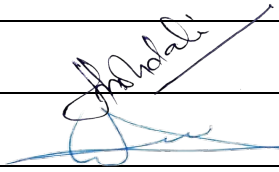
HATEEN TECH.CONT. L.L.C

QUALITY, HEALTH, SAFETY, AND ENVIRONMENT SYSTEM

INTERNAL AUDIT PROCEDURE

	NAME	SIGNATURE	DATE
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APPROVED BY	AHMAD GHANEM		14/06/2026

1. REVISION AND APPROVAL

Rev.	Date	Nature of Changes	Approved By
00	13 June 2026	Original issue.	AUTHORIZED OFFICER

2.0 PURPOSE

The purpose of this procedure is to provide a system for conducting internal quality audits to determine:

- Whether quality activities and related results comply with planned arrangements
- Whether these arrangements are implemented effectively

3.0 SCOPE

Quality auditing is a company-wide activity, which is applicable to all function involved in activities related to quality management system. Management Representative is responsible for planning, scheduling, execution and reporting of quality audit.

4.0 RESPONSIBILITIES

i. Internal Auditor is responsible for planning and scheduling internal quality audit. Management Representative and AUTHORIZED OFFICER reviews and approves the audit plan respectively.
ii. Internal Auditor prepares the audit report after the completion of audit.
iii. Concerned departmental heads are responsible for taking corrective actions on non-conformities identified in audit.

5.0 PROCEDURE

5.1 Audit team

i. The internal auditors are selected from different organizational functions based on their experience and professional skills. The company has developed an internal quality audit team for conducting internal quality audit on regular basis.
ii. They are trained on auditing skills by providing training. Management Representative maintains training records/certificates of the auditors.

5.2 Audit Planning

i. Internal Auditor is responsible for planning and scheduling the internal audits. Management Representative prepares the audit schedule. Management Representative approves the audit schedule. The internal audits are carried at least once a year. A week before the proposed audit date, Lead Auditor prepares the audit plan and Audit Notice. The audit plan lists all the activities corresponding to the quality system, identifies locations where these activities are taking place, and time of

audit for each activity. The audit Plan is approved by the Management Representative and is then communicated to all the concerned departments heads / process owners.

5.3 Audit Execution

i. Before starting an audit, the auditors ensure the possession of:
   a) Audit Plan
   b) Copy of ISO 9001:2015, ISO 14001:2015, ISO 45001:2018 standard
   c) Observation Sheet or Pad
   d) Copies of quality system manual, procedures or work instructions
   e) Audit Checklist

ii. The audit begins with a briefing to the management on the methodology of the audit, its scope and any administrative arrangements required.

iii. While conducting the audit, the auditors seek to:
   a) Determine whether documented procedures and instructions meet the requirements of the standards.
   b) Verify whether procedures and instructions are being implemented. For this, the data and records generated as evidence of quality-related activities are examined for compliance with specified procedures. In addition, the auditors make it a point to talk to personnel actually performing various tasks to ascertain whether they understand the procedures and instructions and are following these. Auditors observe tasks being carried out, to see whether these conform to specified norms and procedures.
   c) Process Approach is being followed.

iv. When an auditor observes non-conformity in the system, all relevant information is examined carefully, and full details of non-compliance or deficiency are recorded so that corrective action can be taken. The responsible manager is associated with such observations. Evidence of non-conformity and the manager concurrence is recorded on the observation sheet to avoid controversy. On completion of the audit, a closing meeting is arranged with the management to review the audit findings and to obtain clarifications if required. Appropriate corrective measures are also discussed.

5.4 Audit Reporting

After the completion of audit, the auditors submit their findings and audit report to Management Representative for compilation. It includes the summary of the audit

and audit non-conformities and observations observed. The audit report normally contains the following information:

a) Report title, number and the relevant information
b) Particulars and compositions of the audit team
c) Background information, such as the auditor's objective, scope, dates and procedures used. A brief description of the activities and departments audited.
d) Summary of finding and observations
e) Specific finding, particularly non-conformities.

5.5 Corrective Action and Follow up

i. Management Representative initiates the Non-conformity Report (NCR) on the non-conformities observed in the audit and give it to the concerned person. The concerned person investigates the cause of the problem, proposes a corrective action to be taken and indicates the date by which the corrective action will be fully implemented.

ii. On, or immediately after, the due date for implementation of the corrective action, the auditors follow up with an audit to determine if the corrective action has been implemented and if it is effective. When there is objective evidence that the corrective action is effective, the audit non-compliance report is closed out. If more work is needed to fully implement the corrective action, a new follow-up date is agreed upon.

5.6 Input to Management Review meeting

The results of internal quality audit are submitted in management review by Management Representative as input.

6.0 RELATED DOCUMENTS

Audit Plan	IMS-IA-F01
Audit Checklist	IMS-IA-F02
Audit Summary Report	IMS-IA-F03