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INTERNAL AUDIT PROCEDURE

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Mr. Zoltan Nabradi (Head of Fumigation)

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1.0 SUMMARY

- 1.1. This procedure defines the process and methods for conducting internal quality management system (QMS) audits.
- 1.2. Currently, **Mr. Attila Nagy** (internal auditor) is responsible for the implementation and management of this procedure.

2.0 REVISION AND APPROVAL

Details of any changes / revisions are recorded in the **Internal Audit Log** document.

3.0 TERMS AND DEFINITIONS

- 3.1. **Audit** – systematic and formal comparison of documentation and practice against requirements, performed for the purpose of finding areas of nonconformity or opportunities for improvement.
- 3.2. **Evidence** – data or examples which can be proven true and verified for the purposes of proving an audit finding.
- 3.3. **Finding** – any summary of audit evidence; findings may be positive (reports of compliance) or negative (reports of nonconformity)
- 3.4. **Nonconformity** – a nonconformity that shows a GAFTA STANDARD FOR FUMIGATION clause or other requirement has not been implemented at all, or has been implemented in such a way that the requirements are not met at all.

4.0 CONDUCTING INTERNAL QMS AUDITS

- 4.1. Internal quality audits are conducted to ensure ongoing compliance with requirements of the QMS standards, company's policies and procedures. This is accomplished by auditing against all important processes and areas, and by applying all applicable sections of the standard. Audit requirements include those of The Gafta Standard for Fumigation, the company's quality system documentation, as well as requirements of customers or regulatory authorities, as applicable.
- 4.2. Audits are conducted by process, and each process must be audited at least once annually.
- 4.3. The applicable GAFTA STANDARD FOR FUMIGATION standard clauses pertaining to each process are defined in the **Internal Audit Report**. These are the minimum clauses which must be audited for each process; an auditor may audit any clause of the

applicable standard, and writing findings against them, depending on how the audit unfolds.

- 4.4. **The Director of the company** plans audits according to need, management decision, or customer requirements, and assigns a Lead Auditor for each, as well as any supporting auditor team members. Scheduling is recorded in the **Internal Audit Log**.
- 4.5. Auditors are independent of the area being audited; **the Director of the company** may therefore use approved third-party contract auditors for its internal audit program.
- 4.6. Using the **Internal Audit Report** as a basic checklist, the Lead Auditor will plan the scheduled audit with the appropriate departments and with any other audit team members. The audit team will determine additional checklist items or requirements to verify, and add these to the checklist portion of the **Internal Audit Report**.
- 4.7. Auditors will then conduct the audit by following the steps defined on the **Internal Audit Report**. These are:
 - 4.7.1. **Step One: Audit Planning** – definition of the scope of the audit, dates of audit, auditors, applicable clauses of affected standards, and documents to review.
 - 4.7.2. **Step Two: Document Review** – a comparison of the quality system documentation against the requirements of the applicable standard.
 - 4.7.3. **Step Three: Practical Audit** – comparison of actual practice vs. the requirements of both the company QMS documentation and the applicable standards.
 - 4.7.4. **Step Four: Verifying Effectiveness of the Process** – general questions aimed at verifying that the process being audited is effective and not prone to generating nonconformities.
 - 4.7.5. **Step Five: Summarize Findings** – a detailed list of the negative findings to be entered into the **Internal Audit Report**.
 - 4.7.6. **Step Six: Review of Report** – a review by the Lead Auditor of all findings and evidence to ensure the audit report is complete, clear, objective, and provides traceable objective evidence.
- 4.8. Auditing shall be performed by obtaining objective evidence to support each requirement, or indicate where nonconformances are found. All findings are recorded on the **Internal Audit Report**.
- 4.9. When recording nonconformities, each negative finding must include three elements:
 - 4.9.1. **Indication of the Requirement** – the document or clause of the applicable standard which is thought to have been violated.
 - 4.9.2. **Objective Evidence** – traceable indication of the evidence found which supports the claim of a nonconformity (e.g.: documents, products

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examined, interview results). In all cases, objective evidence must be recorded in sufficient detail to ensure a third party can find the exact evidence at a later date.

- 4.9.3. **Details of the Disconnect** – a brief statement on why the objective evidence shows a nonconformity against the requirement.
- 4.10. Findings may also be rated by Type, whether Corrective, Preventive or Opportunity for Improvement (OFI).
- 4.11. Once Nonconformances are filed, the responsible managers shall ensure that **within 2 weeks** corrective action is taken to remedy any nonconformances found.
- 4.12. **The Director of the company** shall update the audit schedule within the **Internal Audit Log** to sign the closure of the audit. Based on the results of the audits, and previous audits, **the director The company** will then schedule the next audit of the particular process. Processes for which internal audits discover a high number of findings, or critical findings of any number, should be audited more frequently until the process is proven effective again.
- 4.13. The completed **Internal Audit Report** is then stored on the company's office PC and also in the printed archives.
- 4.14. In all cases, auditees are expected to cooperate fully with the audit team.