however, which are nonconformities, shall not be recorded as opportunities for improvement.
  - A finding of nonconformity shall be recorded against a specific requirement, and shall contain a clear statement of the nonconformity, identifying in detail the objective evidence on which the nonconformity is based. Nonconformities shall be discussed with the Client to ensure that the evidence is accurate and that the nonconformities are understood. The Auditor however shall refrain from suggesting the cause of nonconformities or their solution.
  - The audit team leader shall attempt to resolve any diverging opinions between the audit team and the Client concerning audit evidence or findings, and unresolved points shall be recorded.

16.2 Definitions

- **Major Nonconformance:** The absence or total breakdown of a system required to meet the applicable STANDARD. A major nonconformance addresses the failure in an element of the STANDARD in the documented AQMS/QMS/EMS/OHS, the failure to implement a procedure/instruction to address an element of the STANDARD, a failure that places product quality or usability or environmental compliance in jeopardy or a pattern of minor nonconformance that indicate conditions of AQMS/QMS/EMS/OHS inability to assure control of process, product, and/or environmental impacts. Major nonconformances are usually clear system deficiencies which include procedures not being established, implemented or maintained. A major nonconformance requires immediate corrective action, which must be implemented and verified, before initial registration can be granted. Any major nonconformance found at a surveillance must undergo an independent review to determine whether certification may be maintained.

- **Minor Nonconformance:** A nonconformance that judgment and experience indicate is not likely to result in AQMS/QMS/EMS/OHS inability to assure control of process, product, or environmental
impacts. Minor nonconformances usually indicate lapses of implementation of procedures or the existence of procedures which do not entirely address an element of the STANDARD. Minor nonconformances must be corrected prior to registration being granted/continued or within the time period established in the conditions of registration. In the case of Aerospace, all minor nonconformances must be verifiably closed prior to granting registration.

16.3 Grading Nonconformities

- The following conditions shall be considered when grading nonconformance:
  - Has there been a breach or omission of an element of the STANDARD;
  - Has there been a breakdown in adherence to the Client’s quality/environmental/OHS policy or documented system; or
  - Are technical/environmental specifications/standards identified during the audit relating to product quality, service, environmental impacts, or OHS hazards not being addressed?

  If any of the above are detrimental to product quality, environmental impacts, or the QMS/EMS under review, then a Major Nonconformance must be written.

- A pattern of three (3) or more minor nonconformances written against any one element/paragraph of the STANDARD or several similar minor nonconformances in different areas may indicate a breakdown in the QMS/EMS. Such related conditions may be considered to be identified on the Audit Report and graded as a Major nonconformance.

- Auditors shall not allow identified nonconformances which, by nature of the nonconformity, can be corrected immediately, or during the duration of the audit to go undocumented. Identified nonconformances shall always be documented in the audit report.

- Before departure from the on-site assessment, the Lead Auditor may reduce a Major nonconformance to Minor status, but a nonconformance cannot be closed. Such action shall be based upon the presentation of satisfactory justification, documentation or other direct verification, as appropriate.

- If an Auditor comes across a nonconformance in a process not being audited, the Auditor must report the NCR in the Audit Report. The Lead Auditor shall record the nonconformance in the audit report and notate in the nonconformance table that a nonconformance has been found in an area not scheduled to be audited.

16.4 Evaluating and Closing of Nonconformances

- Lead Auditor shall evaluate corrective actions taken or the proposed corrective action plans and may then:
  - Clear/close a major or a minor nonconformance; or
  - Leave the nonconformance open, with conditions for closure.
  - All of the above will be performed using the RMS system.

  PRI Registrar encourages Auditors to close nonconformances whenever possible.

- In evaluating the corrective action taken, the Lead Auditor shall consider and decide on the following courses of action:
Whether total implementation of the corrective action is or is not required for registration. A required corrective action must be demonstrated before recommending registration. A satisfactory corrective action plan must be provided to the Lead Auditor for other corrective actions which will take time to implement and demonstrate with suitable records.

Whether the Client must provide objective evidence such as revised/new documents, forms, and plans.

Whether minor nonconformances that have been addressed by the submission of a corrective action plan must be verified for evidence of implementation through a special surveillance visit or may be addressed at the next scheduled visit for closure.

Whether minor nonconformances which require the collection of QMS/EMS records must be verified at the next scheduled visit for closure.

Whether the Client should be placed on a more frequent surveillance schedule (when applicable) such as from an annual surveillance schedule to a semi-annual.

- The Client must show that corrective action has been taken to meet all the relevant requirements within the defined time limit: corrective actions must be implemented, or satisfactory action plans must be submitted with appropriate initial implementing actions taken, within ninety calendar days of the closing session of an initial assessment. The time limit for response to and acceptance of nonconformances identified during a surveillance audit or re-assessment shall be thirty calendar days. Documented evidence of implementation (records) must be available at the next routine surveillance audit, unless verified by a special surveillance audit in the interim.

- In the case of an initial assessment, evidence of corrective action must be verified for major nonconformances within 6 months, or the Stage 2 audit shall be repeated before registration can be granted. For Aerospace audits only, evidence of corrective action is required for both major and minor nonconformances within 6 months.

- The Lead Auditor shall ensure that the evaluation and closing of the corrective action plan and associated corrective actions related to a nonconformity are not performed during the audit in which the nonconformity was issued. The effectiveness of the corrective action cannot be verified until at least one day after the closing meeting.

16.5 Corrective Actions

- Root Cause and Corrective Action
  - PRI Registrar expects the Organization to perform root cause analysis for every finding.
  - Where corrective action involves only changes to documentation, the verification of the necessary changes may be cleared without the need for a further site visit upon submission of the completed master nonconformity documentation.
  - Corrective action that requires significant changes that can only be resolved by on-site verification shall require a follow-up Special Surveillance Audit arranged by PRI Registrar. An additional fee is charged for such Special Surveillance Audit at rates applicable at that time. The Special Surveillance Audit should address the areas covered by the relevant nonconformances and not be taken as a license to re-examine other areas. Auditors shall contact the Sr. Program Manager, Registrar Operations to expand the audit if issues come to light which could significantly affect the decision regarding registration.
• Corrective actions shall be submitted into the RMS or OASIS system in accordance with the instructions available in the Help section of the respective system. Communication between the Organization Contact and the Lead Auditor should be ongoing to establish that all items have been completed.

• The status of corrective actions shall be conveyed to the Sr. Program Manager, Registrar Operations when unusual conditions or problems occur throughout this process.

• The Organization must show that corrective action has been taken to meet all the relevant requirements within the defined time limit: corrective actions must be implemented, or satisfactory action plans must be submitted with appropriate initial implementing actions taken, within six (6) months of the closing session of an initial assessment. For assessments to AS9100, nonconformances must be closed prior to registration. The time limit for response to nonconformances identified during a surveillance audit or triennial re-assessment shall be thirty (30) calendar days. Documented evidence of implementation (records) must be available at the next routine surveillance audit, unless verified by a special surveillance audit in the interim.

• For nonconformances that require closure at an initial audit, a Special Audit may be required. When required, an additional site visit shall be charged at rates applicable at that time.

• If the Organization does not respond with corrective actions to nonconformances within the six-month time limit for an initial assessment, the audit report shall be compiled with its incomplete status documented and submitted to the Sr. Program Manager, Registrar Operations as "closed with no recommendation" for registration.

• If the Organization does not respond within the thirty-day time limit for corrective actions to nonconformances identified during a surveillance audit or triennial re-assessment, suspension activities shall be initiated.

• When corrective action has been proposed or implemented to the Lead Auditor's satisfaction, the Lead Auditor shall utilize the RMS system to indicate the resolution, including an indication as to whether the finding has an acceptable corrective action plan, or include a verification statement if the nonconformance can be closed. It is expected that the review of submitted corrective actions shall occur within 5-10 working days after receipt of the final corrective action.

• When an “accepted” nonconformance from the previous audit is unable to be closed at the current audit, the same nonconformance must be written as a new NCR and the criticality can be raised to a Major or kept as a Minor (depending on the severity of the situation). This NCR must be entered on the NCR table with a reference to the prior audit report number so that traceability can occur (i.e. ensure that a notation is included in the statement of nonconformity that the NCR was written in the previous audit). This same nonconformance must be able to be totally closed at the end of the 30-day CAR submittal period. A second nonconformance shall be included, written against the organization’s corrective action system.

16.6 Modification of QMS/EMS/OHS Scope of Registration

• During the registration period, the Organization must notify PRI Registrar of any significant changes to its QMS/EMS/OHS that could adversely affect conformance to the STANDARD or the Scope of Registration. Examples of scope changes might be the expansion of the registration to cover new processes not originally included.
• A Lead Auditor will be assigned to evaluate these changes relative to their effect on the continuance of registration. The Lead Auditor may determine that the changes are acceptable and recommend a review of the changes during the next surveillance visit. The Sr. Program Manager, Registrar Operations shall decide whether a special surveillance audit is required.

• If the Lead Auditor judges the changes to be substantial, he or she should recommend to the Sr. Program Manager, Registrar Operations a special surveillance audit at the Organization’s expense. When approved, the Sr. Program Manager, Registrar Operations shall notify the Organization and Scheduling will arrange the audit visit.

16.7 Registration Recommendations

• Following the review and disposition of nonconformances, or the expiration of time limits, the Lead Auditor will provide a registration recommendation to the Sr. Program Manager, Registrar Operations.

• The Lead Auditor shall recommend that conditional or unconditional registration be granted, or that registration be denied.

• Unconditional Registration will be recommended if no major or minor nonconformances exist following the completion of the audit and corrective action response review.
  o Registration for AS9100 requires all major and minor nonconformances to be closed.

• Conditional Registration will be recommended providing the following conditions are met:
  o There remains NO Major nonconformances open.
  o All open minor nonconformances have been addressed with an acceptable corrective action plan.

• If the above conditions are met, the Lead Auditor’s recommendation shall specify the timing and manner of verification for corrective actions on the remaining open minor nonconformances. Verification may be recommended to coincide with the next routine surveillance audit or may be required via a special surveillance visit.

• If the above conditions are not met, denial of registration shall be recommended.

17.0 RECORDING OF OBJECTIVE EVIDENCE

17.1 ISO / EMS / OHS

• During the audit, information relevant to the audit objectives, scope and criteria (including information relating to interfaces between functions, activities and processes) shall be obtained by appropriate sampling and verified to become audit evidence.

Methods to obtain information shall include, but are not limited to:
  o interviews;
  o observation of processes and activities;
  o review of documentation and records.
All objective evidence shall be documented; evidence may be documented on the process audit forms provided by PRI Registrar, and optionally in attached notes.

For non-single site Clients, a single process audit form may be completed for shared processes across multiple sites, but objective evidence and findings must be clearly identified by site.

If submitting audit notes as part of the “official” audit package, the notes should be neat and legible. The process audit form, including the summary of audit trails shall be typed.

Auditors may use checklists to remind themselves of the basic areas/items that need to be observed, evaluated, and recorded. Checklists are available for download in the relevant standard Audit Documents page in the Auditor Help webpage. The checklist shall not be considered an acceptable replacement for the process audit form but may be submitted as part of auditor notes.

The process audit forms, as a written record, provide documented evidence that the audit has been conducted in a complete, consistent, and proper manner. They are a vital form of communication, serving as:

- The link between requirements of the applicable STANDARD and the observations upon which the Lead Auditor makes recommendations regarding registration,
- A part of the information needed to evaluate the audit report and recommendations and
- A part of the information upon which PRI Registrar makes its decision to grant or deny registration.

The assessment involves an in-depth appraisal of the Organization’s implementation of procedures for conformance to the relevant requirements of the STANDARD. The Organization is required to demonstrate the practical application of the documented procedures. A record of the observed evidence is to be documented on the applicable process audit forms, or acceptable repository (with office approval), with notes and explanations added where necessary for clarity.

17.2 AS9100 / AS9110 / AS9120

All objective evidence shall be documented on the appropriate forms as expected by Industry.

- Client defined processes that are identified as part of section 8 of the standard are to be documented via the PEAR form (Process Effectiveness Assessment Report). Objective evidence related to these processes is to be recorded on the PEAR form.
- Client defined processes that are outside of section 8 of the standard are to be documented via the QMS Matrix form. Objective evidence related to these processes is to be recorded on the QMS Matrix form in the appropriate section.

18.0 AUDIT REPORTS

18.1 The Lead Auditor is responsible for writing the audit report. Since the audit report is the major communications link, audit reports must be accurate and complete.

18.2 Anything out of the ordinary about an item should be noted and should become a permanent part of the audit record. Also, anything that adds to the clarity of the information should be included or attached. The people reviewing the audit report cannot know what the auditor thought about the
company or what was actually seen during the audit unless it is documented in the audit report. THE AUDIT REPORT MUST BE ABLE TO STAND ON ITS OWN.

18.3 The audit report is to be prepared prior to the closing meeting and reviewed with those in attendance.

For Aerospace: The Auditor shall not use audit time to complete audit documentation. Therefore, nonconformances and any associated PEARs shall be completed for review at the closing meeting, but the IAQG Stage 2 Audit Report (Form 5) may be completed at a later date.

18.4 The complete audit package (using RF-115 as a guideline to submit) is to be uploaded to the audit record in OASIS within 5 calendar days after the last day of the audit.

19.0 INSTRUCTIONS FOR THE CLOSING MEETING

19.1 The instructions for the closing meeting are contained within regulated form 21 (RF-21). This form is available for reference in the applicable Audit Documents section of the PRI Registrar Auditor Help webpage, and it is expected to be reviewed with the Client during the closing meeting. The degree of detail shall be consistent with the familiarity of the client with the audit process.

19.2 Prior to the start of the closing meeting, the audit team shall review the Audit Program to determine if the program remains appropriate and accurate. During this review, the program shall be updated with any necessary changes, including but not limited to:

- The schedule of processes and/or activities to be assessed at each audit.
- The frequency of surveillance audits.

The review shall also cover the appropriateness of the following:

- The scope of certification.
- The composition of the audit team based on competency or other sector-specific requirements (e.g., the six-year rotation requirement for AS lead auditors).

20.0 AUDIT PACKAGE REVIEW CRITERIA

20.1 It is PRI Registrar’s expectation that Auditors submit finished audit documents that are complete, accurate, and free from errors and omissions. PRI Registrar does track and monitor issues and errors with audit documentation, as noted by the Account Specialists, and these package concerns may potentially affect future audit assignments, or other incentive programs as provided by PRI Registrar.

20.2 Auditors may refer to the Audit Documentation Instruction form (located in the Auditor Reference Materials section of PRI Registrar’s Auditor Help webpage), which provides some additional detail into the expectations of audit document completion. These items represent some of PRI Registrar’s expectations for a completed audit package. This list should not be perceived as “all-inclusive”, but rather highlights some of the more critical aspects of a complete and accurate audit package.

MISCELLANEOUS REQUIREMENTS / POLICIES
21.0 REQUIREMENTS FOR AEROSPACE AUDITORS

- (reference AS9104-1, section 7)

21.1 AQMS Auditor competency, evaluation, authentication, and re-authentication requirements are described in AS9104-3. The evaluation, authentication, and re-authentication process for either an AA or AEA shall be in conformance with AS9104-3 and the requirements of this document.

21.2 AQMS Auditor competency shall be demonstrated and shall include a combination of AQMS Auditor training; industry specific training; aviation, space or defense work experience; and audit experience.

21.3 Evaluation, authentication, and re-authentication of AQMS Auditors shall be performed by an AAB (Auditor Authentication Body) approved by the SMS (Sector Management Scheme).

21.4 An Auditor authenticated in one IAQG sector shall be accepted by the other sectors.

21.5 Auditors who are withdrawn for cause by an AAB shall not be allowed to reapply for authentication for 12 months in any sector of the ICOP (Industry Controlled Other Party) scheme.

21.6 An Auditor not informing an AAB of a previous rejection, suspension, or withdrawal in another SMS shall be cause for withdrawal.

21.7 Where an authenticated Auditor does not submit an application for re-authentication in accordance with the requirements of AS9104-3 or where a re-authentication application cannot be demonstrated to have been submitted before the authentication expiry date, the Auditor shall only reapply as a new candidate for initial authentication. Any previously existing authentication shall be considered expired by the AAB and shall be withdrawn.

COMMONLY USED ACRONYMS LIST

AAQG – Americas Aerospace Quality Group
AEA – Aerospace Experienced Auditor
AIEA – Aerospace Industry Experienced Auditor
ANAB – ANSI-ASQ National Accreditation Board
ANSI – American National Standards Institute
ANS – American National Standard
ARP – Aerospace Recommended Practice (SAE aerospace standards document)
AS – Aerospace Standard (SAE aerospace standards document)
ASQC – American Society of Quality Control
CARs – Corrective Action Responses
DoD – Department of Defense
DoT – Department of Transportation
RMS – Registrar Management System, (database system used by PRI Registrar)
FAA – Federal Aviation Administration
IAAR – Independent Association of Accredited Registrars
IAF – International Accreditation Forum
IAAQG – International Aerospace Quality Group
ICOP – Industry Controlled Other Party
IRCA – International Register of Certified Auditors
ISO – International Organization for Standardization
NCRs – Nonconformance Reports
OASIS – Online Aerospace Supplier Information System
PRI – Performance Review Institute
QA – Quality Assurance
QML – Qualified Manufacturers List
QPL – Qualified Products/Parts List
RABQSA – Registrar Accreditation Board / Quality Society of Australasia
RMC – Registration Management Committee
SAE – Society of Automotive Engineers
UKAS – United Kingdom Accreditation Service