

---

**INTEGRATED MANAGEMENT SYSTEM  
PROCEDURE – MR02**

---

---

**INTERNAL IMS AUDIT**

---

**Approval Details**

Date	Rev No.	Prepared	Reviewed & Approved
Jan 15, 2022	2	Mr. Joju Manjaly 	Mr. Elie Saikali 

**Revision History**

S.No.	Rev No.	Month/Year	Clause	Revision Description
0	0	May'11	All	First Issue
1	1	Aug'12	All	Typographical errors are corrected
2	2	Jan'22	Note:	Grading of non-conformance/ observation

<b>Internal IMS Audit</b>	<b>Rev 2, Jan'22</b>
---------------------------	----------------------

---

---

## CONTENTS

<b>1</b>	SCOPE/ PURPOSE
<b>2</b>	PROCESS OWNER
<b>3</b>	STANDARD FORM TO BE USED
<b>4</b>	DEFINITIONS/ ABBREVIATIONS
<b>5</b>	NOTES
<b>6</b>	PROCEDURE
<b>6.1</b>	Internal IMS Audit Schedule
<b>6.2</b>	Internal IMS Audit Procedure
<b>6.3</b>	Follow-up Audit
<b>6.4</b>	Spot Monitoring Checks
<b>6.5</b>	Third party AD OSHAD Compliance Audit
<b>7</b>	ATTACHMENTS

**Internal IMS Audit**

Rev 2, Jan'22

**1.0 SCOPE/ PURPOSE**

The purpose of this procedure is to define the requirements, planning, execution, and reporting of internal audits to ensure the implementation and continual enhancement of the Integrated Management System in DDC

The scope of Internal IMS Audits covers all departments/ divisions and locations/ sites of DDC.

**2.0 PROCESS OWNER**

**Management Representative** is responsible for the overall management of internal IMS audits and the assignment of auditors in accordance with this procedure.

**Internal IMS Auditors** are responsible for conducting and reporting audits in a timely manner.

**3.0 STANDARD FORM TO BE USED**

Internal IMS Audit Schedule	- Form # MR02/1
Internal IMS Audit Checklist	- Form # MR02/2
Corrective Action Requests	- Form # MR02/3
Internal IMS Audit Summary Report	- Form # MR02/4
Corrective Action Request Log	- Form # MR02/5
IMS System Monitoring Checks	- Form # MR02/6

**4.0 DEFINITIONS/ ABBREVIATIONS**

4.1 **DDC:** Dhafir Development & Contracting L.L.C.

4.2 **IMS:** Integrated Management System.

4.3 **GM:** General Manager.

4.4 **MR:** Management Representative.

4.5 **PM:** Project Manager.

4.6 **HOD:** Head of Division.

4.7 **Audit:** systematic, independent, and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.

4.8 **Internal Audits:** sometimes called first-party audits, are conducted by, or on behalf of, the organization itself for internal purposes and can form the basis for an organization's self-declaration of conformity.

4.9 **Audit Schedule:** set of one or more audits planned for a specific time frame and directed towards a specific purpose.

4.10 **Audit Criteria:** set of policies, procedures or requirements used as a reference

4.11 **Audit Evidence:** records, statements of fact or other information which are relevant to the audit criteria and verifiable.

4.12 **Auditee:** organization being audited.

4.13 **Auditor:** person with the competence to conduct an audit.

4.14 **AD OSHAD:** Abu Dhabi Occupational Safety and Health.

Internal IMS Audit

Rev 2, Jan'22

5.0 NOTES

The Findings of the Audit can be graded as follows,

High	<u>Based on objective evidence, the absence of or a significant failure to implement and/or maintain conformance to the requirements of the applicable standard or stated procedures, or any high potential legal non-compliance or a set of minor non-conformances concentrated in one work area/ process grouped together. It may have High impact on operations, quality issues to the product or services, stakeholders, and cost.</u>
Low	<u>Based on objective evidence, a non-conformance to the requirements of some clauses of applicable standard or stated procedures and/ or minor lapses in maintaining conformance in different areas of processes which can lead into significant nonconformities if not addressed appropriately at the time. It may have some minor impact on operations, quality issues to the product or services, stakeholders, and cost.</u>
OFI	<u>Observation For Improvement - This observation cannot be directly referenced to the non-conformance of a requirement. These can be negative situations which are observed by the auditor but cannot be related to a requirement in the standard or in any stated procedures and that could, if reported, enhance an organization's operating efficiency. This can also be the sharing of best practices from an auditor's experience in similar processes/ activities that could add value and might enhance the management system.</u>

6.0 PROCEDURE

	Process	Initiator/Responsibility
<b>6.1</b>	<b>Internal IMS Audit Schedule</b>	
6.1.1	Establish the Internal IMS Audit Schedule - <b>Internal IMS Audit Schedule</b> (Form # MR02/1) for the year in coordination with GM and in consideration of the following: <ul style="list-style-type: none"> <li>The scheduling of audits based on the status and importance of the activities to be audited and the previous audit results.</li> <li>Each department and project shall be audited preferably twice a year or as deemed necessary and ensure that each element of the IMS standard(s) has been addressed within the scope of these audits.</li> </ul>	MR
6.1.2	Forward copies of the <b>Internal IMS Audit Schedule</b> (Form # MR02/1) to all the concerned parties.	MR
6.1.3	Schedule additional/ unscheduled audits as appropriate especially in the following cases: <ul style="list-style-type: none"> <li>Organizational changes</li> <li>Major changes introduced in the IMS</li> <li>Others as appropriate</li> </ul>	MR
6.1.4	Update and circulate revised copies of the schedule/ additional sub-schedules as appropriate to relevant parties.	MR



<b>Internal IMS Audit</b>	<b>Rev 2, Jan'22</b>
---------------------------	----------------------

	<b>Process</b>	<b>Initiator/Responsibility</b>
<b>6.2</b>	<b>Internal IMS Audit Procedure</b>	
6.2.1	Ensure that Internal IMS Audits are carried out by personnel independent of those having direct responsibility for the area being audited.	MR
6.2.2	Prepare and circulate <b>Internal IMS Audit Checklists</b> (Form # MR02/2) to auditee prior to performing the audit.	Internal IMS Auditors
6.2.3	Conduct Opening meetings with the departmental head, where auditor will explain the scope of the audit, method adopted for reporting and the necessity and the purpose of closing meeting. Also, advice any administrative changes required for the audit in the opening meeting.	Internal IMS Auditors
6.2.4	Raise <b>Corrective Action Requests</b> (Form # # MR02/3) to address non-compliances detected during audit in agreement with the auditee.	Internal IMS Auditors
6.2.5	Conduct a joint investigation into the causes of non-conformances and agree the proposal of corrective/ preventive actions jointly by the auditor and the auditee.	Internal IMS Auditors/ Auditee
6.2.6	Communicate the audit results, the agreed corrective/ preventive actions, and the completion dates with the auditee.	Internal IMS Auditors
6.2.7	Prepare the <b>Internal IMS Audit Report</b> which consists of the following: <ul style="list-style-type: none"> <li>• <b>Internal IMS Audit Checklist</b> (Form # # MR02/2)</li> <li>• <b>Corrective Action Requests (CARs)</b> (Form # # MR02/3)</li> <li>• <b>Internal IMS Audit Summary Report</b> (Form # # MR02/4)</li> </ul>	Internal IMS Auditors
6.2.8	Retain the original intermediate <b>Internal IMS Audit Report</b> and forward copies to: <ul style="list-style-type: none"> <li>• Auditee</li> <li>• QHSE Division</li> </ul>	Internal IMS Auditors
<b>6.3</b>	<b>Follow-up Audit</b>	
6.3.1	Initiate a follow-up audit to verify the implementation and effectiveness of the correction taken after the time envisaged for completion of corrective actions.	MR/ Internal IMS Auditors
6.3.2	Ensure to conduct the follow-up audits in a timely manner and update the audit reports with details of the follow-up audit.	Internal IMS Auditors
6.3.3	When the agreed corrective actions are found not completed or not effective do the following as appropriate. <ul style="list-style-type: none"> <li>• A new time frame may be agreed with the auditee</li> <li>• Conduct the follow up audit again</li> <li>• Report any corrective actions still outstanding to MR who may coordinate with concerned HOD/ Auditee/ GM for appropriate actions</li> </ul>	MR/ Internal IMS Auditors

<b>Internal IMS Audit</b>	<b>Rev 2, Jan'22</b>
---------------------------	----------------------

	<b>Process</b>	<b>Initiator/Responsibility</b>
6.3.4	After the close-out of all the CARs raised, forward the original Internal IMS Audit Report to the QHSE Division and a copy to the auditee.	MR/ Internal IMS Auditors
6.3.5	Maintain a <b>Corrective Action Request Log</b> (Form # # MR02/5) for all internal IMS audits.	MR/ Internal IMS Auditors
6.3.6	Compile all the audit results after the completion of one cycle of Internal Audits and present to the Management in Management Review Meeting.	MR
<b>6.4</b>	<b>Spot Monitoring Checks</b>	
6.4.1	Conduct spot monitoring checks as necessary and record results. <b>IMS System Monitoring Checks</b> (Form # # MR02/6).	MR/ Internal IMS Auditors
<b>6.5</b>	<b>Third party AD OSHAD Compliance Audit</b>	
6.5.1	Arrange external third party HSE compliance audit and report the results to the Abu Dhabi HSE dept. as required by AD OSHAD System Framework.	MR

## 7.0 ATTACHMENTS

Nil