

1.0 Purpose

This procedure describes the methods for planning and conducting internal audits to verify that HKGEC's activities are in compliance with its EMS and to determine if the EMS has been implemented properly.

2.0 Scope

This procedure applies to areas covered in the scope of the EMS.

3.0 Reference Documents

Section 4.5.5, EMS Manual

EP-07 Enquiry / Complaint / Nonconformity Handling

ISO 19011 Guidelines for Quality and Environmental Management Systems Auditing

4.0 Definitions

EMR	– Environmental Management Representative
EMS Committee	– Environmental Management System Committee
EMS Audit	– Environmental Management System Audits
CAR	– Corrective Action Report
NC	– Nonconformity

5.0 Responsibility

5.1 General Manager

The **General Manager** shall approve the audit plans, ensure that audit results are reviewed during management review meetings, and recommend EMS improvement actions based on the audit results.

5.2 Environmental Management Representative

The EMR shall prepare the audit plans, coordinate internal audits, review the audit results and ensure that corrective actions, if any, are taken by the relevant parties.

5.3 Internal Auditor

Auditors shall conduct the audit activities as assigned by the EMR.

5.4 Departmental Manager

The Departmental Managers shall assist the audit activities as required, review audit results and respond to NC as required.

6.0 Procedure

6.1 Audit Planning

6.1.1 The EMR shall prepare an Audit Plan (EF-EP09-01) which specifies the audit schedule, the scopes of audit and allocation of auditors. The audit plan shall be approved by the **General Manager**. The schedule shall be planned so that all EMS elements and all **electroplating processes** are covered at least once a year. The audit frequency shall also be based on the environmental importance of the activities concerned and the results of previous audits.

6.1.2 For each audit, the EMR shall assign auditors who are independent from the areas / functions to be audited. All auditors shall be qualified on the receipt of EMS auditing training.

6.2 Audit Preparation

6.2.1 The auditor shall contact the auditee informally to discuss the scope of the audit and agree a convenient time and date. The auditor shall prepare Audit Checklist (EF-EP09-02) for the areas to be audited (checklist for reference is available from EMR / Intranet) and blank CAR forms (EF-EP07-01) for the audit.

6.3 Conducting Audit

6.3.1 All audit findings (strengths and weaknesses) are documented on the Audit Checklist.

6.3.2 When the NC is found, the auditors shall report the details of NC on the CAR Form and inform the auditees the summary findings and observations. (For use of CAR Form, refer to EP-07 Enquiry / Complaint / Nonconformity Handling).

6.4 Reporting and Follow-ups

6.4.1 The EMR shall maintain and update the CAR Status Log which records all the CAR received.

6.4.2 The auditee shall identify the causes of NC and decide the appropriate corrective and preventive actions to be implemented, the responsible person and the expected completion date for rectifying the NC.

6.4.3 The responsible auditor shall verify the CAR(s) until all outstanding items are closed.

6.4.4 All CAR satisfactory closed out are sent to the **General Manager** for endorsement and maintained as EMS records.

6.5 Review of Audit Results

The EMR shall summarize the audit results in an Internal Audit Report (refer to the Proforma in Appendix 3) for review at the Management Review. The audit results shall form the basis to identify and recommend EMS improvement actions.

7.0 Records

Record Description	Record Location/ Retention Responsibility	Minimum Retention Time
Audit Plan (EF-EP09-01)	EMR	3 years
Completed Audit Checklist (EF-EP09-02)	EMR	3 years
Completed CAR Forms (EF- EP07-01)	EMR	3 years
CAR Status Log (EF-EP07-02)	EMR	3 years
Internal Audit Report (EF- EP09-03)	EMR	3 years

8.0 Appendix

Appendix 1 : Audit Plan (EF-EP09-01)

Appendix 2 : Audit Checklist (EF-EP09-02)

Appendix 3 : Internal Audit Report (EF-EP09-03)

Area / Department to be Audited	Lead Auditor	Audit Team Member	Target Date	ISO 14001 Clauses	Relevant Documents

Audit Location: _____

Date of Audit : _____

Auditee(s) : _____

Auditor(s) : _____

Reference Documents: _____

Reference ISO 14001 clause : _____

Item	Description	Results			
		OK	NC	N/A	Remarks
O.K. = Meets Requirement	NC = Nonconformity / Need Improvement	N/A=Not applicable			
Findings :					

Document Number : _____ **Report Date :** _____

Prepared by : _____

<p>1. Background :</p>	<p><i>(Audit objectives and scope)</i></p>
<p>2. Audit Planning :</p>	<p><i>(Audit schedule, Audit team members)</i></p>
<p>3. Audit Results :</p>	<p><i>(summarize the audit findings, total number of CAR issued and descriptions of NC)</i></p>
<p>4. Recommendations / Comments :</p>	<p><i>(results analysis, strength and weakness identified and improvement measures recommended)</i></p>