**International Aerospace Quality Group (IAQG)**

**General Guidelines for Conducting Oversight Activities**

**Purpose:**

This document supports implementation of the 9104 series requirements for oversight activities. It provides guidance on how to carry out different oversight activities defined in 9104 series standards including use of the developed check sheets to assess the conformance and effectiveness of an entity subject to oversight. Guidance in this document should be read in conjunction with the applicable 9104 series requirements. This document also explains how to provide any comments and feedback on the content and use of this guidance and any other oversight support material.

Where conflicting requirements are identified, the requirements in the 9104 series standards take precedence over the content of this document.

**Selecting Oversight Activities:**

The different type of oversight activities described in 9104-2 are:

- Office

- Witness

- Market Surveillance

- Post Audit Review

- File Review

The oversight activities plan is set up on a yearly basis by SMS (Sector Management Structure) and RMS (Regional Management Structure) committees based on a risk analysis for each participating entity that is subject to oversight. Figure 1 provides a summary of the annual oversight process. All clauses referenced are from the 9104-2 standard.

Whenever there is the possibility to choose among different types of oversight activities (per 9104-2 Table 4), the selection must consider the available information and consider the risks and benefits associated with the entity subject to the oversight.

For example, for a CB with High Risk, the following activity is required:

* An Office Oversight with review of at least 2 client files, and a
* Witness Assessment and/or Market Surveillance and/or Post Audit Surveillance.

The selection of oversight activities should be made as follows:

* The default position should be to selecting the office and witness assessment activities.
* If witness assessment can't be performed, or if there is any negative feedback about the CB performance, or if there are any negative indicators about the CB’s AQMS audit execution, market surveillance would be the suggested choice.
* Post audit review can be used when neither a witness nor a market surveillance can be performed.
* Depending on the available data about the CB, all three or a combination of any two oversights activities discussed above can be selected.

The following check sheets are available for documenting the results oversight activities:

* Annual Risk Assessment
* SMS/RMS Office check sheet (including file and activity review)
* AB Office check sheet (including file and activity review)
* AB Witness check sheet
* CB Office check sheet (including file and activity review)
* CB Witness check sheet (including post audit review)
* Market Surveillance check sheet
* AAB Office check sheet (including file and activity review)
* TPAB Office check sheet (including file and activity review)

The latest versions of check sheets can be obtained from IAQG website within the Certification Management webpage.



**Figure 1. Annual oversight plan activities flowchart**

**Oversight Activities**

Each type of oversight activity used within the overall assessment process is discussed below:

**NOTE:** Appendix 1 summarizes the standards, mandatory, and informative documents that OP Assessors will need to reference during activity.

**Activity Review**

An activity review is used when an entity is determined to be of low or medium risk. The review is mainly focused on harmonization and improvement. It includes a review of an internal or self-assessment and an analysis of successes, opportunities, failures, and threats (SOFT) completed by the auditee.

**NOTE:** More information on SOFT analysis is contained in appendix 2.

The process for conducting an activity review is:

* Hold an introductory and opening meeting with the auditee that includes:
  + The need for the entity to conduct a self-assessment against applicable requirements and a Successes, Opportunities, Failures, and Threats (SOFT) analysis,
  + The associated deadlines for submission, and;
  + Setting the timeframe to review the submissions and providing the results of the assessment.
* Each entity can complete the self-assessment using the applicable check-sheet for the oversighted entity (reference 9104-2 clause 7.1.17). Alternately, entities may use their own documentation providing it demonstrates conformance, and any identified non-conformance, to the scheme requirements.

**NOTE 1:** The lead OP Assessor may request the entity to provide any referenced documentation that supports the information entered into the completed self-assessment.

**NOTE 2:** An additional matrix may be prepared by the oversight entity to consolidate how each of the applicable requirements are applied to the entity.

**NOTE 3:** Self-assessment along with any supporting documentation can be reviewed by OP Assessor remotely without the presence of the oversighted entity.

* The SOFT analysis should be based on changes since the last oversight assessment and associated actions should be put in place to evolve the entities procedures.
* Review the completed self-assessment and SOFT analysis. A meeting (can be remote) may be needed with the entity to clarify any questions or issues arising from the review.
* A formal closing meeting (can be remote) shall be held at the conclusion of the oversight that includes the results of activity review, discusses any identified nonconformities, opportunities for improvement, observations, and any next steps that may be required.
* The assessment report shall be completed and entered into the OASIS database.

**File Review**

A file review is an activity that reviews and evaluates the retained documented information or records associated with a given accreditation file, certification file, auditor authentication file, training provider, or training course approval file to determine whether the relevant entity’s procedures were implemented and followed in accordance with the applicable requirements. File reviews are normally done at the entity’s premises, with the appropriate staff, although they may be performed remotely with the results reviewed with the entity and any questions or queries resolved. A file review needs to consider the end-to-end accreditation, certification, authentication, or approval process to verify the conformance of the entity against the applicable requirements. A file review is usually completed as part of an office assessment but can be completed as an addition to an activity review. The relevant part of the office assessment check-sheet should be used to record the results of a file review. The process for conducting a file review is:

* Each file review assesses all the operational process steps from enquiry, through application, assessment, audit or evaluation, and decision-making for a single client. Where there is ongoing activity such as surveillance, reassessment, or recertification these should also be assessed. In addition, supporting activities such as personnel competence and performance, retained documented information or records, published documentation such as accreditation and certification documents or approval documents, and OASIS data entries, also need to be assessed.
* For CB client files, a request may need to be made either to the CB or the certified organization to access the Tier 2 (confidential) data within the OASIS database to be able to review the audit and certification data. Remember, the CB should also have full records within its own systems as the CB holds the master records, not OASIS.
* For auditor authentication and/or training provider files, the information presented has to consider the initial recognition and associated elements justifying the decision as well as the competence of staff including decision-makers; as well as any available objective evidence for requirements associated with re-authentication or maintenance, upgrade, modification, and deviation when applicable.
* Selection of files for review should consider scope, distribution or ratio of activity, and relevant available data from OASIS.
* Applicable sections of check sheets for the relevant office oversight can be used to support file review activity.
* Any findings that constitute a nonconformity are to be shared with the auditee at the time they are found and clearly articulated to the auditee at the closing meeting.

**Office Assessment**

An office assessment is an assessment of the management office of a participating or applicant entity against the applicable requirements. It can be used for the assessment of SMSs, RMSs, ABs, CBs, AABs and TPABs and takes the form of an audit. An office assessment of a CB may be completed as a joint assessment with the applicable AB. The process for conducting an office assessment is:

* Co-ordination with all participants to agree dates and a location and to ensure full participation.
* The lead assessor needs to prepare an assessment plan and communicate it to all parties ahead of the assessment taking place.
* The audit is to be conducted with an opening meeting, an audit phase that will include interviews, examination of applicable documented information or records and file reviews, and a closing meeting.
* An office assessment normally includes at least one file review. Samples for the file reviews should be chosen based around distribution of AQMS type, structure, location, feedback, previous assessment and witness (if applicable) oversights.
* Any findings that constitute a nonconformity are to be shared with the auditee at the time they are found and clearly articulated to the auditee at the closing meeting.
* Samples for file reviews should be chosen based around distribution of AQMS type, structure, location, feedback, and results from previous oversight assessments.
* The assessor should start completion of the applicable check-sheet (where possible) in real time based on exchanges of the documentation and the objective evidence seen.

**Witness Assessment**

A witness assessment is the observation of an AB or CB conducting an assessment or AQMS certification audit. The purpose of a witness assessment is to evaluate the effective implementation of the AB or CB management system and assess conformance to the applicable ICOP scheme requirements. The process for conducting a witness assessment is:

* Co-ordination with the AB and/or CB is required to agree dates, locations, and to ensure full participation. Co-ordination is often more complex than an office assessment as more entities are involved.
* Request access to OASIS tier 2 audit data in advance of the assessment.
* An explanation of the role of the OP Assessor should be given during the AB or CB opening meeting with their client to confirm the role of observer only, to clarify that they will not take any active role during the assessment, and emphasize arrangements for confidentiality.
* Observe the audit from the start of the opening meeting to the end of the closing meeting ensuring that they do not participate or influence the conduct or outcome of the audit.
* Evidence of both conformance and any non-conformance should be recorded throughout the audit based on evidence as observed during the audit.
* Wherever possible, the relevant check sheet should be completed during the witness activity based on evidence from the observed interaction, assessment or audit activity, and any documented information seen.
* An interim closing meeting is required to advise the audit team of any concerns or issues that may be raised as nonconformities. The interim closing meeting should also be used to clarify any questions that could not be answered during the observation of the audit. The audit team should be given an opportunity to comment on feedback and ask any questions they may have about the assessment.
* The assessor should remind the audit team that the full complete audit report including any relevant supporting information needs to be provided to enable the assessor to conduct the audit report review and fully complete the witness assessment. The audit report should be provided by the CB within two weeks of the closing meeting. AB assessment reports may take longer.
* Additional time should be planned to complete the audit report review once the audit or assessment report is received from the CB or AB respectively.
* A closing meeting may be needed with the CB after the audit report review is completed that includes the results of the assessment, any nonconformities raised and any applicable next steps.

**Joint Team Assessments (Office / Witness)**

Joint team assessments are always performed with an AB to conduct an oversight of a CB. The guidance for the type of assessment i.e., office or witness assessment, should be followed and in addition:

* The assessor should prepare and exchange the following information with the AB:
  + How the assessment is to be approached.
  + Expectations from any previous oversights or assessment activity.
  + Extract information and reports that indicate CB performance (audit report publication, last visit dates, expired certificates, AA/AEA resources, etc.) from the OASIS database.
  + From available OASIS reports, select the client files to be sampled during file review activity.
  + The availability of an assessment or audit (for witness assessment) plan.
  + Information on any applicable feedback received.
  + Ensuring time is planned for assessment team exchanges and alignment during the audit and prior to the closing meeting.
* Align the requirements of any NCR(s) raised to applicable ISO/IEC 17021 and 9104 series requirements and share findings results with the AB assessors.
* Confirm understanding of the wording of any NCR(s) issued by the AB at the closing meeting.
* OP assessors should plan post assessment follow up meetings for the joint report and follow up of any applicable NCR(s) until closure, even when they are managed by the AB.
* When an AB is assessing other certification schemes or other accreditation requirements at the same time as ICOP scheme requirements, OP Assessors should work with the AB to ensure that any NCRs raised that relate to ICOP scheme requirements are correctly categorized and treated. It recommended that the final assessment report issued by the AB is also reviewed to assure appropriate capture and treatment of ICOP scheme related findings.
* Work with the AB to ensure that joint NCR(s) are addressed and are closed within the scheme timelines. ABs will typically manage NCR closure for joint assessments.

**Market Surveillance**

Market Surveillance is used to establish the level of confidence and verify the effectiveness of a CB’s AQMS certification process by direct interview and observation during a visit to a selected sample of a CB’s AQMS certified clients. Market surveillance is not an AQMS audit and should not duplicate the CB’s audit. Market Surveillance may be used in any of the following situations:

* To investigate specific concerns, adverse trends or feedback that call into question the conformity or validity of an AQMS certification;
* To investigate auditor performance issues or concerns;
* When there are indications that an AQMS certified supplier is not fulfilling the requirements of the AQMS certification; and
* As an alternative to a witnessed assessment, where a witnessed assessment may not be possible for any reason or where there are indications that a market surveillance assessment may be more appropriate or effective.
* As an addition to any witness assessments based on any of the above reasons.

The process for conducting a market surveillance assessment is as follows:

* During the planning of the assessment, consider the following:
  + Document the reasons for conducting the market surveillance.
  + Establish who will participate in the assessment e.g., a representative of the certified supplier, a CB representative (as an invited observer), an Accreditation Body (AB) representative (as an invited observer), other relevant interested parties, as may be agreed.
  + Contact the relevant parties to advise and agree on the detail of the assessment including, but not limited to; date(s), timing, language of the assessment, the assessment plan, confidentiality, and the management of any potential conflicts of interest.
* Before starting the assessment, request the following information:
  + Contact the AQMS certified organization and request information about the organization including location, responsible staff, scope of certification, size (including number of employees), number of sites, history of certification, frequency of AQMS audits, the last AQMS audit dates, the name(s) of the audit team, and that access to the tier 2 audit results data is granted in the OASIS database. Some of this data may be available from OASIS.
  + Contact the CB and request a copy of the applicable audit report (including any supplemental information the CB may hold as part of the records e.g., justification for the audit duration).
* Review the most recent AQMS audit information from the audit report including processes audited, KPIs, purchase orders, work orders and key objective evidence such as the internal audits sampled and dates and results from management review activity.
* Set up the oversight assessment plan based on verifying the CB activity and results from the most recent AQMS audit and completing the activity indicated in the check sheet.
* The following assessment methodology should be used:
  + Conduct an opening meeting with the AQMS certified organization, any observers, and other participants that includes advising the certified organization that no nonconformities will be raised on them or their management system because of the assessment.

**NOTE:** Where the market surveillance assessment is carried out as a supplemental oversight assessment, an IAQG Member Company may raise nonconformities against their requirements for the supply of goods and services to that IAQG member company.

* + Conduct the assessment ensuring that the check sheet topics are covered, and appropriate data is collected and verified. Avoid taking any new samples or departing from the audit trail followed by the CB. Focus on the verification of the previous audit (existence and accuracy of objective evidence) and establishing a level of confidence in the CB’s audit process.
  + Remember that this oversight activity verifies the CB conformance to the ICOP scheme requirements and not the certified organization compliance to the 9100 series.
  + In the case there are non-conformities seen at the certified organization which were not identified by the CB, these are to be feedback to the CB and managed by the CB and not the OP Assessor team.
  + The non-conformities raised from this oversight are against the CB who performed the AQMS audit.
  + Conduct a closing meeting with the AQMS certified organization that includes the following:
  + Thanking the organization for their help and support to conduct the assessment;
  + Advising the organization that any follow-up associated with the assessment will be made by their CB; and
  + Answering any questions of concerns that may be expressed by the organization.
  + Conduct a closing meeting with the CB that includes the results of the assessment, any nonconformities raised and any applicable next steps.

**Post-Audit Assessment**

A Post-Audit Assessment is a technical review of a published audit report that includes a technical interview with the audit team leader and audit team (where applicable). The objective is to assess the conformance and effectiveness of the deployed CB audit processes and associated procedures to the applicable requirements. It is an alternative to conducting a witnessed assessment. A Post-Audit Assessment is conducted after the CB audit team has completed its audit including any associated audit time for planning and report writing. The CB’s client may or may not have had time to respond to any non-conformities raised from the audit. The relevant parts of a witness assessment check-sheet should be used to record the post audit assessment. Additional questions may need to be added to the check-sheet record the results of the technical interview with the audit team.

**NOTE:** A Post-Audit Assessment does not allow rebuilding the full audit as it is not a witness assessment. The exchange with the audit team leader should allow clarification of any element of the AQMS report that is not sufficiently detailed or clearly understood.

The process for conducting a Post Audit Assessment is:

* Setup a preparation and opening meeting that includes:
  + Establishing the date and time for the technical interview with the lead auditor and audit team (where applicable) following the review of the audit report,
  + The date and time for the closing meeting.

**NOTE:** In addition to the audit team, other CB personnel may also need to participate as some applicable parts of the audit may be managed in the CB’s office.

* Request the applicable audit report (including any supplemental information the CB may hold as part of the records) with supporting procedures and evidence of audit team competence (procedure and records).
* Request access to OASIS tier 2 audit results data in advance of the on-site activity.
* Remember that the oversight is being conducted against the CB and not the audit team.
* Conduct the assessment which consists of a review of the completed audit report including any nonconformities raised, audit planning including OCAP, audit plan, audit team competence and adherence to CB procedures. The aim of the audit report review is to identify areas to follow-up during the technical interview.
* The CB audit plan will help the OP assessor step through the sequence of the audit.
* The audit report and all other associated information need to be self-explanatory for the OP assessor to follow the audit trail from the audit planning to the management or closure of any NCR from the available information in OASIS (tier 2 data).
* Conduct the technical interview with the audit team starting with an explanation of the activity which may include items such as; approach to the audit including any use of ICT, audit planning including OCAP, review of sampling, understanding of applicable legislation, review of nonconformities and their grading, any inconsistencies or errors in the audit report, technical competence in relation to the processes and products of the client and overall understanding of the results of the audit in terms of the effectiveness of the QMS and the level of conformity determined. The interview should answer any questions or issues arising from the audit report review.
* Following the technical interview, the closing meeting needs to include the results of the assessment, any nonconformities raised and any applicable next steps.

**Supplemental Oversight**

IAQG member companies may choose to conduct supplemental oversight events in order to address any identified risk and to supplement the shared industry oversight activities that are managed by SMS and RMS committees. Supplemental oversight should not duplicate existing shared industry oversight events. As an example, an IAQG Member Company OP Assessor should not schedule and conduct a CB office assessment. The process for conducting supplemental oversight includes:

* Using the same tools and processes defined within 9104-2 and supported by this guidance to conduct supplemental oversight.
* Using only approved Other Party Assessors to conduct supplemental oversight activities.
* Communication is key to conducting a successful oversight activity. The assigned lead OP Assessor should communicate well in advance of the assessment and include an oversight plan that addresses the following elements:
  + Oversight Assessment Type
  + Criteria
  + Logistics (schedule, location)
  + Purpose and justification for supplemental oversight
  + Lead OP Assessor and team members
  + Rationale for conducting supplemental oversight.
* Use of the OASIS feedback function by the lead OP Assessor to communicate and schedule the oversight activity. This will ensure all parties have acknowledged the activity.
* Record the oversight assessment results, including the management of NCRs within the OASIS database.
* IAQG Member Companies that conduct supplemental oversight need to report activities and results of any oversight to the SMS or RMS that has approved the overseen entity. The report should be a summary of oversight activities, results, risks, opportunities, and any plan for future oversight.

**Update of this Guidance and Associated Check Sheets:**

* Any assessor can provide comments and provide feedback on the content of the 9104-2 support material including this guidance and the associated check sheets.
* The process for providing feedback is to create feedback in the OASIS database and address it to the relevant 9104-2 sector focal point.
* The 9104-2 working group will periodically meet to review and disposition any feedback received. Disposition will include response to the feedback request and, where agreed, changes to the support material.

**Oversight Assessments and the OASIS Database:**

* Use OASIS data from standard database reports for the preparation of oversight activities.
* Verify your access to make OP Assessor entries in the database and any request any level 2 access that may be required.
* Refer to OASIS help and guidance for information on how to set up, report, and manage an oversight assessment in OASIS.

**OASIS v3**

* The OASIS v3 oversight module shares functionality with the CB AQMS audit application and therefore some database fields may need to be reviewed carefully as they are not necessarily applicable for oversight activities, or may need specific selections made when they are applicable.
* Please refer to OASIS v3 guideline material for the entry of each type of oversight activity.
* Contact OASIS support team with any oversight issues or feedback.

**APPENDIX 1**

**List of standards and documents relevant for the oversight activity**

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| Standard / Document | Description | Applicable Oversight Activities |
| 9104-1 | Aerospace series — Quality Management Systems — Part 001: Requirements for Certification of Aviation, Space, and Defence | All |
| 9104-2 | Requirements for the Oversight of Aviation, Space, and Defense Quality Management System Certification Programs | SMS  RMS |
| 9104-3 | Requirements for Aviation, Space, and Defense Auditor Training, Development, Competence, and Authentication | AAB, TPAB, TP, and CB Office  AAB and TPAB Activity Review  AAB and TPAB File Reviews |
| 9101 | Requirements for Conducting Audits of Aviation, Space, and Defense Quality Management Systems | AB Witness  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| 9100 | Quality Management Systems - Requirements for Aviation, Space and Defense Organizations | AB Office and Witness,  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| 9110 | Quality Management Systems - Requirements for Aviation Maintenance Organizations | AB Office and Witness,  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| 9120 | Quality Management Systems - Requirements for Aviation, Space and Defense Distributors | AB Office and Witness,  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| IAQG Certification Oversight Resolutions Log | IAQG Certification Oversight Resolutions Log | All |
| 9104-1 Frequently Asked Questions Log | 9104-1 Frequently Asked | All |
| 9100 Series Clarification Table | 9100 Series Clarifications | AB Witness,  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| ISO 9000 | Quality management systems - Fundamentals and  vocabulary | AB Office and Witness,  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| ISO 9001 | Quality management systems - Requirements | AB Office and Witness,  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| ISO 19011 | Guidelines for auditing management systems | SMS  RMS  AAB Office  TPAB Office |
| ISO/IEC 17000 | Conformity assessment - Vocabulary and general  principles | AB Office and Witness,  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| ISO/IEC 17021-1 | Conformity assessment - Requirements for bodies providing audit and certification of management systems - Part 1: Requirements | AB Office and Witness,  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| ISO/IEC 17011 | Conformity assessment - Requirements for accreditation  bodies accrediting conformity assessment bodies | AB Office and Witness  AB Activity Review |
| IAF ID 1 | IAF Informative Document for QMS and EMS Scopes of Accreditation | AB Witness  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| IAF ID 3 | Informative Document for Management of Extraordinary Events or Circumstances Affecting ABs, CABs and Certified Organizations | AB Office and Witness  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| IAF ID 4 | Market Surveillance Visits to Certified Organization | SMS  RMS  AB Office  CB Market Surveillance |
| IAF ID 14 | Principles on Remote Assessment | AB Office and Witness  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review |
| IAF ID 17 | Guidance on the Determination of Audit Time for Integrated Audit of  Multi-Site Management Systems | AB Office and Witness  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review |
| IAF MD 1 | IAF Mandatory Document for the Audit and Certification of a Management System Operated by a Multi-Site Organization | AB Witness  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| IAF MD 2 | IAF Mandatory Document for the Transfer of Accredited Certification of Management Systems | AB Witness  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| IAD MD 4 | IAF Mandatory Document for the Use of Information and Communication Technology (ICT) for Auditing/Assessment Purposes | AB Office and Witness  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| IAF MD 5 | Determination of Audit Time of Quality, Environmental, and Occupational Health & Safety Management Systems | AB Witness  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| IAF MD 11 | IAF Mandatory Document for Application of ISO/IEC 17021 for Audits of Integrated Management Systems (IMS) | AB Witness  CB Office and Witness  AB and CB Activity Reviews  AB and CB File Reviews  CB Post Audit Review  CB Market Surveillance |
| IAF MD 17 | Witnessing Activities for the Accreditation of Management Systems Certification Bodies | AB Office  CB Witness |
| IAF MD 23 | Control of Entities Operating on Behalf of Accredited Management Systems Certification Bodies | CB Office |

**APPENDIX 2**

**SOFT Analysis - Successes, Opportunities, Failures, Threats**

**with Internal and External analysis**

A SOFT analysis is a planning tool for strategic analysis of a company's internal and external factors. The SOFT Model was developed in the 1970s by Albert Humphrey. It is considered the precursor of SWOT Analysis and the PRIMO-F Model and one of the first frameworks for formalized strategic planning.

The following diagram illustrates how to complete the analysis:

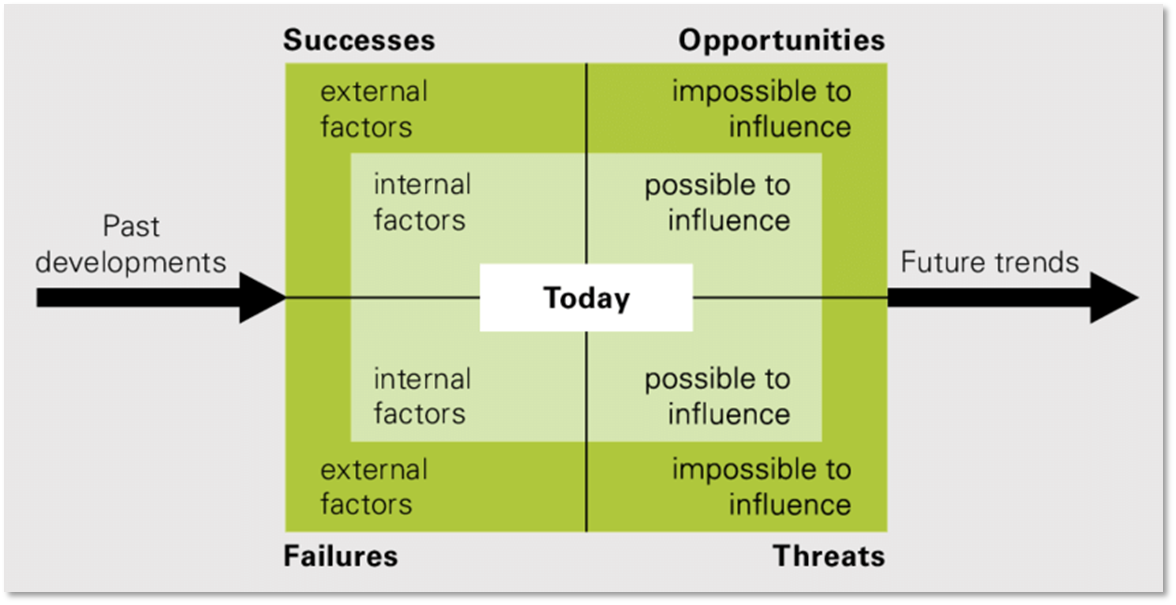


FIGURE A2.1 – HOW TO COMPLETE A SOFT ANALYSIS

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| **Document Revision History** | |
| **Revision Date** | **Description of change** |
| **18th April 2023** | New document issued |
| **3rd May 2024** | Changed OPMT to ICOT and corrected three typos within document |
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