

# Quality Assurance Policy and Procedure



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## 1.0 QUALITY ASSURANCE

### 1.1 Purpose

*CESI Mission - By 2009 become the premier provider of Live Virtual & Constructive Architectural & Engineering Services to the Federal Government, with the majority of our business from repeat customers. The order of satisfaction for CESI as a corporation is: Customer first, Employee, then Shareholder through legal, moral and ethical means.*

The platform of this procedure is based on the ISO 9001 Internal audit section 8.2.2. The CESI Internal quality audits are planned, conducted and documented to verify compliance with policies, procedures and requirements, and to determine the effectiveness of the quality system. This procedure describes the responsibilities and operational details of the CESI audit system.

### 1.2 Revision History

Date	Revision Number	Change	Reference Section(s)
23 Aug 2008	V0	Original document (BC).	

### 1.3 Persons Affected

Quality Director  
Internal Quality Auditors  
Auditee  
Section Owner  
Management Representative (CESI Coordinator)

### 1.4 Policy

The internal quality audit focuses on compliance with requirements of the quality system and ISO 9001 (section 8.2.2), and not Safety, Health and Environmental requirements (SHE). SHE system operation is verified by other means, which are outside the CESI quality system.

This procedure is designed to verify whether quality activities and related results comply with the quality plans and determine the effectiveness of the quality system and compliance with the requirements of Simulation Training & Instrumentation (STRI) Omnibus Contract (STOC) II.

## 1.5 Definitions

### 1.6 Responsibilities

#### 1.6.1 *Quality Director*

Responsible for overall management of the quality audit system, and for maintenance of this procedure. The Quality Director is the lead auditor for the internal audit system. He/she also prepares the annual audit plan, ensures that new auditors are properly trained, and provides direction to auditors to ensure quality and consistency in the audits.

#### 1.6.2 *Internal Quality Auditors*

Responsible for conducting audits according to this procedure.

#### 1.6.3 *Auditee*

Responsible for cooperating with the auditor, and for providing information and resources necessary to achieve the objectives of the audit.

#### 1.6.4 *Section Owner*

Responsible for taking appropriate and timely corrective action on any nonconformities identified in the audited organization during the audit.

#### 1.6.5 *Management Representative (CESI Coordinator)*

Responsible for authorizing and approving the audit schedule, and for reviewing the performance of the audit system as a part of Management Review.

### 1.7 Procedures

#### 1.7.1 *An annual audit plan (Appendix A)*

Prepared by the Quality Director and approved by the Management Representative. The plan may be revised as needed by the same process to take into consideration the status, importance and prior audits of the processes and areas to be audited.

#### 1.7.2 *Several types of audits can be conducted.*

Some audits will focus on only one or two departments or areas while others will be of a vertical nature and will follow a product or process through several departments or areas. The audit plan will specify the areas to be considered in each audit. When developing the plan, consideration is given to the status and importance of procedures and/or processes to be audited, including results of previous audits.

#### 1.7.3 *The Quality Director assigns audits to an auditor.*

Assignments are made so as to ensure independence of the auditor from the work being audited. The Quality Director provides the audit purpose, scope and type. Additional auditors or assistant auditors may be assigned to the audit team as appropriate.

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*1.7.4 Audit team preparation consists of:*

1.7.4.1 Contacting the auditee.

1.7.4.2 Scheduling the specific audit date.

NOTE: Schedule changes may be made by the Quality Director and auditors provided no substantial changes are made to the individual audits.

1.7.4.3 Reviewing the audit purpose and scope.

1.7.4.4 Assigning responsibilities to audit team member(s).

1.7.4.5 Reviewing previous audits of the area, as appropriate.

1.7.4.6 Determining specific procedures or areas to be audited.

1.7.4.7 Preparing checklists to guide the audit process.

See Appendix B for sample checklist.

*1.7.5 The audit team performs the audit:*

1.7.5.1 Collecting objective evidence of compliance via interview, observation and review of documents and records.

1.7.5.2 Conducting follow-up audit activities to verify and record the implementation and effectiveness of corrective action taken on any Corrective Action Requests (CAR's) issued.

1.7.5.3 Evidence of compliance or noncompliance is noted on the checklist. Nonconformities discovered during the audit are communicated (verbal or written) the same day (whenever possible) to the auditee.

*1.7.6 The audit is documented in an Audit Report.*

(See Appendix C) for suggested format.

1.7.6.1 The report is distributed to the auditee, Quality Director and Management Representative.

1.7.6.2 Individual nonconformities are submitted to the Corrective Action System for tracking and follow-up.

1.7.6.3 A new CAR will be issued for any past CAR's issued but not closed effectively.

*1.7.7 The manager of the audited organization is responsible for taking corrective action.*

*1.7.8 The Quality Director is responsible for reviewing results of the audit(s) with the Management Representative.*

*1.7.9 The Quality Director reports on the status and performance of the audit system during Management Review or more frequently as appropriate.*

**1.8 Appendix A – Audit Plan**

**Audit Plan – Schedule Format**

Department:

Internal Audit date:

Internal Audit Number:

Site location:

Point Of Contact:

Phone #:

<b>Dates</b>	<b>Processes</b>	<b>Office/Function</b>	<b>Participants /Auditors</b>	<b>Location</b>

**Figure 1 Appendix A - Sample Schedule Format**

**1.9 Appendix B – Audit Checklist**

ISO #	Audit Questions	Yes	No	N/A	Comments
5.3	What is the District’s quality policy and how does it affect your job?				
5.3 (d)	Is a copy of the quality policy maintained in a place where staff can access it?				
5.4.2	Do you have access to your department’s organizational chart? Where are you on the chart?				
5.4.1	What are your departmental objectives? Are they written down somewhere?				
5.4.1 6.2.2 (d)	Are there separate objectives for your work area? How does the work you and your staff do contribute to their accomplishment?				
6.2.2 (d)	How do you communicate to staff the relevance and importance of their activities? Do you maintain agendas or minutes of meetings?				
5.1	Is the staffing in your department sufficient to accomplish the department objectives and requirements of the QAM?				
4.1 (a)&(b) 4.2.2 (c)	What are the primary processes or activities you supervise? What are the interactions between these processes? Who are the lead employees of your major activities?				

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6.2.1 6.2.2	What education, training, skills and experience are necessary for your staff to deliver the services you provide?				
6.2.2	Do you provide staff training to master changed job requirements? Do you retain records of the employees trained and subject matter?				
6.2.2	How do you determine if the objectives of training have been met? Do you test employees?				
6.2.2 (c)	Do you complete annual performance reviews for each staff member? Are these maintained in your department?				
6.2.2	Are employees within your area cross-trained to perform other related jobs?				
6.4	Is the climate in your employee work area sufficiently controlled so staff can do their work?				
7.2	How do you determine services and service levels that customers expect from your area?				
4.1b 7.1	Have documented procedures and work instructions been established for major processes within your area? Where are they kept and how are they communicated to staff?				

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4.2.4	Do you retain records generated by work processes within your area? Where are they stored? (Auditor- Select a sample of the records. Are they legible, readily identifiable and retrievable)? Document your sample.				
7.5.4	Do you maintain any student records? How do you protect them?				
7.6	Do you use any monitoring or measuring devices to assure the quality of your services?				
7.6	<p>Are these monitoring and measuring devices:</p> <p>a. Calibrated and adjusted periodically in accordance with industry standards?</p> <p>b. Are the devices labeled or otherwise identified to enable determination of the calibration status?</p> <p>c. Are the calibration results recorded?</p> <p>d. Are the devices safeguarded from unauthorized adjustments?</p> <p>e. Are the devices protected from damage or deterioration that would invalidate the calibration?</p>				
8.4	What data do you collect to show that your services are improving and the QAM is effective?				

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8.4	Do you receive feedback from customers about the services you provide? Are customer comment cards used?				
8.5.2	What is your understanding of the corrective action process? Where are the forms maintained?				
8.5.2	Have you noted any discrepancies between the written procedures and the procedures in use? What did you do to bring them into alignment?				
8.5.3	What is your understanding of the preventive action process?				
8.5.1	Have you noticed improvements in your department since the QAM was implemented? What are the improvements? If the answer is yes, are there any records that show the improvements?				
8.5.1	Are there any processes you are aware of that need improvement?				
8.5.1	What areas in your department seem to be making the most improvement? Why?				

**Figure 2 Appendix B - Audit Checklist**

### 1.10 Appendix C – Audit Report Format

DATE:

FROM: [Name]

THRU: [Name]

TO: [Name]

SUBJECT: Internal Audit Summary Report

An internal audit was conducted (dates). The main emphasis of this audit is the internal assessment of the quality management system. This assessment determines whether or not the [Name] is operating in accordance with the policies and procedures set out in the quality manual and related documentation.

The following areas were reviewed and findings include:

TITLE: Brief description

TITLE: Brief description

#### **Figure 3 Appendix C - Sample Audit Report Format**