	JSC «Kazakh University of Technology and Business named after K. Kulazhanov»
	QUALITY MANAGEMENT SYSTEM
	Documented information

APPROVED
Rector of
JSC «KazUTB named after K. Kulazhanov»
_____L.K. Baibolova
«10» september 2026

INTERNAL AUDIT
KazUTB-DSD-DP-9.2-2026-08

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FOREWORD

This Documented Procedure (DP) has been developed by the Strategic Development Department of JSC «Kazakh University of Technology and Business named after K. Kulazhanov».

This DP is formally approved by the Rector of JSC «Kazakh University of Technology and Business named after K. Kulazhanov» via signature on the title page.

This DP is mandatory for all structural subdivisions of JSC «Kazakh University of Technology and Business named after K. Kulazhanov» across all operations relating to the Quality Management System.

Periodic review of this DP shall be executed by the Director of the Strategic Development Department at least once every three years.

Amendments to this DP shall be initiated based on the outcomes of its institutional implementation at the University, or in response to updates in governing regulatory frameworks.

This document is introduced to supersede Document No. KazUTB-QAaAD-DP-9.2-2025-20, titled «Internal Audits», dated June 18, 2025.

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1. TERMS AND DEFINITIONS

Terms	Definitions
Documentation Review	Review of documents provided by an organization or organizational unit to determine the conformity of the documented management system with established audit criteria.
Audit	A systematic, independent, and documented process for obtaining objective evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.
On-site audit	Audit operations conducted physically at the location of the auditee.
Auditor	An individual authorized and competent to conduct an audit.
Internal audit	Frequently referred to as a "first-party audit"—an audit conducted by, or on behalf of, the organization itself for internal purposes
Audit Findings	Results of the evaluation of the collected audit evidence against the established audit criteria.
Audit Team	One or more auditors conducting an audit, supported if necessary by technical experts.
Fair Presentation	The obligation to report audit findings, conclusions, and reports truthfully, accurately, and objectively.
Documented information	Information required to be controlled and maintained by the organization, including the medium on which it is contained.
Audit Client	The organization or individual requesting the audit.
Audit report	The definitive outcome document of an audit, formulated after addressing the audit objectives and consolidating all findings and conclusions.
Interested Party (Stakeholder)	A person or organization that can affect, be affected by, or perceive themselves to be affected by a decision or activity.
Confidentiality	Protection of sensitive data from unauthorized access or disclosure; information security.
Competence	The demonstrated ability to apply knowledge and skills to achieve intended results.
Correction	Immediate action taken to eliminate a detected non-conformity.
Bribery / Corruption Risk	Action taken to eliminate the root cause of a detected non-conformity and prevent its recurrence.
Corruption Hazard	The combination of the probability of occurrence and the severity of consequences of offering, promising, giving, accepting, or soliciting an undue advantage of any value (financial or non-financial), directly or indirectly, in violation of applicable law, as an inducement or reward for a person to act or refrain from acting in relation to their official duties.
Corrupt Act / Case	An isolated, documented fact or event constituting corruption or bribery.
Corruption Incident	An event arising during interpersonal or professional interactions wherein one party initiates or solicits an unjustified advantage or bribe.
Corruption Event	A verified, documented occurrence that exhibits legal elements of corruption or bribery.

Audit Criteria	A set of policies, procedures, or requirements used as a reference against which objective evidence is compared.
Observer	An individual who accompanies the audit team but does not act as an auditor or interfere with the process.
Independence	The fundamental basis for the impartiality of the audit and the objectivity of the audit conclusions.
Non-Conformity	Non-fulfillment of a specified requirement.
Audit Scope	The boundaries and extent of the audit. Note: Scope typically includes a description of the physical and virtual locations, organizational units, activities, processes, and the specific time period covered.
Objective Evidence	Verifiable data supporting the existence or truth of something
Audit plan	A detailed description of the daily activities and operational arrangements for an individual audit
Audit program	Arrangements for a set of one or more audits planned for a specific timeframe and directed toward a specific purpose.
Effectiveness	The extent to which planned activities are realized and planned results are achieved.
Risk	The effect of uncertainty on objectives
Audit Evidence	Records, statements of fact, or other information which are relevant to the audit criteria and are verifiable.
Conformity / Compliance	Fulfillment of a specified regulatory, statutory, or organizational requirement.
Technical Expert	An individual within an audit team who provides specific knowledge or expertise to the team but does not act as an auditor.
Service	The output of an organization with at least one activity necessarily performed between the organization and the customer.
Ethical behavior	The foundation of professionalism. It dictates trust, integrity, confidentiality, and discretion throughout the audit process.

2. ABBREVIATIONS AND ACRONYMS

Reduction	Full name
JSC «KazUTB named after K. Kulazhanov»	Joint-Stock Company «Kazakh University of Technology and Business named after K. Kulazhanov»
KazUTB-DSD-DP-7.5-2026-01	Documented Procedure «Documented Information»
KazUTB- DSD -DP-10.2-2026-10	Documented Procedure «Nonconformities and Corrective Actions»
KazUTB- DSD -PIK-5.3/9.3-2026-02	Album of Process Information cards
KazUTB- DSD -DP-6.1-2026-03	Risk management

IA	Internal audit
State Educational Standards of the Republic of Kazakhstan	State Compulsory Education Standard of the Republic of Kazakhstan
CD	Corrective actions
IS	International Standard
KazUTB- DSD -DP-9.2-2026-08	Documented Procedure «Internal Audit»
QMSD	Quality Management System Department
Schedule	Annual Schedule of Internal Audits
QMS	Quality Management System
ABMS	Anti-Bribery Management System
SP	Structural unit
EDMS	Electronic Document Management System
DSD	Department Strategic Development

3. GENERAL PROVISIONS AND PROCEDURE DESCRIPTION

3.1 The internal audit (IA) of the QMS / ABMS is necessitated by the need for:

3.1.1 monitoring and measuring the state of the QMS and its processes against the audit criteria, which represent the set of requirements of IS ISO 9001:2015, IS ISO 9000:2015, IS ISO 19011:2018, and ISO 37001:2016 applicable to the QMS/ABMS of JSC «KazUTB named after K. Kulazhanov», quality policy and objectives, anti-corruption policy, documented procedures (DP), and other documented information establishing requirements for the activities of JSC «KazUTB named after K. Kulazhanov»;

3.1.2 improving the services/products provided by JSC «KazUTB named after K. Kulazhanov»;

3.1.3 improving the documented information of the QMS/ABMS;

3.1.4 improving the processes of the QMS/ABMS;

3.1.5 preparing for the certification and surveillance audits of the QMS/ABMS of JSC «KazUTB named after K. Kulazhanov».

3.2 The inputs for the procedure are:

3.2.1 the annual Schedule for the QMS/ABMS internal audits and the audit program;

3.2.2 directives from top management (executive order/decree).

3.3 The audit objects are the elements of the QMS/ABMS (clauses of IS ISO 9001:2015 and IS ISO 37001:2016) that establish mandatory requirements for the QMS/ABMS.

3.4 The activities involved in conducting the QMS/ABMS internal audit at JSC «KazUTB named after K. Kulazhanov» consist of the following stages:

3.4.1 IA planning (establishing audit program objectives, criteria, methods, and auditors; risk analysis and assessment; resource allocation);

3.4.2 ensuring the competence of auditors;

3.4.3 selection of audit teams;

3.4.4 preparation of documented information for conducting the IA and its distribution to the audit teams;

3.4.5 conducting the IA;

3.4.6 maintaining documented information regarding the IA program;

3.4.7 monitoring the IA process and results (issuing non-conformance/observation reports and audit team reports, and uploading/sharing them on Google Drive);

3.4.8 preparing a summary report on the IA results and presenting it to the Academic Council;

3.4.9 implementing corrective actions (CA) based on the IA results and compiling documented information (CA plan/report, CA verification, closure of non-conformance/observation reports).

3.5 QMS/ABMS internal audits within the structural units (SU) of JSC «KazUTB named after K. Kulazhanov» are conducted by trained auditors in numbers sufficient to fulfill the annual Schedule, as well as unscheduled audits.

3.6 To train internal auditors, the management of JSC «KazUTB named after K. Kulazhanov» sends the required number of personnel to QMS/ABMS internal auditor training courses provided by an organization holding the appropriate license to conduct such training. Scanned copies of the internal auditors' certificates are uploaded to the website of JSC «KazUTB named after K. Kulazhanov».

4. PLANNING OF THE QMS/ABMS INTERNAL AUDITS

4.1 Internal audits (IA) at JSC «KazUTB named after K. Kulazhanov» are conducted in accordance with the IA program and the annual IA Schedule, both of which are approved and enacted by an executive order of the University.

4.2 The IA program is drawn up in compliance with Form F. DSD-9.2-2026-08-02, and the Head of the Quality Management System Department (QMSD) is the person responsible for its preparation.

4.3 The Head of the QMSD must possess the necessary competence to ensure the effective and efficient management of the audit program and its associated risks, as well as knowledge and experience in the following areas:

4.3.1 audit principles, procedures, and methods (including both remote and on-site audits required to satisfactorily achieve the objectives of the audit program);

4.3.2 management system standards and reference documents;

4.3.3 activities, services, products, and processes of the audited structural units (SUs).

4.4 The Head of the QMSD determines the duration of the IA program, which may vary depending on the size and nature of the audited structural units, as well as the functionality and complexity of the audit object.

4.5 Other factors influencing the duration of the IA program include:

4.5.1 the objective, scope, and duration of each individual IA, as well as the total number of audits to be conducted, including any follow-up internal audits;

4.5.2 the number, significance, complexity, similarity, and locations of the activities subject to the IA.

4.5.3 the selection and establishment of audit methods (including remote and on-site techniques);

4.5.4 the conclusions and findings of previous internal and external audits;

4.5.5 the performance review results of the previous IA program;

4.5.6 linguistic, cultural, and social factors;

4.5.7 stakeholder concerns, such as customer complaints;

4.5.8 significant changes within the audited structural units (SUs);

4.5.9 risks and opportunities, including the actions and measures to address them.

4.6 Development of the Annual IA Schedule

The annual Schedule is drawn up in compliance with Form F. DSD-9.2-2026-08-01. The Head of the QMSD is responsible for its preparation. The schedule must provide for an internal audit to be conducted at least once a year for all audit objects (elements of the QMS/ABMS), taking into account the following criteria:

4.6.1 the status and significance of the processes and areas subject to the IA;

4.6.2 the results of previous internal audits;

4.6.3 directives and instructions from top management;

4.6.4 the objectives of the IA (both for the entire QMS/ABMS and its individual requirements);

4.6.5 the dynamics of non-conformities identified in the provided products/services;

4.6.6 actions taken to address risks and opportunities;

4.6.7 reports and findings from certification and surveillance audits;

4.6.8 implementation of structural or other organizational changes;

4.6.9 changes in the requirements of the State Compulsory Educational Standards of the Republic of Kazakhstan for specialties and fields of study;

4.6.10 stakeholder requirements.

4.7 Following compilation, review, and approval, the annual Schedule and the IA program are distributed to all structural units (SUs) via Google Drive.

4.8 An unscheduled IA may be conducted at the request of a process owner or on the initiative of the head of any structural unit. The decision to conduct an unscheduled IA is enacted by an executive order of the Rector (the Quality Management Representative of JSC «KazUTB named after K. Kulazhanov»).

4.9 Definition of IA Objectives

The objective or objectives of the IA are determined by the Head of the OSMK. The IA objectives define what the internal audit is intended to achieve and may include the following:

4.9.1 determining the degree of compliance of the management system, or parts thereof, with the IA criteria;

4.9.2 assessing the capability of the management system to ensure compliance with statutory, regulatory, and contractual requirements;

4.9.3 evaluating the effectiveness of the management system in achieving its established objectives;

4.9.4 identifying areas for potential improvement within the management system.

4.10 Selection of Audit Team Members

Internal auditors are selected from among the employees of JSC «KazUTB named after K. Kulazhanov» who have completed specialized training courses for QMS/ABMS internal auditors and hold valid internal auditor certificates. The audit team must be selected based on the competence required to achieve the objectives of the specific IA. When selecting an audit team, the following factors must be taken into account:

4.10.1 overall competence, taking into account the IA scope and criteria;

4.10.2 the complexity of the IA;

4.10.3 the type of IA (joint or combined);

4.10.4 legal, statutory, and contractual requirements;

4.10.5 the selected IA methods (whether remote or on-site);

4.10.6 the type and complexity of the processes subject to audit;

4.10.7 ensuring objectivity and impartiality to prevent conflicts of interest during the IA process;

4.10.8 professional compatibility of the team members;

4.10.9 ability of the auditors to interact effectively with each other;

4.10.10 the language of the IA.

4.11 If the required competence is not fully covered by the team auditors, the involvement of technical experts with the necessary specialized expertise is permitted. Technical experts shall operate under the guidance of an auditor but must not act as auditors themselves.

4.12 Trainee auditors may be included in the audit team, but they shall perform their duties only under the direct supervision and guidance of an internal auditor.

4.13 Adjustments to the size and composition of the audit team may be necessary during the IA, for instance, in the event of a conflict of interest. Should such situations arise, they must be reviewed with the relevant parties before any changes are implemented.

4.14 If an audit is conducted by a single auditor, they shall perform all the duties of an audit team leader.

4.15 Auditors must possess the necessary personal attributes to act in accordance with the principles of internal audit and to conduct themselves professionally throughout their IA activities. Specifically, an auditor should be:

4.15.1 ethical, i.e., fair, truthful, sincere, honest, and discreet;

4.15.2 open-minded, i.e., willing to consider alternative ideas or points of view;

4.15.3 diplomatic, i.e., tactful in dealing with individuals;

4.15.4 observant, i.e., actively aware of physical surroundings and activities;

4.15.5 perceptive, i.e., instinctive and able to understand and adapt to situations;

4.15.6 versatile, i.e., able to readily adjust to different situations;

4.15.7 tenacious, i.e., persistent and focused on achieving objectives;

4.15.8 decisive, i.e., able to reach timely conclusions based on logical reasoning and analysis.

4.15.9 self-reliant, i.e., able to act and function independently while interacting effectively with others;

4.15.10 courageous, i.e., willing to act responsibly and ethically, even though these actions may not always be popular and may sometimes result in disagreement or confrontation;

4.15.11 open to improvement, i.e., willing to learn from situations;

4.15.12 culturally sensitive, i.e., observant and respectful of the culture of the audited structural unit;

4.15.13 collaborative, i.e., effectively interacting with others, including audit team members and the personnel of the audited structural unit.

4.16 Qualification Requirements for Internal Auditors:

4.16.1 a minimum of 6 months of work experience at JSC «KazUTB named after K. Kulazhanov» (except for external specialists involved in conducting the IA);

4.16.2 comprehensive knowledge of the foundational QMS/ABMS documents, including ISO 9001:2015, ISO 19011:2018, and ISO 37001:2016, as well as the documented information of the QMS/ABMS of JSC «KazUTB named after K. Kulazhanov»;

4.16.3 possession of specific personal attributes (see clause 2.15) that enable them to act in accordance with audit principles, alongside knowledge of the principles and methods of organizing QMS/ABMS internal audits;

4.16.4 completed training and practical experience in conducting internal audits;

4.16.5 the ability to review documented information, express thoughts clearly both orally and in writing, establish interpersonal contacts, listen effectively, demonstrate analytical and flexible thinking, and maintain self-control;

4.16.6 the ability to qualitatively assess the actual condition of the audited facilities and propose measures for their improvement.

4.16.7 the ability to document IA observations and prepare appropriate reports;

4.16.8 the ability to maintain the confidentiality and security of data and documented information.

4.17 General Knowledge and Skills of the Audit Team Leader

The audit team leader must possess additional audit experience to expand their competence, including:

4.17.1 successful completion of training programs that cover the general knowledge and skills required of an auditor;

4.17.2 professional experience in relevant technical, managerial, or specialized positions involving the exercise of judgment, decision-making, problem-solving, and communication with management and colleagues;

4.17.3 education, training, and experience within a specific management system and industry sector that enhance overall competence;

4.17.4 the ability to organize and direct the audit team when formulating conclusions based on the IA results;

4.17.5 the ability to anticipate conflict risks and effectively resolve disputes;

4.17.6 the ability to prepare and compile the comprehensive report of the audit team.

5. CONDUCTING AN INTERNAL AUDIT

5.1 In preparation for the IA, the Audit Team Leader performs the following preparatory actions:

5.1.1 defines the audit methods, specifying the degree of interaction between the audit team and the structural unit (whether remote or on-site);

5.1.2 defines the scope of the IA, identifying the specific QMS/ABMS processes and procedures to be audited;

5.1.3 defines the criteria for the IA (the IA criteria consist of the relevant regulatory and organizational documents, including ISO 9001:2015 and ISO 37001:2016, QMS/ABMS procedures, documented information, and other internal and external documents regulating the activities of JSC «KazUTB named after K. Kulazhanov»;

5.1.4 conducts individual preparation, analyzing the IA criteria to the extent necessary for the effective conduct of the audit and, if necessary, preparing Checklists (Form F. SDD-9.2-2026-08-05).

5.2 Establishing Contact with the Audited Party

The leader of each audit team must ensure that contact is established well in advance with the head of the audited structural unit (SU) in accordance with the Schedule, specifically to:

5.2.1 agree on the degree of interaction between the auditor and the audited structural unit (with or without personal face-to-face interaction);

5.2.2 coordinate the exact timing of the audit in the case of personal interaction;

5.2.3 determine the list and format (PDF, Excel, Word, photo) of the documented information necessary for the implementation of the Audit Program;

5.2.4 confirm the communication channels for the exchange of documented information;

5.2.5 request access to relevant information required under the IA program.

5.3 In the case of a remote internal audit (IA), the heads of the structural units (SUs) at JSC «KazUTB named after K. Kulazhanov» shall perform the following preparatory actions by the deadlines established in the Schedule:

5.3.1 notify the employees of the structural unit about the upcoming IA and the methods to be used;

5.3.2 ensure the availability of all necessary documented information and the accessibility of the required computer systems.

5.3.3 in advance, and no later than the scheduled date of the IA, send the necessary documented information and verifiable facts related to the established IA criteria to the auditors' email addresses.

5.4 In the case of an on-site internal audit (IA), the heads of the structural units (SUs) at JSC «KazUTB named after K. Kulazhanov» shall perform the following preparatory actions by the deadlines established in the Schedule:

5.4.1 notify the employees of the structural unit about the upcoming IA and the methods to be used;

5.4.2 ensure the availability of all necessary documented information and the accessibility of the required computer systems;

5.4.3 provide an appropriate workspace for the auditor or the audit team;

5.4.4 ensure that designated personnel are available at the appointed time for interviews;

5.4.5 arrange and facilitate visits to specific facilities (such as laboratories, auditoriums, specialized classrooms, etc.);

5.4.6 ensure that prompt and complete answers are provided to the questions posed by the auditors.

5.5 Documented information that may be requested by the auditors includes:

5.8.1 In the case of a remote IA, the head of the audited structural unit (SU), or their designated deputy, must comply with the requirements of clause 3.3 of this Documented Procedure (DP), send the necessary documented information to the audit team, and ensure the accessibility of required computer systems;

5.8.2 analysis of the provided documented information;

5.8.3 analysis of data from the kaztbu.kz computer systems;

5.8.4 formulation of IA findings regarding the implementation of social, statutory, and regulatory requirements.

5.8.5 communication during the IA process (internal communication within the audit teams, reporting to the Audit Team Leader, and informing the audited structural unit);

5.8.6 preparation of IA conclusions (assessing the degree of compliance, the effectiveness of implementation and maintenance, and providing recommendations);

5.8.7 preparation of Non-Conformance/Observation Reports (Form F. SDD-9.2-2026-08-03) and the IA Report (Form F. SDD-9.2-2026-08-04);

5.8.8 in the event of a disagreement between the auditing parties, the dispute shall be resolved and settled by the Audit Team Leader, or in exceptional cases, by the Head of the QMSD and the Rector;

5.8.9 completion of the IA.

5.9 These methods are used to provide the auditor with objective evidence of conformity or non-conformity with the requirements set forth in the relevant IA criteria.

5.10 Throughout the investigation, the auditor must adhere to the principles of audit ethics, maintaining objectivity and accuracy.

5.11 When conducting an IA, the following rules must be observed:

5.11.1 the IA must be independent and unbiased;

5.11.2 the IA must be carried out in a correct and professional manner;

5.11.3 the IA results are strictly intended for internal use.

5.12 Non-conformities with the IA criteria may be detected during the audit process. Any detected non-conformities must be recorded using the Non-Conformance/Observation Report (Form F. SDD-9.2-2026-08-03) in accordance with the principle: one individual Report for each specific non-conformity.

5.13 The numbering of Non-Conformance/Observation Reports and IA Reports is assigned in accordance with the sequential number of each audit as specified in the annual Schedule.

5.14 Rules to be observed by internal auditors:

5.14.1 adhere strictly to the audit objectives and the IA schedule, and not exceed their established authority;

5.14.2 evaluate existing operational activities within the scope of the audit, assess their outcomes, and draw attention to any missing control functions or processes;

5.14.3 ensure that their requirements do not exceed the scope and level of the established audit acceptance criteria;

5.14.4 rely exclusively on objective facts and substantiated documented evidence;

5.14.5 determine the root causes of non-conformities and deficiencies within the activities of the structural unit, keeping in mind that the primary purpose of the IA is to eliminate the source of systematic defects within the QMS/ABMS subsystems of JSC «KazUTB named after K. Kulazhanov» rather than merely detecting faults and assigning blame.

5.15 Classification of Non-Conformities

Nonconformance Name	Content of inconsistencies
Significant inconsistencies	A significant non-conformity is defined as a state where an entire element of the management system, or a substantial component thereof, has been omitted or rendered ineffective, or where the final product or service fails to comply with established requirements. Furthermore, a cluster of recurrent minor deficiencies of an identical nature—such as the unauthorized or flawed deployment of documented information across multiple sectors—collectively demonstrates a systemic breakdown, and shall consequently be aggregated and classified as a single major non-conformity."
Minor (minor) inconsistencies	«An minor non-conformity is defined as a minor, isolated flaw within the management system—typically arising from human error—that does not compromise the integrity of the process and can be promptly rectified»

5.16 The IA shall be conducted exclusively on the basis of partnership and collaborative effort; it must never be utilized as a means to achieve improper or biased objectives.

5.17 All questions posed by the internal auditors must be precise, clear, well-considered, and specific. Furthermore, the methodologies employed during the IA must strictly comply with the requirements of the management standards (MS).

5.18 Upon completion of the IA and prior to drafting the final report, the Audit Team Leader shall communicate and clarify the audit findings to the head of the audited structural unit (SU). The timeframe for developing the necessary corrective action documentation shall be determined based on the severity and significance of the identified deviations.

Additionally, the Audit Team Leader may provide professional recommendations for implementing corrective actions (CA).

5.19 Preparation of IA Reporting Documentation

The final reporting documentation generated from the internal audit (IA) shall include the following:

5.19.1 Non-Conformance/Observation Report (Form F. SDD-9.2-2026-08-03);

5.19.2 Internal Audit Report (Form F. SDD-9.2-2026-08-04);

5.19.3 Executive Summary Report on the overall results of the IA;

5.19.4 Corrective Action (CA) Plan/Report (Form F. SDD-10.2-2026-10-02).

5.20 The Audit Team Leader shall report the results of the IA to the Head of the QMSD within 3 working days. The IA Report (Form F. SDD-9.2-2026-08-04) must include-in addition to current audit findings - comprehensive data verifying the effectiveness of corrective actions (CA) taken against non-conformities identified during the previous audit. Signed Non-Conformance/Observation Reports (Form F. SDD-9.2-2026-08-03) shall be attached to the final report. If the IA is conducted in a remote mode, these Non-Conformance/Observation Reports shall be electronically signed and approved via Google Drive.

5.21 The IA Report, along with the associated Non-Conformance Reports, shall be distributed via Google Drive to all stakeholders for endorsement, approval, review, and execution.

5.22 The original hard copies of all IA reports and non-conformance/observation records shall be archived within the corporate filing system under the folder titled: «Documents on the Conduct of Internal Audits at JSC «KazUTB named after K. Kulazhanov»: Reports, Non-Conformance Records, Corrective Action Plans and Reports following the IA» located within the SDD (QMSD).

5.23 Based on the individual reports submitted by the Audit Team Leaders, the Head of the QMSD shall prepare a comprehensive Executive Summary Report on the overall IA results. This

summary report shall be coordinated with the Director of the SDD and submitted to the Executive Management of JSC «KazUTB named after K. Kulazhanov»

5.24 The Head of the QMSD shall bear ultimate responsibility for the retention and security of all IA documented information, which serves as evidence of the audit program execution and the verification of results obtained.

5.25 Post-Audit Actions (Follow-up)

5.25.1 Upon receiving the Non-Conformance/Observation Report, the heads of the respective structural units (SUs) where deviations were found shall analyze the non-conformities and implement corrective actions to eliminate their root causes. This shall be completed without unreasonable delay and within the timeframes specified in the Non-Conformance Reports. The maximum permissible period for the elimination of non-conformities and execution of CAs shall not exceed 3 months.

5.25.2 Once the necessary measures to eliminate the non-conformities have been completed, the head of the structural unit shall submit a CA Plan/Report (Form F. SDD-10.2-2026-10-02) to the QMSD. A separate report must be submitted for each individual non-conformance record, both digitally via Google Drive and as a signed physical hard copy.

5.25.3 The Head of the QMSD shall organize a follow-up CA verification audit and assign an auditor or audit team. The verification and compliance of the executed CA must be formally confirmed by the assigned auditor(s) via corresponding entries in the Non-Conformance/Observation Reports.

5.25.4 During subsequent annual IAs, the auditors shall systematically verify the long-term effectiveness of the undertaken CAs to ensure that non-conformities detected during previous cycles do not reoccur.

5.26 Obligations of Audited Structural Units (SUs)

The heads and employees of the audited structural units are required to:

5.26.1 accept objective audit findings and observations with professional cooperation;

5.26.2 ensure that documented information concerning the IA results is fully communicated to all employees within the structural unit in a timely manner;

5.26.3 analyze identified non-conformities promptly and execute immediate corrections and subsequent CAs to eliminate their root causes without unreasonable delay, adhering to the deadlines set in the Non-Conformance/Observation Reports. The completed CA Plan/Report (Form F. SDD-10.2-2026-10-02) must be officially submitted to the Head of the QMSD;

5.26.4 record the respective entry in the internal structural unit's «Register of Non-Conformities and Corrective Actions» (Form F. SDD-10.2-2026-10-01);

5.26.5 maintain responsibility for the preservation, integrity, and security of all localized IA documented information held within the structural unit, serving as onsite evidence of the audit program execution and process compliance.

6. ANALYSIS OF THE RESULTS

6.1 At the beginning of each academic year, the Director of the SDD shall review the following documented information:

6.1.1 internal audits (IAs) conducted during the preceding academic year;

6.1.2 non-conformities identified in the course of the audits;

6.1.3 corrective actions (CAs) implemented;

6.1.4 fulfillment and execution of the annual IA Schedule;

6.1.5 qualification assessments of internal auditors and, where necessary, planned measures for their professional development and training;

6.1.6 opportunities for improving IA processes and activities;

6.1.7 the necessity of introducing amendments to this Documented Procedure (DP).

6.2 The results of this analysis shall be integrated into the annual corporate report titled «Management Review».

7. METHODS OF MONITORING PROCESS EFFECTIVENESS

7.1 The maximum effectiveness of the IA planning and execution process is achieved through:

7.1.1 active support from top management, ensuring that internal audits are conducted with independence;

7.1.2 the availability of comprehensive organizational, regulatory, and methodological documentation;

7.1.3 strict adherence to core organizational principles, including consistency, rigorous documentation, structured planning, regularity, independence, and transparency;

7.1.4 the clear distribution of responsibilities among audit team members and the personnel of the audited structural units (SUs) of JSC "KazUTB named after K. Kulazhanov," in strict accordance with the established requirements of the QMS/ABMS.

7.2 The performance and outcomes of this process shall be evaluated based on a comprehensive analysis of the accumulated IA results.

7.3 The primary criteria for measuring the effectiveness of the internal audit process at JSC «KazUTB named after K. Kulazhanov» are the successful prevention of recurring non-conformities through effective CAs and the optimization (reduction) of costs associated with implementing these procedures.

8. ENGAGEMENT OF EXTERNAL AUDITORS

8.1 In order to enhance the effectiveness of activities related to the execution of internal audits (IAs) within the QMS/ABMS of JSC "KazUTB named after K. Kulazhanov," external independent auditors representing organizations that specialize in QMS/ABMS auditing and consulting may be engaged.

8.2 The Rector shall select such specialized organizations and manage interactions with their representatives. The specific responsibilities of the engaged independent auditors and the precise procedures for working with them shall be explicitly defined in the relevant service agreement (contract).

8.3 The Rector shall supervise and monitor the performance of the independent auditors across the following areas:

8.3.1 the execution of the QMS/ABMS internal audits in strict accordance with the approved annual IA Schedule and the requirements of this Documented Procedure (DP);

8.3.2 the formal presentation and reporting of audit findings and results;

8.3.3 the development of corrective action plans, follow-up documentation, and strategic measures designed to improve the QMS/ABMS processes of JSC "KazUTB named after K. Kulazhanov";

8.3.4 the comprehensive analysis, evaluation, and updating of the documented information within the QMS/ABMS framework of JSC "KazUTB named after K. Kulazhanov."

8.3.5 the comprehensive preparation of JSC "KazUTB named after K. Kulazhanov" for external certification and surveillance audits, active participation therein, and professional assistance in the development of corrective action (CA) plans and subsequent reporting documentation.

8.4 The formal confirmation of the satisfactory completion of services rendered by the independent auditors shall be an Act of Acceptance (Certificate of Completion) duly signed by both authorized parties.

8.5 External and independent audits shall be carried out on a regular basis in strict accordance with the approved schedule. All auditors shall conduct their assessments objectively and impartially, ensuring absolute confidentiality regarding all internal information and documented data accessed during the process.

8.6 Upon completion of the audit, a comprehensive report shall be compiled, detailing all identified non-conformities, alongside strategic recommendations and proposals aimed at enhancing the effectiveness of the anti-corruption management system (ABMS). The results of the audit shall be thoroughly reviewed by the Executive Management and utilized as a primary input for making strategic decisions directed at the continuous improvement of the anti-corruption management system.

9. PROCESS IMPROVEMENT ACTIVITIES

9.1 Continuous improvement activities for the internal audit (IA) process within the QMS/ABMS framework shall be systematically executed by managers at all operational levels. These initiatives shall be driven by comprehensive data analysis of structural unit (SU) performance, consolidated internal audit findings, and formal improvement proposals submitted by the employees of JSC "KazUTB named after K. Kulazhanov."

9.2 When designing, developing, and deploying strategic measures aimed at enhancing the performance of this process, the regulatory requirements and best-practice recommendations of ISO 9001:2015, ISO 37001:2016, and ISO 19011:2018 must be strictly incorporated and taken into account.

10. RISKS ASSOCIATED WITH THE PROCESS RISK PREVENTION ACTIONS

10.1 Risks associated with the process:	10.2 Actions to prevent risks:
- planning risks: for instance, the improper formulation of relevant internal audit (IA) objectives, or flaws in determining the scope, number, duration, locations, and overall schedule of the audits; - resource allocation risks: for example, the provision of insufficient time, inadequate equipment, and/or substandard training required for the development and effective execution of the IA program; - audit team selection risks: such as a lack of collective competence or professional expertise necessary to conduct the IA effectively;	- competence of Leadership: The Head of the QMSD must possess sufficient professional competence to establish relevant internal audit (IA) objectives and accurately determine the duration and scope of the overall IA program. - pre-Audit Preparation: The process must include drafting comprehensive audit programs, establishing the annual IA schedule, thoroughly studying process procedures, reviewing the job descriptions of auditees and operational work instructions, and compiling targeted audit checklists. - auditor Training: The organization shall ensure the timely and continuous training of an adequate

- communication risks: for instance, inappropriate or ineffective communication resulting from poorly functioning internal and external information exchange channels; - implementation risks: such as inadequate coordination across the IA program, or insufficient safeguards regarding information security, data privacy, and confidentiality issues; - information management risks: including the improper management of documented information—such as the failure to correctly identify records required by auditors and relevant stakeholders, or the failure to appropriately retain IA records necessary to demonstrate the effectiveness of the audit program; - monitoring and review risks: for example, deficient monitoring, reviewing, and improving of the internal audit program, characterized by poor tracking and analysis of audit outcomes; - operational and cooperation risks: such as the lack of availability or willingness to cooperate on the part of the audited structural unit (SU), or the unavailability of sufficient objective evidence to be collected and verified.	number of internal auditors in strict accordance with the requirements of ISO 9001:2015 and ISO 37001:2016. - methodological Support: The Director of the SSD shall conduct dedicated organizational seminars for internal auditors and provide continuous advisory and methodological assistance in the preparation and management of IA documented information. - engagement of Technical Experts: If the individual competence of the assigned auditors is insufficient to cover specific operational technicalities, technical experts may be included in the audit team. Such experts shall work strictly under the direct guidance of the auditors and shall not perform independent auditing actions. - data Security and Records Management: Internal auditors must demonstrate advanced knowledge and skills in the management of documented information, including its comprehensive protection against unauthorized access, alterations, or tampering. - auditor Conduct and Time Management: During the fieldwork, auditors shall maintain a professional demeanor: avoid rushing, listen attentively to the auditee, and plan audit timings meticulously to ensure thorough verification without causing undue delays or disrupting the operational activities of the audited specialist. - audit Team Adjustments: If a conflict of interest arises or a deficit in specific competence is identified during the IA, it may be necessary to modify the composition of the audit team. Any such adjustments or changes must be formally discussed and aligned with the relevant stakeholders before being implemented. - program Performance Evaluation: The QMSD shall systematically analyze the executed audit program to critically assess the extent to which the established audit objectives have been achieved. - continuous Compliance Monitoring: The heads of the structural units (SUs) shall perform periodic monitoring of localized documented information to ensure compliance with the requirements of ISO 9001:2015, ISO 37001:2016, and the internal regulations of JSC "KazUTB named after K. Kulazhanov," while ensuring the timely elimination of any identified non-conformities.

11. RESPONSIBILITIES AND AUTHORITY

Division	Authority
Rector	Executive Approvals: The formal approval and endorsement of this Documented Procedure (DP), the overall IA Program, the annual IA Schedule, and the final Executive Summary Report on the comprehensive results of the IA; Strategic Decision-Making: The systematic utilization of empirical data and findings obtained during the IA analysis as a primary foundation for making strategic management decisions aimed at continuous organizational improvement.
Vice-Rectors for Activities	Document Control and Compliance: The exclusive deployment and strict application of the most currently updated and authorized version of this Documented Procedure (DP); Corrective and Preventive Action (CAPA) Enforcement: The rigorous monitoring and control over corrective actions (CAs) to ensure the elimination of both identified and potential non-conformities, as well as their underlying root causes, stemming from IA findings within the strictly established timeframes; Data-Driven Management Review: The systematic integration and utilization of analytical data derived from IA evaluations to serve as an objective baseline for making strategic management decisions.
Director of the DSD	Documented Information Lifecycle: Systematically updating the documented information within the scope of the Quality Management System Department (QMSD); Compliance Verification: Formally verifying the documented information of all structural units (SUs) to ensure compliance with international quality management standards and internal regulations; Records Management and Archiving: Managing the official registration of controlled copies, maintaining distribution logs, and overseeing the secure archiving of all QMS documented information; Operational IA Coordination: Organizing, managing, and coordinating activities related to the execution of specific stages of the internal audit (IA) process and compiling their final results; Schedule Alignment: High-level coordination and alignment of the specific IA timelines and schedules with the Executive Management of JSC "KazUTB named after K. Kulazhanov"; Program Development: Formally drafting and preparing the Internal Audit Program utilizing the mandatory institutional template Form F. SDD-9.2-2026-08-02; Audit Team Formation: Strategically forming and appointing internal audit teams, ensuring a balanced distribution of competencies and the elimination of conflicts of interest; Methodological Consultation: Providing continuous advisory and consulting assistance to internal auditors and audited personnel throughout the IA process; Conflict Resolution: Acting as the primary mediator to settle and resolve any disputes or disagreements arising between auditors and auditees during the IA; Academic Governance Reporting: Formally presenting comprehensive summary reports on the definitive results and findings of the internal audits to the Academic Council.

QMSD	Documented Information Maintenance: Systematically updating and maintaining the documented information within the scope of the Quality Management System Department (QMSD); Version Control and Compliance: Ensuring the exclusive deployment and strict application of the most currently updated and authorized version of this Documented Procedure (DP); Annual Audit Planning: Formally drafting and preparing the annual Internal Audit Schedule utilizing the mandatory institutional template Form F. SDD-9.2-2026-08-01, alongside compiling comprehensive reference packages of documented information for the assigned audit teams; Methodological Support for Reporting: Providing continuous consulting and advisory assistance to internal auditors in the accurate compilation and preparation of IA reporting documentation; Quality Control of Audit Outputs: Exercising rigorous control over the completeness, accuracy, and timeliness of the final reports submitted by the audit teams upon the conclusion of the IA; Data Analysis and Executive Synthesis: Performing comprehensive data analysis on audit findings and drafting the final Executive Summary Report on the comprehensive results of the IA.
Head of the Audit Group	Operational Compliance and Adherence: Ensuring the strict application of the most currently updated and authorized version of this Documented Procedure (DP), alongside the effective organization and execution of the internal audit in rigorous accordance with the approved IA Schedule (Form F. SDD-9.2-2026-08-01) and the IA Program (Form F. SDD-9.2-2026-08-02); Independence and Competence Assurance: Guaranteeing absolute objectivity, operational independence, and the necessary technical competence during the conduct of the IA within the audited structural units (SUs); Data Integrity and Reliability: Ensuring the objectivity, accuracy, and reliability of all generated IA findings, observations, and final results; Stage-Specific Quality Accountability: Bearing direct personal responsibility for the quality, thoroughness, and standard of work performed at every specific stage of the assigned audit process; Process Management and Reporting: Taking full operational responsibility for the execution of the IA process and ensuring the timely preparation, compilation, and submission of the mandatory reporting documented information, specifically: the Audit Checklist (Form F. SDD-9.2-2026-08-03) and the Internal Audit Report (Form F. SDD-9.2-2026-08-04); CAPA Verification and Closure: Conducting rigorous follow-up verification regarding the actual implementation and effectiveness of corrective actions (CAs) initiated based on Non-Conformity/Supervision Acts, and formally authorizing their definitive closure.

Auditor	Version Control Adherence: Ensuring the exclusive deployment and strict application of the most currently updated and authorized version of this Documented Procedure (DP); Objectivity and Technical Competence: Guaranteeing operational independence, absolute impartiality, and the necessary professional competence when conducting internal audits (IA) within the structural units (SUs); Data Integrity and Fact-Based Results: Ensuring the highest level of objectivity, accuracy, and reliability of all generated IA findings and final outcomes; Adherence to Auditing Principles: Strictly upholding and demonstrating the core principles of auditing throughout the IA process, specifically: Ethical Behavior: Integrity, confidentiality, and professional discretion; Impartiality: Fair, unbiased, and accurate reporting of facts; Prudence: Exercising due professional care and sound judgment; Independence: Remaining free from bias and conflicts of interest regarding the audited activity; Evidence-Based Approach: Deriving conclusions exclusively from verifiable, objective evidence; Operational Directives and Liaison: Execution of all formal directives issued by the Audit Team Leader, particularly regarding the coordination and alignment of audit documented information with the specialists of the Quality Management System Department (QMSD); Follow-Up Verification and CAPA Closure: Conducting thorough field verifications regarding the timely implementation and actual effectiveness of corrective actions (CAs) initiated under the Non-Conformity/Supervision Acts, and facilitating their formal closure.
Heads of the joint venture	Version Control and Accountability: Ensuring the exclusive deployment and strict application of the most currently updated and authorized version of this Documented Procedure (DP), while bearing direct operational responsibility for the quality and integrity of work performed at every specific stage of the process; Audit Facilitation and Access Control: Providing internal auditors with unconditional access to the premises of the structural unit (SU) to conduct field fieldwork, alongside ensuring the unrestricted availability of all necessary documented information and operational records; Internal Compliance Verification: Conducting routine verification of the structural unit's localized QMS documented information to guarantee absolute compliance with international quality standards and internal institutional regulations; Non-Conformity Logging: Ensuring that every identified deviation is meticulously recorded by making a corresponding formal entry in the institutional "Register of Non-Conformities and Corrective Actions" utilizing the mandatory template Form F. SDD-10.2-2026-10-01; Root Cause Analysis and CAPA Execution: Performing immediate and thorough analysis of all identified non-conformities, and executing targeted corrective actions (CAs) to eliminate their underlying root causes without any unreasonable delay, strictly adhering to the deadlines specified in the formal Non-Conformity/Supervision Acts; Action Plan Reporting: Formally preparing a comprehensive Plan/Report on the completed corrective actions and design documentation, and submitting it directly

	to the Head of the Quality Management System Department (QMSD) utilizing the mandatory template Form F. SDD-10.2-2026-10-02.
All employees	Version Control Adherence: Ensuring the exclusive deployment and strict application of the most currently updated and authorized version of this Documented Procedure (DP); Regulatory and Institutional Compliance: Executing all official duties and professional responsibilities in strict accordance with the current legislation of the Republic of Kazakhstan, international standards (ISO 9001 / ISO 37001), and the internal regulatory and institutional documents of JSC "KazUTB named after K. Kulazhanov."

12. ANTI-CORRUPTION REGULATIONS

12.1 System Effectiveness and Compliance Evaluation: In strict compliance with the requirements of the international standard ISO 37001:2016, internal audits shall be systematically conducted to critically assess the overall effectiveness of the University's Anti-Bribery Management System (ABMS), identify operational non-conformities, and determine strategic areas for its continuous improvement.

12.2 Scope of Audit and Compliance Analysis: During the internal audit process, the operational performance and activities of all structural units (SUs) shall be thoroughly reviewed. This evaluation shall include a comprehensive analysis of identified violations, formal complaints, the implementation of corrective and preventive actions (CAPA), and the overall degree of compliance with established anti-corruption policies, ethical protocols, and institutional procedures.

13. CONFIDENTIALITY AND DATA PRIVACY

13.1 Proprietary Status and Restricted Access: This Documented Procedure (DP) is the exclusive internal regulatory and proprietary document of JSC "KazUTB named after K. Kulazhanov." It is stri ctly confidential and is not subject to unauthorized distribution, disclosure, or submission to third parties. Exceptions shall be granted strictly to external auditors and experts of accredited certification bodies during formal certification/surveillance audits, or to consumer partners, subject to the prior explicit authorization and written permission of the Rector.

APPENDICES
FORM OF THE ANNUAL INTERNAL AUDIT SCHEDULE FOR QMS / ABMS

F. DSD-9.2-2026-08-01

«APPROVE»
Rector of JSC «KazUTB named after K.K. Kulazhanova»
_____(Full name)
"___" _____ 20__

SCHEDULE
For Conducting Internal Audits of the QMS / ABMS at JSC "KazUTB named after K. Kulazhanov" for the 2026–2027 Academic Year

№ p/n	Audit Scope (Audited Process / Structural Unit)	Audit Criteria (QMS / ABMS Requirements and Clauses	Reference Documentation (QMS / ABMS Internal Regulatory Documents	Audit Timeframe (Scheduled Audit Period	Audit Team / Lead Auditor and Auditors (Full Name)	Job Title / Professional Position
1		QMS: Quality Management System (in accordance with the international standard ISO 9001:2015) ABMS: Anti-Bribery Management System (in accordance with the international standard ISO 37001:2016)				

AGREED BY:
_____ (Surname Acting Vice-Rector) "___"_____20.....
_____ (Surname of the Acting Director of the DSD) "___"_____20.....
_____ (Surname, Acting Head of QMSD) "___"_____20.....

FORM OF THE INTERNAL AUDIT PROGRAM FOR QMS / ABMS

F. DSD-9.2-2026-08-02

«APPROVE»
Rector of JSC «KazUTB named after K.K. Kulazhanova»
_____(Full name)
"___" _____ 20__

INTERNAL AUDIT PROGRAM AND CRITERIA FOR QMS / ABMS

Quality Management System			
№	Clause / Requirement of ISO 9001:2015	Name	Documented information
1			
Anti-Bribery Management System (ABMS)			
	Clause / Requirement of ISO 37001:2016	Name	Documented information
1			

AGREED BY:
_____ (Surname of the Acting Rector) "___"_____20.....
_____ (last name, acting director of the SDD) "___"_____20.....

FORM OF THE NON-CONFORMITY / OBSERVATION REPORT FOR QMS / ABMS

F. DSD-9.2-2026-08-03 (Mandatory)

NON-CONFORMITY / OBSERVATION REPORT: QMS / ABMS
(Delete as inappropriate / Select applicable)

<table>
<tr><td>ISO 9001:2015 (QMS)
Clause / Requirement No.:
ISO 37001:2016 (ABMS)</td><td>Audited Department / Process:</td><td>№
Date of Audit / Verification:</td></tr>
<tr><td colspan="2">DESCRIPTION OF THE NON-CONFORMITY / FINDING:
(Provide clear, objective evidence and references to the specific requirements breached)</td><td>CLASSIFICATION / SEVERITY OF NON-CONFORMITY:
(Select one)</td></tr>
<tr><td colspan="3">Requirement (Standard / Procedure Clause):
Nature of Violation (Non-conformity statement):
Objective evidence:</td></tr>
<tr><td colspan="3">CORRECTION</td></tr>
<tr><td colspan="3">1.
2.</td></tr>
<tr><td colspan="3">CORRECTIVE ACTION PLAN</td></tr>
<tr><td colspan="3">Root Cause of the Non-Conformity:
1.
2.</td></tr>
<tr><td colspan="2">Head of the structural unit_____(full name)
Signature_____</td><td>Date of proposed correction:_____</td></tr>
<tr><td colspan="3">Head of Audit Team_____ Signature_____
Auditor(s):_____ Signature_____</td></tr>
<tr><td colspan="3">VERIFICATION OF CORRECTION AND CORRECTIVE ACTION:</td></tr>
<tr><td colspan="3">Comments:</td></tr>
<tr><td>VERIFICATION OF IMPLEMENTATION & EFFECTIVENESS</td><td>Auditor:_____
_____</td><td>Date:_____</td></tr>
<tr><td colspan="3">Verified / Checked by:</td></tr>
<tr><td>VERIFICATION OF IMPLEMENTATION & EFFECTIVENESS</td><td>Auditor:_____
_____</td><td>Date:_____</td></tr>
</table>

INTERNAL AUDIT REPORT: NON-CONFORMITY / OBSERVATION

F. DSD-9.2-2026-08-04 (mandatory)

«APPROVE»
Rector of JSC «KazUTB named after K.K. Kulazhanova»
_____(Full name)
"___" _____ 20__

INTERNAL AUDIT REPORT OF THE QMS / ABMS

№ _____	Name of the audited SU and/or process of the Department: SU1; SU2, etc. Processes and elements of the QMS/ ABMS :
Scope and objectives of QMS audit:	
Scope and objectives of the QMS audit:	
Results of the audit: Data on the effectiveness of the CA for inconsistencies found during the previous inspection in accordance with the Order of the VA QMS: SU 1: SU 2: SU 3....	
Identified inconsistencies of the QMS in the _____academic year according to the points of ISO 9001:2015:	
Revealed observations of the QMS in the _____academic year according to the points of ISO 9001:2015:	
Assessment of the degree of compliance with the QMS:	
AUDIT RESULTS: FOLLOW-UP ON PREVIOUS NON-CONFORMITIES Assessment of the effectiveness of corrective actions (CA) implemented following the previous inspection (Ref. Order No. _____): • SU 1: _____ • SU 2: _____ • SU 3 …: _____	
Identified non-conformities of the QMS in the _____academic year according to the points of ISO 37001:2016:	

Detected observations of the QMS in the _____academic year according to the points of ISO 37001:2016:		
Assessment of the degree of compliance with the SMPC:		
Annexes: Acts of non-compliance/observation of QMS/ ABMS: 1. SU NoNo _____ 2. SU NoNo _____ 3. SU NoNo _____		
Head of the Audit Group_____	Signature_____	Date:_____
Auditor:_____	Signature_____	Date:_____
Auditor:_____	Signature_____	Date:_____
Auditor:_____	Signature_____	Date:_____
Auditor:_____	Signature_____	Date:_____

FORM OF A CHECKLIST FOR INTERNAL AUDIT

F. DSD-9.2-2026-08-05

CHECKLIST FOR INTERNAL AUDIT

№_____

Auditor (full name)	Audited SU	Representative of the inspected SU (FULL NAME).	Date/Time

№	Questions	ISO MC Item	Observation	Marks on non-conformity
1				
2				
3				
4				
5				
…				

Auditor's signature:_____

F. DSD-7.5-2026-01-02 (mandatory)

APPROVAL SHEET

Position	Full name	Date	Signature
Vice-Rector for AA	Askarbekov E.B.	09.09.2026	
Vice-Rector for R&I	Aibuldinov Y.K.	09.09.2026	
Vice-Rector for SA&SD	Berdigaliuly S.	09.09.2026	
Director of the DSD	Orazalina D. K.	09.09.2026	
Head of the QSMD	Ernst A.	09.09.2026	

F. DSD-7.5-2026-01-03 (mandatory)

FAMILIARIZATION SHEET

Position	Full name	Date	Signature
	Й		

F. DSD-7.5-2026-01-04 (mandatory)

CHANGE REGISTRATION SHEET

The number of the changed In the case of the	Change Notice Number	Number of sheets (pages)				Total sheets (after changes)	Date of introduction	Full name of the person making the changes	Signature of the person who made the changes
		changed	replaced	new	cancelled				

F. DSD-7.5-2026-01-05 (mandatory)

PERIODIC INSPECTION RECORD SHEET

Verification Date	full name of the person, who performed the Verification	Signature of the person, who performed the check	Wording of comments