



## 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):	29.10.2007
EAC Code:	37	NACE Code:	80.30/2
Lead auditor:	Magdalena Dyakova	Additional team member(s):	Krasimir Peev
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. Mrs. Hristozova explained the application of the rules.

Reviewed records:

- OD 08.01-01 Internal audits schedule for 2007
- OD 08.01-02 Audit program – 05.07.2007/CIUN/, 17.05.2007/CITN/, 10.04.2007/CUN/
- OD 08.01-03 Report for nonconformity from audit dated the 20-th of July 2006
- OD 08.03-01 Corrective /preventive/ action request - 10.02.2007
- Report concerning the corrective actions after internal audit of department 11.06.2007

### Dean of CHN Faculty (department)

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

Reviewed records:

- Protocols from Faculty Council - 21/27.09.2007 Acceptance of the revised 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 2007 and requirement of legislation
- Plan for research activities – 25.01.2007
- File for Mrs. Hristova with records for her request for changing of data of sessions 25.06.2007
- Filled annual schedule for 2007/2007 – journalism
- Order 314/27.07.2007 for suspending for students Galina Nikoltcheva, Jivko Kolev
- Report for personal development of Kalina Lukova – 2007

### 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.

Job n°:	HU0229QYB	Report date:	29.10.2007	Visit Type:	Surveillance	Visit n°:	3
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Reviewed records:

- General Report from the evaluation (by the students) of the lecturers and the quality of the educational process for all faculties – 2006/2007
- Evaluation of the lecturers – 2006/2007
- Customer questionnaires – filled by the students 2007/2008

**Library**

Internal rules – for work in library and for customer relations in the library. Mrs. Adamova explained the application of the rules.

Reviewed records

- Orders from Mrs. Maria Ganeva – CHN for needed textbooks
- Certificate for used software in the library– issued in 1999.
- Filled order for subscription for newspapers and magazines
- Criteria for evaluation of the work in the library
- Filled questionnaires for satisfaction of the students – 2007.

**CIUN Faculty (department)**

Rules are defined in DP 04.01 – Control of documents, DP 04.02 – Control of records, DP 08.03 – Corrective and preventive actions, Rules for activity in BSU, Rules for attestation of the lecturers. Mrs. Anastasova – vice-dean explained the application of the requirements. The requirements are generally followed and the records are available, but an observation was revealed and documented on par. 8 below.

Reviewed records:

- Training program BA 101 – Macroeconomics
- Training program BA 102 – Microeconomic
- Training program BA 208 – Marketing Project
- Test for Marketing research for third course of the marketing and Public relations
- Reports for detected nonconformities during tests sessions dated 11.06.2007 and 18.06.2007
- Attestation card for Mrs. Nikolova – Card for self evaluation.
- Protocol № 5/19.10.2007

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

Interviewed Mr. Chobanov – Rector, 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. One observation was observed and documented in par. 8 below.

Reviewed records

- Management review report (№ 93-00-155/18.10.2007);
- 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 2006 training plan;
- Internal audits summary report;
- Quality plan for 2007
- Education plans 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.

Job n°: HU0229QYB	Report date: 29.10.2007	Visit Type: Surveillance	Visit n°: 3
<b>CONFIDENTIAL</b>	Document: GS0304	Issue n°: 7	Page n°: 3 of 4

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. Four observations were revealed and documented in par. 8. below

Reviewed records:

- Application 8 to QM – description of infrastructure
- List of suppliers – OD 07.01-02
- List of equipment – OD 06.02 – 01
- Filled OD 08.02-01 – protocol for irreparable non-conforming equipment (MMD) dated 17.04.2007
- 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
- Records for supplier's assessment – dated 15.10.2007
- Filled OD 07.01-04 – Register for incoming inspection and testing

## 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

1. Добрата практика за оценка на удовлетвореността на клиентите от работата на библиотеката би трябвало да се интегрира в системата за управление на качеството
2. Би трябвало да се осигури възможността да се обоснове липсата на поръчано конкретно заглавие в библиотечния каталог чрез осигуряване на ясна проследимост до препоръчаната литература от конспекта за съответната учебна дисциплина
3. Би трябвало да се прецизира разликата между критични и второстепенни несъответствия в документите на СУК.
4. Пар. 7.6 на НК би трябвало да се ревизира за да опише по-пълно съществуващата практика за контрол на СНИ
5. Идентификационните номера на СНИ да са винаги записани в приложение 7 на НК – списък на СНИ и използваните СНИ в лабораториите би трябвало да се включат в системата за контрол на СНИ
6. Идентификационния номер на списъка на одобрените доставчици би трябвало да се коригира (ОД 06.02-01 вместо ОД 07.01-01)
7. Правилата за проверка на закупените услуги би трябвало да се определят по-ясно в ДП 07.01
8. Използването на формата за запис на периодите за предприемане на коригиращите действия от заседания на учебно-научен съвет би трябвало да се регламентира по-пълно в ДП 08.03.
9. Анализа на критериите определени в приложение 6 на НК би трябвало да са винаги налични за прегледите от ръководството (за прегледа проведен на 18.10.2007)

Job n°: HU0229QYB	Report date: 29.10.2007	Visit Type: Surveillance	Visit n°: 3
<b>CONFIDENTIAL</b>	Document: GS0304	Issue n°: 7	Page n°: 4 of 4