	<b>United States Accreditation, INC.</b>  <b>Procedure For Internal Audits</b>	<b>Document No:</b>	<b>USACC-P-05</b>
		<b>Release Date:</b>	<b>01/04/2021</b>
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## 1. PURPOSE

The purpose of this procedure is to explain the procedures and principles for the planning and implementation of internal audits to verify the compliance of all activities carried out by United States Accreditation, Inc. with the requirements of the Management System and relevant international accreditation criteria, and to ensure their effective continuity.

## 2. SCOPE

This procedure covers the entire United States Accreditation, Inc. Management System and all accreditation activities.

## 3. DEFINITIONS

Definitions related to this procedure are given in the USACC-IN-01 Instructions on Terms and Definitions Used in the United States Accreditation, Inc. Documentation.

## 4. RELATED DOCUMENTS

USACC-IN-01 Instructions on Terms and Definitions

USACC-P-04 Procedure For Control of Records

USACC-P-03 Procedure For Control of Non-Conformities Corrective Actions

USACC-FR-11 Corrective Action Request Form

USACC-PL-01 Internal Audit Plan

USACC-LT-01 Internal Audit Checklist

USACC-RP-02 Internal Audit Report

## 5. IMPLEMENTATION

Internal audits required to determine the effectiveness of the Management System and accreditation activities shall be planned and implemented by the Quality Manager.

### 5.1 Planning an Internal Audit

An internal audit shall be carried out at least once a year according to USACC-PL-01 Internal Audit Plan, which includes all elements of the management system and accreditation activities and all relevant departments, taking into account the findings of the previous audit and the importance of the processes and relevant accreditation schemes. Apart from regular annual internal audits, internal audits may also be performed if the following conditions occur.


- i. In areas where serious and recurrent nonconformities are detected,
- ii. Following complaints or appeals that may raise doubts about the adequacy or effectiveness of the quality management system and accreditation activities,
- iii. Following significant changes in the management system, accreditation criteria or accreditation procedures.

Annual Internal Audit Plan is prepared by the Quality Manager using the USACC-PL-01 Internal Audit Plan and enters into force with the approval of the President.

Approved Internal Audit Plan shall be announced to the relevant departments by the Quality Manager.

### 5.2 Creating an Audit Team

In the internal audit plan, the date on which departments will be audited and names and surnames of the auditor(s) in the audit team shall be specified.

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The internal audit team shall be selected from among people who meet the following competency criteria and are not affiliated with the activity to be audited:

- i. To have the lead auditor requirements defined in USACC-P-10 Procedure for the Qualification of Personnel Taking Part in the Accreditation Process and Formation of Assessor/Technical Expert Pool in at least one accreditation scheme,
- ii. To have at least 5 years experience in accreditation practices,
- iii. To have knowledge of ISO/IEC 17011 applications and USACC-P-10 Procedure for the Qualification of Personnel Taking Part in the Accreditation Process and Formation of Assessor/Technical Expert Pool management system,
- iv. To have successfully completed the co-evaluator/team member training, preferably given by APAC or another accreditation cooperation, or to be appointed as a team member/team leader,
  
- v. To have knowledge about the peer evaluation practices of IAF, ILAC, APAC etc. or other accreditation cooperation's and MLA/MRA rules.

If more than one person is assigned to the audit of a department/process/accreditation scheme, it is sufficient to meet the above conditions by at least one of the team members.

In the event of any changes to the audit team, the Quality Manager informs the relevant department.

The audit team consists of 1 lead auditor and, if necessary, a sufficient number of auditors. If necessary, the head of the department may assign a guide to accompany the audit team.

#### 5.3 Preparations Prior to Internal Audits

The internal audit shall be organized in a way that includes the following implementations which will enable the management system and accreditation activities to be audited in detail and to determine the performance of all responsible departments:

- Implementation of documents,
- Control of records,
- Accreditation application,
- Auditor selection,
- Auditor contracts,
- Nonconformity reports,
- Audit reports,
- Corrective actions,
- Documents prepared for accreditation decision,
- Scope of application and scope of accreditation granted,
- Complaints,
- Reducing, suspending or withdrawing the scope of accreditation, etc.


In addition, previous findings and failures of the department to be audited shall be taken into account.

#### 5.4 Conducting an Internal Audit

The audit team shall review the relevant documents and records before the audit and make preliminary determinations about the department/process to be audited.

An opening meeting shall be held with the participation of the relevant department manager, department personnel and other auditors in the audit team under the management of the lead auditor. At the opening meeting, members of the audit team shall first be introduced. At this meeting, the lead auditor shall explain the purpose of the audit, audit procedure, what matters to be audited, preparation of the audit report, corrective action and procedure to be applied for the follow-up of these actions. The lead auditor should clarify the possible questions of the department personnel to be audited about the audit.

The audit team shall review the management system documents (Quality Manual, procedures, instructions, etc.) and check whether the activities performed are actually implemented as specified in the Management System documents. During the review, at least the following points shall be taken into consideration:

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- .Compliance of management system documents,
- .Up-to-datedness of management system documents,
- .Effective implementation of the management system,
- .Whether accreditation activities are carried out in accordance with international, regional, national standards, guidelines of international organizations in the field of accreditation, such as APAC ILAC and IAF, and legal requirements.

During the audit, auditors shall look for objective evidence with USACC-LT-01 Internal Audit Checklist that the management system's requirements and accreditation criteria have been met. Auditors shall evaluate the evidence in an unbiased and impartial manner.

Each nonconformity identified during the audit shall be processed in accordance with USACC-P-03 Procedure For Control of Non-Conformities Corrective Actions and be recorded in USACC-FR-11 Corrective Action Request Form

- . This form should contain explanatory information about the identified nonconformities and which system requirements these nonconformities are related to.

At the end of the audit, the audit team shall hold a meeting among themselves. They shall evaluate the findings obtained in this meeting and determine which findings will be reported as nonconformities and which will remain as suggestions.

After the audit is completed, a closing meeting shall be held under the lead auditor with the participation of other audit team members and people involved in the opening meeting. The lead auditor shall present all the findings, taking into account their significance. At this meeting, both positive findings and identified nonconformities are addressed.

The audit team and manager of the audited department shall decide by which date the corrective actions necessary to eliminate

nonconformities should be completed.

After the necessary agreement has been reached, the meeting shall be concluded.

#### 5.5 Internal Audit Report

At the end of the audit, the audit report is prepared by the audit team using the USACC-RP-02 Internal Audit Report.

The Internal Audit Report contains at least the following information:

- .Name of auditor(s)
- .Date of audit
- .Detailed information about the audited department and its activities
- .A summary of findings
- .Nonconformities detected
- .Corrective actions agreed, time foreseen for corrective actions, and person responsible for carrying out the

corrective actions. The lead auditor shall approve the Internal Audit Report and present it to the Quality


Manager.

#### 5.6 Follow-Up Audit

The Quality Manager shall draw up a follow-up audit plan for significant nonconformities when necessary, taking into account the estimated completion time of the identified nonconformities for each audit and inform the auditors accordingly.

Preferably, the auditor performing the first audit shall be assigned for the follow-up audit to be made based on the determined nonconformities. The auditor shall record all findings, as in the method applied in the audit.

If there is sufficient evidence that the corrective actions have been effectively implemented, the auditor shall state it and

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sign USACC-FR-11 Corrective Action Request Form in "the corrective action completed" section. The auditor shall submit this report to the Quality Manager. If the nonconformity continues as a result of the follow-up audit, a re-evaluation shall be made at a meeting held with the participation of the auditor, the Quality Manager and the relevant Department Supervisor about the extension period for the corrective action.

If the problem is at a level that requires the decision of the Board of Directors such as organization and resources, the Quality Manager shall determine the issue in question as the priority item on the agenda of the Management Review Meeting.

Corrective actions implemented shall be considered as quality records and stored by the Quality

Manager in accordance with USACC-P-04 Procedure For Control of Records

## 6. AUTHORITY AND RESPONSIBILITIES

Authority and responsibilities are described in USACC-G-34 Job Description and Organization Chart Guideline.