

CORPORATE AUDIT & REVIEW PROCEDURE

STRAVIK Construction Group · Controlled Document

Document No.	Revision	Effective Date	Document Owner	Status
STV-GOV-PRO-009	00 (Initial Issue)	2026-10-24	President	Issued for review / pending approval

Management system alignment: This document is aligned with ISO 9001:2015, ISO 14001:2015 and ISO 45001:2018 requirements as applicable. STRAVIK Construction Group does not claim third-party certification to these standards. Florida Certified General Contractor License No. **[FL LICENSE NO.]**.

REVISION HISTORY

Rev.	Date	Description of Change	Prepared By	Approved By
00	2026-10-24	Initial issue for STRAVIK Construction Group	[PREPARED BY]	Michael Gaya, President

1. PURPOSE

This procedure establishes the framework for conducting internal audits, management reviews, and performance evaluations to ensure the effectiveness and continual improvement of the Integrated Management System (IMS) at STRAVIK Construction Group (STRAVIK).

The objectives are to:

- Verify compliance with ISO 9001, ISO 45001, and ISO 14001 standards.
- Ensure all policies and procedures are effectively implemented and maintained.
- Identify opportunities for improvement and prevent recurrence of nonconformities.
- Provide data-driven insight for executive decision-making and resource allocation.

2. SCOPE

Applies to all departments, divisions, and project sites under the control of STRAVIK Construction Group, covering:

- Corporate operations (governance, HR, finance, procurement, IT)
- Project execution (safety, quality, environmental, scheduling, field operations)
- Supplier and subcontractor performance audits

3. REFERENCES

- ISO 9001:2015 – Quality Management Systems, Clause 9.2
- ISO 45001:2018 – Occupational Health & Safety, Clause 9.2
- ISO 14001:2015 – Environmental Management Systems, Clause 9.2

- STRAVIK Management System Manual (STV-GOV-MAN-005)
- Records Management & Document Control Policy (STV-GOV-POL-011)

4. DEFINITIONS

Term Definition

Systematic, independent, and documented process for obtaining Audit evidence and evaluating it objectively.

Nonconformity (NC) Non-fulfillment of a requirement (e.g., policy, law, or standard).

Corrective Action Action to eliminate the cause of a nonconformity. (CA)

Preventive Action Action to prevent potential nonconformities before they occur. (PA)

Management Review Formal executive meeting evaluating the suitability, adequacy, and (MR) effectiveness of the IMS.

5. RESPONSIBILITIES

Role Responsibility

Approves audit schedule and ensures resourcing for President corrective actions.

Corporate Quality & EHS Oversees the internal audit program, reporting, and follow up verification.

Lead Auditor (Internal or Plans, executes, and reports on assigned audits objectively. Third-Party)

Department Heads / Project Cooperate during audits, implement corrective actions, and Managers provide evidence of closure.

Document Control Maintains audit records, corrective action logs, and Coordinator management review minutes.

6. AUDIT PROGRAM

6.1 Audit Planning

The Corporate Quality & EHS Director develops an annual audit schedule based on:

- Organizational risk level
- Regulatory or contractual obligations
- Results from prior audits and performance metrics

6.2 Audit Frequency

Audit Type	Frequency	Conducted By
Corporate IMS Audit	Semi-annually	Corporate Quality & EHS Team
Project Site Audits	Quarterly	Field Auditors / Safety Leads

Supplier/Subcontractor Audits Annually or as required Procurement Dept.

Third-Party Certification Audits Annually Accredited Registrar (ISO)

6.3 Audit Planning & Notification

- Audit plans are communicated at least two weeks prior to execution.

- Audit scope, criteria, and objectives are clearly defined.
- Opening and closing meetings are held with responsible management.

7. AUDIT EXECUTION

Audits are performed using documented checklists aligned with relevant ISO standards and company procedures. Each audit includes:

1. Opening Meeting – Confirm objectives and logistics.
2. Document Review – Evaluate compliance with procedures and records.
3. Field Verification – Observe work practices and interview personnel.
4. Evidence Evaluation – Identify findings based on objective evidence.
5. Closing Meeting – Summarize findings, classify nonconformities, and agree on corrective actions.

8. CLASSIFICATION OF FINDINGS

Classification	Description	Required Action
Major	Systemic failure or regulatory	Immediate corrective action within
Nonconformity	breach	7 days

Minor Isolated deviation from Corrective action within 30 days Nonconformity procedure

Potential improvement Observation Reviewed during next audit opportunity

9. CORRECTIVE ACTION MANAGEMENT

All findings are entered into the Corrective Action Register (CAR). Each record includes:

- Root-cause analysis (using "5 Whys" or Fishbone method)
- Corrective and preventive actions taken
- Responsible person and due date
- Verification of closure by Lead Auditor

Overdue actions trigger escalation to the President.

10. MANAGEMENT REVIEW

10.1 Frequency

The Executive Leadership Team (ELT) conducts a formal Management Review at least annually, and following major incidents, regulatory changes, or audit findings.

10.2 Inputs

- Audit results and performance metrics
- Client feedback and complaints
- Nonconformities and corrective action status
- Risk register and legal compliance updates
- KPI results (STV-GOV-PLN-007)

10.3 Outputs

- Decisions on resource allocation and process improvement
- Updated objectives and performance targets
- Recommendations for policy or procedural changes
- Approval of continual improvement initiatives

Minutes are recorded and retained under document control for five (5) years.

11. REPORTING

Audit results are formally communicated through:

- Audit Summary Reports to Department Heads and ELT
- Quarterly Audit Dashboard for trend analysis
- Annual Corporate Audit Summary incorporated into the Management Review Report

12. TRAINING

All internal auditors must complete ISO 9001/45001 Internal Auditor Training or equivalent. Refresher training is required every two years. Audit awareness training is provided to all management and field supervision personnel.

13. RECORD CONTROL

All audit plans, reports, checklists, CAR logs, and Management Review minutes are retained electronically in the corporate document management system per STV-ADM04.

14. CONTINUAL IMPROVEMENT

Lessons learned from audits are communicated company-wide and integrated into procedures and training. Recurring findings trigger process redesign and executive review.

APPROVAL

Role	Name	Title	Signature	Date
Prepared By	[PREPARED BY]	[TITLE]		
Reviewed By	[QUALITY / HSE MANAGER]	[TITLE]		
Approved By	Michael Gaya	President		

This document is reviewed at least annually, or upon significant organizational, legal or operational change, and re-issued under document control per STV-GOV-POL-011.