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## supraveghere 3, tranziție

Raport pentru:

# Asociatia Colegiul Nautic Roman

<b>Referinta LR:</b>	BUC6010307 / 1760666
<b>Datele evaluarii:</b>	02-Mai-2018 - 03-Mai-2018
<b>Data raportului:</b>	04-Mai-2018
<b>Adresa clientului:</b>	Str. Lebedei, Nr.1, Constanta jud. Constanta 900746, Romania
<b>Criteriile evaluarii:</b>	ISO 9001:2015, ISO 9001:2008
<b>Echipa de evaluare:</b>	Stefanescu, Claudiu
<b>Biroul LR responsabil (CFO):</b>	BUC Romania OU

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### Anexe:

BUC6010307\_APP\_QMS\_NST\_CS.doc  
BUC6010307\_RC\_QMS\_NST\_CS.doc  
BUC6010307\_CL\_QMS\_NST\_CS.doc

### Acest raport a fost prezentat și a fost acceptat de:

**Nume:** Cojocaru, Stelian

**Pozitia:** Presedinte



## 01. Raport executiv

### Concluziile evaluarii:

Pe baza rezultatelor evaluării Echipa de Audit recomandă certificarea ISO 9001:2015 pentru domeniul agreat al Asociația Colegiul Nautic Roman.

Această vizită a avut drept scop evaluarea conformității sistemului de management al Asociației Colegiul Nautic Roman față de ISO 9001:2008 așa cum a fost definit în planul de audit documentat. Concluzia vizitei este înregistrată mai jos.

During the audit, a good implementation of Quality Management System developed by ASOCIATIA COLEGIUL NAUTIC ROMAN have been established, the system continuing to be conform to ISO 9001:2008 and ISO 9001:2015 standards requirements.

**It is recommended to grant certification to the new Standard ISO 9001: 2015.**

Seful echipei de audit confirmă faptul că cerințele contractuale pentru ISO 9001:2015, ISO 9001:2008 sunt corecte. Aceasta include orice modificări solicitate ca urmare a rezultatelor vizitei "Etapa 1" (inclusiv modificări ale domeniului de certificare, durata vizitei "Etapa 2" și duratele vizitelor de supraveghere ulterioare).

### Îmbunătățirea continuă:

The effectiveness of the quality management system was assessed based on records kept for objectives management programs, internal audit, management review, corrective and preventive actions.

The quality management system of "Asociația Colegiul Nautic Roman" is well-implemented, well adapted to business and helps the organization to maintain under control the running processes. The objectives set by the organization are measurable. Periodically, they are analyzed and based on the results of the analysis, actions are set.



### Domenii în atenția managementului de vârf:

In management attention:

- measures to achieve the objectives for 2018;
- continuous improvement performance management system



## 02. Constatările evaluării

Acolo unde cerințele schemei diferă de definițiile de mai jos ale standardului, definițiile schemei vor fi preferate.

### Neconformitate majoră

Absența sau eșecul în implementarea sau menținerea, uneia sau a mai multor elemente ale sistemului de management, sau o situație în care, pe baza dovezilor obiective disponibile, ridică îndoiel semnificative în ceea ce privește îndeplinirea: Politicii, a obiectivelor, sau a angajamentelor publice făcute de organizație, conformarea cu cerințele de reglementare aplicabile, conformarea cu cerințele aplicabile ale clienților, conformarea cu criteriile de audit

### Neconformitate minoră

O constatare care indică o deficiență în implementarea și menținerea sistemului, care nu a afectat în mod semnificativ capacitatea sistemului de management sau a pus sub risc rezultatele preconizate ale sistemului, dar care trebuie să fie tratată astfel încât să se asigure capabilitatea viitoare a sistemului

<b>Numar de referinta</b>		<b>Criteriile de evaluare (clauza)</b>	
<b>Grad</b>		<b>Data emiterii</b>	
<b>Stadiu</b>		<b>Proces/Aspect</b>	
<b>Locatie(ii)</b>			
<b>Declaratie de neconformitate</b>			
<b>Cerinta</b>			
<b>Dovada</b>			
<b>Corectie, actiune corectiva propusa si data de realizare</b>			
<b>Corectie</b>			
<b>Analiza radacinii cauza</b>			
<b>Actiune corectiva</b>			
<b>LR a analizat si verificat implementarea actiunilor luate</b>	<b>Data inchiderii</b>		

### 03. Rezumatul evaluarii

#### Obiectivul generic al vizitei:

Aceasta a fost o vizita supraveghere 3, tranziie, efectuată în baza obiectivelor anterior transmise clientului. Obiectivele următoarei vizite, inclusiv orice alte obiective aplicabile specifice (teme /aspecte) sunt confirmate în planul de audit atasat acestui raport.

#### Participanții din partea clientului la Sedintele de Deschidere și Închidere:

At the opening and closing meeting attended Mr. Stelian Stelian Cojocaru – President and Management Representative, Mr. Mihai Radulescu - ISO Administrator and Mr. Niculae Bohagiar - Consultant.

#### Obiectivul specific al vizitei:

The objectives of the visit:

- using the LRQA Business Assurance methodology to help clients manage their systems and risks to improve and protect the current and future performance of their organisation
- to address all issues outstanding from previous visits and any changes to the client's organisation or system that impacts on the approval (or potential approval) which will be recorded as visit specific objectives within the report.
- to determine that the client's system continues to meet the assessment criteria and certification scope.
- to address the appropriate system processes in order to determine how the requirements of statutory /regulatory or contractual and interested parties are met.

#### Introducere:

The present report refers to the Surveillance and Transition (SV3 + NST) visit for the quality management system within the organization "Asociația Colegiul Nautic Roman". The audit was conducted on 02 - 03.05.2018 and had as reference the standard ISO 9001: 2008 and ISO 9001:2015.

At the opening session the LRQA procedures were recalled, relating to: grading nonconformities, approach of surveillance based on themes, evaluation of corrective actions for the issued nonconformities. The confidentiality clause has been reminded.

The field of certification is unchanged - refer to Audit Programme/Plan and was reconfirmed at the opening meeting of the audit.

For the next audit an audit theme was proposed (see section Next visit of this report). The theme will be confirmed or reformulated at the opening session of the next audit.

There are no open remaining nonconformities from previous visits.

Support of organization's personnel during the audit has been appreciated.

During this audit there were no new noncompliant aspects identified.

The organization personnel is working in a single shift.

<b>Evaluare a:</b> Quality Management Processes	<b>Auditat:</b> Stelian Cojocaru – President and Management Representative Mihai Radulescu - ISO Administrator	<b>Evaluator:</b> Stefanescu, Claudiu
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### Parcursul auditului si sursele de evidenta:

Management System Manual MANMSM (Rev. 0 /08 January 2018); Quality Policy is included in Management System Manual (Pg 26/78), Quality Process Interactions is included in Management System Manual (Pg 35/78), External Processes identification is included on Management System Manual (pg 37/78), Organization Chart is included on Quality Manual (pg 65/78), Documentation Matrix - pg 66/78, List of documents and revisions /08.01.2018, Quality Objectives for 2018/ 08.01.2018,

Legal and regulatory requirements: STCW Convention and STCW Code- International Convention on Standards of Training, Certification and Watch keeping for Seafarers, Model Course 7.03 Officer in Charge of a Navigational Watch 2014 Edition, Contract no. 197/27.05.2016 with South Tyneside College for Proposal for collaboration with Romanian Nautical College (RNC). Decision no. 1 / 08.01.2018 appointing Mr. Mihai Radulescu as ISO administrator.

Quality management processes are documented in:

Management System Manual MANMSM (Rev. 0 /08 January 2018), Procedures: - PCSCDO rev 3/08 January 2018 – Control of documents; PCSCIN rev.2 /08 January 2018– Control of records; PCSCPN rev 208 January 2018 – Control of nonconforming product; PCSAIN rev.2/08 January 2018– Internal audit; PCSACO rev.2/08 January 2018– Corrective actions; PCSAPR rev.2/08 January 2018 – Preventive actions; PASAEM rev.2/08 January 2018– Management analysis; PASTRE rev.2/08 January 2018– Complaints handling; PASMSC rev.4/08 January 2018 – Customer satisfaction survey, PASICO rev.2/08 January 2018 – Continual Improvement.

Minutes of training : no. 61/24.11.2017 (application of system management procedures requirements), no. 62/09.01.2018 (Quality objectives for 2018 & Presentation of the differences between ISO 9001: 2008 and ISO 9001: 2015), no. 64/20.02.2018 (Applying the requirements in the SMQ documentation - Overview), no. 65/23.03.2018 (MSM Requirements Application Module Sections 1-4).

The following records were seen:

Internal Audit: Internal Audit Program for 2018/18.12.2017; Internal audit plans A18.1/18.12.2017, Internal audit plans A18.2/18.12.2017, Internal audit plans A18.3/18.12.2017,

Audit report A18.1/26.03.2018 (Primary processes), Audit report A18.2/27.03.2018 (Support Processes), Audit report A18.3/28.03.2018 (Quality Assurance Processes), In the organization there were no non-compliant products registered.

Records associated with the management review dated 30.30.2018 (Convening notice 18.12.2017, Minutes of the meeting no. A 18.1/30.03.2018).

„CNR QMS” Database (including the register of complaints). By the time of the audit there were no complaints registered.

Records evaluating customer satisfaction:

Seen customer satisfaction assessment questionnaires received from cadets (form "Chestionarul de evaluare a satisfactiei clientilor" code FRMMSC1/3) E.g. CESC18.0558 to CESC18.0571 (March 2018). Results were analyzed using software application MyQMS and recorded on form "Data and information arising from monitoring and measurement evaluation and analysis form", code FRMAIM1/0: file FRMAIM1\_230318\_002  
LRQA Logo, accreditation mark.

### Evaluare si concluzii:

Involved and evaluated processes are: Development and improvement of Management System Manual MANMSM, Documents and records control, Management of organization, Reviews at management level, Quality Policy, Quality Objectives, Monitoring and measuring of processes, Continuous improvement, Auditing, Customer satisfaction and Compliances, Corrective and preventive actions, Management of changes.

Involved processes are properly controlled.

The quality policy is satisfying the requirements of the standard. The established objectives are measurable, there are established 5 objectives having 12 targets presented as KPI's.

Since the last audit it has not been identified customer complaints.

During the audit has been proved that the organisation comply with legal and regulatory requirements.

The internal audit and management review has been conducted in accordance with the standard requirements. It has been noted a good documentation of management review inputs and outputs. Management review analyzed the degree of fulfilment of quality objectives and KPI.

The LRQA logos are the accreditation mark are used on communication documents in accordance with the LRQA requirements.

No adverse findings have been raised.

### Domenii de atentie:

N/A

<b>Evaluare a:</b>	Context of the organization: 4.1; 4.2; 4.3;4.4	<b>Auditat:</b>	Stelian Cojocaru – President Mihai Radulescu - ISO Administrator	<b>Evaluator:</b>	Stefanescu, Claudiu
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### Parcursul auditului si sursele de evidenta:

4.1 Understanding the organization and its context & 4.2 Understanding the needs and expectations of interested parties –

- The SMC requirements established by the organization for these 2 topics are presented in the Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 5.4.1 "Întelegerea organizatiei si a contextului în care activează, respectiv intelegerea necesităților si așteptărilor părților interesate; also (more detailed) in documented procedure Managementul riscurilor si oportunitatilor" code PASMRO are presented the requirements of the organization for SWOT Analysis undertaking (for both issues).

- There are established two forms for presenting the results of undertaken SWOT Analysis: SWOT Analysis code

FRMSWA and Interested parties Analysis, code FRMIPA.

- Seen records that presents the results of last SWOT Analysis undertaken in 08/01/2018: FRMSWA1\_080118\_032.doc and FRMSWA1\_080118\_033.doc.

#### 4.3 Determining the scope of the quality management system –

- Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 5.4.3 details the scope of the quality management system.
- The following exclusion apply:
  - Clause 7.1.5.2 does not apply to SMC as no measurement processes to determine service compliance. Exclusion justifications are appropriate.

#### 4.4 Quality management system and its processes –

- The process-based approach and risk-based thinking of the integrated management system are described in the Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 4 (seen also in this chapter Figure 1 QMS processes and their interactions in page 36/78);
- Planning and control of important processes are described in documented procedures maintained for this purpose.

The maintained documentation supports the operation of the organization's processes. There are several types of controlled documents decided by the organization, respectively:  
 Management System Manual code MANMSM, rev 0 issued in 08.01.2018 (that include the QMS scope determination);  
 Company Quality Policy (in Management System Manual code MANMSM, rev 0 issued in 08.01.2018 in Cap. 2.1);  
 Company Quality Objectives (in Management System Manual code MANMSM, rev 0 issued in 08.01.2018 in Cap. 2.2); seen also the quality objectives for 2018 (recorded in the form FRMMCA1, seen the file FRMMCA1\_080118\_001)

Documented procedures:

##### 1. To apply system elements:

Control of documents code PCSCDO  
 Control of records code PCSCIN  
 Internal audit code PCSAIN  
 Control of nonconforming product code PCSCPN  
 Corrective actions code PCSACO  
 Preventive actions code PCSAPR

Management System Manual MANMSM (Rev. 0 /08 January 2018), Procedures: - PCSCDO rev 3/08 January 2018 – Control of documents; PCSCIN rev.2 /08 January 2018– Control of records; PCSCPN rev 208 January 2018 – Control of nonconforming product; PCSAIN rev.2/08 January 2018– Internal audit; PCSACO rev.2/08 January 2018– Corrective actions; PCSAPR rev.2/08 January 2018 – Preventive actions; PASAEM rev.2/08 January 2018– Management analysis; PASTRE rev.2/08 January 2018– Complaints handling; PASMSC rev.4/08 January 2018 – Customer satisfaction survey, PASICO rev.2/08 January 2018 – Continual Improvement. last revision in 08 January 2018 for all.

##### 2. For system administration:

Management analysis		PASAEM
Continual Improvement	PASICO	
Customer satisfaction survey		PASMSC
Complaints handling		PASTRE
Risk and opportunity management		PASMRO



last revision in 08 January 2018 for all.

Forms (27 forms, according to Forms list – cap 6.6 of Management System Manual code MANMSM, rev 0 issued in 08 January 2018).

### Evaluare si concluzii:

Top management has a solid understanding of both the business context and the relevant stakeholders, as well as the impact that parties can have on the business.

The scope of SMC is well documented - a exclusion has been made fully justified.

Quality management system processes are clearly defined, and the flow from defining the top level process to lower-level processes is easy to follow.

All the important processes seen had identified the KPIs associated with them.

The level of documentation used by the organization is appropriate with the main features of the organization such as: the size of organization and its type of activities, processes, products; the complexity of processes and their interactions; and the competence of persons.

### Domenii de atentie:

N/A

<b>Evaluare a:</b>	Leadership 5.1; 5.2; 5.3	<b>Auditat:</b>	Stelian Cojocaru – President Mihai Radulescu - ISO Administrator	<b>Evaluator:</b>	Stefanescu, Claudiu
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### Parcursul auditului si sursele de evidenta:

#### 5.1 Leadership and Commitment –

- Leadership and commitment from management at the highest level throughout business quality management processes is noted from the establishment of general objectives through communication processes and through involvement in internal audits.
- The leadership and engagement system assumed by top-level management are described in the Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 5.5.
- Customer orientation - There are processes/ close links with customer requirements that have been demonstrated during the visit; (requirements are established through Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 5.5.1.2).

#### 5.2 Policy –

- The quality policy is presented in the Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 2.1. The policy includes the subjects required by the reference standard. The policy was reconfirmed on the last management review on 30.03.2018 and is displayed in the organization.

#### 5.3 Organization Roles, Responsibility and Authority –

- Organization Chart 2018 is included in the Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 6.1;
- Responsibilities and authorities are detailed in the job descriptions; also the Management System Manual code MANMSM, rev 0 issued in 08.01.2018 in cap 3 and all documented procedures (PCS/PAS... code) include the presentation of responsibilities and authorities for the regulated scope.

### Evaluare si concluzii:

Leadership and leadership commitment from the highest level have always been a force of the organization and continue to be so. Involvement of management in both high-level strategic decisions and day-to-day activities demonstrates that the management team is active in managing activities and quality management systems, supporting it at all levels.

The quality policy was considered clear and compliant with the applicable requirements.

A clear and structured organization that is understood by employees, the reporting lines are clear.

### Domenii de atentie:

N/A

<b>Evaluare a:</b>	Planning: 6.1; 6.2; 6.3	<b>Auditat:</b>	Stelian Cojocaru – President Mihai Radulescu - ISO Administrator	<b>Evaluator:</b>	Stefanescu, Claudiu
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### Parcursul auditului si sursele de evidenta:

6.1 Risk Management (Risk Management and Opportunities) –

- Risk management is closely related to the identification of external and internal aspects/ interested parties/ customers – the results are presented in:

Risks log 2018 (10 identified risk: 3 with preventive actions + 7 to be monitored) + 7 to be monitored); Seen the file FRMRLG1\_230318\_005 on dedicated form FRMRLG1;

Opportunities log 2018 (9 identified opportunities: one with improvement note + 8 to be monitored); Seen the file FRMOLG1\_230318\_006 on dedicated form FRMROG1;

- Documented procedure Risk and opportunity management code PASMRO (also Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 5.6.1 defines the process of identifying / recording and planning risks and opportunities.
- Top Management appreciates the level of risk/ opportunity and decides whether to take immediate action (in the applicable documented procedure, Risk and opportunity management, code PASMRO, an evaluation matrix and other requirements are established to be applied in the process of determination of appropriate actions to address these risks and opportunities – as so that the actions taken to address risks and opportunities be proportionate to the potential impact on the conformity of services).
- Every identified risk/ opportunity is evaluated according to the associated likelihood (6 degrees) and impact (4 degrees) – according to the matrix 4 levels of R/O are resulting.



6.2 Quality objectives –

- Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 5.6.2 presents the requirements set by the organization for this matter
- The quality objectives are set in the Quality objectives (for xxxx year) form, seen for 2018 the record as word file FRMMCA1\_080118\_001, – Objectives documenting and planning to achievement of the quality objectives and monitoring the results obtained is included in this document.
- All objectives are monitored for their achievement/ deadlines
- The last management review was conducted on 30.03.2018 (with objectives results analysis).
- The planning presented to achieve the quality objectives (in FRMMCA1\_080118\_001) contains the elements required by the standard.

6.3 Change management –

- Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 5.6.3 presents the requirements set by the organization for this matter.

**Evaluare si concluzii:**

Top management has managed to include the system's risks/ opportunities in management processes in an appropriate way.

Risk/ Opportunity actions have been undertaken - these have been monitored and re-evaluated after their treatment (at the latest management review).

The flow of goals and objectives has been found to be well managed.

The organization has a robust and well-documented risk and opportunity management process.

**Domenii de atentie:**

N/A

<p><b>Evaluare a:</b> Support: 7.1; 7.2; 7.3; 7.4; 7.5</p>	<p><b>Auditat:</b> Stelian Cojocaru – President Mihai Radulescu - ISO Administrator</p>	<p><b>Evaluator:</b> Stefanescu, Claudiu</p>
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**Parcursul auditului si sursele de evidenta:**

7.1 Resources –

- Analysis of resource issues is part of the management's analysis.
- SMC requirements established by the organization for this subject are presented in the Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 5.7.1 presents the requirements set by the organization for this matter.
- Monitoring and measurement resources: The organization does not use measurement processes to determine service compliance (Clause 7.1.5.2 is excluded).

- Organizational knowledge is presented in the Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 5.7.1.6 presents the requirements set by the organization for this matter.

#### 7.2 Competence –

- The requirements established by the organization for this subject are set out in the Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 5.7.2 presents the requirements set by the organization for this matter.
- Job descriptions are documented and retrievable.
- The following forms are used to assess competence (every year): „ Chestionar de evaluare a personalului" code FRMMOP3" (seen for 2017 evaluation: FRMMOP3\_181217\_007).
- The competency records for the following staff positions were reviewed and examined: General Manager, Management Representative and ISO Administrator, also Trainer/ Instructor.

#### 7.3 Awareness –

- The QMS requirements set out by the organization for this subject are presented in the Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 5.7.3  
Quality policy is displayed in the organization.
- The data on established targets and indicators were brought to the attention of the staff (seen training minute from 09/01/2018, file FRMMOP1\_090118\_001).

#### 7.4 Communication –

- The QMS requirements set out by the organization for this subject are set out in the Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 5.7.4.
- Communications with customers are well-operated (email, phone, ILIAS: software application for e-learning etc.)
- Customer feedback treated in accordance with applicable requirements (documented procedure Customer satisfaction survey code PASMSC).
- Client claims treated in accordance with applicable requirements (documented procedure Complaints handling code PASTRE).

There have been no complaints for the last 3 years.

#### 7.5 Documented information –

- All aspects of the documented information required by the standard were reviewed during the visit.
- A dedicated software application (MyQMS) is established by the organization to control documented information and data.
- The SMC requirements set out by the organization for this subject are presented in the documented procedures: Control of documents code PCSCDO, Control of records code PCSCIN, also in the Management System Manual code MANMSM, rev 0 issued in 08.01.2018 cap 5.7.5.
- The following documented (document type) information has been submitted and reviewed:  
Management System Manual code MANMSM, rev 0 issued in 08.01.2018 (that include the QMS scope determination);  
Company Quality Policy (in Management System Manual code MANMSM, rev 0 issued in 08.01.2018 in Cap. 2.1);  
Company Quality Objectives (in Management System Manual code MANMSM, rev 0 issued in 08.01.2018 in Cap. 2.2); seen also the quality objectives for 2018 (recorded in the form FRMMCA1, seen the file FRMMCA1\_080118\_001)

Documented procedures:

1. To apply system elements: Control of documents code PCSCDO; Control of records code PCSCIN; Internal

audit code PCSAIN; Control of nonconforming product code PCSCPN; Corrective actions code PCSACO; Preventive actions code PCSAPR, last revision in 08 January 2018 for all.

2. For system administration: Management analysis code PASAEM; Continual Improvement code PASICO; Customer satisfaction survey code PASMSC; Complaints handling code PASTRE; Risk and opportunity management code PASMRO, last revision in 08 January 2018 for all.

Forms (27 forms, according to Forms list – cap 6.6 of Management System Manual code MANMSM, rev 0 issued in 08.01.2018).

### Evaluare si concluzii:

The audit of resource and competence issues has demonstrated compliance with the requirements. Employees who were sampled were able to explain their role in the system / business and how they contribute to the overall process.

The levels of communication are good and the employees are well informed about the general activities and achievements of the system / business. Also, designated employees must communicate with their clients by e-mail. The designated persons have the obligation to communicate with the clients by e-mail according to the applicable procedures).

The documented information required by the standard or established by the organization is judiciously established and controlled according to the applicable requirements.

### Domenii de atentie:

N/A

<b>Evaluare a:</b>	Operation: 8.1; 8.2; 8.3; 8.4; 8.5; 8.6; 8.7	<b>Auditat:</b>	Stelian Cojocaru – President Mihai Radulescu - ISO Administrator	<b>Evaluator:</b>	Stefanescu, Claudiu
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### Parcursul auditului si sursele de evidenta:

- The operating processes conducted by the organization and those included in the scope of the quality management system were examined.

- The following exclusion applies:

- Clause 7.1.5.2 does not apply to QMS as no measurement processes are performed to determine service compliance.

Exclusion justifications are appropriate.

- The Management System Manual, code MANMSM, rev 0 issued in 08.01.2018 cap 5.8 presents the requirements determined by the organization in order to comply with the requirements of the referenced standard ISO 9001: 2015, 8 clause.

Note: The information / data is presented below, structured on the organization-specific audit areas.

Audit area reviewed: xxxx

### Evaluare si concluzii:

The examined processes are well documented, planned, operated and controlled.

After examining the collected and collected audit evidence, an appropriate implementation (from the reference standard, ISO 9001: 2015, its own documentation and the requirements of regulatory bodies or the client) could be observed.

No non-conforming aspects were found.

### Domenii de atentie:

N/A

<b>Evaluare a:</b>	Performance evaluation: 9.1; 9.2; 9.3	<b>Auditat:</b>	Stelian Cojocaru – President Mihai Radulescu - ISO Administrator	<b>Evaluator:</b>	Stefanescu, Claudiu
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### Parcursul auditului si sursele de evidenta:

9.1 Monitoring, measurement, analysis and evaluation –

- The Management System Manual, code MANMSM, rev 0 issued in 08.01.2018 cap 5.9.1 documents the organization's requirements for monitoring, measurement, analysis and evaluation processes;
- The analysis of the results achieved in reaching the objectives/ targets was available for 2018 (on the occasion of the last management review on 30.03.2018 results were analyzed).
- Seen customer satisfaction assessment questionnaires received from cadets (form Customer Satisfaction Assessment Questionnaire code FRMMSC1/3) E.g. CESC18.0558 to CESC18.0571 (March 2018). Results were analyzed using software application MyQMS and recorded on form "Data and information arising from monitoring and measurement evaluation and analysis form", code FRMAIM1/0: file FRMAIM1\_230318\_002
- The results of analysis and evaluation of appropriate data and information arising from monitoring are recorded using the dedicated form "Data and information arising from monitoring and measurement evaluation and analysis form", code FRMAIM1/0. Seen 3 records on this subject FRMAIM1\_230318\_002, 003, 004 (presented to last management review on 30.03.2018).

9.2 Internal Audit –

- The QMS requirements set out by the organization for this subject are presented in the documented procedure Internal audit, PCSAIN from 08.01.2018.
- Internal Audit records related to the audit processes: 1) Audit programs semester I 2018: FRMAIN1\_181217\_001 and semester II 2018: FRMAIN1\_181217\_002; 2) 3 Audit plans: FRMAIN2\_181217\_003, 004, 005 and 3) 3 audit reports: FRMAIN3\_260318\_001 (in 26/03/2018), FRMAIN3\_270318\_001 (in 27/03/2018) and FRMAIN3\_280318\_001 (in 28/03/2018).



- All QMS processes are twice audited during each year. The audit undertaken in 2018 found conforming to ISO 9001:2015.

#### 9.3 Management Review –

- The SMC requirements set out by the organization for this subject are presented in the applicable documented procedure Analiza efectuata de management, PASAEM;
- The records of the latest management analysis were examined: Convocator AEM sem 1 2018 in 30/03/2018 (file FRMAEM1\_181217\_006) and Minutes of the meeting AEM sem 1 (prima pagină) A18.01 (file FRMAEM2\_300318\_001) and Minutes of the meeting AEM sem 1 (pagina de continuare) A18.01 (file FRMAEM3\_300318\_002).
- The management reviews are held at 6 months basis.
- The management review agenda held in 30.03.2018 meets the applicable ISO 9001: 2015 requirements.

#### Evaluare si concluzii:

The examined processes are well documented and properly operated.

Sampled and collected audit evidence demonstrates that the requirements of ISO 9001: 2015 applicable to the processes under review are properly applied.

#### Domenii de atentie:

N/A

<b>Evaluare a:</b>	Improvement: 10.1; 10.2; 10.3	<b>Auditat:</b>	Stelian Cojocaru – President Mihai Radulescu - ISO Administrator	<b>Evaluator:</b>	Stefanescu, Claudiu
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#### Parcursul auditului si sursele de evidenta:

##### 10.1 General –

- QMS requirements established by the organization for this subject are presented in The Management System Manual, code MANMSM, rev 0 issued in 08.01.2018 cap 5.10.1.

##### 10.2 Non-compliance and corrective action –

- SMC requirements established by the organization for this subject are presented in the documented Procedure: Actiuni corective, PCSACO.

In 2018 it was identified no nonconformity (at internal audit).

##### 10.3 Continuous improvement –

- The Management System Manual, code MANMSM, rev 0 issued in 08.01.2018 cap 5.10.3 and applicable documented procedure Imbunatatirea continua, PASICO document the organization's requirements for continuous improvement processes.



Now there is open an Improvement Note (to address an opportunity), seen NI 18.01 file FRMICO1\_230318\_010

#### Evaluare si concluzii:

The examined processes are well documented and properly operated.  
Sampled and collected audit evidence demonstrates that the requirements of ISO 9001: 2015 applicable to the processes under review are properly applied.

#### Domenii de atentie:

N/A

<b>Evaluare a:</b> Purchasing and reception Processes	<b>Auditat:</b> Mihai Radulescu - ISO Administrator	<b>Evaluator:</b> Stefanescu, Claudiu
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#### Parcursul auditului si sursele de evidenta:

Reference documents: Management System Manual MANMSM (Rev. 0 /08 January 2018); Approved Providers /08.01.2018, Evaluation Sheets (eg. no. 134/08.01.2018 - Educativa SRL for the marketing and promotion (marketing si promovare); no. 132/08.01.2018 - Offshore Shipping for sea going practice of cadet; no.131/08.01.2018 - MRG WEB Services for WEB Services; no. 144/08.01.2018 - FAN COURIER EXPRESS SRL for the courier; no. 155/08.01.2018 - ORANGE SA for telephone communications.

The following were evaluated: supply activities of material goods and services, issuing and approving orders, selecting and evaluating suppliers, receipt of goods and supplied services, control of documents, control of records.

The list of approved suppliers, supplier evaluation sheets, „CNRqms” application, orders (ie.: for learning materials), reception records (ie. for learning materials – 01.07 2016).

Documents and records were available.

#### Evaluare si concluzii:

Purchasing Processes / Receiving Processes are well defined, in accordance with the standard requirements and generally have a good level of implementation.

No adverse findings have been raised.

#### Domenii de atentie:

N/A





#### 04. Detaliile vizitei urmatoare

##### Tema(ele) pentru vizita urmatoare

System elements, Management elements, Services delivery (including support services).

<b>Standard(e)/Schema(e)</b>	ISO 9001:2015	<b>Tipul vizitei</b>	supraveghere 4
<b>Zilele auditului</b>	1.00	<b>Data planificata</b>	August, 2018
<b>Echipa</b>			
<b>Site</b>		<b>Zilele auditului</b>	<b>Codurile activitatii</b>
Str. Lebedei, Nr.1,Constanta,Romania		1.0 DAY	108501,109015



Lloyd's  
Register

## 05. Anexe

## 1. Audit Programme/Plan

Both the audit plan and the programme are dynamic and must be in line with the client's developments. Any (last minute) changes are possible with valid reasons like e.g. changes with the client, processes, management review results etc. Prior to the closing meeting the audit team should (re)confirm the programme and identify any changes concerning e.g. changes to the management system, extent, time or dates of the audit, competences etc.

Visit Type	Stage 1	Stage 2	SV1	SV2	SV3+ NST	SV4	Focus visit	Certificate Renewal
Due Date			03.17	10.17	05.18	07.18	02.19	08.19
Start Date			27.03	23.10	02.05			
End Date			27.03	23.10	03.05			
Audit Days			1	1	2	1	1	2,5
Separate assessment plan?	Y/N	Y/N	N	N	N	Y/N	Y/N	Y/N
Any change in workforce numbers That may impact visit duration (if yes add new number)	Y/N	Y/N	N	N	N	Y/N	Y/N	Y/N

The generic audit objectives and team responsibilities are included in the Client Information Note 'Assessment Process'. The assessment standard and roles of the audit team are defined in the assessment visit confirmation to the client by LRQA. Any revised scope will be as agreed in formal correspondence between LRQA and the client or defined in section 4 of the previous LRQA visit report. Where identified above see separate assessment plan (latest issue) for further detail. Any additional observers will be as formally communicated to the client in writing. The audit criteria consist of the assessment standard and the client's management system processes and documentation.

Process / aspect / theme / location

*Final selection will be determined after review of management elements and actual performance*

Opening meeting			D1 am	D1 am	D1.am	D1.am	D1.am	✓
Closing meeting			D2 pm	D2 pm	D1.am	D1.am	D1.am	✓
Management Review			D1 am	D1 am	D1.am	D1.am	D1.am	✓
Internal Audits			D1 am	D1 am	D1.am	D1.am	D1.am	✓
Continual Improvement			D1 am	D1 am	D1.am	D1.am	D1.am	✓
Management of change			D1 am	D1 am	D1.am	D1.am	D1.am	✓
Corrective action			D1 am	D1 am	D1.am	D1.am	D1.am	✓
Preventive Action			D1 am	D1 am	D1.am	D1.am	D1.am	✓
Complaint Management			D1 am	D1 am	D1.am	D1.am	D1.am	✓
Use of Logo			D1 am	D1 am	D1.am	D1.am	D1.am	✓
Processes related to relations with customers (Examples: matriculations / admitances of applicants, participants monitorization, etc.).			D1.pm					✓
Desing and Development of Services				D1.pm				✓
Purchasing and reception Processes					D1.pm			✓
Services delivery (including suppor services).						D1.pm		✓
Trainings / Competences / Human Resources							D1.pm	✓

\* Complete the list of organisation (parts), departments and/or processes of the different locations

Scope	EN: Professional education of merchant marine seagoing personnel. RO: Formare profesionala a personalului navigant pentru marina comerciala
Exclusion	N/A

Visit start time (approximate)	08,30 am	Visit end time (approximate)	17,00 pm	The actual start and finish times for the visit will be agreed at the pre-visit contact with the assessor and recorded in the report introduction.
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**Note:** if the visit involves more than one team member and/or is more than one day duration, an additional plan detailing the activities of each member of the team on each day will be required.

Date am/pm	Assessor 1	Assessor 2	Standard covered

## 1. Report Considerations

<b>LRQA Report considerations</b>		
Have there been any deviation from the original assessment plan:	No	If yes detail these in the introduction section of the report along with the reasons for the deviations
Have there been any significant issues impacting on the audit programme:	No	If yes detail these in the introduction of the report and amend the APP
Have there been any significant changes that affect the management system of the client since the last audit took place:	No	If yes detail these within the executive summary section of the report
Have any unresolved issues been identified during the assessment:	No	If yes detail these within the executive summary section of the report
Was the audit undertaken a combined or integrated audit:	No	If yes confirm what type of audit and the standards covered in the introduction to the report.
Was the organization effectively controlling the use of the certification documents and marks:	Yes	if no document within the reporting table covering the mandatory elements
If applicable has the organization effective corrective action regarding previously identified nonconformities: ,	N/A	Record outcome in the findings log against the relevant findings.
Does the management system of the organization continue to meet the applicable requirements and meet the expected outcomes:	Yes	If no details reasons within the executive summary of the report
Does the scope of certification continue to be appropriate to the activities/products/services of organization:	Yes	If no then document the actions necessary in relation to the scope in the executive summary of the report and amend the APP as required.
Were the objectives of the visit as defined in the APP fulfilled during the visit:	Yes	If no detail the reasons and any necessary actions in the executive summary of the report and amend/update the APP
<b>Additional information</b>		
<p><b>opportunities for improvement</b>  <i>If we identify opportunities to improve your already compliant system, we will either record them in the process table applicable to the area being assessed or in the Executive summary of the report if they can deliver improvement at a strategic level.</i></p> <p><b>Confidentiality</b>  <i>We will treat the contents of this report, together with any notes made during the visit, in the strictest confidence and will not disclose them to any third party without written client consent, except as required by the accreditation authorities.</i></p> <p><b>Sampling</b>  <i>The assessment process relies on taking a sample of the activities of the business. This is not statistically based but uses representative examples. Not all of the detailed nature of a business may be sampled so, if no issues are raised in a particular process, it does not necessarily mean that there are no issues, and if issues are raised, it does not necessarily mean that these are the only issues.</i></p>		

# ISO 9001:2015 Quality Management System Transition Checklist

For LRQA – see ISO9001:2015 Quality Management System Transition Checklist – see P229 Transition Checklist  
Forward

Client Name	<u>ASOCIATIA COLEGIUL NATIONAL NAUTIC ROMAN</u>	Reference Number	<u>BUC6010307</u>
Clause No.	Title	Non Conformance Ref	Date
	The information about these external and internal issues is monitored and reviewed.	mmyyLLnn Major/Minor	NC closure Date
		Compliant? Y	Audit Date
<b>4</b>	<b>Context of the organization</b>		
<b>4.1</b>	<b>Understanding the organization and its context</b>		
	The internal and external issues that are relevant to the organization's purpose and its strategic direction that affect its ability to achieve the intended result(s) of its quality management system have been determined.		
		Compliant? Y <del>N</del>	
	The information about these external and internal issues is monitored and reviewed.		
		Compliant? Y <del>N</del>	
<b>4.2</b>	<b>Understanding the needs and expectations of interested parties</b>		
	It has been determined that the effect or potential effect on the organization's ability to consistently provide products and services that meet customer and applicable statutory and regulatory requirements has included a) the interested parties that are relevant to the quality management system; b) the requirements of these interested parties that are relevant to the quality management system		
		Compliant? Y <del>N</del>	
	The information about these interested parties and their relevant requirements is monitored and reviewed.		
		Compliant? Y <del>N</del>	
<b>4.3</b>	<b>Determining the scope of the Quality Management System</b>		
	Is the scope maintained as documented information?		
		Compliant? Y <del>N</del>	
	Does the scope state the types of products and services covered?		
		Compliant? Y <del>N</del>	
	Does the Documented Information relating to the scope provide justification for any requirements determined not to be applicable to the scope of its QMS?		
		Compliant? Y <del>N</del>	
<b>4.4</b>	<b>Quality Management System and its processes</b>		
	The QMS has been designed to meet the determinations made in 4.1 & 4.2		
		Compliant? Y <del>N</del>	
	The QMS is process based meeting the bulleted requirements a) to h)		
		Compliant? Y <del>N</del>	
	<u>Specifically</u> <ul style="list-style-type: none"> <li>The performance indicators are established to control the effective operation of the processes (c) (link to 9.1 Performance Evaluation)</li> </ul>		
		Compliant? Y <del>N</del>	
	<ul style="list-style-type: none"> <li>the <b>risks and opportunities</b> in accordance with the requirements of 6.1, have been addressed (f); i.e. planned and implemented with the appropriate actions to address them</li> </ul>		
		Compliant? Y <del>N</del>	
<b>5</b>	<b>Leadership</b>		
<b>5.1.1</b>	<b>Leadership and commitment for the quality management system</b>		
	Top management has demonstrated leadership and commitment with		

## ISO 9001:2015 Quality Management System Transition Checklist

Clause No.	Title Transition Requirements	Non Conformance Ref	Date
	respect to the quality management system by:	Compliant? Y / <del>N</del>	
	<u>Specifically</u>		
	<ul style="list-style-type: none"> <li>taking accountability of the effectiveness of the quality management system (a)</li> </ul>	Compliant? Y / <del>N</del>	
	<ul style="list-style-type: none"> <li>ensuring the quality policy and quality objectives are compatible with the strategic direction and the context of the organization (b)</li> </ul>	Compliant? Y / <del>N</del>	
	<ul style="list-style-type: none"> <li>ensuring the integration into the organization's business processes(d)</li> </ul>	Compliant? Y / <del>N</del>	
	<ul style="list-style-type: none"> <li>ensuring that the quality management system achieves its intended results (g)</li> </ul>	Compliant? Y / <del>N</del>	
	<ul style="list-style-type: none"> <li>supporting other relevant management roles to demonstrate their leadership as it applies to their areas of responsibility (j)</li> </ul>	Compliant? Y / <del>N</del>	
<b>5.2</b>	<b>Quality policy</b>		
	Is the policy maintained as documented information?	Compliant? Y / <del>N</del>	
	Is the policy communicated and applied within the organisation?	Compliant? Y / <del>N</del>	
	Is the policy available to interested parties?	Compliant? Y / <del>N</del>	
<b>6</b>	<b>Planning for the Quality Management System</b>		
<b>6.1.2</b>	<b>Actions to address risks and opportunities</b>		
	The organization has planned to address and take action for the identified risks and opportunities including -	Compliant? Y / <del>N</del>	
	<ul style="list-style-type: none"> <li>How to integrate and implement the actions into its quality management system processes (see 4.4);</li> </ul>	Compliant? Y / <del>N</del>	
	<ul style="list-style-type: none"> <li>How to evaluate the effectiveness of these actions.</li> </ul>	Compliant? Y / <del>N</del>	
<b>6.2.1</b>	<b>The organization has established quality objectives at relevant functions, levels and processes</b>		
	The quality objectives are:	Compliant? Y / <del>N</del>	
	Consistent with the quality policy	Compliant? Y / <del>N</del>	
	Measurable	Compliant? Y / <del>N</del>	
	Take into account applicable requirements	Compliant? Y / <del>N</del>	
	Relevant to conformity of products and services and the enhancement of customer satisfaction	Compliant? Y / <del>N</del>	
	Monitored	Compliant? Y / <del>N</del>	
	Communicated	Compliant? Y / <del>N</del>	
	Updated as appropriate	Compliant? Y / <del>N</del>	
	Documented information on the quality objectives has been retained.	Compliant? Y / <del>N</del>	
<b>6.2.2</b>	<b>The organization has determined, when planning, how to achieve its quality objectives by</b>		
	what will be done	Compliant? Y / <del>N</del>	
	what resources will be required	Compliant? Y / <del>N</del>	

## ISO 9001:2015 Quality Management System Transition Checklist

Clause No.	Title Transition Requirements	Non Conformance Ref	Date
	who will be responsible	Compliant? Y <del>N</del>	
	when it will be completed	Compliant? Y <del>N</del>	
	how the results will be evaluated	Compliant? Y <del>N</del>	
<b>7</b>	<b>Support</b>		
<b>7.1.6</b>	<b>Organizational knowledge</b>		
	The knowledge necessary for the operation of its processes and to achieve conformity of products and services has been determined.	Compliant? Y <del>N</del>	
	This knowledge has been maintained, and made available to the extent necessary	Compliant? Y <del>N</del>	
	The current knowledge has been considered when addressing changing needs and trends	Compliant? Y <del>N</del>	
	Any additional knowledge and how to acquire or access it has been determined when addressing changing needs and trends	Compliant? Y <del>N</del>	
<b>8</b>	<b>Operation</b>		
<b>8.1</b>	<b>Operational planning and control</b>		
	the processes needed to meet requirements for the provision of products and services as outlined in 4.4 and to implement the actions determined in 6.1 have been planned, implemented and are controlled.	Compliant? Y <del>N</del>	
	Documented information has been maintained and retained: <ul style="list-style-type: none"> <li>to have confidence that processes have been carried out as planned</li> <li>to demonstrate conformity to requirements</li> </ul>	Compliant? Y <del>N</del>	
<b>8.2</b>	<b>Determination of requirements for products and services</b>		
	8.2.1 Customer communication		
	<ul style="list-style-type: none"> <li>specific requirements for contingency actions, when relevant.</li> </ul>	Compliant? Y <del>N</del>	
<b>8.4</b>	<b>Control of externally provided products and services</b>		
<b>8.4.1</b>	<b>General</b>		
	Externally provided processes, products and services conform to specified requirements	Compliant? Y <del>N</del>	
	The specified requirements for the control of externally provided products and services have been applied: <ul style="list-style-type: none"> <li>Specifically where a process or part of a process is provided by an external provider as a result of a decision by the organization to outsource a process or function.</li> </ul>	Compliant? Y <del>N</del>	
	Documented information has been retained relating to activities and action from external provider evaluations	Compliant? Y <del>N</del>	
<b>8.4.2</b>	<b>Type and extent of control of external provision</b>		
	The type and extent of the controls to be applied to the external provision of processes, products and services has been determined	Compliant? Y <del>N</del>	
	The potential impact of the externally provided processes, products and services on the organization's ability to consistently meet customer and applicable statutory and regulatory requirements has been considered	Compliant? Y <del>N</del>	
	The effectiveness of the controls applied by the external provider has been considered.	Compliant? Y <del>N</del>	
	The externally provided processes, products and services have been verified to ensure they do not adversely affect the organisation's ability to	Compliant? Y <del>N</del>	



## ISO 9001:2015 Quality Management System Transition Checklist

Clause No.	Title Transition Requirements	Non Conformance Ref	Date
	consistently deliver conforming products and services to its customers.		
	The outsourced processes or functions, that remain within the scope of the QMS, have had the controls to be applied defined with consideration to the potential impact of the provided processes and their perceived effectiveness and has defined the controls that are to be applied on the outsourced process output		
		Compliant? Y <del>N</del>	
<b>9</b>	<b>Performance Evaluation</b>		
<b>9.1.3</b>	<b>Analysis and evaluation</b>		
	Has effective data analysis and evaluation been undertaken?		
		Compliant? Y <del>N</del>	
	Specifically relating to the conformity of products and services (a)		
		Compliant? Y <del>N</del>	
	Specifically relating to performance and effectiveness of the QMS (c)		
		Compliant? Y <del>N</del>	
<b>9.3</b>	Has evidence of the results of management reviews been retained as documented information?		
		Compliant? Y <del>N</del>	
<b>10</b>	<b>Improvement</b>		
	No significant changes to be specifically reviewed for transitional compliance		
<b>Final Statement</b>			
	A comprehensive transitional review has been undertaken and conformance established against ISO 9001:2015 The main compliance evidence is held in the Transition Report.		
	Name <u>Anghel Claudiu Stefanescu</u>		