1.0 Purpose/Objectives

To document a procedure for the Internal Audits that:

- evaluates conformity of the QMS with the requirements of this standard,
- identifies the internal audit criteria, frequency, scope, methodology and record keeping requirements,
- considers previous internal and external audit results, and
- Describes how Quality Management System corrective actions are identified and initiated.

2.0 Procedure

2.1 The Internal Auditor must have training as specified in the "Competencies OP-E10" to perform the internal audit.

2.2 The Operational Plan shall undergo a full internal audit of all 21 elements at least once every three years, coinciding with the year of the external reaccreditation audit. During the two intervening years, partial internal audits shall be conducted, with approximately half of the 21 elements being audited each year. Site visits to North Huron Water facilities may be required as part of the internal audit process. The need for site visits will be determined at the discretion of the Project Manager or the QMS Representative to verify conformity with the Standard and OP-E2 – Policy Statement.

2.3 The Lead Auditor shall take into consideration, previous internal and external audit results, current operational practices and the most recent operational guidelines and legislation.

2.4 Form "G13-4 Internal Audit Checklist," must be completed as documentation of the audit.

2.5 Documents revised must be in accordance with OP-E5 – Documents and Record Control.

2.6 Once the internal audit checklist is completed, the internal auditor shall inform top management and the QMS Rep of the findings through the internal audit report (G13-1 will be used as the report template) and closing meeting.

2.6 Where a non-conformance to the DWQMS is found during the internal audit, this shall be communicated within the audit checklist as well as a DWQMS Internal Audit report (G13-1). After the report is submitted the Internal Auditor will issue all CAR's

(G13-2 CAR Template) for the non-conformances. It is the responsibility of the QMS representative to ensure that all CAR's (corrective action reports) are followed up and responses to the CAR's are provided to the internal auditor within 30 days of the internal audit. The QMS Rep will Log all CARs on Form G13-2 Corrective Action Report Log (CAR/PA/BMP Log).

2.7 After the Lead Auditor has completed the internal audit report and issued the CAR's the QMS Rep will complete the CAR's and root cause analysis (G13-5) along with any applicable updates or improvements to the Operational Plan or Procedures needed to address the non- conformance stated in the CAR

2.8 The internal audit shall be considered closed when all CAR' have been closed off. The Lead Auditor will then send the Report to The Project Manager or QMS Rep to be kept on file as proof of continual improvement. The Top Management and QMS Rep will send the findings to the System Owner. The Internal Audit will be filed in accordance with Element #5 Document and records control.

3.0 Reference

QMS Overview and Policy Statement
OP-E5 – Documents and Record Control
OP-E2 – Policy Statement
OP-E20 Management Review
OP-E21- Continual Improvement
"Program Handbook for the Accreditation of Operating Authorities – Municipal Drinking Water Systems", document AP-608
OP-E10- competencies

4.0 Associated Documents

Element 19: G13-1 Internal Audit Report
Element 19: G13-2 CAR/ PA/BMP Log
Element 19: G13-3 Corrective Action Report
Element 19: G13-4 Internal Audit Checklist
Element 19: G13-5 Root Cause Analysis

Revision History

New Revision	Date of Revision	Summary of Changes	Revised by
11	July 30, 2026	Updated section 2.2 to state operation plan to be reviewed in full every 3 years, and partially the 2 years in between. Changed all “appendix” to reflect new names of documents. Changed “4.0 Appendices" to “4.0 Associated Documents” Added revision history.	Chloë Godfrey