

MINISTRY OF EDUCATION AND SCIENCE OF UKRAINE
CHERNIHIV POLYTECHNIC NATIONAL UNIVERSITY

APPROVED
by the Academic Council of Chernihiv
Polytechnic National
University
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dated December 26, 2023, No.
250/BC

REGULATIONS
on the procedure for conducting internal audits
of the quality management system
at Chernihiv Polytechnic National University

1. GENERAL PROVISIONS

1.1. The Regulations on the procedure for conducting internal audits of the quality management system at Chernihiv Polytechnic National University (hereinafter – the Regulations) have been developed in accordance with the requirements of DSTU ISO 9001:2015 “Quality management systems. Requirements” and DSTU ISO 19011:2012 “Guidelines for auditing management systems” for the purpose of carrying out management activities at Chernihiv Polytechnic National University on matters relating to the procedure for planning and conducting internal audits of the quality assurance system of educational activities and the quality of higher education, as well as the analysis of results obtained.

1.2. The Regulations are mandatory for review and compliance by internal auditors and heads of structural subdivisions of Chernihiv Polytechnic National University (hereinafter – the University).

1.3. For all other employees of the University, the Regulations are of an informational nature.

1.4. The requirements of these Regulations are mandatory for application by all structural subdivisions of the University.

2. NORMATIVE REFERENCES

The Regulations have been developed taking into account:

- DSTU ISO 9001:2015 Quality management systems. Requirements.
- DSTU ISO 19011:2019 (ISO 19011:2018, IDT) Guidelines for auditing management systems.
- Regulations on the internal quality assurance system of higher education at Chernihiv Polytechnic National University – <https://stu.cn.ua/wp-content/stu-media/normobaza/normdoc/norm-yakist/polozh-pro-vnutrishnyusystemu-zabezpechennya-yakosti-vo.pdf>
- Regulations on the sector of quality management systems of higher education at Chernihiv Polytechnic National University – <https://stu.cn.ua/wp-content/stu-media/normobaza/normdoc/norm-yakist/polozh-pro-sektor-systemmedzhmentu-yakosti-vo.pdf>
- Regulations on the internal accreditation of educational programs at Chernihiv Polytechnic National University – <https://stu.cn.ua/wp-content/stu-media/normobaza/normdoc/norm-yakist/polozh-pro-vnutrishnyuakredytacziyu-op.pdf>
- Rector’s Order dated 10.04.2023 No. 49-vs “On the establishment of a commission for the analysis of the quality of preparation of educational and methodological support for academic disciplines” – https://stu.cn.ua/wp-content/uploads/2023/06/49-vs-vid-10.04.2023_-nakaz_stvorennya-komisiyi-z-perevirky-nmz.pdf

3. TERMS AND DEFINITIONS

Terms and definitions in this procedure are used in accordance with DSTU ISO 9001:2015.

In this Procedure, the terms and definitions of concepts set out in DSTU

ISO 19011:2012 are applied, namely:

3.1. **Audit** – a systematic, independent and documented process of obtaining audit evidence and objectively evaluating it to determine the extent to which audit criteria are fulfilled;

3.2. **Audit criteria** – a set of policies, procedures or requirements used as a reference against which audit evidence is compared;

3.3. **Audit evidence** – records, statements of fact or other information that are relevant to the audit criteria and verifiable;

3.4. **Audit findings** – results of the evaluation of the collected audit evidence against audit criteria. Audit findings may indicate either conformity or non-conformity with audit criteria, or opportunities for improvement;

3.5. **Audit conclusion** – the outcome of an audit, which the audit team formulates after considering all audit findings in view of the audit objectives;

3.6. **Audit client** – the organization or person (stakeholders) that requests an audit;

3.7. **Audit object** – an institute, faculty, department, structural subdivision, or the University as a whole, that is subject to audit;

3.8. **Auditor** – a person who has the competence to conduct an audit, appointed by order of the Rector from among the academic teaching staff or other representatives of the University;

3.9. **Audit programme** – one or more audits planned for a specific time period and directed towards achieving a specific objective; the audit programme includes all activities necessary for planning, organizing, and conducting audits;

3.10. **Audit plan** – a description of the activities and arrangements for an audit;

3.11. **Audit scope** – the extent and boundaries of an audit; the audit scope typically includes a description of the physical locations, organizational units, activities and processes, as well as the time period covered by the audit;

3.12. **Competence** – demonstrated personal attributes, attitude, and proven ability to apply knowledge, skills, and experience in a relevant field of activity;

3.13. **Risk** – uncertainty with regard to the achievement of objectives.

4. PROCEDURE FOR CONDUCTING AN INTERNAL AUDIT

4.1. General provisions. An internal audit may be scheduled or unscheduled.

A scheduled audit is conducted in accordance with the annual work plan of the University, approved by the University Quality Council. The frequency of audits of the University's structural subdivisions is determined taking into account the significance of the processes carried out by the subdivision and the results of previous audits. Structural subdivisions that support core processes are audited at least once a year.

Scheduled audits also include verification procedures covered by the "Regulations on the internal accreditation of educational programs at Chernihiv Polytechnic National University", as well as by commissions for the analysis of the quality of educational

and methodological support and for the review of the quality of teaching sessions.

Unscheduled audits may be conducted in the event of:

- changes to the organizational structure of the University;
- the presence of violations (deviations, non-conformities) that significantly affect the results of the educational and research activities of the University;
- the presence of complaints from clients (stakeholders);
- the introduction of new standards;
- the organization of work on the preparation of files relating to the licensing of educational activities and the accreditation of educational programs and the University as a whole.

4.2. Where necessary, the Rector of the University may initiate an extraordinary internal audit by means of an order.

4.3. The audit group for conducting an internal audit is formed with three members: a team leader and two auditors.

5. RESPONSIBILITY AND AUTHORITY

5.1. Responsibility for the organization, systematic conduct, and analysis of the results of internal audits for the purpose of assessing the effectiveness and conformity with the established requirements of the quality management system in operation at the University lies with the QMSHE sector and the Educational and Methodological Department.

5.2. Heads of structural subdivisions where the review is conducted are responsible for facilitating the conduct of the audit and providing the audit group with all necessary information, as well as for the timely and high-quality execution of corrective actions.

5.3. Monitoring of the execution of corrective actions is carried out by the Vice-Rector for Academic and Pedagogical Work.

6. OBJECTS AND SUBJECTS OF THE AUDIT

6.1. The objects of an internal audit (review) may include:

- activities of structural subdivisions and the University as a whole;
- performance of a specific individual type of activity;
- activities of academic teaching and pedagogical staff;
- documented information;
- results of previous reviews;
- other.

6.2. Internal audits (reviews) are conducted for the purpose of:

- determining the effectiveness of functioning of the implemented quality assurance system;
- exercising control over compliance with the requirements of applicable legislation;

- exercising control over compliance with the requirements of the University’s internal regulatory and managerial documentation (job descriptions, regulations, orders, directives, standards, etc.);
- improving the overall quality of work of the audit objects, the University as a whole, and the functioning of the University in particular.

6.3. In accordance with clause 4 of DSTU ISO 19011:2019, when conducting internal audits of the quality management system and the internal quality assurance system, auditors adhere to the following core principles:

- ethical conduct – the foundation of professionalism;
- fair presentation of results (impartiality) – the obligation to report truthfully and accurately;
- due professional care – the exercise of diligence and judgement during the conduct of an audit;
- confidentiality – the security of information;
- independence – the foundation of audit impartiality and objectivity of audit conclusions;
- evidence-based approach – a rational method for forming reliable and reproducible audit conclusions within a systematic audit process.

6.4. Requirements for auditors.

6.4.1. Auditors must be:

- independent of those who are directly responsible for the specific types of activity under review;
- impartial and objective.

6.4.2. Auditors must:

- be familiar with regulatory documents, quality assurance system documents of the University, and the principles, methods, and organization of quality assurance system audits;
- have at least one year of work experience and be able to work with documents.

6.5. To ensure the objectivity and quality of internal audits, the QMSHE sector forms the composition of the audit group. The composition of the audit group is approved by the Rector.

In doing so, the following provision is taken into account: members of the audit group must be independent of the audit object (i.e., an auditor is not entitled to participate in the review of a structural subdivision or process to which they belong). The Vice-Rector for Academic and Pedagogical Work and the Head of the QMSHE sector are entitled to participate in the reviews of all structural subdivisions covered by the scope of application.

7. AUDIT PROCEDURE

7.1. The organization of an internal audit of a structural subdivision is entrusted to the

audit group appointed by order of the Rector. Five working days before the commencement of the internal audit, in accordance with the internal audit programme, the Rector signs an order specifying:

- the subdivision to be reviewed;
- the composition of the audit group;
- the timeframe for conducting the audit;
- the deadline for submitting audit results to the Rector and the head of the subdivision that was reviewed.

7.1.1. Prior to the commencement of the audit, the QMSHE sector prepares and agrees upon a list of control questions necessary for conducting the audit, based on reports of previous internal audits, observations and proposals from stakeholders and experts.

7.1.2. Three working days in advance, the audit team leader must notify the management of the subdivision to be reviewed about the conduct of the internal audit.

7.1.3. The audit team leader holds a preliminary meeting with the participation of the management of the structural subdivision under review, for the purpose of: explaining the goals, purpose, and objectives of the audit; introducing the audit group; explaining audit methods; providing information on the audit plan and programme; the date and time of the audit, the venue, and the appointment of accompanying persons on behalf of the structural subdivision under review.

7.1.4. During the conduct of the internal audit, auditors, in the presence of responsible representatives of the subdivision under review, carry out: analysis of the work of the subdivision through interviewing, examination of documents, observation of work and working conditions of interest in accordance with the audit objectives; verification of processes that may be sources of significant and critical deficiencies in operations, as well as the interrelationship between processes; recording of all observations made during the audit.

7.1.5. All non-conformities identified during the internal audit are reflected in a report, which is reviewed by the audit team leader jointly with the head of the structural subdivision under review. The report is drawn up in two copies. One copy remains with the audit team leader; the second is given to the head of the structural subdivision where the review was conducted.

7.1.6. At the end of the internal audit, a closing meeting is held with the management of the structural subdivision that was reviewed and its staff. At this meeting, the audit team leader presents the observations in order of their significance and the auditors' conclusions regarding the effectiveness of the quality assurance system or its processes in the subdivision under review, and ensures that the subdivision's staff correctly understand the non-conformities identified.

7.1.7. Based on the results of the internal audit, a report is drawn up in a free format. The report is prepared by the audit group under the direction of the team leader, who bears responsibility for its accuracy and completeness.

7.1.8. The internal audit report must be signed by the team leader and the auditors. The time limit for drawing up the internal audit report must not exceed two weeks.

7.1.9. The completed audit report is submitted by the auditors within the established timeframes to the Head of the QMSHE sector.

7.1.10. At least 2 working days before approval, the report is presented to the head of the subdivision that was reviewed.

7.1.11. For identified non-conformities, the heads of the reviewed structural subdivisions identify those responsible for implementing corrective and preventive actions.

7.1.12. The university management conducts an analysis of documentation on the internal audits conducted, and taking this into account, the Head of the QMSHE sector draws up the internal audit plan for the following year, which is agreed upon by the Quality Council.

7.1.13. The results of the analysis of potential non-conformities and risks are reviewed at meetings of the University Quality Council for Higher Education, meetings of the University Academic Council, meetings of structural subdivisions, departments, faculties/institutes; decisions are adopted regarding the need to introduce preventive actions/measures, which are included in the annual work plans of structural subdivisions.

7.1.14. The analysis of the results of measures taken is conducted by the Quality Council. A result is deemed positive if the cause of a potential non-conformity has been eliminated. If the cause of a potential non-conformity has not been eliminated and there is a risk of new potential non-conformities arising, decisions are taken on the development and implementation of additional preventive actions.