

“APPROVED”
Rector
of “International information
technologies university” JSC
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November 01, 2019

DOCUMENTED PROCEDURE
INTERNAL AUDIT
QP-02

Revision 3

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1. Purpose

The documented procedure establishes for planning, preparing and conducting an internal audit of the quality management system (hereinafter the QMS) and responsible executors of these works in “International information technologies university” (hereinafter the University), as well as procedure for managing the records related to the internal audit.

This procedure is the third edition and reissued due to changes in the process and forms of internal audit reporting.

The purpose of internal audit is to confirm fulfillment of the requirements of ST RK ISO 9001, through compliance with the Quality Policy and fulfillment of provisions set forth in the Quality Manual, documented procedures, rules, regulations and instructions, as well as planned activities.

Internal Audits are not inspections and do not replace any other process or activity reviews. Audits are based on results of a sample assessment of the area of inspection and used to determine QMS performance and suitability.

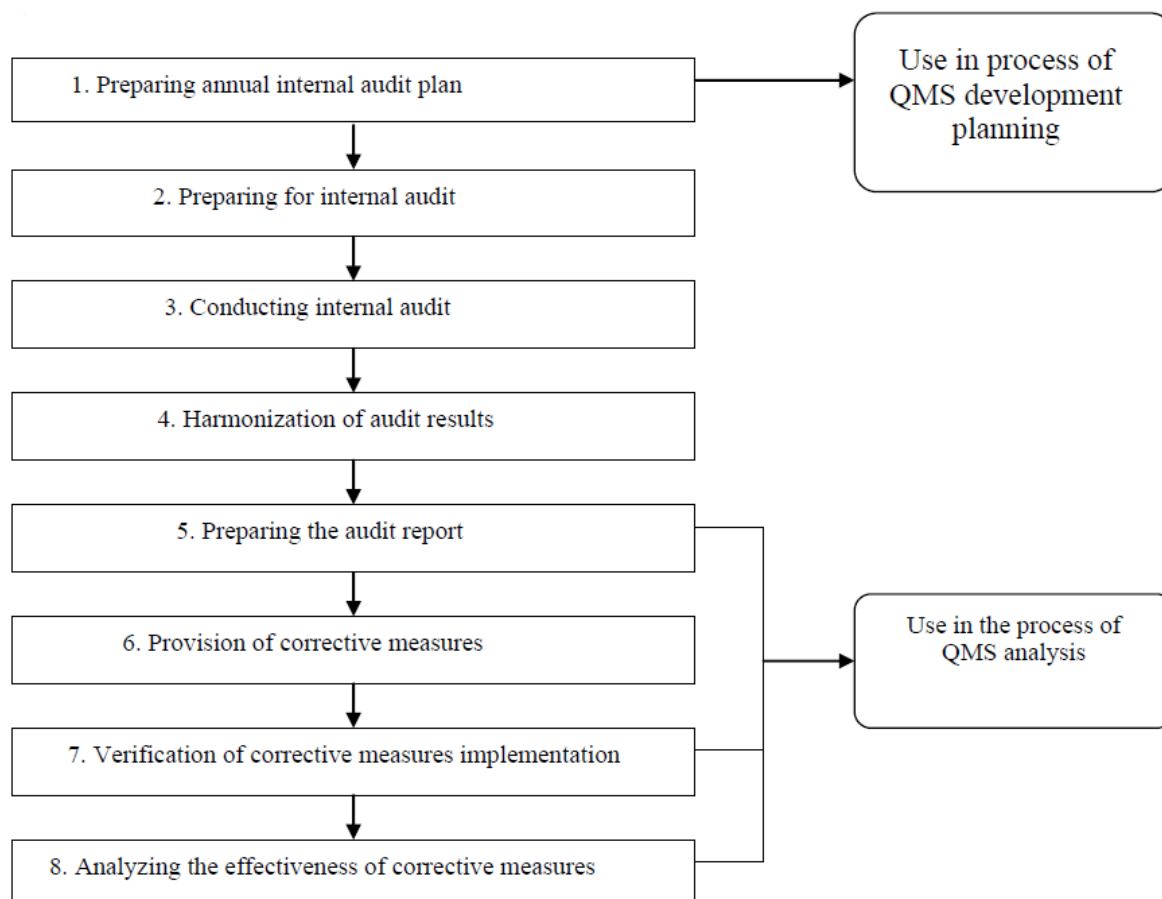
2. Scope of application

The documented procedure is regulatory document for internal auditors and University employees involved in internal audits.

Internal auditors are appointed by order of Rector. They must be trained and maintain their competence at all times. Requirements for auditors are given in Annex 1 of this procedure.

3. Internal audit process

3.1 Process flowchart



3.2 Procedure to be followed

Activity	Who?	When?	How?
1. Preparing annual internal audit plan	QMS expert	Before start of academic year	<p>Audit is planned to cover all subdivisions and individual specialists, as well as all QMS processes at least once a year according to Form F-12 "Annual Internal Audit Plan".</p> <p>The plan is communicated to the heads of subdivisions at meeting of the Rectorate. No changes are made to the annual plan, <u>if necessary</u> for objective reasons it is reissued, and the current plan is communicated to subdivisions.</p> <p>The frequency of audits depends on importance of the activity, as well as issues in a particular process or department. Plan specifies the senior auditor responsible for the audit. The auditor cannot audit his own work or the work of department in which he works.</p>
2. Preparing for internal audit	Senior auditor and audit team members	One week before the audit deadline, according to Annual Internal Audit Plan	<p>Senior auditor prepares Specific Audit Program, which specifies composition of the audit team, specific dates of the audit, and the processes to be audited on Form F-14 "Internal Audit Program".</p> <p>The Program is reviewed and approved at the Rectorate meeting.</p> <p>Senior auditor assembles the audit team, communicates the areas to be audited and familiarizes the auditors with results of the previous audits and procedures. Each auditor, <u>as needed</u>, prepares his own "Internal Audit Questionnaire Sheet" on Form F-15.</p> <p>A sample list of internal audit questions is provided in Annex 2 of this procedure.</p>
3. Conducting internal audits	Audit team or senior auditor	According to internal audit program	<p>The audit team or senior auditor meets with the department head or persons involved in the audit process. Explains to them the objectives, scope, criteria, and methods of the audit.</p> <p>Auditors gather objective evidence through document review, interviews and observation using questionnaires. Evaluate evidence against audit criteria (requirements of the procedure and relevant standards), identify areas requiring improvement or corrective action and good practices.</p> <p>After the audit is completed, senior Auditor meets with the audit team (if applicable) to discuss the findings.</p>

Activity	Who?	When?	How?
4. Coordination of the audit results	Auditor and audited party	The audited party must agree on the need for corrective actions at the end of audit. Actions and timeframes should be agreed within three days after the audit	<p>When nonconformities or observations are found, the auditor explains to audited party the nonconformity found and completes Form F-16, "Process Monitoring. Corrective Action".</p> <p>The audited party proposes corrective actions and a time frame for their implementation. The auditor analyzes the proposed actions and agrees if they are satisfactory and if they resolve the problem.</p> <p>The problem and proposed action are entered on Form F-16, "Process Monitoring. Corrective Action".</p> <p>Procedure for corrective action may be conducted according to procedure QP-06 "Corrective Actions".</p> <p>Senior auditor reports the findings to the department head and/ or audited parties.</p>
5. Formalization of the audit results	Senior Auditor, Auditor	Within three working days after audit completion	<p>"Internal Audit Report" (Form F-17). indicates the objectives and scope, results, opportunities for improvement, and any recommendations made during the audit.</p> <p>Consideration and analysis of the results of the internal audit according to the report is carried out at a meeting of the Rectorate. All decisions on internal audit are recorded in the minutes of the Rectorate</p>
6. Provision of corrective actions	Audited party	Within the established deadline	As stated in Corrective Action Proposal
7. Checking implementation of corrective actions	Senior Auditor, Auditor, QMS expert	Within 2 weeks after the due date	<p>Verify that the intended measures and actions have been completed and noted on Form F-16 (maintained electronically).</p> <p>Verify that corrective actions have been implemented (verification can be performed by an auditor or QMS specialist)</p>

8. Analyzing effectiveness of corrective actions	Senior auditor, auditor, QMS expert	At next audit or during preparation for QMS analysis	Effectiveness must be verified at the next audit. The auditor shall make a note in Form F -16 "Process Monitoring, Corrective Actions". The results of all internal audits and effectiveness of taken corrective actions are summarized in a management review according to the procedure.
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3.3 Documentation

Document or from code	description
QP-08	Non-conformance management. Corrective actions
QP-09	QMS analysis by the management
F-12	Annual plan of internal audits
F-14	Internal audit program
F-15	Internal audit questionnaire sheet
F-16	Process monitoring/corrective actions
F-17	Internal audit report

4. Confidentiality

This procedure is an internal regulatory document of University and not to be presented to other parties, except for experts of certification bodies during the quality inspections and partner-consumers (at their request) with the Rector's authorization.

Annex 1

Requirements for auditors

CRITERIA OF AUDITOR COMPETENCE

Employees who have been trained at specialized training courses for QMS internal auditors and received the relevant document (certificate, etc.) confirming their qualification shall be involved in QMS internal audit .

To confirm their qualification, internal auditors undergo training at least once every 3 years.

For training and appointment of internal auditors, the University management selects candidates who are reputable in University, calm, balanced, able to defend their opinion, with higher education.

The auditor appointed by the head of audit team for a particular audit is called Senior Auditor.

In order to ensure independence and objectivity, auditors who are not responsible for the audited process are engaged to perform a specific audit.

The number of trained auditors is determined by the number of University employees, so as to ensure continuity of the internal audit process.

Sample list of questions for internal audits

Items of ST RK ISO 9001-2016	Questions
Management activity processes:	
p.4.1, 4.2	Education needs analysis (market research and enrollment efforts based on identifying and analyzing the university's external and internal environment, stakeholder needs and expectations)
p.4.4, 6.2	Maintaining QMS and its processes
p.4.1, 4.2	Developing Quality Policies and Objectives, and actions to address risks and opportunities
p.5.3	Allocation of responsibility and authority
p.10	Opportunities for improvement
Resourcing processes:	
p.7.1.2, 7.2	Teaching staff competence preparation and assurance
p.7.1.3	Maintenance and support of educational process, software management, including resources for monitoring and measuring the educational process
p.7.1.3	Library and laboratory/center operations
p.7.1.3	Building administration and maintenance
p.7.1.4	Management of the process environment, including ensuring safety of the learning environment
p.7.1.6	Knowledge management of the University
p.7.3, 7.4	External and internal communication processes
p.7.5	Management of documented information
Educational service life cycle processes:	
p.8.1	Planning of educational service (enrollment, teaching load, list of specialties, individual plan of lecturers, working curriculum, timetable, etc.)
p.8.2	Admission and selection of applicants, enrollment of students
p.8.3	Development, analysis and updating of curriculum and programs; development of methodological literature for new specialties)
p.8.4	Procurement of materials, equipment and programs to support the educational process
p.8.5	Organization and conduct of educational process
p.8.3, 8.5	Research and innovation activities
p.8.5	Educational work
p.8.6	Graduation process (summative assessment with awarding of academic degree to the student)
p.8.7	Management of inappropriate outputs
Measurement monitoring processes:	
p.9.2.1	Monitoring of customer satisfaction
p.9.2.2	Internal audits
p.9.2.3	Process monitoring
p.9.2.4	Organization and conduct of evaluation and attestation of students (current and end-of-term control)
p.9.3	QMS analysis by the management
p.9.4	Data collection and analysis
p.9.5.2	Corrective actions