

INTERNAL EXTERNAL AUDITS

STRAVIK Construction Group · Controlled Document

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STV-CIP-PRO-004	00 (Initial Issue)	2026-10-24	[QUALITY / HSE MANAGER]	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

To define the procedure for planning, conducting, reporting, and closing out Internal and External Audits within STRAVIK Construction Group This process ensures continued conformity with ISO 9001 (Quality), ISO 14001 (Environment), and ISO 45001 (Health & Safety) requirements, as well as client and regulatory standards.

2. SCOPE

Applies to all corporate departments and project sites performing work under STRAVIK Construction Group, including subcontractors and suppliers subject to QMS/EHS audits. Covers:

- Internal system and site audits
- External third-party audits (certification, client, regulatory)
- Supplier / subcontractor audits

3. REFERENCES

- STV-QMS-MAN-001 Corporate Quality Manual
- STV-EHS-01 Health, Safety & Environmental Manual
- ISO 9001:2015 Clause 9.2 Internal Audit
- ISO 14001:2015 Clause 9.2
- ISO 45001:2018 Clause 9.2
- STV-CIP-PRO-003 Corrective and Preventive Action Log (CAPA)

4. RESPONSIBILITIES

Role Responsibility

Approves annual audit program and reviews results at management President review.
Plans and leads internal audits, issues reports, and ensures CAPA QA/QC Manager follow-up.
Coordinates safety/environmental audit activities and compliance EHS Manager checks.
Project Managers Facilitate audit access and implement corrective actions.
Document Maintains Audit Register and archives all reports. Controller

5. AUDIT PROCESS

5.1 Audit Planning

- Annual Audit Program developed by QA/QC Manager in Q4 for the following year.
- Covers all processes, projects, and functions at least once per year.
- Risk-based scheduling — high-risk or poor-performing sites audited more frequently.

5.2 Audit Preparation

- Define scope, criteria, team, and schedule.
- Notify auditees ≥ 7 days prior (unless unscheduled audit).
- Prepare checklists per standard / project specification.

5.3 Audit Execution

- Conduct opening meeting to confirm scope and logistics.
- Collect objective evidence via observation, document review, and interviews.
- Record findings as: Observation, Minor NC, Major NC, or OFI (Opportunity for Improvement).

5.4 Reporting

- Issue formal Audit Report (STV-CIP-PRO-004) within 5 working days.
- Include summary of findings, grading, and required CAPAs.
- Copy sent to President and department heads.

5.5 Follow-Up and Close-Out

- CAPAs entered into STV-CIP-PRO-003 CAPA Log.
- Verification audit or desk review performed to confirm closure.
- Close-out summary signed by QA/QC Manager.

6. AUDIT REGISTER FIELDS

Field Description

Unique reference Audit ID (AUD-YYYY-###)

Internal / External / Audit Type Supplier

Department / Project Audited location

ISO 9001, 14001, Standard / Criteria 45001, Client Spec

Audit Date Start / End

Lead Auditor Name / Certification

Participants Key personnel
Observation / Minor Findings / Major / OFI
Description Summary of finding
Field Description
Corrective Action Ref Linked CAPA ID
Completion Target Date deadline
Closure Verification Date confirmation
Open / Closed / Status Overdue
Comments / Evidence File reference

7. AUDIT RATING AND KPI MONITORING

Metric Target
% Audits Completed on Schedule $\geq 95\%$
% CAPA Closed within 30 Days $\geq 90\%$
Repeat Findings $\leq 5\%$
 ≤ 30 Average Finding Closure Time Days

8. RECORD RETENTION

- Audit Reports retained for 10 years in QMS SharePoint folder "/Audits/Reports/".
- Audit Checklists and Evidence retained minimum 5 years.

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.