

INTERNAL QUALITY ASSURANCE

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INTERNAL QUALITY ASSURANCE

Reference CAR Part 149 .63

INTERNAL AUDIT PROGRAM

The Internal Auditor according to the following program shall conduct internal Audits.

<i>Month</i>	<i>Audit items from checklist OPMF37</i>
Nov	1
February	3-9,11,12,13-15
August	2-9,11,12,13-15

A report detailing findings, concerns and other deficiencies identified by an Internal Audit shall be passed to the Executive Council via the Secretary at the conclusion of each Audit.

QA ACTION PROCEDURE

Information relating to Quality Assurance received from any source (e.g. Internal Audit reports, Management Reviews, feedback from members, or any quality procedure) is to be filed as a quality item, and listed in a summary file as open.

At each Executive Council meeting the executive shall determine and implement any corrective and preventative actions required to address the root cause of deficiencies identified by quality items. Where required these actions shall be recorded and shall identify those responsible for carrying out the actions as well as agreed deadlines for completion.

Corrective and Preventative actions required from previous meetings are to be reviewed and closed where the action has been completed and it appears the root cause has been addressed.

CORRECTIVE ACTION PROCEDURE

Where a corrective action is deemed necessary in response to a quality item a Corrective Action shall be entered in the QA Action file specifying:

- Root cause(s) of the problem.
- Corrective action required.
- Person(s) responsible for carrying out corrective action.
- Time in which corrective action is to be implemented.

OPMF38 is to be used for the recording of corrective actions, with supporting documentation where required.

PREVENTATIVE ACTION PROCEDURE

Where a preventative action is deemed necessary in response to a quality item a Preventative Action shall be entered in the QA Action file specifying:

- Root cause(s) of the problem.
- Preventative action required.
- Person(s) responsible for carrying out the preventative action.
- Time in which preventative action is to be implemented.

OPMF39 is to be used for the recording of preventative actions, with supporting documentation where required.

MANAGEMENT REVIEW

An annual review of Internal Audit procedures, the QA Action File, and the procedures described in this manual shall be conducted by the Executive Council.

The review along with associated corrective and preventative actions shall be filed as quality items and subject to the QA Action Procedure.

SAFETY POLICY REVIEW

An annual review of the Safety Policy and how well the guidelines detailed within it have been adhered to shall be conducted by the Executive Council. This review along with any required actions shall be filed as QA Items and subject to the QA Action Procedure.

QUALITY INDICATORS

Quality indicators include error reports, incidents and complaints. These and related items are to be filed as QA Items and are subject to the QA Action Procedure.

AUDIT FLOW CHART



