

# INTERNAL AUDIT

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## PURPOSE

To ensure the implementation, maintenance and improvement of the Division's procedures by conducting regular self-assessments.

## PROCEDURE

1. Quality team/QSU: Time of audit and auditor selection.

Once a year, the Division organises a self-assessment. The Quality team chooses the trained auditors and schedules provisional dates for the audits, in conjunction with QSU. The Quality team publishes the audit schedule on the IED SharePoint portal.

2. Auditor: Preparation and assignment of workload for system audit.

Between them, the auditors agree workload allocation and prepare all relevant documents for the smooth development of the audit. The Quality team agrees the audit date with the appropriate section manager as per schedule and communicates the date of the audit to the division.

3. Audit

The auditors carry out the audit.

4. Auditor: Audit report

On completion of the audit, the auditors collaborate and generate the audit report and send it to the Deputy Director. The Deputy Director will review the report and discuss it with the Quality Team and the auditors. This report is then published within the Division.

5. Quality Team/Section Manager: Improvement Actions and Follow up

The Quality team assigns improvement actions in the CI log for each recommendation. If any action is required, the Quality team informs the relevant section manager. The manager should then ensure that the log is updated per the Continual Improvements procedure such that the recommendations are reviewed and any required changes implemented within an agreed timeframe. If no action is to be taken a justification must be recorded in the log.

## RECORDS

Audit records/reports are filed on the IED SharePoint portal. Records are held in accordance with UL's Records Management and Retention Policy (<http://www2.ul.ie/pdf/803890985.pdf>).

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## PROCESS EFFECTIVENESS

To ensure effective self-assessments, internal auditors will also audit external departments, improving their knowledge of assessment processes. Additionally, the process is monitored for effectiveness and improvement by taking input from internal and external audits/reviews, and staff input at any time.

## REVISION HISTORY

Revision No.	Date	Approved By	Details of Change	Process Owner
Rev. 2	15/07/2015	Deputy Director	Update from 'Continuous Improvement' to 'Continual Improvements'	Herveline Roche
Rev.3	13/08/2015	Deputy Director	Correct Revision History – excess revisions being held	Herveline Roche

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