SRI Quality System Registrar
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Renewal/Surveillance Audit No: 12

ISO 9001:2008

C O N F I D E N T I A L
Report
For

ERIE COUNTY TECHNICAL SCHOOL
Erie, Pennsylvania

Date of Report:	October 24, 2013
Date(s) of Audit:	October 3-4, 2013
Number of total mandays scheduled for this audit:	3.0
Number of total mandays actually conducted:	3.0
Audit Team Members (Lead name first):	Maria Kingston Steve Pettyjohn
Nonconformances (CAN numbers) issued this audit:	None
Nonconformances (CAN numbers) closed this audit:	None

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Director, Certification: Joseph A. Fabian Date: October 24, 2013
Joseph A. Fabian

Executive Summary

An audit was conducted at the location on the dates cited above. The purpose of this audit was to ensure that the auditee was continuing to maintain a documented and effective Quality Management System, to meet the organization's objectives, in conformance with the Quality Management System requirements.

The audit followed SRI's guidelines and procedures. The scope of the audit was a review of the scheduled processes and any area(s) of nonconformance cited and/or remaining open from the previous audit. The renewal audit considered the performance of the Quality Management System over the period of certification and included a review of the previous surveillance audit reports.

No nonconformities were cited during this audit event. The processes assessed are identified in the "Assessment Summary Matrix."

Progress made toward meeting Continual Improvement targets is satisfactory.

Audit results observed were equal to the previous audit activity.

Marks and logos were found not to be used.

Based on the audit investigation, the registered organization was able to demonstrate the capability to implement and maintain an effective Quality Management System, to meet the organization's objectives, in conformance with the Quality Management System requirements. Therefore, the audit team has recommended unconditional approval for continued registration.

The audit evidence collected during an audit will inevitably be only a sample of the information available, partly due to the fact that the audit is conducted during a limited period of time and with limited resources. Therefore, there is an element of uncertainty inherent in all audits, and all users of the results of the audit should be aware of this uncertainty.

The audit team would like to thank all personnel for their hospitality and cooperation during the audit.

Auditor Commentary

Based on the audit investigations, interviews, observations, and review of records, the following comments summarize the audit team's observations and findings:

Internal Audit Results:	The Internal Audit process is up-to-date and well documented.
Management Review Results:	The Management Review process includes the necessary inputs and outputs. The attendees are listed.
Corrective/Preventive Actions:	The Corrective/Preventive Action process is well documented and up-to-date.
Customer Complaints:	Customer Complaints were reviewed and found to be documented and acted on in a timely manner.
Quality System Changes:	No changes were noted.
Auditor Comments (Important Observations, Strengths, Exclusions):	The QMS remains implemented, maintained, and effective.
Confirmed Exclusions:	7.5 (Service Provisions) 7.5.2 Validation of Processes for Production and Service Provision
Validation of CANs issued during previous activity:	No CANs were issued at the previous audit event.
Review of Outsourced Processes:	There are no Outsourced processes.
Shifts Assessed:	Number of Shifts: 1 Start/End Time: 8:00am to 4:00pm
Notable changes (e.g., address, management rep., shifts, scope, processes, employee count, etc.):	No changes were noted.

R20.62 Auditee Information

Auditee: **Erie County Technical School** **Auditee No:** 5058-01

Address: 8500 Oliver Road
Erie, PA 16509-4699
Main Phone Number: 814-464-8600

Auditee Contacts

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Audit Event

Renewal/Surveillance: 10/03/2013 - 10/04/2013 Total Mandays: 3.0
Maria Kingston, Oversight Auditor
Steve Pettyjohn, Team Auditor

SRI Customer Care Coordinator: Carole Walsh
Coordinator Phone: 724-934-9000 ext. 642
Coordinator Email: CWalsh@SRIRegistrar.com

Audit Scope

Standard: ISO 9001:2008
Exclusions: 7.5 (Service Provisions), 7.5.2 Validation of Processes for Production and Service Provision
Scope: Career and technical education.
SIC Codes: 8211
IAF: 37
NACE Codes: M80.2
No. of Employees: 65
Products: Education
Accreditation Mark(s): ANAB
Registration Approach: Site
Certificate Expiration: 11/13/2013
No Shifts: 1
Times of Shifts: 8:00 am to 4:00 pm

Audit Plan

The audit plan, audit team members, and qualifications, representatives, working documents, audit plan schedule, audit matrix, and auditor assignments have been reviewed with the organizations and are on file with SRI.

Audit Records

Form R20.36 or R20.36S: Which shows the registrar confirmation of the audit results was completed, signed by both parties on-site, returned to SRI, and is on file.

Assessment Narrative: The pre-audit/post audit conference list of attendees and standard agenda are on file, as is the agenda. The registered company has acknowledged and signed any corrective action notifications issued at this event.

The SRI Auditor Notes: Auditor notes were captured and returned to SRI, along with the "Interview Listing" (I8-3), all of which are on file.

Assessment Summary Matrix: The assessment summary matrix was completed by the lead assessor and indicates the areas in which the selected processes were assessed and the areas requiring corrective action. If there are several distinct audit tracks or business units, each has a matrix completed for it. The matrix is provided.

Corrective Actions: If any, are included with this report and summarized in numerical order, showing the referenced ISO 9000 section, process, a description of the nonconformity, and the level of severity indicated as "M = Minor" or "H = Hold." Form R20.35 provides the detailed nature of the nonconformance.

Opportunities for Improvement: If the lead auditor noted opportunities for improvement (OFIs), these were provided to the auditee during the post-audit meeting. The opportunities for improvement are listed.

Report Distribution

Distribution by SRI is only to the auditee, the auditor assigned for the next scheduled audit event, SRI, and any accreditation body, when requested, where their oversight is required.

Assessment Summary

Processes Assessed	Performance			
	Satisfactory	Org. Action Plan in Place	Not Identified	Unsatisfactory
Administrative	X			
Curriculum	X			
Resource Management	X			
Student Services	X			

Process Summary

Process	Comments
Administrative	The Management Review record dated June 11, 2013, was reviewed. The necessary inputs and outputs were documented. There was objective evidence available to support the record. The NOCTI scores were reviewed as the goals of the system. Action plans were sampled and found to be available for the areas that did not meet the target goal. Internal Audits cover the entire QMS over a three year period. Documentation of the audits was sampled and included Recruiting, Security, and Student Services (April 2010 –December 2013). No nonconformances were noted. Feedback on the satisfaction with the system comes from several places; these included the students, Co-op facilities, and parents. Nonconformance #365 dated June 13, 2013, related to using an incorrect form, was reviewed and verified throughout the audit. Documents used throughout the audit were checked for identification and revision level. Records were accessible, traceable, and legible. Measures: • Internal Auditing goal = 100% completion of audits on time. Actual = 100% • External Auditing goal = /<2 nonconformances. Actual = zero.

Process	Comments
Curriculum	In the classrooms visited, various aspects were observed. These differed depending on the work. Objective evidence included the Corrective Action plans for missed NOCTI goals, interviews with the teachers and students, curriculum details, journal entries, observation of equipment, observation of demonstrations, sector requirements, safety awareness, environmental aspects, drawings, equipment that is calibrated, student work books, and competencies. Measures: The goal for all of the curriculums is >/= 80% improvement. This will be measured by the scores on the NOCTI exam (written). The actual results for each are listed below. In the areas where the goal was not achieved (**), there is an action plan written by the teacher and reviewed by administration. • Auto Body Repair = 100% • Auto Tech = 34%** • Early Childhood Education = 91% • Art and Design = 100% • Computer Programming = 100% • Construction Trades = 100% • Cosmetology = 100% • Culinary Arts = 85% • Drafting and Design = 75% ** • Electrical Engineering = not available • Electronics Tech = 67% ** • Facilities Maintenance = 66% ** • Graphics Communication =82% • Health Assistant = 100% • Hospitality Management = 61% ** • Metal Fabrication = 77% ** • Computer Networking = 66% ** • Precision Machining = 33% **

Process	Comments
Resource Management	Facility Services: The Maintenance Department performs facility services that include the boiler, vehicles, and general upkeep. The particular machines and other equipment used in various programs are serviced by the company that manufactured them or another contractor. The MSDSs are maintained by facility services. The calibration record for gage blocks, #7437966, was available and the due date is 2016. Timers, scales, and the ovens in culinary are maintained, as well as the gages used in metal fabrication and precision machining. The records were well organized. Measures: • Facility cleanliness goal = "yes"/acceptable. Actual = "yes"/acceptable. • Repair request response = <7 days. Actual = 6 days • Customer satisfaction = 90%. Actual = 90% or better.
Resource Management	Human Resources: A number of programs related to staff development were reviewed (see goal). Orientation includes a mentor log and visits to other facilities to increase exposure. Kelly staffing is now used to provide orientation. Plans include the PA teacher effectiveness program; evidence is based on evaluation. The use of a journal in the classroom has been introduced. Each day the teacher gives the students a topic, and they are expected to write a brief paper expressing their interpretation. This was observed during several of the classroom visits. Measures: • Staff development = 90% participate in six hours of training. Actual = 22%. The action plan includes the development of a new program for staff development.

Process	Comments
Resource Management	Finance: The Finance Support process was reviewed and found to be effectively implemented. This area is managed by a new member of the staff who appears to be competent and effective in the position. The school continues to use the procurement card system, which allows a decentralized but effective approach to purchasing and which meets all of the requirements of the standard. Supplier evaluation and management is effective, and the various programs, with the assistance of the Finance area, were able to provide adequate records to support a positive result. The Purchase Order process, along with the Bid process, is used in accordance with state law for larger fixed asset acquisitions. The overall process was found to be effective and to meet the requirements of the standard. Measures: • Major accounts are within 10% of quarterly fractional equivalent. Goal was met. • Two or fewer findings and six or fewer recommendations. Goal was met.
Resource Management	Tech: The IT area provides technical support for all school computer applications. Several ambitious projects are moving forward. The new grade system is being prepared, and a project plan is being developed with a target date for deployment in January 2014. The use of the SharePoint software is being enhanced with the development of a weekly community bulletin board on line. Server upgrades are being implemented to keep up with IT demands by faculty and students. Faculty training in new technology is viewed as an ongoing challenge. The audit results found a proactive Management that is very effective in supporting school IT needs. Measures: 90% of requests have an average of less than seven days; goal = 90%, actual = 91%.

Process	Comments
Student Services	The various activities associated with Student Services were reviewed and found to be effectively implemented. The Co-op Program continues to be active in placing students in appropriate positions in the community. This is a well developed program, with established procedures that are well documented and implemented. Feedback on the program is collected from students and employees, and records provide evidence of the effectiveness of the programs. The program is implemented by an experienced and talented member of the staff. Career Planning and Admissions were also reviewed and found to be effectively implemented. There is a new Career Planning Coordinator who is an experienced professional with ties to the local educational community. The emphasis is to be proactive in this area and give potential students encouraging yet realistic information regarding the programs at the school. Measures: • Percentage of seniors participate in co-op, goal = 26%, actual = 30%. • Percentage of the students remain enrolled, goal = 96%, actual = 92%. (Corrective Action plans were reviewed.)

Corrective Actions List

No nonconformities were identified during this audit event activity.

Opportunities for Improvement

No Opportunities for Improvement were identified during this audit event activity.