NATIONAL STATISTICAL INSTITUTE OF BULGARIA

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HANDBOOK ON INTERNAL QUALITY AUDITS OF STATISTICAL PROCESSES AND PRODUCTS IN THE NATIONAL STATISTICAL INSTITUTE OF BULGARIA

SOFIA

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1. INTRODUCTION

The Handbook on Internal Quality Audit is elaborated in accordance with the European Statistics Code of Practice peer review recommendations on principle 4 "Quality Commitment" and LEG Recommendation No16.

The internal quality audits are being carried out with a view to improve the processes and products quality. Internal audits are an element of each Quality Management System.

The Handbook is a result of the participation of the National Statistical Institute of Bulgaria (BNSI) in the European Statistical System (ESS) quality coaching exercise initiated by Eurostat. The aim of the coaching exercise is to raise the compliance levels of the ESS in the area covered by principle 4 "Quality Commitment" of the European Statistics Code of Practice. The BNSI worked in a coaching pair with the Statistics Portugal (INE), as an experienced statistical office in internal audits. The coaching exercise was realized through close cooperation with Statistics Portugal (INE) and use of the experience of the statistical offices of Ireland (CSO) and Netherlands (CBS). The applied approach for realization of the quality coaching exercise contributed to achieve sufficient results.

The Handbook on Internal Quality Audit describes the audit process, audit organization and its procedure. Activities during each audit phase, duties and responsibilities of the actors in the internal quality audit process and audit tools are presented in the Handbook.

2. LEGAL BASIS

The main normative documents regulating the internal quality audit activity on statistical processes and products are:

- BNSI Documents: Strategy for Development of the National Statistical System of the Republic of Bulgaria, 2008-2012; Quality Policy; Programme on Implementation of the Quality Policy.

- EC/Eurostat Documents: Regulation No 223/2009 on European statistics, European Statistics Code of Practice; ESS Standard for Quality Reports; EC Regulations enacted on quality in statistics.

- Other documents: International standards (ISO 19011:2002; ISO 9001:2008; ISO 9004:2000; and ISO 10013:2001).

3. INTERNAL QUALITY AUDIT PROCESS

In principle, the internal quality audit is one of the most effective assessment mechanisms for each business process. It is demanded by the ISO 9000 series of standards. At the same time, the internal quality audit is a necessary element to follow up the progress and the implementation of the quality improvement recommendations.

3.1 Objective

The objective of the internal quality audit is to review the observance of the national and European quality standards concerning the statistical processes and products and to make recommendations for quality improvement.

In the internal quality audit we have to observe the implementation of the principles related to the statistical processes and products listed in the ESS Code of Practice: ***Sound Methodology; Appropriate Statistical Procedures; Non-Excessive Burden on Respondents; Cost Effectiveness; Relevance; Accuracy, Timeliness and Punctuality; Accessibility and Clarity; Coherence and Comparability.***

The main purpose of the statistical auditing is to find out precisely which quality activities are in place to guarantee a certain quality level of the statistical product and what is being done on quality management in the subject matter departments. The audit generates suggestions on how to improve quality management.

An internal quality audit is considered as a tool for quality monitoring as it is based on quality reports, self-assessments, quality and performance indicators, being the basic documentation and evidences for the internal quality audit activity.

The internal quality audit identifies also best practices conducted in the organization that should be spread out and incorporated in the BNSI.

3.2 Scope

The scope of the audits is statistical processes (phases/ sub-process) or products, which are object of an internal quality audit.

The internal quality audits will start with auditing of the statistical products/surveys due to the fact that users are interested about the quality of statistical information.

A statistical product is the result of a series of statistical processes. The quality of the statistical processes has a direct impact on the final product and its quality.

The generic statistical business process model[1] is grouping business processes with relevant sub-processes necessary to produce statistical information. The model comprises nine phases of the statistical business process: specify needs; design; build; collect; process; analyze; disseminate; archive; evaluate.

The scope of the quality audit has to be specified in the audit plan.

3.3 Definitions

internal quality audit
Systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the ***audit criteria*** are fulfilled (*ISO 19011:2002*).

[1] Latest version of the GSBPM, prepared by the UNECE Secretariat is available here: http://www1.unece.org/stat/platform/display/metis/The+Generic+Statistical+Business+Process+Model

audited part
Directorate, department/sector in the BNSI Head Office and Regional Statistical Offices (RSO), or experts, the activity of which is an object of the audit.

audit object
Surveys and activities specified in the National Statistical Programme and in the BNSI Activities Plan.

internal auditor on quality
An expert with the competence to conduct an internal quality audit and appointed as an auditor.

audit team
Two or more auditors form an audit team, depending on the audit scope. A person of the audit team is appointed as the audit team leader.

audit programme
A set of one or more internal quality audits planned for a calendar year.

audit plan
Description of the scope and the activities liable to an internal quality audit.

audit scope
A statistical process (phase/ sub-process) or product that is an object of an internal quality audit.

audit criteria
A set of requirements for the quality of the statistical processes and products.

audit evidence
Documents, records, statements of fact or other information, which are relevant to the audit criteria and verifiable.
The quality audit is based on different documents: methodological documents for the survey, process description, etc. The audit evidence may be qualitative or quantitative: quality and performance indicators, quality reports, self-assessments, etc. For audit evidence could be accepted also working documents prepared by the audited part.

audit findings
Results of the evaluation of the collected audit evidence against audit criteria.
Audit findings can indicate either conformity or non-conformity with the audit criteria and the opportunities for improvement.

audit conclusion
The outcome of an internal quality audit, provided by the audit team after consideration of the audit objectives and all audit findings.

follow-up audit
Verification of the recommendations implementation and that of the action plan after an internal quality audit.

3.4 Principles

The internal quality audit and the follow-up audit activities are performed in accordance with the following principles:

- ***General principles*** [2] – related to the auditors' behavior during execution of the audit activities and auditors' responsibility during internal audit performance – ethical conduct, fair presentation, due professional care, independence, evidence-based approach, necessary competence, integrity and confidentiality, auditors' personal responsibility for the expressed opinion and conclusions, continuous professional training of auditors.
- ***Specific principles*** – relevant to completeness of the audit conclusions with respect to quality of the statistical processes and products – partnership in the audit process, check out submitted documents, put into practice good statistical practices.

The observation of these principles is a precondition to assure independent auditors' conclusions on the auditing activity, as well as to define auditors' behavior and approach during the audit activity.

3.5 Approach

The internal quality audit on statistical processes and products is based on the observation and usage of evidence. The necessary minimum documentation is specified in the audit plan. That minimum documentation should be submitted to the auditors by the audited part.

The internal quality audit of statistical processes and products is based on a composite approach. The approach includes:

- ***Standard approach*** – the audit process always goes through the four audit phases: planning and preparation; field work, reporting and follow-up.
- ***Analytical approach*** – assessment of:
  - correspondence of the contents of the available quality reports to the recommendations and requirements of Eurostat
  - strengths and weaknesses during the statistical process phases.

4. PHASES OF THE INTERNAL QUALITY AUDIT PROCESS

The audit process covers four phases: planning and preparation, field work, reporting and follow-up. Good communication is very important for the effectiveness of the audit process. The chronology of the internal quality audit process is given in *Annex I.*

4.1 Planning and Preparation

The planning and preparation of an internal quality audit is one of the most important phases, not only for the auditors but also for the audited part.

[2] According to ISO 19011

The audit activity and the audit procedures have to be approved by Directors and the Deputy President responsible for the department, before the beginning of the internal quality audit. The audited part should be informed in advance that the processes or products for which it is responsible will be reviewed by internal quality auditors.

The auditing activities are determined on the phase "Planning and Preparation". This phase covers the following stages:

- Development of the ***Annual Programme*** of internal quality audits –
  Processes and products that will be audited during the current year are included in the *Annual Programme*. The Programme has to be elaborated by the Strategic Planning, International Projects and Quality Management Department, on the basis of proposals made by the directors. The *Annual Programme* has to be approved by the BNSI President.
  In order to ensure transparency, the internal quality audits should be included in the BNSI activity plan.

- ***Recruitment of auditors*** –
  Internal quality auditors are proposed by the directors, on the basis of professional and competence qualities of the experts. The auditors are approved by the BNSI Top Management.
  The auditors' selection is based on the criteria that all audits have to be done by own BNSI staff. The aim is to create an "auditor's pool" including experts from different departments. The internal quality auditors will undertake audits as a part time work.

- ***Training of auditors*** –
  The BNSI experts, envisaged as auditors, have to be trained in the audit philosophy, norms, rules and procedures, interview techniques, reporting and presenting audit results. The training of the internal quality auditors has to be included by the directors in the BNSI training plan.

- ***Assignment of an audit team and an audit leader*** –

  The BNSI Top Management assigns the audit team and the team leader to each audit included in the *Annual Programme*. Each team has a team leader and 2-3 auditors (experts from different statistical areas: experts dealing with developing and methodological work, production, IT issues and dissemination of statistical information). The number of audits per an audit team depends on the work-load of auditors concerning the regular work of the experts.

- ***Drawing up of the Audit Plan*** –

  For each audit included in the audit *Annual Programme,* an action audit plan should be specified. The audit plan is prepared by the audit team. The template for the *Audit Plan* is given in *Annex III.* In the *Audit Plan,* auditors should define the scope of the concrete audit: which product or statistical process phase(s) will be audited for a given survey or surveys. At this stage it is necessary to define the schedule of the audit, dates, time, duration and place for the meetings of the audited part. It is also required to identify the necessary and available documents that have to be provided to the auditors by the audited part in advance. The auditors provide the audit plan to the audited part not later then 20 days, before the starting date of the audit.

- ***Preliminary examination*** –
  At this stage, the necessary documentation for the audit has to be collected and examined. The audited part has to collect and prepare the necessary documents, which

are required by the auditors and listed in the audit plan. The prepared documents have to be distributed and examined by the auditors before the kick-off meeting.

- ***Kick-off meeting*** –
  The audit team leader organizes a kick-off meeting jointly with the audited part. The audit plan has to be discussed and approved at the meeting. At the kick-off meeting, the audit leader presents: audit scope; audit objectives; auditors team; audit date and duration; flow-chart of the audit process chronology (*Annex I*); flow-chart of the audit documentation flow (*Annex II*); necessary documents to obtain additional information.
  The audit team discusses with the audited part the initial and final date for the audit, taking into consideration the burden of responsible experts. Minor changes of the audit plan could be made during this meeting, bearing in mind that they could not put in question the main objectives of the action.

4.2 Field Work

The field work consists of a check up of evidence on the basis of the available and supplied documentation from the audited part. The auditors check up the correspondence of the supplied documentation to the preliminary defined quality criteria for the process or product.

The auditors conduct the internal quality audit by using the *Audit Questionnaire for Assessment of Evidence* (*Annex IV*). This document is the main working document for auditors only. In the *Audit Questionnaire* the auditors fill in their remarks, comments and findings, concerning the analyses of evidences. The internal auditors check up the facts concerning quality in the documents (methodological documents, quality reports, working documents, reference documents, etc.) and indicate what the state-of-art is in the *Audit Questionnaire*. The auditors identify the strengths and weaknesses of the audited processes/product and record their comments and conclusions in the *Audit Questionnaire*.

While conducting an audit, the auditors should promote discussions with the audited teams, because quality audit is a consultation that takes place in a spirit of partnership between auditors and audited part. This will provide a possibility for identifying the improvement opportunities and the quality improvement as a whole. The reasons for weaknesses and eventual or existed risks, specified by the Working Group on risk assessment *in the List with major risks and risk assessment results at BNSI* [3], should be specified. Major risks referring to the quality of the statistical product are the following: *people risk* – related to staff experience, turnover, succession issues, *timeframe risk* – for main business processes (collect, process, analyze, disseminate), *systems risk (IT)* – reliability and security of the used information systems, *specific risks* – typical for any survey and in a large degree outside the audited part control (quality of administrative data, etc.).

After the filling-in of the *Audit Questionnaire*, the auditors summarize the audit findings. Audit findings are specified by the auditors in the *Template for the Auditors' Notes: Conformity/Non-Conformity* (*Annex V*). A document with the auditor's notes has to be approved by the audit team and submitted to the audited part for signature.

At the end of the audit activity, the completed *Audit Questionnaire for Assessment of Evidence* (*Annex IV*) and the *Document with the auditors' notes: conformity/non-conformity* (*Annex V*) have to be provided to the Strategic Planning, International Projects and Quality Management Department to be archived.

[3] According BNSI Strategy for risk assessment

4.3 Reporting

The auditors prepare **a first draft of the audit report** after execution of the field work and summarize of the findings. The audit results have to be stated in the audit report. A description of the state of art in the audited process/product should be given in the report. The auditors should give their independent and objective opinion. The quality improvement recommendations, based on facts and evidences, should be given in the report.

The audit report is prepared following the structure given in *Annex VI - Template for the Quality Audit Report*. The report includes identification of the audit, introduction, summary of the main findings and conclusions, positive or weak points of the audited process or product, and improvement opportunities. A detailed description by each audit phase has to be given in the report, taking notice of the findings, improvement opportunities, identified good practices, difficulties, express thanks to participants in the audit, conclusions, and recommendations.

The first draft of the audit report has to be provided to the audited part before the closing meeting. This gives a possibility the audited part to be acquainted in advance with the report and to provide comments and remarks before drawing up the final audit report. This helps to eliminate possible misunderstanding and inconsistencies in the report and to ensure partnership in the audit activity.

At the closing meeting the audit team leader presents **the final audit report** and the main findings to the audited part. The possibilities to eliminate unconformities, preventive actions to avoid possible risks, the date for the next audit phase, and when will it be possible to undertake the follow-up of the recommendations and the action plan are discussed at the meeting.

After the closing meeting, the audit team leader has to send the final audit report to the audited part, to the BNSI Top Management, as a major user of the auditing activity outcomes. The report has to be provided also to the Strategic Planning, International Projects and Quality Management Department to be archived.

At the closing meeting, the auditors present to the audited part also a template for **an Action Plan** (*Annex VII*). The auditors have to fill-in the audit identification part and notes: conformity/non-conformity at the action plan template in advance. In the pre-filled action plan, the audited part has to specify corrective actions to eliminate inconsistencies, preventive actions to avoid possible risks, and priority actions in order to improve the process or product quality.

The audited part has to prepare a final action plan and to provide it to the auditors, 10 days after the closing meeting. A copy of the document has to be sent to the BNSI Top Management for possible decision making. The audit team leader has to send the final action plan to the Strategic Planning, International Projects and Quality Management Department to be archived.

4.4 Follow-up

During the follow-up phase, the auditors have to review the implementation of the recommendations and the execution of the action plan.

The final audit report, prepared during the reporting phase, has to be considered as a basis for the follow-up of the audit recommendations in the action plan.

A date of the follow-up audit has to be agreed between the auditors and the audited part, and scheduled in advance in *the Action Plan* (*Annex VII*), prepared during the reporting phase.

In principle, the permanent audit teams within BNSI, assigned to conduct internal quality audits, have to make regular follow-up of the action plans and to review the actions taken by the audited units after each internal quality audit. It is necessary to have a systematic follow-up of the recommendations in order to find out to what extent the action plan is being implemented.

At the end of the follow-up phase, the auditors have to describe all problems and difficulties met by the audited part during the action plan implementation. The results of the follow-up audit are summarized in a follow-up audit report. The report is presented to the BNSI Top Management for possible decision making and to the Strategic Planning, International Projects and Quality Management Department to be archived.

5. INTERNAL QUALITY AUDIT EVALUATION

The evaluation of the internal audit is made by the audited part. The evaluation is needed to ensure a feed-back by the audited part and to improve the internal quality audits process.

The audited part has to fill-in an *Evaluating Questionnaire for the Internal Quality Audit* (*Annex VIII*), in order to assess the auditors' professional behavior, as well as to assess the quality of the audit activity.

6. DOCUMENTATION AND ARCHIVING

The audit documents that have to be kept as an auditing dossier/file for each audit and be archived by the Strategic Planning, International Projects and Quality Management Department are as follows:

- Audit Plan;
- Audit Questionnaire for Assessment of Evidences;
- Flow-Chart of the Audit Process Chronology;
- Auditors Notes: Conformity/Non-Conformity;
- Internal Quality Audit Report;
- Action Plan;
- Follow-Up Audit Report.

The audit dossier/file has to be kept in electronic form and on paper. All important e-mails exchanged between the auditors and the audited part will be stored also in the audit dossier/file. An access to the archived documents will be given only to the members of the audit team for a particular internal quality audit, the audited part, the BNSI Top Management and the Strategic Planning, International Projects and Quality Management Department.

7. DISSEMINATION

In order to ensure transparency of the quality assurance process in the BNSI, it is envisaged to disseminate the following documents:

- **Summary of the audit results** for all internal quality audits conducted during a year.

This document has to be prepared by the Strategic Planning, International Projects and Quality Management Department on the basis of the information given by the auditors in the summary of the audit reports. In the document, the identified good practices during the internal quality audits should also be indicated. The aim is to disseminate good practices.

The summary of the audit results is prepared for the users of statistical information and has to be published on BNSI Internet site. The aim is to ensure transparency of the internal quality audits.

- **Report for the performance of the annual audit programme**

The document has to be prepared by the Strategic Planning, International Projects and Quality Management Department. The report for the performance of the annual audit programme has to be incorporated in the Annual Report of the BNSI activities.

- **Summary for the monitoring of the action plans**

The summary for the monitoring of the action plans has to be prepared on a biennial period by the Strategic Planning, International Projects and Quality Management Department. The summary is provided to the BNSI Top Management.

The Handbook on Internal Quality Audits, as a result of the participation of BNSI in the European Statistical System (ESS) quality coaching project initiated by Eurostat, will be published in Circa.

The Handbook on Internal Quality Audits will be published also on BNSI Internet site, in order to make popular and co-ordinate quality activities within the National Statistical System.

8. ANNEXES

9. REFERENCES

[1] Statistics Portugal (INE), *Statistics Portugal approach on Quality auditing (November 2007).*

[2] Statistics Portugal (INE), *Description of Statistics Portugal Quality Management System (November 2007).*

[3] Statistics Portugal (INE), *Brief explanation of the contents of the "Statistical Production Procedures Handbook" 2006 Edition (November 2007).*

[4] Statistics Ireland (CSO), *Standards and Guidelines Volume 1, Quality in Statistics.*

[5] Statistics Ireland (CSO), *Survey audit questionnaire.*

[6] Van Nederpelt EMEA, Ir P.W.M. (2009), Statistics Netherlands (CBS), *Checklist Quality of Statistical Output.*

[7] Van Nederpelt EMEA, Ir P.W.M (2008), *Auditing of the quality of statistical output.*

[8] Eiderbrant-Nilsson G (2005), *Quality Audits at Statistics Sweden, Proceeding of the ASA Section on Quality and Productivity, pages 1807-1811.*

[9] Statistics Canada (2002), *Statistics Canada's Quality Assurance Framework.*

[10] Statistics Canada, *Review of Quality Assurance Practice, Appendix 2: Questionnaire.*

[11] Zilhão M, Santos A, Davies J, Howell S, Booleman M (2003*), State of the art concerning the auditing activity in BNSI' s, Final Report.*

[12] Piela P. (2009), *Participative quality audits at Statistics Finland; STCPM at 57th Session of the International Statistical Institute*

[13] Keith Mc Sweeney (2008), *A broader view of Internal Audit for Quality Management in NSIs - Application in Ireland and developments to consider, paper presented at the Q2008, Rome, July 2008.*

[14] Zilhão M. (2008), *Statistical Auditing and Self-Assessment Benefits for Quality Improvement, presented at the Q2008, Rome, July 2008.*

[15] Eurostat (2009), *ESS Standard for Quality Reports*

[16] Eurostat (2009), *ESS Handbook for Quality Reports*

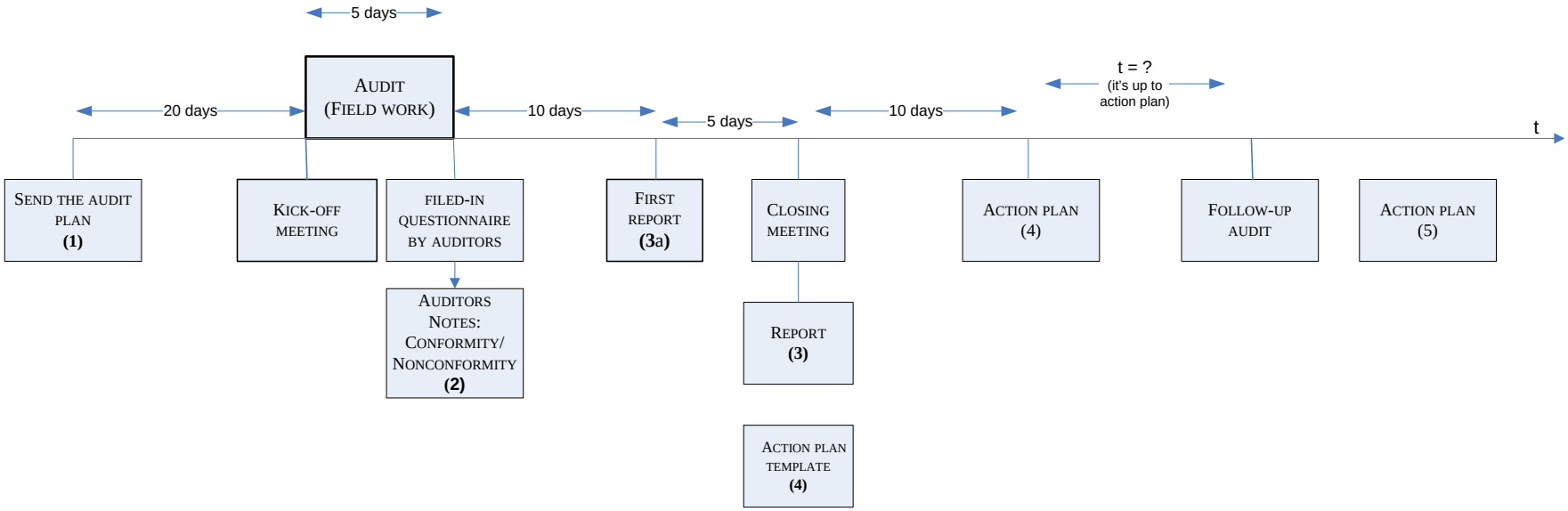
[17] Vale S. (2009), *Generic Statistical Business Process Model, presented at the Joint UNECE/Eurostat/OECD Work Session on Statistical Metadata (METIS)*

[18] *ISO 9000 and ISO 14000 series of International Standards*

[19] SAIs (2004), *Guidelines on Audit Quality, version October 2004*

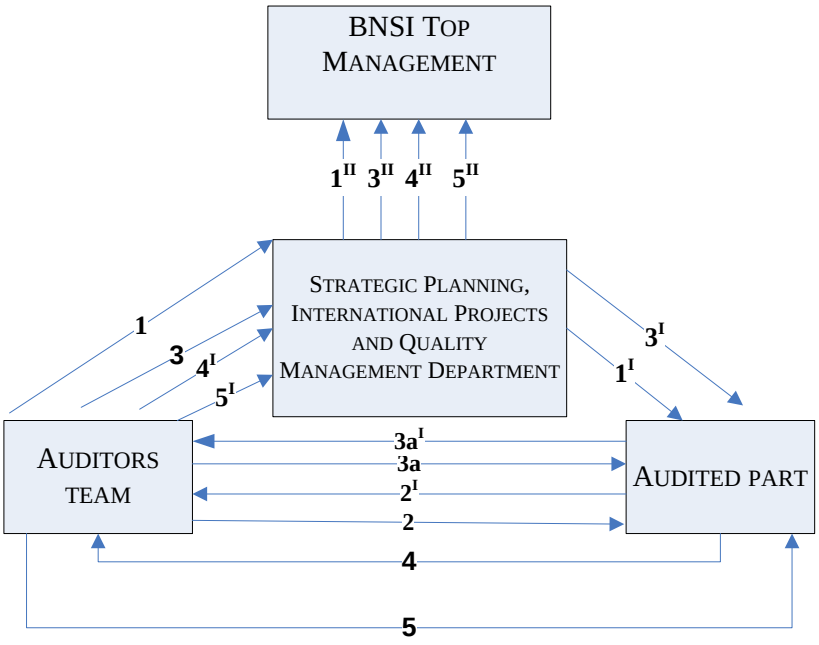
[20] *BNSI of Bulgaria Strategy for Risk Assessment, 2009*

ANNEX I – FLOW-CHART OF THE AUDIT PROCESS CHRONOLOGY[1]



[1] NOTE **(1) (2) (3) (4) (5)** correspond to the documents in the ANNEX II - FLOW-CHART OF THE AUDIT DOCUMENTATION FLOW

ANNEX II - FLOW-CHART OF THE AUDIT DOCUMENTATION FLOW



(1) (1^{I}) (1^{II})[1] – Flow of the **AUDIT PLAN** document (Original document is prepared by auditors team; a copy is sent to the audited part in other to be agreed and confirmed; a copy is sent to the Strategic Planning, International Projects and Quality Management Department to be archived, and also a copy is sent to the BNSI Top Management).

(2) (2^{I}) - Flow of the **AUDITORS' NOTES: CONFORMITY/NONCONFORMITY** (the notes are filed-in by the auditors team at the field work phase; auditors send the document to the audited part; the audited part have to sign received notes; audited part send the notes back to the auditors).

(3a) ($3a^{I}$) - Flow of the **FIRST REPORT** (a copy of the first version of the report is sent by auditors to the audited part before the closing meeting; if there are some inconsistency the audited part sent comments to the auditors team).

(3) (3^{I}) (3^{II}) - Flow of the audit **REPORT** (a copy is sent by auditors to the audited part; a copy is sent to the Strategic Planning, International Projects and Quality Management Department to be archived; a copy is sent to the BNSI Top Management for information).

(4) (4^{I}) (4^{II}) - Flow of the **ACTION PLAN** document to the auditors team (The Action Plan is prepared by audited part and is sent to the auditors team; a copy is sent to the Strategic Planning, International Projects and Quality Management Department to be archived, and also a copy is sent to the BNSI Top Management for information.

(5) (5^{I}) (5^{II}) - Flow of the **ACTION PLAN** document to the audited part after the follow-up audit (a copy is sent to the audited part; a copy is sent to the Strategic Planning, International Projects and Quality Management Department to be archived, and also a copy is sent to the BNSI Top Management for information).

[1] **(X) (X^{I}) (X^{II}) –** corresponds to the sequence phases of the documents circulation

ANNEX III – TEMPLATE FOR THE AUDIT PLAN

✍ **AUDIT IDENTIFICATION NUMBER:**

NUMBER	YEAR
NO	

✍ **AUDIT IDENTIFICATION** (DEPARTMENT/DIVISION):

✍ **AUDIT SCOPE** (PRODUCT / SURVEY / PROCESS / PHASE/ SUB-PROCESS)

✍ **REFERENCE DOCUMENTS:**

✍ **AUDIT TEAM:**

1.
2.
3.
AUDIT LEADER -

✍ **AUDIT DATE:**

(DD-DD/MONTH/YEAR)

✍ **AUDIT DURATION:**

DAYS

CONFORMATION TO CONFIDENTIALITY: Confidentiality and discretion are essential to auditing. The audit team should keep the confidentiality of received information from the audited part. The information will be used only for the purpose of the audit and will not be disseminated.

AUDIT LEADER NAME:

/signature/

DATE:

✍ **AUDIT PLAN:**

	DATE	TIME	DURATION	PLACE
KICK-OFF MEETING				
FIELD WORK / AUDIT				
THE AUDIT TEAM MEETING				
CLOSING MEETING				

✍ **SPECIFICATION OF DOCUMENTS THAT HAVE TO BE PROVIDED TO THE AUDIT TEAM (NAME / DESCRIPTION):**

1.

2.

3.

4.

ANNEX IV – QUESTIONNAIRE FOR ASSESSMENT OF AUDIT EVIDENCES

✍ **AUDIT TEAM:**

1.
2.
3.
AUDIT LEADER -

✍ **DATE OF AUDIT:** (DAY/MONTH/YEAR) **AUDIT DURATION:** DAYS

✍ **AUDIT SCOPE** (PRODUCT / SURVEY / PROCESS / PHASE/ SUB-PROCESS)

QUESTIONS	APPROVAL OF SUBMITTED DOCUMENTS	CONSISTENCY WITH REGULATIONS REQUIREMENTS AND QUALITY STANDARDS	AUDITORS NOTES/COMMENTS AT DISCUSSIONS WITH AUDITED PART	AUDITORS RECOMMENDATIONS AND DEADLINES FOR IMPLEMENTATION
1	2	3	4	5
1. DECISION TO CARRY OUT THE SURVEY				
1.1 Which are legal documents related to survey?	Yes ☐ No ☐ Other document ☐			
1.2 Who are the **main** users of the survey results?	Yes ☐ No ☐ Other document ☐			
1.3 Are the main users needs studied?	Yes ☐ No ☐ Other document ☐			

QUESTIONS	APPROVAL OF SUBMITTED DOCUMENTS	CONSISTENCY WITH REGULATIONS REQUIREMENTS AND QUALITY STANDARDS	AUDITORS NOTES/COMMENTS AT DISCUSSIONS WITH AUDITED PART	AUDITORS RECOMMENDATIONS AND DEADLINES FOR IMPLEMENTATION
1	2	3	4	5
1.4 Are there any users needs unsatisfied?	Yes ☐ No ☐ Other document ☐			
1.5 With which **External** Users do you have Data Exchange Agreements?	Yes ☐ No ☐ Other document ☐			
1.6 With which **Internal** Users do you have data exchange (receive or provide data)?	Yes ☐ No ☐ Other document ☐			
1.7 Is the possibility to use administrative sources studied?	Yes ☐ No ☐ Other document ☐			
1.8 Is the producer expenditure calculated (dynamics of producer expenditure) during the planning a survey?	Yes ☐ No ☐ Other document ☐			
1.9 Is the proportion - costs / benefits studied?	Yes ☐ No ☐ EC Regulation... ☐ Other document ☐			
2. PLANNING AND SURVEY DESIGN				
2.2 Are the main concepts, variables [1] and indicators [2] described?	Yes ☐ No ☐ Other document ☐			

[1] Variable is a target concept to be estimated by the statistical process. Typically there will be a set of indicators for each variable, one for each subdomain. (ESS Handbook for Quality Reports, page 132, Glossary of terms)

[2] Indicator is a single estimate of a target statistical concept. For example total employment of women in the restaurant industry in a country. (ESS Handbook for Quality Reports, page 131, Glossary of terms)

QUESTIONS	APPROVAL OF SUBMITTED DOCUMENTS	CONSISTENCY WITH REGULATIONS REQUIREMENTS AND QUALITY STANDARDS	AUDITORS NOTES/COMMENTS AT DISCUSSIONS WITH AUDITED PART	AUDITORS RECOMMENDATIONS AND DEADLINES FOR IMPLEMENTATION
1	2	3	4	5
2.3 Is the Survey Methodology a new or up-dated one?	Yes ☐ No ☐ Other document ☐			
2.4 Does the **Methodology** elaborated include the possibilities for generating **quality assessments**?	Yes ☐ No ☐ Other document ☐			
2.5 Is the use of administrative data planned with a view to reduce respondents burden?	Yes ☐ No ☐ Other document ☐			
2.6 Are quality control procedures carrying out concerning the characteristics of units of register, which is used at defining the survey frame?	Yes ☐ No ☐ Other document ☐			
2.7. Is the Quality taken into account at the sample design?	Yes ☐ No ☐			
2.8 Is Information System "Statistical classifications" used at the survey design?	Yes ☐ No ☐			
2.9 Is the tool for the survey tested (form and instructions to it)?	Yes ☐ No ☐ Other document ☐			
3. DATA COLLECTION				
3.1 Is there a special recruitment procedure for interviewers?	Yes ☐ No ☐			
3.2. Is there a training process of interviewers?	Yes ☐ No ☐			
3.3. Is the schedule for data collection observed?	Yes ☐ No ☐			

QUESTIONS	APPROVAL OF SUBMITTED DOCUMENTS	CONSISTENCY WITH REGULATIONS REQUIREMENTS AND QUALITY STANDARDS	AUDITORS NOTES/COMMENTS AT DISCUSSIONS WITH AUDITED PART	AUDITORS RECOMMENDATIONS AND DEADLINES FOR IMPLEMENTATION
1	2	3	4	5
3.4. Is the information concerning respondents' burden collected and are the dynamics on burden observed?	Yes ☐ No ☐			
3.5 Are timeliness of sending forms and effectiveness at allocation of the field work estimated?	Yes ☐ No ☐			
3.6 Is there a control of the filled in forms and validation of data entry? *(How it is done?)*	Yes ☐ No ☐			
3.7 Is the effectiveness of sample size estimated having in mind field work costs? *(How it is done?)*	Yes ☐ No ☐ Other document ☐			
3.8 Are there any measures undertaken for reduction of non-response rate?	Yes ☐ No ☐			
3.9 Do you measure the respondents' burden and how?	Yes ☐ No ☐			
3.10 Do you use information systems or electronic questionnaires to collect data?	Yes ☐ No ☐			
4. DATA PROCESSING				
4.1 Is a control procedure for data **integration/aggregation** carried out? *(How it is done?)*	Yes ☐ No ☐ Other document ☐			
4.2 Is a control procedure for data **classification and coding** carried out? *(How it is done?)*	Yes ☐ No ☐ Other document ☐			

QUESTIONS	APPROVAL OF SUBMITTED DOCUMENTS	CONSISTENCY WITH REGULATIONS REQUIREMENTS AND QUALITY STANDARDS	AUDITORS NOTES/COMMENTS AT DISCUSSIONS WITH AUDITED PART	AUDITORS RECOMMENDATIONS AND DEADLINES FOR IMPLEMENTATION
1	2	3	4	5
4.3 Is a control procedure for **imputation** of missing data carried out? *(How it is done?)*	Yes ☐ No ☐ Other document ☐			
4.4 Is a control procedure for data **editing and validation** carried out? *(How it is done?)*	Yes ☐ No ☐ Other document ☐			
4.5 Is a control procedure for calculation of **variables and indicators** carried out? *(How it is done?)*	Yes ☐ No ☐ Other document ☐			
4.6 Is a control procedure for **Data weighting** carried out**?**	Yes ☐ No ☐ Other document ☐			
4.7 Is a control procedure of received data files carried out?	Yes ☐ No ☐ Other document ☐			
5. ANALYSIS OF PROCESSING RESULTS AND PREPARATION OF PRODUCTS				
5.1 Is a control procedure of preliminary data carried out?	Yes ☐ No ☐ Other document ☐			
5.2 Is a check of data for dissemination performed?	Yes ☐ No ☐ Other document ☐			
5.3 Is there a detailed review and results analysis?	Yes ☐ No ☐ Other document ☐			
5.4 Is there a control procedure for protection of data confidentiality?	Yes ☐ No ☐ Other document ☐			

5.5 Which **standard quality and performance indicators** are calculated?				
***Relevance*:**				
R1. Rate of available statistics.		Yes ☐ No ☐		
Accuracy				
A1. Coefficient of variation (CV).		Yes ☐ No ☐		
A2. Rate of overcoverage.		Yes ☐ No ☐		
A3. Edit failure rate.		Yes ☐ No ☐		
A4. Unit response rate.		Yes ☐ No ☐		
A5. Item response rate.		Yes ☐ No ☐		
A6. Imputation rate.		Yes ☐ No ☐		
A7. Number of mistakes made, by type.		Yes ☐ No ☐		
A8. Average size of revisions.		Yes ☐ No ☐		
Timeliness and Punctuality				
T1. Time lag between end of reference period and date of first/ provisional results.		Yes ☐ No ☐		
T2. Time lag between the end of reference period and date of final results.		Yes ☐ No ☐		
T3. Punctuality of publication.		Yes ☐ No ☐		
Accessibility and Clarity				
AC1. Number of subscriptions/ purchases of each of the key paper reports.		Yes ☐ No ☐		
AC2. Number of accesses to on-line databases.		Yes ☐ No ☐		
AC3. Rate of completeness of metadata.		Yes ☐ No ☐		

Coherence and Comparability				
CC1. Lengths of comparable time series.		Yes ☐ No ☐		
CC2. Asymmetries for statistics mirror flows.		Yes ☐ No ☐		
Assessment of User Needs and Perceptions				
US1. User satisfaction index.		Yes ☐ No ☐		
US2. Length of time since most recent user satisfaction survey.		Yes ☐ No ☐		
Performance Cost and Respondent Burden				
PCR1. Annual operational cost, with breakdown by major cost components.		Yes ☐ No ☐		
PCR2. Annual respondent burden in hours and/or financial terms		Yes ☐ No ☐		
6. DISSEMINATION				
6.1 Are the publications prepared according to BNSI Publishing Plan?	Yes ☐ No ☐ Other document ☐			
6.2 Is the Calendar presenting the results of the statistical surveys observed? Is the Calendar optimized?	Yes ☐ No ☐ Other document ☐			
6.3 Are special users'requests implementing, incl. microdata for research purposes?	Yes ☐ No ☐ Other document ☐			
6.4 Is electronic presentation of data on the Internet in the process of extension?	Yes ☐ No ☐			
6.5 Are the disseminated results promoted along with metadata needed with a view to easier interpretation?	Yes ☐ No ☐ Other document ☐			
6.6 Is there a feed-back with users on assessment of the public trust to statistics? Is there an urgent reaction to users'needs?	Yes ☐ No ☐ Other document ☐			

7. ARCHIVING				
7.1 Are the rules for archiving of data and metadata elaborated as well for responsibility / arrangements with archive?	Yes ☐ No ☐ Other document ☐			
7.2 Is a control procedure of archiving and protection of archived data and metadata implemented?	Yes ☐ No ☐ Other document ☐			
8. ESTIMATION				
8.1 Is a survey assessment carried out (self-assessment or external assessments)?	Yes ☐ No ☐ Other document ☐			
8.2 Which are the strengths and weaknesses of the survey?	Yes ☐ No ☐ Other document ☐			
8.3 What improvements concerning quality are made according to the recommendations?	Yes ☐ No ☐ Other document ☐			
8.4 Is the risk assessment performed?	Yes ☐ No ☐ Other document ☐			

ANNEX V – TEMPLATE FOR THE AUDITORS' NOTES: CONFORMITY/NON-CONFORMITY

✍ **AUDIT IDENTIFICATION NUMBER:**

NUMBER	YEAR
NO	

✍ **AUDIT IDENTIFICATION** (DEPARTMENT/DIVISION):

✍ **AUDIT SCOPE** (PRODUCT / SURVEY / PROCESS / PHASE/ SUB-PROCESS)

✍ **REFERENCE DOCUMENTS:**

✍ **REQUIREMENTS TO THE AUDITED PART:**

✍ **AUDITORS' NOTE "CONFORMITY/NON-CONFORMITY/" NO:** **DATE:**

CONFORMITY ☐	**NON-CONFORMITY** ☐
(*description)*	
AUDIT TEAM:	**AUDITED PART** *(experts participated in the audit)* NAME/FUNCTION: 1. 2. SIGNATURE: DATE:

ANNEX VI – TEMPLATE FOR THE INTERNAL QUALITY AUDIT REPORT

✍ **AUDIT IDENTIFICATION NUMBER:**

NUMBER	YEAR
NO	

✍ **AUDIT IDENTIFICATION** (DEPARTMENT/DIVISION):

✍ **AUDIT SCOPE** (PRODUCT / SURVEY / PROCESS / PHASE/ SUB-PROCESS)

✍ **REFERENCE DOCUMENTS:**

✍ **EXPERTS MET FROM THE AUDITED PART:**

1.
2.
3.

✍ **AUDIT TEAM:**

1.
2.
AUDIT LEADER -

✍ **AUDIT DATE:**

(DD-DD/MONTH/YEAR)

✍ **AUDIT DURATION:**

DAYS

AUDIT LEADER NAME:

/signature/

DATE:

INTERNAL QUALITY AUDIT REPORT

(Report Structure)

1. **INTRODUCTION** (general information; audit objectives; audit scope)

2. **SUMMARY OF THE AUDIT REPORT** (brief description of the audit objectives and findings, reference to positive points and improvement opportunities)

3. **REPORT** (detailed description of each audit phase; findings, improvement opportunities, best practices, thanks to participants, conclusions, recommendations on the bases of reference documents)

4. **ANNEXES TO THE REPORT:**

   a. AUDITORS' NOTES: CONFORMITY/ NON-CONFORMITY;

   b. ACTION PLAN

   c. exc.

ANNEX VII – TEMPLATE FOR THE ACTION PLAN

✍ **AUDIT IDENTIFICATION NUMBER:**

NUMBER	YEAR
NO	

✍ **AUDIT IDENTIFICATION** (DEPARTMENT/DIVISION):

✍ **AUDIT SCOPE** (PRODUCT / SURVEY / PROCESS / PHASE/ SUB-PROCESS)

✍ **REFERENCE DOCUMENTS:**

✍ **REQUIREMENTS TO THE AUDITED PART:**

✍ **NOTE "CONFORMITY/ NON-CONFORMITY" NO:**

CONFORMITY ☐	**NON-CONFORMITY** ☐	
(*description by auditors)*		
REASON(S):		
ACTION PLAN (CORRECTIVE ACTION) ☐ *What to do?*	**PREVENTIVE ACTION** (RISK PREVENTION) ☐	
(description by audited unit)		
PROVISIONAL DATE TO COMPLETE THE ACTION:	RESPONSIBLE:	DATE:
PRIORITY / IMMEDIATELY ACTIONS?	**YES** ☐	**NO** ☐

PROVISIONAL DATE FOR THE FOLLOW-UP AUDIT:	
FOLLOW-UP AUDIT / REVIEWING	
VALIDATION BY AUDIT TEAM (TEAM LEADER): 1. 2. 3. TEAM LEADER	DATE:

ANNEX VIII – EVALUATING QUESTIONNAIRE FOR THE INTERNAL QUALITY AUDIT

✍ **AUDIT IDENTIFICATION NUMBER:**

NUMBER	YEAR
NO	

✍ **AUDIT IDENTIFICATION** (DEPARTMENT/DIVISION):

✍ **AUDIT SCOPE** (PRODUCT / SURVEY / PROCESS / PHASE / SUB-PROCESS)

✍ **EVALUATION OF THE AUDITORS PROFESSIONAL CONDUCT:**

1. WHAT IS YOUR GENERAL ASSESSMENT OF THE WORK WITH AUDITORS TEAM?

   VERY GOOD ☐; GOOD ☐ UNSATISFACTORY ☐

2. HOW WOULD YOU RATE THE AUDITORS QUALIFICATION TO CONDUCT THE AUDIT IN PROFESSIONAL AND CORRECT MANNER?

   VERY GOOD ☐ GOOD ☐ BAD ☐

3. DO YOU AGREE TO ACCEPT THE AUDITORS RECOMMENDATIONS?

   YES ☐ NO ☐

4. COMMENTS:

✍ **EVALUATION OF THE AUDIT ACTIVITY QUALITY:**

1. HOW DO YOU RANK THE AUDIT SCOPE?

   VERY BROAD ☐ GOOD ☐ LIMITED ☐

2. HOW DO YOU EVALUATE THE AUDIT DURATION?

   TOO LONG ☐ ADEQUATE ☐ NOT ENOUGH ☐

3. HOW DO YOU RANK THE AUDITORS RECOMMENDATIONS?

   APPROPRIATELY ☐ ENCOURAGING ☐ UNFEASIBLE ☐

4. DO YOU CONSIDER THAT THE AUDITORS USED SUITABLE TECHNIQUES FOR OBTAINING ADDITIONAL INFORMATION AND ANALYZING THE DATA?

   YES ☐ NO ☐

5. HAVE YOU BEEN ACQUAINTED WITH AUDIT TOOLS AND HANDBOOK IN ADVANCE?

   YES ☐ NO ☐

6. HAVE YOU BEEN ACQUAINTED WITH REQUIREMENTS IN THE ESS STANDARD ON QUALITY REPORTS?

   YES ☐ NO ☐

7. HOW WOULD YOU RATE THE AUDITORS REPORT?

   VERY GOOD ☐ GOOD ☐ BAD ☐

8. THE AUDIT WILL CONTRIBUTE TO THE PRODUCT/SURVEY/PROCESS QUALITY IMPROVEMENT IN THE FUTURE?

   YES ☐ NO ☐

9. COMMENTS (please specify)
