



Competency Unit: Exemplar Global-TL

Competency Unit: Exemplar Global- TL Leading Management System Audit Teams

How to use this document

The purpose of this Competency Unit is to give Training Providers detailed information on the performance criteria required of those who are seeking to become certified **Exemplar Global Leading Management Systems Lead Auditors**. This competency unit applies to the knowledge requirements for several Exemplar Global personnel certification programs.

A **Training Provider** is someone who has received the Exemplar Global Training Provider and Examiner Certification Scheme (TPECS) certification for the development and delivery of the acronym examination.

A **potential Exemplar Global Lead Auditor** is someone who conducts Leading Management Systems Audit Teams audits.

To become a certified **Exemplar Global Lead Auditor**, an individual must show evidence that they have adequate skills in the three (3) areas of Competencies shown in the tables below. These individuals show competency by meeting the performance criteria shown in the second column. Training Providers are responsible for ensuring that these individuals provide adequate evidence of the performance criteria, according to the Evidence Guide.

Training Providers use an accompanying Examination Profile to document how evidence will be collected and are authorized to administer the TPECS Competency Unit examination through their TPECS certification.

All TPECS examinations will measure the performance criteria shown in this competency unit as written.

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Competency	Performance Criteria	Evidence Guide	ISO 19011:2018
1. Establish and plan the activities of an audit team	1.1 The roles and responsibilities of audit team leaders as identified in ISO 19011:2018 are understood and applied when planning a team audit.	E1.1 The roles and responsibilities of the audit team leader when planning a team audit are understood, including establishing contact with the auditee, the risk-based approach to planning, assigning work to the audit team ensuring overall competence to conduct the audit effectively.	5.5.4 5.5.5 6.2.1 6.2.2 6.3.2.1 6.3.2.2 6.3.3 A.1
	1.2 The audit objectives, scope, and criteria are understood and incorporated into the audit planning.	E1.2 The activity of incorporating audit objective, scope and criteria into audit planning is described. Relevant reference standards, statutory and regulatory requirements, customer requirements and other relevant documents are identified without error or omission.	4(g) 5.5.2 5.5.3 6.3.2.1 A.7
	1.3 A team audit is planned, using the risk-based approach.	E1.3 An audit plan is developed for a specific team audit scenario and given audit objective, scope and criteria. The audit plan includes the expected time and duration of audit activities to be conducted, team meetings and the audit methods to be used. Roles and responsibilities of the audit team members are assigned based upon consideration of the risks and opportunities related to the activities that are	6.3.2 6.3.3 5.5.4 A.1 A.2 A.6 A.13 A.16

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		to be audited, auditor competence, objectivity and impartiality.	
	1.4 The interactions and synergy between different management systems are understood when auditing multiple discipline management systems.	E1.4 The application of multiple standards in a combined audit can be described.	7.2.3.5 6.3.2.2 A.18.4
	1.5 The process for selecting audit team members and ensuring overall team competence is understood.	E1.5 For a given scenario, an audit team is selected, ensuring overall team competence, objectivity and impartiality.	5.5.4 5.5.5 6.3.3 6.3.2.1 7.1
	1.6 Work is assigned to team members and documented information for audit is prepared.	E1.6 The activities of assigning work to the audit team members and preparing for the audit are described.	6.3.3 6.4.4
	1.7 Health and safety considerations for visit(s) to auditee's location(s) and related risks are understood.	E1.7 Considerations for visiting the auditee's location are understood, including protecting the health and safety of the audit team members during the audit; and ensuring compliance of the auditors with the relevant health and safety, and security arrangements.	A.15 6.2.2 6.2.3.1
2. Manage the audit process	2.1 The objectives and purpose of the opening meeting are understood, and an opening meeting is conducted.	E2.1 A detailed and precise agenda for an opening meeting is developed, that includes all relevant items outlined in ISO 19011:2018, and methods for managing the opening meeting are described.	6.4.3
	2.2 Audit progress is monitored against the audit plan (e.g., schedule, the audit criteria and objectives, etc.)	E2.2 An audit plan is analysed against current audit progress for a given audit scenario. Appropriate actions are described that will ensure continued	6.3.3 6.4.4

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		progress towards meeting the audit plan and executing the closing meeting on time.	
	2.3 Team briefings are scheduled and conducted, and the purposed and content of these briefings are understood.	E2.3 The audit plan includes appropriate team briefings. The briefings include the review and exchange of information, assessment of audit progress, and reassignment of work as needed.	6.3.3 6.4.4
	2.4 Lead the team to reach consensus on audit findings.	E2.4 Techniques for reaching consensus on audit findings are described. Actions that must be taken when consensus cannot be achieved are explained.	6.4.9 7.2.3.4(f)
	2.5 The communication responsibilities of the team leader with the audit team, auditee and audit client during the audit are understood and applied.	E2.5 The types of communication including formal arrangements for communication within the audit team, with the auditee and with the audit client and periodic communication of the audit progress are described.	6.4.4 6.2.2
	2.6 Effective conflict management skills are used during the audit.	E2.6 Typical areas of conflict among team members or between the audit team and auditee are identified for a given audit situation, and resolutions for those situations are described (e.g., techniques of conflict resolution, timeframes, points of agreement, etc.).	7.2.3.4 6.4.8
	2.7 Strategic issues are discussed with top management of the auditee to determine whether they have considered these issues when evaluating their risks and opportunities.	E2.7 Top management of the auditee is identified, and the process for obtaining evidence of leadership and commitment to ensuring the management system's effectiveness and its alignment to the organization's strategic issues is described for a given scenario.	5.1 A.9 7.2.3.4.b A.8 A.10 A.17

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	2.8 The objectives and purpose of the closing meeting are understood and closing meetings are conducted.	E2.8 A detailed and precise agenda for a closing meeting is developed, that includes all relevant items outlined in ISO 19011:2018, and methods for managing the closing meeting are described.	6.4.10
3. Prepare the audit report and perform follow-up	3.1 The audit report is distributed as defined in the audit programme or audit plan.	E3.1 The process for audit report distribution is described, including issues related to recipients, confidentiality, timeline, and how the report will be distributed.	6.5.2
	3.2 An audit report is developed which provides a complete, accurate, concise and clear record of the audit.	E3.2 An audit report is prepared including or referencing the audit team findings and related evidence, and conclusions of a given audit, and relevant items outlined in ISO 19011:2018.	4(b) 6.5.1
	3.3 Audit completion and follow-up activities are agreed upon and documented in the audit report.	E3.3 Activities involving audit completion can be described. Typical audit follow-up activities are described (e.g., corrective action requests, improvement opportunities, verification of actions, etc.) and the process by which these activities are managed is explained (e.g., actions taken by audit team and team leader, information security, etc).	6.6 6.7
	3.4 The completion and effectiveness of corrective actions is verified.	E3.4 Corrective actions submitted by the auditee are reviewed to verify if proper action(s) to eliminate the cause(s) of a nonconformity to prevent recurrence have been taken and if these actions have been effective.	6.7