

Standard Operating Procedure (SOP)

Document Review and Auditing Schedules

This SOP defines the process for **document review and auditing schedules**, including the establishment of review timelines, assignment of responsibilities, criteria for document evaluation, scheduling of internal and external audits, tracking and reporting of findings, and continual improvement actions. The objective is to ensure all documents are periodically reviewed and audits are systematically conducted to maintain compliance, accuracy, and effectiveness of organizational processes.

1. Purpose

To set forth a uniform method for timely review of documents and scheduling of regular audits, thereby ensuring organizational compliance and process improvement.

2. Scope

This SOP applies to all controlled documents and auditing activities within the organization, including internal and external audits.

3. Responsibilities

Role	Responsibility
Document Control Officer	Oversees the review cycle, ensures schedule adherence, maintains records.
Department Heads	Assigns reviewers, ensures department documents are reviewed as scheduled.
Auditors	Conduct audits, record findings, and recommend corrective actions.
All Employees	Participate in document review/audit when assigned; implement agreed actions.

4. Procedure

- Establish Review Timelines:**
 - All controlled documents must be reviewed annually or as specified.
 - Document Control Officer generates and distributes review schedule.
- Assignment of Responsibilities:**
 - Department Heads nominate document reviewers.
 - Auditors are assigned by the Audit Committee or Quality Manager.
- Document Evaluation Criteria:**
 - Reviewers evaluate content for accuracy, relevance, compliance, and currency.
 - Outdated or non-compliant documents are flagged for revision or obsolescence.
- Audit Scheduling:**
 - Internal audits scheduled per annual audit plan; external audits per regulatory requirement.
 - Audit calendar prepared and communicated to all stakeholders.
- Tracking and Reporting of Findings:**
 - Audit findings and document review results tracked in a central log.
 - Reports created and shared with management for action.
- Continual Improvement:**
 - Root-cause analysis conducted for major non-conformities.
 - Corrective and preventive actions assigned, tracked, and verified.

5. Documentation and Records

- Document Review Log
- Audit Schedule
- Audit Reports
- Corrective/Preventive Action Plans

6. Review and Revision

This SOP shall be reviewed biennially or as required based on regulatory changes or process improvements.

Effective Date: _____

Reviewed by: _____

Approved by: _____