

Management System Certification Audit Summary Report

Organization:	Burgas Free University		
Address:	62, San Stefano Str. 8001 Burgas / Bulgaria		
Standard(s):	ISO 9001:2000		
Representative:	Mrs. G Hristozova		
Site(s) audited:	Free University Burgas facility – address as above	Date(s) of audit(s):	18.10.2006
EAC Code:	37	NACE Code:	80.30/2
Lead auditor:	M.Dyakova	Additional team member(s):	Ivaylo Atanasov
This report is confidential and distribution is limited to the audit team, client representative and the SGS office.			

1. Audit objectives

The objectives of this audit were:

- to confirm that the management system conforms with all the requirements of the audit standard;
- to confirm that the organization has effectively implemented the planned management system;
- to confirm that the management system is capable of achieving the organization's policy objectives.

2. Scope of certification

The Certification audit covers one site Organisation that performs: **Education of students for acquiring of bachelor's, master's and doctoral degree; research activity; international cooperation in the area of the higher education; qualification activity**

This is a multi-site audit and an Appendix listing all relevant sites and/or remote locations has been established (attached) and agreed with the client

Yes No

3. Current audit findings and conclusions

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives required by the standard(s). The audit methods used were interviews, observation of activities and review of documentation and records.

The structure of the audit was in accordance with the audit plan and audit planning matrix included as annexes to this summary report.

The audit team concludes that the organization has has not established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements for products or services within the scope and the organization's policy and objectives.

Number of nonconformities identified: 0 Major 0 Minor

Therefore the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, management system certification be:

Granted / Continued / Withheld / Suspended until satisfactory corrective action is completed.

4. Previous Audit Results

The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action has been implemented to address any nonconformity identified. This review has concluded that:

- Any nonconformity identified during previous audits has been corrected and the corrective action continues to be effective.
- The management system has not adequately addressed nonconformity identified during previous audit activities and the specific issue has been re-defined in the nonconformity section of this report\

5. Audit Findings

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives. The audit methods used were interviews, observation of activities and review of documentation and records.

The management system documentation demonstrated conformity with the requirements of the audit standard and provided sufficient structure to support implementation and maintenance of the management system. Yes No

The organization has demonstrated effective implementation and maintenance / improvement of its management system. Yes No

The organization has demonstrated the establishment and tracking of appropriate key performance objectives and targets and monitored progress towards their achievement. Yes No

The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system. Yes No

The management review process demonstrated capability to ensure the continuing suitability, adequacy and effectiveness of the management system. Yes No

Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard. Yes No

Certification claims are accurate and in accordance with SGS guidance. N/A Yes No

6. Significant Audit Trails Followed

The specific processes, activities and functions reviewed are detailed in the Audit Planning Matrix and the Audit Plan. In performing the audit, various audit trails and linkages were developed, including the following primary audit trails, followed throughout:

Internal audits. Corrective and preventive actions

The rules and responsibilities for internal audits are defined in DP 08.01 and DP 08.03. **An obserbation** were revealed and documented

Reviewed records:

OD 08.01-01 Internal audits schedule for 2006

OD 08.01-02 Audit program – 20.07.2006

OD 08.01-03 Report for nonconformity from audit dated the 20-th of July 2006

OD 08.03-01 corrective /preventive/ action request - 10.10.2005, 20.07.2006

Human resources department (TRZ & KR)

Rules are defined in DP 04.01 – Control of documents, DP 04.02 – Control of records, DP 06.01 – Human resources. Mrs. Prodanova explained the application of the requirements. The requirements are generally followed and the records are available.

Reviewed records:

Job description for Vise rector, maintenance engineer - computer network and lecturer

Records for qualification, work experience and skills of the pointed above personnel

Annual schedule for internal training 2006

List of participants in internal training – 09.2006 for used computer software

Protocol for evaluation of internal training - 09.2006 for used computer software

Order RD 114/19.12.2005 for evaluation of the personnel of BFU

Report for personnel evaluation dated the 26-th of January 2006 - maintenance engineer- computer network

Order № LS/227 dated 24.04.2003 for determining the responsible functions for preparation of the Job descriptions.

Dean of CUN Faculty (department)

Rules are defined in DP 04.01 – Control of documents, DP 04.02 – Control of records, Rulles for activity in BSU. Mrs. Guneva explained the application of the requirements. The requirements are generally followed and the records are available.

Reviewed records:

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Protocols from Faculty Council - 10.2006, protocol No 14 – 12.05.2006 Acceptance of the educational plans/changes in the educational plans

Reports from the evaluation (by the students) of the lecturers and the quality of the educational process.

Report for correspondence between education plan 2006 and requirement of legislation – par. 17 from ZVO

Educational plans, questionnaires, programs, schedules for 2005

Quality department

Rules are defined in DP 04.01 – Control of documents, DP 04.02 – Control of records, System for quality management of the education and the Academic staff of BSU. Mrs. Vuzeva explained the application of the requirements. The requirements are generally followed and the records are available. An observation was revealed and documented.

Reviewed records:

General Report from the evaluation (by the students) of the lecturers and the quality of the educational process for all faculties

Report for results of evaluation of candidate student campaign.

International cooperation department

The rules and responsibilities of the Management and personnel of International cooperation department are defined in QM and rules for International cooperation activity.

Mrs. Nikolova explained the application of the requirements. The requirements are generally followed and the records are available. An

Reviewed records:

International agreements, plans, programs, projects.

Rector, Vice-rector research activity – Management representative, Vice-rector Education activity - Quality management system planning and Management review

Interviewed Mrs. Hristozova – Management representative, Vice Rector presented the current organizational status and recent changes. Quality policy was not changed and remains suitable for the organization and in conformance with the standard requirements.

The rules and responsibilities of the Management representative and all top management are defined in QM. Quality policy and Quality objectives are established in QM and are communicated in “Mission” on Website of BSU (www.bfu.bg).

Rules are defined in DP 04.01 – Control of documents, DP 04.02 – Control of records, Rules for activity in BSU. The rules and responsibilities for Control of nonconforming product are defined in DP 08.02, Evaluation and choice of trainers and the research and development processes are defined in DP 07.01 and the regulations for university activity.

The communication processes within the organization are very perfectly organized through the medium of Intranet.

Reviewed records:

Management review record (#4/24.08.2006);

OD 08.01-02 Audit program;

Report for completion of the annual quality plan;

Report for the check up of decisions from the previous management review.

Report for the completion of the 2005 training plan;

Internal audits summary report;

Quality plan for 2006

Assistant rector – infrastructure and work environment

Rules are defined DP 04.01 – Control of documents, DP 04.02 – Control of records, DP 06.02 - Infrastructure, DP 07.01 – Purchasing, QM – Control of MMD, DP 08.03 – Corrective and preventive actions.

Mr. Dimov explained the application of the requirements. The management of the infrastructure conforms with the standard requirements. There is preventative approach for maintenance of the basic equipment and work conditions.

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Reviewed records:

List of suppliers – OD 07.01-02

Filled application 7 to QM– list of MMD

Annual report for the maintenance of MMD's (27.08.2006) and whole infrastructure (06.02.2006)

Filled OD 06.02-02 - Plan for maintenance of equipment

Filled OD 06.02-02 – List of equipment

Records for supplier's assessment;

List of consumables needed for the current year

Information service department

The rules and responsibilities for this activity are defined in QM, DP 04.01 and regulations for university activity.

Mrs.Mavrodieva explained the application of the requirements. The requirements are generally followed and the records are available.

Reviewed records:

OD 04.01-01 List of subscribers

Dean and Vice-dean of CITPN Faculty (department), Inspectors

The rules and responsibilities of the Management and personnel of CITPN Faculty are defined in QM and regulations for university activity.

Mr. Yudov explained the application of the requirements. The requirements are generally followed and the records are available.

Reviewed records:

Educational plans, questionnaires, programs, schedules for 2006;

Traceability records checked for student with faculty #22040007,

Main book for registration of the student status,

Order from 25.04.2006 for students imposition;

Academic query for student #22040007

7. Nonconformities

Nonconformities detailed here shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard, including actions to prevent recurrence, and complete records maintained.

Corrective actions to address identified major nonconformities shall be carried out immediately and SGS notified of the actions taken within 30 days. An SGS auditor will perform a **follow up visit** within 90 days to confirm the actions taken, evaluate their effectiveness, and determine whether certification can be granted or continued.

Corrective actions to address identified major nonconformities shall be carried out immediately and **records with supporting evidence sent to the SGS auditor** for close-out within 90 days.

At the next scheduled audit visit, the SGS audit team will follow up on *all* identified nonconformities to confirm the effectiveness of the corrective actions taken.

8. General Observations & Opportunities for Improvement

o **1. All of the processes of QMS be included in annual schedule of internal audits**

Всички процеси на СУК да бъдат включени в годишния график на вътрешните одити – напр. вътрешни одити, коригиращи и превантивни действия

2. Very good system for analysis of customer's satisfaction

Много добра сисотема за анализ на удовлетвореността на клиента

3. As the university possesses enough resources for optimization purpose main part of the documentation, records and the relevant control could be transferred into electronic form.

Тъй като организацията разполага с достатъчно ресурс, с цел оптимизиране на системата, по-голяма част от документите, записите и съответния им контрол може да се прехвърли в електронна форма.

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