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1. AIM

This procedure has been prepared to regulate the principles regarding internal audits to be conducted at planned intervals in order to verify the compliance of AYBÜ's Quality Management System with TS EN ISO 9001:2015 Standards.

2. SCOPE

This procedure encompasses the internal auditing of all services and activities conducted by AYBU.

3. DEFINITIONS

Investigation: This involves periodic audits of the Quality Management System implemented at AYBÜ to ensure its compliance with the TS EN ISO 9001:2015 standard.

External Audit: This is an audit of the Quality Management System implemented at AYBÜ (Aydın Yıldırım Beyazıt University) to ensure its compliance with the TS EN ISO 9001:2015 standard, conducted by an independent auditor.

Internal Audit: This refers to the periodic audits conducted by an internal auditor to verify that the Quality Management System implemented at AYBÜ complies with the TS EN ISO 9001:2015 standard.


Major Nonconformity These are deficiencies where the requirements of the TS EN ISO 9001:2015 Quality Management System standard are not implemented or where compliance with quality standards is seriously affected.

Minor Incompatibility These are deficiencies identified in the implementation of the TS EN ISO 9001:2015 Quality Management System standard requirements, despite the system's compliance with these requirements.

4. RESPONSIBLE PARTIES

From the creation of the Internal Auditor pool to the implementation, revision, planning, and execution of this procedure. **AYBU Quality Coordination Office** is responsible.

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5. RELATED DOCUMENTS

- Internal Audit Plan (XXXXX)
- Internal Audit Questionnaire (XXXXX)
- Internal Audit Report (XXXXX)
- DÜF Request Form (XXXXX)
- DÜF Tracking Table (XXXXX)
- Corrective Action Procedure (XXXXX)
- YGG Procedure (XXX)

6. APPLICATION

6.1. Qualifications Required for Internal Auditors: Completion of ISO 9001 Internal Audit Training is required.


6.2. Establishing the Investigator Pool: The Quality Coordination Department will ensure that the necessary training is received from TSE (Turkish Standards Institution) in order to create an auditor pool. An "Auditor Pool" is created. In the Auditor Pool, care is taken to include personnel from as many different units as possible to ensure representation of the units within the Quality Management System. New auditors are selected and trained to replace those who leave.

6.3. Review and Approval of the Internal Auditor Pool: In line with the recommendations of the Quality Coordination Office, the auditor pool is reviewed and approved by the Rector's office in terms of qualifications.

6.4. Informing Internal Auditors, Administrative and Academic Departments: Once the auditor pool is approved by the Rector's office, the Quality Coordination Office informs the units to which the internal auditors belong, either in writing or via the official website.

6.5. Number of Internal Audits: Internal audits are periodic audits conducted by internal auditors to assess compliance with the TS EN ISO 9001:2015 standard requirements of the Quality Management System. Internal audits are conducted

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at least once a year. More internal audits may be conducted within the same year at the request of the Rector's office. Internal audits may also be planned, at the request and decision of the Rector's office, for units experiencing increased stakeholder complaints, deviations from quality objectives, a rise in nonconformities, and organizational changes.

6.6. Preparation, Implementation and Reporting of the Internal Audit Plan


6.6.1. Internal and External (Certification, Surveillance) Audit Schedule: The Quality Coordination Office creates the Internal Audit Schedule through the Internal Audit Plan (XXXXX) and notifies the units after obtaining approval from the Rectorate. The internal audit must be completed before the Management Review meeting.

6.6.2. Internal Audit Principles

- a) Internal audits, from the auditor pool **yes, that** The audit is carried out by 1 (one) auditor. Upon the recommendation of the Quality Coordination Office and the approval of the Rector's Office, one auditor is designated as the lead auditor.
- b) Internal auditors or unit managers cannot audit their own units (Principle of Impartiality).
- c) The internal audit is conducted according to the prepared internal audit questionnaire. However, additional questions may be asked if necessary. (Internal Audit Questionnaire (XXXXX))
- c) Auditors aim not to find nonconformities and loopholes in their audits, but to identify areas for improvement within the unit in ensuring compliance with the standard's requirements.
- d) Investigators are responsible for gathering objective evidence regarding non-conformity and compliance.
- e) Auditors may audit more than one unit within the same audit period, provided that these units are not their own.
- f) Internal audits cannot be conducted without prior notice or planning. Internal audit activities are carried out on the dates specified in the Internal Audit Plan (XXXXX). As a rule, internal audits are planned at the beginning of the calendar year or academic year, and the units are informed. If necessary, in case a new plan is made, the unit(s) to be audited are informed by the Quality Coordination Office or the General Secretariat at least two weeks before the internal audit. (Planning and prior notification principle)

6.6.3. Internal audit methods to be carried out in the units

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- a) Desk-Based Audit: This is the process of reviewing documents to ensure that the records kept by the units regarding the quality management system comply with standard requirements.
- b) Field Inspection: This is the inspection process carried out to ensure that the units' infrastructure and working conditions comply with the legislation.

6.6.4 During the audit, the unit head or a unit representative authorized by them accompanies the auditors.

6.6.5. During the examination, questions on the questionnaires are scored as follows:

- 10 Mrs. : A fully effective application.
- 7.5 Mrs. : A minor incongruity requiring completion work in practice.
- 5 Mrs. Improvements in implementation and definitions (Maximum of "three" minor nonconformities)
- 2.5 Mrs. : Serious deficiencies in implementation (Maximum of "five" minor nonconformities)
- 0 Mrs. : Standard clause not applied. (Major nonconformity)


Corrective action will be initiated for criteria that are scored 5, 2.5, and 0 points.

6.6.6 Internal auditors note any nonconformities identified during the audit and report each nonconformity at the end of the audit. If necessary, nonconformities are reported via ABS. **DÜF Request Form (XXXXX)** It ensures that the necessary activities related to resolving the issue are carried out by filling it out. The DÜF request forms filled out by the auditors via ABS are immediately approved by the Quality Coordination Office.

6.6.7 All Corrective Actions initiated as a result of the investigation, **DUF Tracking Form (XXXXX)** is followed up by the Quality Coordination Office. Requests for Corrective Action Reports opened by auditors are re-evaluated by the auditors after the activities carried out by the unit managers. If approved by the auditors, the opened Corrective Action Reports are closed by the Quality Coordination Office via the ABS system.

6.6.8. For DPFs that the auditors deem unsuitable for closure, the responsible unit is given additional time in accordance with the Corrective Action Procedure. If deemed necessary by the auditors, a follow-up audit may be scheduled to verify on-site whether the corrective actions have been taken.

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6.6.9. Preparation of the Internal Audit Report: From the completion of the internal audit latest The Internal Audit Report (XXXXX) shall be prepared by the auditors within five business days. **To the Quality Coordination Office** The Internal Audit Report is submitted in written or electronic form with a signature. The Internal Audit Report is kept in an electronic or physical file by the Quality Coordination Office.

6.6.10 All internal audit findings, DPFs, and corrective actions are brought to the agenda of the Management Review meetings (see MRE Procedure (XXXXX)) and are evaluated at these meetings.

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