Ontario Weightlifting Association
Quality Assurance Policy

Preamble

The Ontario Weightlifting Association (OWA) is a not-for-profit organization governed by a five-person Executive Board. The Executive Board (EB) members, who are volunteers, will endeavour to adhere to the policies implemented, however; aspects of this policy may not be currently viable.

1. Definitions

"*OWA*" – Ontario Weightlifting Association

"*Member*"- All categories of membership defined in the OWA Bylaws as well as all individuals employed by, or engaged in activities with, the OWA including, but not limited to, athletes, coaches, technical officials, volunteers, managers, administrators, customers, directors and officers of the OWA, spectators at events, and parents/guardians of athletes.

2. Foreword

The Quality Assurance Policy (QAP) shall be the main document of the OWA Quality Assurance System (QAS). It shall dictate the necessary steps to ensure that all official documents are controlled and reviewed periodically to verify that the content is in line with the OWA Mission, Vision and Values (MVV) and its objectives. As well, the QAP ascertains if the OWA is currently implementing its MVV and objectives within the organization.

3. Executive Board / Staff Commitment

The EB and staff, either paid or volunteer, provide evidence of its commitment to the development and implementation of the QAS and continually improve its effectiveness by:

- Communicating to the organization the importance of meeting the members, statutory, and regulatory requirements
- Supporting the QAP
- Ensuring that quality objectives are established
- Conducting reviews
- Ensuring the availability of resources

4. QAP Statement

The OWA is fully committed to continuous improvement of quality systems and in ensuring it provides the best possible programs and services to its members in light of its MVV. The OWA is also committed to ensuring that policies and procedures are implemented and maintained.

OWA Mission Statement

Govern and promote Olympic weightlifting in Ontario by providing high quality coaching, competitions and officiating to help athletes reach their optimum performance.

OWA Vision Statement

Be the leading provincial weightlifting association in Canada, recognized for excellence in coaching, officiating and optimum athlete performance.

Values
Currently being implemented

5. OWA Objectives

The OWA has a strategic planning process in place that identifies financial and operational objectives. These are reviewed periodically to identify improvement opportunities.

6. QAS Review

The QAS is reviewed by a dedicated three-person volunteer working group of OWA members, one of which is the QAS representative. Meetings are held semi-annually to monitor the effectiveness and the continuing suitability of the QAS and that the QAP objectives are being met. QAS working group members meetings are conducted by agenda and minutes recorded. Agenda items, if applicable, include but are not limited to:

- Review of the OWA objectives
- Performance of programs and services
- Review of matters arising and plans of action from previous meeting
- Report on non-conformances and corrective and preventive actions implemented
- Report on member complaints
- Review of the internal audit results
- Recommendations for improvement
- Resource needs

The QAS representative, as appointed by the EB, establishes, implements, and maintains the QAS and reports on the overall effectiveness and the need for improvement to the EB. The responsibility of the QAS representative also includes promoting awareness to OWA members of the QAS throughout the organization via the established internal communications processes as monitored by the EB (i.e.: website, social media, newsletter, bulletins)

7. QAS Planning

POLICY

The OWA shall plan and develop the processes needed to implement quality program and services planning.

SCOPE

All OWA EB, standing and ad hoc committee members, volunteer or paid staff/contractors are required to work in accordance with the specific requirements of the documented quality system.

The policies detail, define and document through a quality planning process and how requirements for quality will be met for all programs and services. When a new program or service is introduced, the OWA defines and documents how the requirements for quality shall be met and such quality planning is consistent with all other parts of the QAS. The maintenance of the QAS is achieved through a system of testing, reviews and internal auditing procedures focusing on continually improving its quality management system. Appropriate quality system records are prepared, identified and maintained.

PROCEDURE
The OWA may use flowcharts to define its controls and processes, indicating measures in place to ensure verification of quality.

8. QAS Documentation

POLICY
The OWA shall maintain a documented QAS ensuring that all documents meet the specified requirements of the QAS. The EB is responsible for the implementation of the QAS and approve the documentation of the quality system.

The documentation of OWA QAS consists of:

LEVEL 1 – Regulatory Requirements
The OWA documents that are mandated by corporate regulation shall be subject to document control as set out in this policy, including, but not limited to:

- Articles of Incorporation
- By-Laws
- Organizational flowcharts

LEVEL 2 – Operating Policies and Procedures
Standard Operating Polices and Standard Operating Procedures (SOP) refer to workplace / administration documentation which members and staff/contractors are required to follow in the course of OWA operation or to perform their jobs/tasks accurately and effectively. They include SOP for specific and non-specific operations as well as technical manuals for the delivery of the program and services, including, but not limited to:

- Policies
- Procedures
- Competition and Technical Rules & Regulations
- Qualifying Standards
- Eligibility

LEVEL 3 – Quality Records
These records are retained to provide evidence of compliance to the QAS, including, but not limited to:

- Minutes of EB meetings (exclusive of *in camera*)
- Minutes of Committee meetings
- OWA forms
- Roles & Responsibilities / terms of reference
- EB / staff training records
- Member's satisfaction surveys
- Quality audit documents

9. Control of QAS Documents

POLICY
The OWA shall ensure a system for generating, reviewing, approving, numbering, issuing and changing documentation for electronic media. All documentation will be electronically formatted if not created as such in the first instance.

SCOPE
The QAP applies to the QAS documentation, including, but not limited to: Articles of Incorporation; bylaws; policies; SOP; quality records and documents of external origin.

RESPONSIBILITY
The VP Administration is responsible for the maintaining, editing, numbering and distributing of all new and revised documents. The VP Operations is responsible for the maintenance of the OWA membership database.

PROCEDURE
All QAS documents excluding forms and records follow a standardized format:

- Document title
- Issue date or revision date
- Revision number
- Written by and/or approved by

All forms and records must be computer generated or scanned. New/existing documents are developed/revised using the format outlined above and submitted to the QAS representative for review. In the case of Level 1 and 2 documents, they are reviewed and approved by the EB and managed by the VP Administration. All Level 3 documents are managed by the VP Administration. All Level 1 and 2 documents shall be available to all OWA members and stakeholders electronically. Level 3 documents will be available electronically to OWA members and stakeholders as requested. Changes to documents and data are reviewed by the same functions that performed the original review and approval, unless specifically designated otherwise. Pertinent background information is made available to assist in the review and approval process.
When a document is revised and where practical the changes are identified within the document. The document is reissued with a change to the revision number and revision date.

10. QAS Records
POLICY
The OWA shall identify, collect, file, store, maintain and dispose of QAS that provide objective evidence that the quality system meets the standard.

SCOPE
This procedure includes all records that are developed or accumulated as a result of the planning, operation and regulation of the organization.

RESPONSIBILITY
The VP Administration will ensure that all records, including review and disposal of archived records are maintained, and where contractually agreed, make quality records available to the members and/or stakeholders. The quality system documentation is the responsibility of the QAS representative.

PROCEDURES
QSP records may include but are not limited to the following:

- all Level 1, 2 and 3 documents
- QSP review records
- non-conformance reports
- internal / external audit reports
- supplier / purchasing records

- registration list
- quality audit schedule / reports
- non-compliance report
- quality audit checklist
- member / customer complaints
- corrective and preventive actions

Collection - All QAS records are collected by the VP Administration unless otherwise specified in the documented procedures.

Filing and Indexing - All QAS records are filed in a designated electronic storage system (i.e.: Dropbox, USB, etc) by the VP Administration unless otherwise specified in the documented procedures. OWA members' records will not be made available unless otherwise reviewed and authorized by the EB.

Storage – records are only stored in electronic format with regular backups and stored in external systems such as Dropbox or USB or hard-drives and stored separately to ensure the permanent availability of these documents.

Maintenance - all reports are maintained to demonstrate conformance to specified agreements and to ensure effective operations of the QAS. The VP Administration reviews all records semi-annually to determine the obsolete reference documents for the purpose of deleting obsolete or redundant documents. Internal audits serve to ensure that the necessary records are being generated, utilized and retained.

Disposition – reports will be retained for five years unless otherwise documented. At that time they will be reviewed by the VP Administration and either destroyed or maintained for a specified time frame. Financial records must be kept for seven years.

11. Human Resources

POLICY

The OWA shall ensure that training requirements are identified and training is given in regards to by-laws, policies and procedures so that all personnel, either paid or volunteer, are fully competent to perform the tasks assigned to them.

SCOPE

This procedure applies to the identification of training needs, the delivery of training and the maintenance of training records for all personnel, paid or volunteer, whose activities affect quality as it relates to the operations of the organization.

RESPONSIBILITY

The VP Operations is responsible for identifying and ensuring that all personnel, paid or volunteer, whose activities affect the operation of the organization, are trained and qualified and that training is documented. The QAS representative is responsible for ensuring all training is conducted.

PROCEDURE

Staff / Contractor Records

The VP Operations is responsible to ensure all staff/contractors whose activities affect

program and service quality receive adequate and appropriate training to facilitate their role. The VP Operations is also responsible for ensuring staff/contractors attendance to quality and role related training sessions, seminars and courses.

12. Member Satisfaction

POLICY

The OWA shall ensure that there is a system in place for measuring members' satisfaction as a mechanism for implementing ongoing improvements.

SCOPE

This procedure addresses survey and analysis methods used by the OWA for assessing member satisfaction.

RESPONSIBILITY

The VP Operations will develop methods and implement measurement tools to identify areas for improvement of member satisfaction.

PROCEDURES

The OWA utilizes a member satisfaction survey and/or interviews to assess program and service quality. It includes program quality criteria as well as such service criteria as responsiveness to needs, professionalism and promptness. The surveys are analyzed to evaluate trends and identify improvement opportunities.

13. Internal Audit

POLICY

The OWA shall ensure that an internal assessment of the QAS is undertaken in order to continuously assess its state of compliance with approved QAP and that corrective action is taken when necessary.

SCOPE

This procedure covers the planning, execution and reporting of internal audits and the coordination of corrective action for any observed non-conformances.

RESPONSIBILITY

The VP Operations is responsible for the selection of the audit team, coordinating and scheduling of all internal and external audits, maintaining and issuing an audit schedule and verifying the effectiveness of correction measures taken as a result of the internal audit.

DEFINITIONS

Quality Audits: a documented and official activity aimed at verifying, by examination and evaluation of programs and services that the applicable elements of the QAS has been established, adequately documented and effectively implemented for both internal and external audits.

PROCEDURE

Audit Schedule

The QAS representative prepares and distributes an Audit Schedule on a bi-annual basis. The following information needs to be included: program, service or procedure to be

audited; and the month of the audit.

Audit Status Report
The QAS representative prepares a report including the program or service or procedure name, date, auditor's names and reason. Audits are performed by personnel that are independent of the area that is being audited and who are competent to conduct audits. Members outside of the organization may assist with audits, if required.

Checklists / Audit Reports
The VP Operations is responsible for scheduling audits. The auditor will retain an audit record which shall consist of the following checklist:

a) Date of audit
b) Name of the auditor
c) Program/service/procedure being audited
d) Name of the person responsible for the program/service/procedure being audited
e) Individual audit remarks
f) Audit summary
g) Corrective action report
h) Date and signature of auditor and the auditee

Non-compliance reports are issued to the VP Operations who is responsible for ensuring prompt corrective action is taken.

Review of Corrective Actions
When a corrective action is reviewed as a follow up activity and if the review audit results in a further non-conformance, a new audit will be scheduled for that program/service/procedure in its entirety.

External Audits
The QAS representative may do an external audit of suppliers as required. Records of any external audits will be maintained as prescribed within this policy.

14. Control of Non-Conformance

POLICY
The OWA shall ensure a process for identifying, documenting, evaluating, reporting, and maintaining records is in place for the disposition of non- conformances.

SCOPE
This procedure is applicable for all programs and services rendered by the OWA which do not conform to the QAP.

RESPONSIBILITY
It is the responsibility of the VP Operations to identify non-conformance and approve, in conjunction with the EB, any actions taken as a result of the non-conformance and decide as to the disposition of the non- conformance.

PROCEDURE
Upon receiving the written report of any non-conformance, the non-conformance is

reported to the EB and filed for further action. An investigation is then conducted to determine the cause of the non-conformance. The VP Operations reviews the non-conformance to evaluate the cause and determine the disposition in conjunction with the EB. Disposition may involve the report is rejected; put on hold for pending correction action or accepted with a corrective action. Where disposition of a non-conformance requires reworking the program/service/procedure, the program/service/procedure is reviewed in accordance with audit requirements.

15. Corrective and Preventive Action

POLICY

The OWA shall ensure that a process of corrective and preventive action be implemented as a continual improvement tool.

SCOPE

This procedure is applicable to corrective and preventive actions that may be required as a result of activity and procedures related to the audit or complaint process.

RESPONSIBILITY

The VP Operations is responsible for assigning the responsibility for non- conformance investigation, reviewing the results of the non-conformance evaluation and, in conjunction with the EB, deciding on a corrective and preventive action. The VP Operations is responsible for verifying and validating the implementation and effectiveness of the corrective and preventive action.

PROCEDURE

Corrective or preventive action is required when a non-conformance or potential non-conformance has been identified by one of the following means:

- Member / customer complaint (*must be in writing*)
- Staff / contractor report (*must be in writing*)
- Identified either in an internal or external audit
- EB or Committee, either standing or ad hoc reviews (*must be in writing*)
- Non-compliance trends

Suspected non-conforming programs or services are immediately identified and processed. The following actions are to be initiated upon the notification of a non-conformance or a potential non-conformance.

1- Corrective Action

As a result of the reporting of a non-conformance the following procedure is initiated:

a) A corrective / preventive action request is completed.
b) Conduct an immediate investigation of the non-conformance to determine if the program or service is to be withdrawn as a result of the non-conformance.
c) Upon identification of the root cause of the non-conformance, appropriate corrective action is identified to ensure there is no reoccurrence; the specifically identified corrective solution is then put in place.

Any actions, which result in the need to modify a document or SOP, must be recorded and implemented. Follow-up checks are then conducted at regular

intervals to ensure the effective resolution of the non-conformance. The completed corrective / preventive action is then submitted to the EB as part of the review process.

2- Preventive Action

Preventive actions may be taken even if a potential to non-conformance is identified. The intent is to detect, analyze and eliminate potential causes of non-conformances. The procedure for addressing preventive actions is the same as corrective actions.