

INTERNAL AUDIT PROCEDURE

1. The [Quality Manager] shall audit the following Quality Management System (QMS) documentation every 12 months:
 - a. Written Policies and Procedures
 - b. Templates and Forms
 - c. Ownership and Management Structure
 - d. Organizational Charts
 - e. Position Descriptions
 - f. Biographical sketches
 - g. Training Records
 - h. Competency Evaluation Records
 - i. Equipment Calibration, Standardization, Check, and Maintenance Records
 - j. Previous Internal Audit Records and Corrective Actions
 - k. Management Review Records and Corrective Actions
 - l. Test Records and Reports
 - m. Customer Feedback Records and Corrective Actions
 - n. On-Site Assessment Reports and Corrective Actions
 - o. Proficiency Sample Documentation: Underlying Data, Reports, and Corrective Actions
 - p. Any Other Corrective Actions
2. If the [Quality Manager] requires additional auditors to complete the audit, the auditors selected shall be independent of the processes being audited, where possible.
3. Quality management system policies and procedures are reviewed by the auditor(s) to ensure conformance to the requirements of R 18 and any other applicable QMS standards.
4. Templates and forms are reviewed by the auditor(s) to ensure that they prompt for all of the information that would be required for completed records.
5. Records, reports, corrective actions, etc. of the QMS are reviewed by the auditor(s) to ensure completeness and conformance to the requirements of R 18 and any other applicable QMS standards, and to ensure that established laboratory policies and procedures are being followed. Such documentation is also checked to ensure a minimum of 5 years retention. Access to current AASHTO, ASTM, and other literature is also evaluated.
6. The auditor(s) shall interview laboratory staff to determine whether the QMS is adequately understood. The names of persons interviewed shall be listed at the bottom of the Internal Audit Check Sheet, and each interview shall be documented on its own Internal Audit Interview Report.
7. The auditor(s) shall document the results of the audit as the audit progresses, and, once the audit has been completed, shall transfer these results to the Internal Audit Check Sheet and **Corrective Action Reports**.

8. The [Quality Manager] shall hold a meeting to discuss any nonconformities noted with appropriate staff, shall assign responsibility for completing the corrective actions to appropriate staff, and shall establish associated deadlines for resolution. All corrective actions initiated during the audit shall begin with an investigation to determine the root cause of each nonconformity.
9. The [Quality Manager] shall prepare a memorandum to the [Technical Director] that includes the Internal Audit Check Sheet and the planned corrective actions and deadlines.
10. The resolution of each nonconformity shall be documented on its own **Corrective Action Report** with supporting documentation attached to each report, and submitted to the [Quality Manager] for review and approval.
11. As deadlines are reached, the [Quality Manager] shall review the corrective action documentation provided by the selected staff to determine whether the nonconformities have been satisfactorily resolved. For any corrective actions not completed by the deadline, Steps 7, 8, and 9 shall be repeated.
12. Once all corrective actions have been satisfactorily completed, the audit will be considered complete, and a final summary of conformance shall be sent to the [Technical Director].
13. The [Quality Manager] shall maintain a file containing all documents related to the internal audit [in the Quality Manager's office].

INTERNAL AUDIT CHECK SHEET (Page 1 of 2)

Do the policies and procedures and other documents of the QMS conform to the requirements of R 18 and other applicable quality management system standards? Indicate Yes or No. If No, include a corrective action report ID as a cross reference to the **Corrective Action Report Form** that is required to be filled out for each nonconformity.

	Yes or No
Legal name and address	
Ownership and management structure	
Organizational charts	
Staff position descriptions	
Staff biographical sketches	
Staff training procedure	
Staff evaluation procedure	
Internal audit procedure	
Management review procedure	
Procedure for corrective actions	
Procedure for handling customer complaints	
Records retention policy	
Equipment inventory list	
List of equipment requiring calibrations/standardizations/checks/maintenance	
General procedure for ensuring equipment calibrations /standardizations / checks / maintenance	
In-house calibration / standardization / check / maintenance procedures for equipment	
Procedures for sample identification, storage, retention, and disposal	
Procedures for test records and final reports	
Policies relative to subcontracting	
Procedure for participating in on-site assessment programs	
Procedure for participating in proficiency sample programs	

INTERNAL AUDIT CHECK SHEET (Page 2 of 2)

Are all records complete and retained for 5 years? Is literature current? Indicate Yes or No. If No, include a corrective action report ID as described above.			
Type of Documentation	Identify the Specific Documentation Audited (Records, Reports, and Standards)	Yes / No	Date Checked
Training and Competency Evaluation Records			
Equipment Records			
Internal Audit Records and Corrective Actions			
Management Review Records and Corrective Actions			
Test Records and Reports			
Customer Feedback Records and Corrective Actions			
On-Site Assessment Reports and Corrective Actions			
Proficiency Sample Documentation			
Any Other Corrective Actions			
Current AASHTO, ASTM, and Other Literature			
Templates and forms			
List employees interviewed during the audit, and complete an Internal Audit Interview Report for each name listed:			
Audit performed by: _____			
Dates of the audit: _____		Next Review Date: _____	

INTERNAL AUDIT INTERVIEW REPORT

Name/Location of Laboratory:

Please use this form to document the questions and answers for any interviews conducted as part of the audit. Document any nonconformities by including a CAR Report ID after a nonconforming answer as a cross reference to the [Corrective Action Report Form](#) that is required to be filled out.

Interviewee: _____

Interviewer: _____

Date of Interview: _____

QUESTIONS

1. Question 1
2. Question 2
3. Question 3
4. Question 4
5. Question 5

ANSWERS AND FOOTNOTES

1. Answer to Question 1 [**CAR Report ID**, if applicable]
2. Answer to Question 2 [**CAR Report ID**, if applicable]
3. Answer to Question 3 [**CAR Report ID**, if applicable]
4. Answer to Question 4 [**CAR Report ID**, if applicable]
5. Answer to Question 5 [**CAR Report ID**, if applicable]