

QUALITY MANAGEMENT SYSTEM	POWER GRID COMPANY OF BANGLADESH LTD.					QUALITY FORMS			
	TITLE: INTERNAL QUALITY AUDIT PLAN								
Document No:	QF-IQA-01	Revision No.:	00	Effective Date:	15/02/07	Page:	1	of	1

**POWER GRID COMPANY OF BANGLADESH LTD.**

**INTERNAL QUALITY AUDIT PLAN**  
FROM ..... TO .....

Name of the Audit zone :

SL. No.	Location	..... to .....	..... to .....	..... to .....	..... to .....
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Deputy / Assistant Management Representative  
..... Zone  
Date:

Distribution to:

1. Management Representative, PGCB.
2. Office Copy / Master Copy.

Reviewed by (MR):



Approved by (MD):



QUALITY MANAGEMENT SYSTEM	POWER GRID COMPANY OF BANGLADESH LTD.					QUALITY FORMS			
	TITLE: INTERNAL QUALITY AUDIT SCHEDULE								
Document No:	QF-IQA-02	Revision No.:	00	Effective Date:	15/02/07	Page:	1	of	1

**POWER GRID COMPANY OF BANGLADESH LTD.**

**INTERNAL QUALITY AUDIT SCHEDULE**

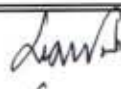
FROM ..... TO .....

Name of the Audit Zone:

SL. No.	Name of the office under Audit	Date of Audit	Name & Designation of the Auditor
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\_\_\_\_\_  
Deputy / Assistant Management Representative  
..... Zone  
Date:

Reviewed by (MR):



Approved by (MD):



QUALITY MANAGEMENT SYSTEM	POWER GRID COMPANY OF BANGLADESH LTD.					QUALITY FORMS			
	TITLE: INTERNAL QUALITY AUDIT CIRCULAR								
Document No:	QF-IQA-03	Revision No.:	00	Effective Date:	15/02/07	Page:	1	of	1

**POWER GRID COMPANY OF BANGLADESH LTD.**  
**INTERNAL QUALITY AUDIT CIRCULAR**

Ref: PGCB/ ISO 9001/(DMR/AMR-.....)/...../20....

Date : ...../...../20....

Subject: Internal Quality Audit on/from ..... (schedule attached)

An Internal Quality Audit will be conducted as per the attached schedule.

**Scope of the Audit:**

1. All the relevant Procedures and Quality System Documents and works of the department/section. In addition of these follow up of the last Audit where relevant.
2. Recording of the Audit findings and all other works will be done as per Procedure number QP-IQA-1.

**Instructions to all concerned:**

1. Auditee is requested to provide all the support needed to the Auditors for conducting the Audits.
2. The schedule of the Audit can be changed in case of unavoidable circumstances only and also if both Auditor and Auditee agree on a changed schedule.
3. In case of any change of schedule, the concerned DMR/AMR should be informed by the Auditor before actual audit is performed.
4. All Managers of GMDs are requested to inform all sub-station in-charge under their jurisdiction about the schedule of the Internal Quality Audit.
5. All controlling officers of the auditors are hereby requested to make necessary arrangements to spare the auditor from his duty for the scheduled days.
6. All controlling officers (*Manager/DGM/GM etc., as the case may be*) of the auditors are hereby requested to collect the Non Conformity Report (NCR) from the auditors within 3 working days of the actual audit and send the same to the office of concerned DMR/AMR.

Attachment: As mentioned.

Thanking You

Deputy/Assistant Management Representative.  
..... Zone  
Date:

Distribution Copy (As necessary & applicable):

**A. Auditee**

1. Managing Director, PGCB, Dhaka.
2. Director ....., PGCB, Dhaka.
3. General Manager ....., PGCB, Dhaka.
4. Deputy General Manager ....., PGCB.
5. Manager ....., PGCB.
6. DM / AM, Grid Sub-stations (.....), PGCB.
7. DM / AM, LDC Control room (.....), Carrier Control room (.....), PGCB.

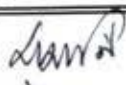
**B. Auditor**

No.	Name of the Auditor	Designation	Office

B. Management Representative, PGCB.

C. Office Copy/Master Copy.

Reviewed by (MR):



Approved by (MD):



**POWER GRID COMPANY OF BANGLADESH LTD.**  
**Internal Quality Audit CHECK LIST**

Name of the Auditors :

Signature of the Auditor  
Date:

Approved by (MD):



QUALITY MANAGEMENT SYSTEM	POWER GRID COMPANY OF BANGLADESH LTD.					QUALITY FORMS			
	TITLE: NONCONFORMITY REPORT								
Document No:	QF-IQA-05	Revision No.:	01	Effective Date:	01/12/2012	Page:	1	of	1

## NONCONFORMITY REPORT (NCR)

Date of Audit:	Name of the Department or Function:	Name of the Auditor:
NC No. ...	Circular Reference	Name of the Auditee
Nonconformity Statement		Clause Reference
Signature of Auditor		Signature of Auditee
Correction:		
Action Implemented by:		
Verified by:	Date:	
Record of Investigation (conclude with root cause):		
Signature of the Auditee with date		
Recommended corrective action:		
Approved by:	Assigned to:	To be Completed by (Date):
Action Implemented and Completed Satisfactorily:		
Verified by:	Date:	
Follow up/Verification Findings		
Corrective Action Effective Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments:		
Signature of Auditor with date	Signature of Auditee with date	Signature of MR with date

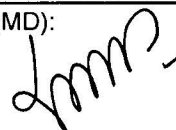
**CAR CLOSED on Date:**

\_\_\_\_\_  
Management Representative

Reviewed by (MR):



Approved by (MD):



QUALITY MANAGEMENT SYSTEM		POWER GRID COMPANY OF BANGLADESH LTD.			QUALITY FORMS	
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**POWER GRID COMPANY OF BANGLADESH LTD.**  
Corrective Action Request (CAR) Log

Name of Audit Zone:

NCR serial no.	NCR issued to	Deficiency	Audit Date	Proposed corrective action to prevent recurrence	Proposed completion date for Corrective action	Date reminder sent	Proposed follow up date	Date NCR cleared	Signature of MR	Remarks

Reviewed by (MR):

*[Signature]*

Approved by (MD):

*[Signature]*

