



Lloyd's
Register

Surveillance 4

Report for:

KHAIRUN-NISA EYE HOSPITAL

LR reference:	KRH00000025 / 4258078
Assessment dates:	30-October-2021
Reporting date:	06-November-2021
Client address:	49/4 DR. THARANI ROAD GUJRAT COLONY, JAMSHED TOWN, Karachi 74800, PK
Assessment criteria:	ISO 9001:2015
Assessment team:	Raheel Ehsan
LR Client Facing Office:	KRH Pakistan OU

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Attachments:

KRH00000025_APP_KNH_QMS_SV4_RE.doc

This report was presented to and accepted by:

Name: Dr Mazhar Awan

Job title: MS & MR



01. Executive report

Assessment outcome:

This visit was to assess the compliance of the management system of KHAIRUN-NISA EYE HOSPITAL against ISO 9001:2015 as defined in the audit planning documentation. The outcome of the visit is recorded below.

This was the Surveillance audit ISO 9001:2015 standard at Khairun Nisa Hospital.

The objective of the visit was to determine the standard of the management system established and implemented at the company. The visit was undertaken as per the plan agreed with the QMS Team.

The management system is gaining maturity and a high level of compliance with the requirements of standard and the company procedures

The certificate would remain valid

Continual improvement:

The top management of the company was found fully committed for improving the effectiveness of the Quality Management System. The management system was seen effective in satisfying requirements related to QMS & legal requirements related to health this being confirmed by the high standard of systems established during the LRQA visit. Procedures developed for QMS were found being established and were also being reviewed at appropriate intervals.



Areas for senior management attention:

4258078_KRHREX01

Patient MR # 58152 Jamil Shaikh Advised for Surgery on 26/10/21, Procedure schedules could not be found in the system.

02. Assessment findings

Where scheme requirement differs to the standard definition below, the scheme definition will take preference

Major Nonconformity

The absence of, or the failure to implement and maintain, one or more management system elements, or a situation which would, on the basis of the available objective evidence, raise significant doubt of the management to achieve: The policy, objectives or public commitments of the organisation, compliance with the applicable regulatory requirements, conformance to applicable customer requirements, conformance with the audit criteria deliverables.

Minor Nonconformity

A finding indicative of a weakness in the implemented and maintained system, which has not significantly impacted on the capability of the management system or put at risk the system deliverables, but needs to be addressed to assure the future capability of the system.

Reference number	3783784_KRHREX01	Assessment Criteria (Clause)	ISO 9001:2015 (7.5)
Grade	Minor NC	Issue Date	05-February-2021
Status	Closed	Process / Aspect	Front Office
Location(s)	49/4 DR. THARANI ROAD GUJRAT COLONY, Karachi, PK		
Statement of Non Conformity	Data backup of the Hospital Management System need to be made to ensure that the computerized data is not lost.		
Requirement	Clause 7.5 of ISO 9001:2015		
Evidence	No mechanism developed for data backup		
Proposed correction, corrective action and timescales	PCA: A mechanism will be developed for data backup DOC: 15/5/2021		
Correction	Data backup mechanism has been developed		
Root Cause analysis	Improvement was required in the system		
Corrective action	Data backup is taken on external hard drive and cloud storage on monthly basis		
LR has reviewed and verified the implementation of actions taken.	Date of closure	30-October-2021	



Reference number	3783784_KRHREX02	Assessment Criteria (Clause)	ISO 9001:2015 (7.5)
Grade	Minor NC	Issue Date	05-February-2021
Status	Closed	Process / Aspect	Infection Control
Location(s)	49/4 DR. THARANI ROAD GUJRAT COLONY, Karachi, PK		
Statement of Non Conformity	Incidents & accident regarding the environment of care and infection control records to be maintained.		
Requirement	Clause 7.5 of ISO 9001:2015		
Evidence	Incidents & accident records not maintained.		
Proposed correction, corrective action and timescales	PCA: Incidents & accident records will be maintained DOC: 1/3/2021		
Correction	Incidents & accident records have been maintained		
Root Cause analysis	Improvement was required in the system		
Corrective action	Incidents & accident investigation register has been made. Record of July-Oct 2021 checked.		
LR has reviewed and verified the implementation of actions taken.	Date of closure	30-October-2021	



Reference number	4258078_KRHREX01	Assessment Criteria (Clause)	ISO 9001:2015 (8.5)
Grade	Minor NC	Issue Date	30-October-2021
Status	New	Process / Aspect	Front Office
Location(s)	49/4 DR. THARANI ROAD GUJRAT COLONY, Karachi, PK		
Statement of Non Conformity	Patient MR # 58152 Jamil Shaikh Advised for Surgery on 26/10/21, Procedure schedules could not be found in the system.		
Requirement	Clause 8.5 of ISO 9001:2015		
Evidence	Records of Patient MR # 58152 Jamil Shaikh		
Proposed correction, corrective action and timescales	PCA: Procedure will be revised accordingly DOC: 15/1/2022		
Correction			
Root Cause analysis			
Corrective action			
LR has reviewed and verified the implementation of actions taken.	Date of closure		

03. Assessment summary

Visit generic objective:

This was a Surveillance 4 visit, conducted against objectives previously notified to the client. The objectives of the next visit, including any applicable visit specific objective (theme / focus), are confirmed in the audit plan attached to this report.

Client attendees at the opening and closing meeting:

The Opening Meeting was held at 0900 hrs with Dr Mazhar Awan MS & MR, Mr Humayun Kalam, Mr Nisar Farooqui and Mr Shabir Almani

The Closing meeting was held at 1630 hrs with Dr Mazhar Awan MS & MR, Mr Humayun Kalam, Mr Nisar Farooqui and Mr Shabir Almani

Introduction:

This was the Surveillance visit 4 carried out at the Khairun Nisa Eye Hospital located in Karachi.

The audit was conducted onsite on client's request

The following report highlights the significant audits activities and trails and makes references to the findings and areas for improvement that would be followed up in the next visit.



Assessment of:	Management Elements	Assessor:	Raheel Ehsan
Auditee(s):	Mr Shabbir		

Audit trails and sources of evidence:

Changes to organizational context, Management review, Internal Audits, Continual improvement, Management of change (System & Organisation), Corrective action, Management of complaints, Performance against the client's management system objectives, Use of Logo.

Evaluation and conclusions:

Quality Objectives have been made and were communicated to all employees
The achievement is monitored on an annual basis during Management Review meetings

Quality Audit were done against a schedule of once per year.
NCs were identified and corrective actions were initiated and closed out after verification.

Management review meeting on an annual basis.
Agenda of Management Review
Minutes of the Meeting were made that included the decisions made, responsibility allocated, and time frame agreed.

Areas for attention:

None

Assessment of:	Front Office	Assessor:	Raheel Ehsan
Auditee(s):	Mr Shabbir Almani		

Audit trails and sources of evidence:

Internal & external issues: Changes w r t COVID 19 for which Nursing Care holds the main responsibility

Interested parties & their requirements: No change since the last audit

Mitigating Actions

Main activities:

Information

Reception

Registration in Electronic Medical Record (EMR) as well as in hard copy

Appointment as per the requirement

Evaluation and conclusions:

New Patient Registration: Name, contact number, services required etc. EMR number issued by the system.

Creating an electronic medical record in the hospital management system as well as a standard hard file.

Forward to initial assessment.

Advice by the consultant is mentioned on the file that comes to the front Office for recording and appointment as per available time slot.

Appointment for any follow up and/or procedure etc. Printed copy provided.

Schedule of charges available on the system and is updated by Accounts after approval of the management.

Payment received as per the approved charge list.

Referred to Welfare in case of needy patients

Followed up for:

Patient MR # 58152 Jamil Shaikh

Advised for Surgery on 26/10/21, Procedure schedules could not be found in the system.

Revisit Patient MR # 82897Bahadur Ali

Advised for Surgery on 04/11/21 by Dr Sikandar, Procedure scheduled in the system

Blood samples for Hepatitis C, HIV, RBS, drawn on 29/10/21

Front desk: Initial details token provided to the patient for treatment.

Medical record made in the system is also accessible by the Initial Assessment Both methods of records (Soft and hard) were found in place for the MR#.

Physical record room was established and all records are maintained in order.

Areas for attention:

Minor NC #1: 4258078_KRHREX01

Patient MR # 58152 Jamil Shaikh

Advised for Surgery on 26/10/21, Procedure schedules could not be found in the system.

Assessment of:	Initial Assessment & Diagnostics	Assessor:	Raheel Ehsan
Auditee(s):	Mr Hanif Mehar		

Audit trails and sources of evidence:

Internal & external issues
Interested parties & their requirements
Mitigating Actions

Main activities:

Symptoms, Medical History, Known drug allergies, Past ocular history

- 1) IOP
- 2) Vision test and number
- 3) Referred to the consultant

All results recorded in the hard file and entered in the computerized record against the EMR number.

Maintenance & Calibration of Medical Equipment

IOP (2 sets.) Maintenance & Calibration done by an external agency. Calibration was valid.

Auto Ref (3 sets.) Maintenance & Calibration done by an external agency. Calibration was valid.

Tonometer (3 sets, one each in consultant's room). Maintenance & Calibration done by an external agency.

Fundus Camera. Only Maintenance required that was performed on the schedule date

Evaluation and conclusions:

Audit of the Initial Assessment department revealed the following:

- SOP were being followed,
- initial assessment results of the patients were recorded both in the hard files and in the computerized system,
- assessments were conducted by competent and trained personnel,
- hygiene conditions were ensured & infection controls were seen in place,
- guidance was provided to the patients as required,
- medical records were maintained and controls were in place.
- Equipment used was found properly functional, maintained and calibrated

Areas for attention:

None

Assessment of:	Consultants	Assessor:	Raheel Ehsan
Auditee(s):	Dr Sana Mokhtiyar		

Audit trails and sources of evidence:

Internal & external issues
 Interested parties & their requirements
 Mitigating Actions
 Main activities:
 Examination
 Plan of Treatment

- Medicinal
- Surgical

Communication

Evaluation and conclusions:

Appointment as per the Front Office system
 Patient file (along with patient)

Patient Identification by multiple ways and questioning

Presenting complaint & Symptoms

History & Current Issue

Review of initial assessment results

Eye Examination

Plan of treatment including any lab test, medication, surgical procedure and follow-up.

Outpatient therapeutic procedure

In case a Surgical Procedure is recommended, the patient is referred to the reception for appointment.

Record of the examination and consultation in the hard file as well as in the computerized system

Audit of the Consultant's activities revealed that the SOP were being followed, patient's identification, examination, use of equipment, hygiene conditions, infection controls were seen in place. Moreover, counselling and guidance were provided to the patients, records were maintained, and other controls were seen in place.

In addition to Consultant's comments on the patient file the same comments are entered in the EMR for each patient.

Physical File of a Patient MR # 82897Bahadur Ali

Advised for Surgery on 04/11/21 by Dr Sikandar, Procedure scheduled in the system

The consultant's comments were found there on the file on that date and the same comments were there in the EMR with same date

Areas for attention:

None

Assessment of:	Purchase & Maintenance	Assessor:	Raheel Ehsan
Auditee(s):	Mr Nisar Farooqui		

Audit trails and sources of evidence:

Maintenance:

List of General Equipment available showing general equipment (no calibration required) and equipment that require calibration.

List of equipment 7.1.3-01 appendix 1

List includes: AC's, fire extinguishers, DG sets, etc.

Schedule of maintenance for DG sets was 200 hours or 3 months (whichever comes first) however no schedule for the inspection of other equipment was found in place.

Inspection of fire extinguishers.

Complaint form

Audit of the Maintenance revealed that the SOP regarding listing and maintenance of equipment etc. were being followed, records were maintained and controls were in place. Schedule of maintenance for equipment including ACs, Fire extinguishers, DG Sets, Stabilizers, etc. were found in place. A SLA in place with a service provider for providing maintenance services in house

Purchase:

List of approved supplier was found in place.

POs were sampled that was awarded to Sunny Surgical, Cain Medical, Ali Gohar, Pioneer. All suppliers were found approved and listed in the ASL

Evaluation and conclusions:

Audit of the Maintenance revealed that the SOP regarding:

Listing and maintenance of equipment etc. were being followed, records were maintained and controls were in place. Schedule of maintenance for equipment including ACs, Fire extinguishers, DG Sets, Stabilizers, etc. were found in place. A SLA in place with a service provider for providing maintenance services in house. The Maintenance system was found effective

Audit of the Purchase department revealed that the SOP regarding supplier approval, maintaining a list of approved suppliers, award of PO to the approved suppliers were followed and were found effective.

Areas for attention:

None

Assessment of:	Nursing Care, Infection Control, Laboratory	Assessor:	Raheel Ehsan
Auditee(s):	Ms Roseline Asif Mr Parakash		

Audit trails and sources of evidence:

No change in the Nursing Responsibilities were noticed since the last LRQA Audit. These included:

- 1) Pre Operative, Inter operative and Post operative care
 - 2) Support during Day care/ Diagnostic and invasive Procedures
 - 3) Environment of Care:
 - 4) Infection Control especially in the COVID 19 environment
 - 5) House Keeping
 - 6) Waste Management
- SOP: Nursing care: 8.5-00-E

Nursing Care Checklist: 8.5-05-01 covering the following

- 1) Common Procedure
- 2) Local anesthesia: Hepatitis profile, B, C, HIV
- 3) General Anesthesia: Hepatitis profile, B, C, HIV, ECG

Day Care - Pre Operation:

- 1) Patient Preparation
- 2) Tests
- 3) History
- 4) File completion (all required Documents and Nursing checklist)
- 5) Examination & Lab data in the EMR system.
Sampled case Patient Bahadur Ali MR # 82897
Advised for Surgery on 04/11/21 by Dr Sikandar,
Blood samples for Hepatitis C, HIV, RBS, drawn on 29/10/21
Records were found in HMS

Theatre: Nursing cover throughout from operation till recovery Medication as advised by the Surgeon/Consultant
Monitoring for Infection Control: housekeeping, sanitization
KPI for:

- 1) Hand Hygiene

- 2) Needle stick injury management : Danger box monitoring and management
 3) Waste Management and Disposal
 Incidents & accident regarding environment of care and infection control records to be maintained.

Evaluation and conclusions:

Audit of the Nursing Care including Environment of Care, Infection Control, revealed that the SOP regarding: Sanitization/Sterilization, Infection Controls, Hygiene conditions, Waste management, Training of Nursing Staff, Communication with the Front Desk etc. were ensured, were seen in place, guidance was provided to the patients as required, records were maintained and controls were in place.

Areas for attention:

None

Assessment of:	Operation Theatre	Assessor:	Raheel Ehsan
Auditee(s):	Mr Kelash Kumar		

Audit trails and sources of evidence:

Internal & external issues
 Interested parties & their requirements
 Mitigating Actions
 Arrangement of IOL, from the available stock or in case of unavailability, the requisition is raised and the approved supplier supplies same day or the next day. Procedure time agreed with the patient once the OIL has been arranged.
 Operation Plan provided a day in advance including patient name and OIL number
 All OT equipment & infrastructure sterilization and fumigation as per the schedule
 Mostly all disposable items are being used.
 Critical equipment (requiring calibration)
 Washing/Cleaning & Sterility of OT equipment by Chlorine solution followed by Autoclaving as per the schedule that is cross checked by the OT Staff & Nursing Supervisor
 Fumigation done by Chlorine solution, Dettol, and disinfectant as per the schedule that is cross checked by the Nursing Supervisor
 A SOP 8.5_00_F has been developed for the above mentioned activities.
 Medical & Surgical supplies & Sterile supplies for which a record is maintained and the stock level is maintained by the OT staff through Stores
 Crash Cart maintained in the OT and managed by the Nursing Staff who are available at the time of Surgery.
 Review of the OT essentials including IOL and medicines reviewed and ensured by OT Staff a day before the procedures.

Evaluation and conclusions:

Audit of the Operation Theatres revealed that the SOP regarding: Sanitization/Sterilization, Infection Controls, Hygiene conditions, Waste management, Provision of OT equipment and their functionality, Medical & Surgical supplies, Controlled Environment, Rota for the OT & Nursing Staff Surgeon's availability & confirmation, Communication with the Front Desk etc. were seen in place, guidance was provided to the patients as required, records were maintained and controls were in place.

Areas for attention:

None

Assessment of:	Welfare Office, HR/Training	Assessor:	Raheel Ehsan
Auditee(s):	Ms Samina Mazhar Ms Noreen		

Audit trails and sources of evidence:

Internal & external issues
 Interested parties & their requirements
 Mitigating Actions
 Appointment as per the Front Office system
 Front Office refers the unaffordable patients to the Welfare Office
 At the Welfare Office, the patient or attendant are interviewed to determine the eligibility for Welfare and extent of Welfare support.
 Form fill out to get the patient's consent
 Proportion of the amount to be paid by the patient and welfare is also mentioned on the form.
 Information regarding Welfare is entered into the EMR that has limited access including Top Management, Welfare Manager and the Accountant.

SOP for Human Resource 7.1.2, 7.2 & 7.3 was in place covering the activities of Competence & Training.

Job descriptions have been developed for each job that also reflects the competence requirement.

Employment requisition indicating the Position or the JD.

Training needs are identified at the time of employment and then on an annual basis.

Training plan for 2021 was seen in place.

- 1) 7 principles of QMS for all employees
- 2) Needle stick injury for OT, Lab & Housekeeping staff
- 3) Training for Internees in Research Methodology & Optometry
- 4) Awareness in COVID-19 for all staff

Training effectiveness is determined at the end of the year during annual appraisal.

Evaluation and conclusions:

Audit of the Welfare department revealed that the SOP were being followed, interview of the patient and/or attendant were conducted and welfare eligibility was determined, guidance was provided to the patients as



required, approvals were made for the eligible patients, records were maintained and controls were in place.

Procedure for Training needs identification, developing annual training plan, imparting training and determination of training effectiveness was found effective.

Areas for attention:

None



04. Next visit details

Standard(s) / Scheme(s)	ISO 9001:2015	Visit type	Focus Visit		
Audit days	1.00 DAY	Due date	March, 2022		
Team					
Site		Audit days	Delivery Method	Remote Effort	Activity codes
49/4 DR. THARANI ROAD GUJRAT COLONY, Karachi, PK		1.00 DAY	Onsite	0 DAY	108501,109015

05. Appendix

1. Audit Programme/Plan

Both the audit plan and the programme are dynamic and must be in line with the client's developments. Any (last minute) changes are possible with valid reasons e.g. organisational changes, processes, management review results etc. Prior to the closing meeting the audit team should (re)confirm the programme and identify any changes, E.g. to the management system, extent, time or dates of the audit, competences...

Visit Type	Stage 1	Stage 2	SV1	SV2	SV3	SV4	Focus visit	Certificate Renewal
Due Date			03/20	09/20	03/21	09/21	03/22	09/22
Start Date	18/07/19	26/09/19	9/7/20		5/2/21	30/10/21		
End Date	same	27/09/19	10/7/20		same	same		
Audit Days	01	02	1+1		1	1	1	tba
Separate assessment plan?	N	N	N		N	N	Y/N	Y/N
Any change in workforce numbers that may impact visit duration (if yes add new number)	N	N	N		N	N	Y/N	Y/N
Where identified above see separate current assessment plan for further detail.								
Process / aspect / theme / location								
<i>Final selection will be determined after review of management elements and actual performance</i>								
Opening meeting	✓		✓	✓	✓	✓	✓	✓
Closing meeting	✓		✓	✓	✓	✓	✓	✓
Changes to organizational context	✓		✓	✓	✓	✓	✓	✓
Management Review	✓		✓	✓	✓	✓	✓	✓
Internal Audits	✓		✓	✓	✓	✓	✓	✓
Continual Improvement	✓		✓	✓	✓	✓	✓	✓
Management of change	✓		✓	✓	✓	✓	✓	✓
Corrective action	✓		✓	✓	✓	✓	✓	✓
Complaint Management	✓		✓	✓	✓	✓	✓	✓
Use of Logo (LR & Accreditation Marks)	✓		✓	✓	✓	✓	✓	✓
Performance against the client management system objective	✓		✓	✓	✓	✓	✓	✓
Shift details and coverage in audit								
Front Office		✓		✓		✓		✓
Initial Assessment & Diagnostics		✓	✓	✓	✓	✓	✓	✓
Consultants		✓		✓		✓		✓
Welfare Office		✓			✓		✓	✓
Nursing		✓	✓	✓	✓	✓	✓	✓
Operation Theatre		✓	✓		✓		✓	✓
Environment of Care/Infection Control		✓	✓		✓			✓
HR		✓		✓		✓		✓
Purchase		✓			✓			✓
Maintenance		✓		✓			✓	✓
Electronic Medical Record		✓		✓		✓		✓

Scope

Any revised scope will be as agreed in formal correspondence between LR and the client or defined in section 4 of the previous LR visit report.

Scope	Management and Delivery of Healthcare in relation to Eye care.
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Exclusion	Design & Development
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Visit start time (approximate)	09:00	Visit end time (approximate)	16:30
The actual start and finish times for the visit will be agreed at the pre-visit contact with the assessor and recorded in the report introduction.			

Additional information

Opportunities for improvement

If we identify opportunities to improve your already compliant system, we will either record them in the process table applicable to the area being assessed or in the Executive summary of the report if they can deliver improvement at a strategic level.

Confidentiality

We will treat the contents of this report, together with any notes made during the visit, in the strictest confidence and will not disclose them to any third party without written client consent, except as required by the accreditation authorities.

Sampling

The assessment process relies on taking a sample of the activities of the business. This is not statistically based but uses representative examples. Not all of the detailed nature of a business may be sampled so, if no issues are raised in a particular process, it does not necessarily mean that there are no issues, and if issues are raised, it does not necessarily mean that these are the only issues.

Legal entity

The accredited legal entity and client facing office that has provided the assessment service in this report is referenced in the applicable agreement for this service.

Generic audit objectives and team responsibilities

The generic audit objectives and team responsibilities are included in the Client Information Note 'Assessment Process'. Any visit specific objectives for the next visit will be recorded in the report of the previous visit and will be addressed through the visit plan for that visit. The assessment standard and roles of the audit team are defined in the assessment visit confirmation sent to the client.

Audit Criteria

The audit criteria consist of the assessment standard and the client's management system processes and documentation.

Additional observers

Any additional observers will be as formally communicated to the client.

2. Separate Assessment Plan

Note: if the visit involves more than one team member and is more than one day duration, an additional plan detailing the activities of each member of the team on each day will be required.

(Date Day 1)

Introductory meeting with management to explain the scope of the visit, assessment methodology, method of reporting and to discuss the company's organisation (approximately 30 minutes). The Team Leader will agree a time to meet with top management to discuss policy and objectives for the management system.

LR team briefing for a team of two or more assessors or (experts).

<Name> (Team Leader)

<Name>

Discussion of all outstanding issues from previous visits.

Lunch.

Lunch.

Report writing.

Report writing.

Close.

Close.

(Date Day 2)

Review of findings from previous day. Review of the assessment plan for the day.

Lunch

Lunch

Report writing.

Report writing.

Close

Close

(Date Day 3)

Review of findings from previous day. Review of the assessment plan for the day.

Lunch

Lunch

Review of day's findings

Review of day's findings

Preparation of final report

Preparation of final report

Closing meeting with management to present a summary of findings and recommendations.

Note; Information on the objectives of the various visits can be found in the Client Information included in the report or on our website www.lr.org. Furthermore on the website there are Client Information Notes available for the various visit types. The audit criteria and team members date and locations are also stated on the front page of the report. Scope of certification and roles and responsibilities of the audit team members are expressed in the Audit Program Plan.

3. Report Considerations

LR Report considerations		
Have there been any deviation from the original assessment plan:	Yes (onsite audit)	If yes detail these in the introduction section of the report along with the reasons for the deviations
Have there been any significant issues impacting on the audit programme:	No	If yes detail these in the introduction of the report and amend the APP
Have there been any significant changes that affect the management system of the client since the last audit took place:	No	If yes detail these within the executive summary section of the report
Have any unresolved issues been identified during the assessment:	No	If yes detail these within the executive summary section of the report
Was the audit undertaken a combined or integrated audit:	No	If yes confirm what type of audit and the standards covered in the introduction to the report.
Was the organisation effectively controlling the use of the certification documents and marks:	Yes	If no document within the reporting table covering the mandatory elements
If applicable has the organisation taken effective corrective action regarding previously identified nonconformities:	Yes	Record outcome in the findings log against the relevant findings.
Does the management system of the organisation continue to meet the applicable requirements and meet the expected outcomes:	Yes	If no details reasons within the executive summary of the report
Does the scope of certification continue to be appropriate to the activities/products/services of organisation:	Yes	If no then document the actions necessary in relation to the scope in the executive summary of the report and amend the APP as required.
Were the objectives of the visit as defined in the APP fulfilled during the visit:	Yes	If no detail the reasons and any necessary actions in the executive summary of the report and amend/update the APP