



Internal Audit

Document: G_10_A_1 Author: Authorised: S Mabone 6/3/23 Review: 6/3/25

Document Control Audit

Laboratory: _____ Section: _____

Audit date: _____ Auditor name: _____

Policy references for this audit: PNG Laboratory Quality Manual, Section 13, Documents and Records and G_10_LQM_Ap_20_A, Document Control Procedures. G_10_Info_5_A ; refer to <http://path-png.org>

Audit items

1. Examine every printed SOP that is present in the laboratory

- 1.1 For the SOPs, are all listed on the printed document log G_10_WS_5 for the lab section?
- 1.2 Do all the bench SOP copies have a read acknowledgement sheet G_10_WS_4 on the front?
- 1.3 Have all relevant staff acknowledged that they have read the document?
- 1.4 List printed SOPs that do not appear on the printed document log OR that do not have a read acknowledgement sheet on them. Then take action to correct any such gaps.

Document description	Doc#	Issue date	Should this document be on the log? (Y/N)	If No, then confirm that the document has been removed or added to log (Rem/Added/No)

Notes:

Laboratory or Section Head files this document once completed in a separate, labelled Internal audit records folder with retention time 4 years.

2. Locate uncontrolled documents that are available within the lab. (e.g. notices, posters, SOPs, records; excludes flyers for meetings) and documents that are past their review dates

2.1 Remove documents that are not required and dispose (discuss with Section/Lab Manager if necessary)

2.2 List each document or document that requires review that needs to be issued as a controlled document here:

Document description/name	Document number (if exists)	Issue date (if known)	Should this document be made a controlled document? (Y/N/Not sure)	Is review of this document to update required? (Y/N)

3. Staff knowledge and awareness of document control

- 3.1 Have all staff read the Document Control Information Sheet, G_10_Info_5 (provide copies)?
- 3.2 Are the lab manager, section head and quality officer all aware of the printed document log sheet G_10_WS_5 (provide copy)?
- 3.3 Has the section/lab. Quality Officer completed WHO LQM Module on Document Control? Refer to LQM for instruction on free access.
- 3.4 Are all staff aware of the open access repository for national lab. documents at <http://path-png.org> ?

Comments:

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Action(s) required:

Actions to be prioritised	Who is responsible for taking action?	Date to be completed
1		
2		
3		
4		
5		
Section/Lab manager reviews actions and endorses/amends as required		Sign/date
Auditor endorses final actions and enters same onto the Lab/Section Action Log sheet (which is subject to regular management review)		Sign/date
Quality Officer/Lab Manager consults Action Log reviews to confirm all actions completed (unless unresolvable) at 3 months		Sign/date
Section/Lab manager closes off the audit after actions resolved		Sign/date

Changes to the last authorized version:

Version	Date	Amendments