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EXAMPLE REPORT

ISO 9001:2015

Gap Assessment Report

Quality management system certification readiness review for a metal fabrication manufacturer

Prepared for	Ironleaf Fabrication, Inc.
Facility	Single manufacturing site, all QMS processes
Prepared by	Dusty Williams, Precision ISO
Report number	PISO-GA-2026-017
Assessment dates	November 3 to 4, 2026
Issue date	November 12, 2026

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This is an example report

Ironleaf Fabrication, Inc., its personnel, documents, records, and findings are fictional. Any resemblance to a real organization is coincidental.

Precision ISO prepared this example to show the structure and depth of an ISO 9001 gap assessment deliverable. It is not a client report.

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About This Report

Example document

This report illustrates a Precision ISO gap assessment deliverable. Ironleaf Fabrication, Inc. is a fictional organization, and every record number, date, and finding in this report is invented for illustration.

This report presents the results of an ISO 9001:2015 gap assessment of the quality management system at Ironleaf Fabrication. It identifies where current documentation, records, and practices meet the standard and where they fall short. It also maps each gap to the Precision ISO document library so the organization can close gaps with proven, customizable templates.

Document control	
Report number	PISO-GA-2026-017
Revision	0 (initial issue)
Standard assessed	ISO 9001:2015, clauses 4 to 10
Certification body (planned)	To be selected; accredited by an IAF MLA signatory
Distribution	President; Operations Manager; Quality Manager
Classification	Example document. Fictional organization, records, and findings.

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SECTION 1

Executive Summary

Ironleaf's shop floor controls already work well. What it lacks is the planning and checking layer that turns good practice into a certifiable management system.

Ironleaf Fabrication, Inc. engaged Precision ISO to assess its readiness for ISO 9001:2015 certification. Its largest customer requires certification by the end of 2027. The assessment compared Ironleaf's documentation, records, and practices against every clause from 4 to 10.

Ironleaf starts from a practical base. Its nonconforming product control, corrective action, gauge calibration, and material traceability all operate effectively today. Most gaps sit in the clauses that describe how an organization plans and evaluates its system: context, risk, objectives, internal audit, and management review. Supplier control for outsourced coating and plating is the one major operational gap.

The assessment produced **18 findings**: 5 Major and 13 Minor, plus 4 observations. Of the 30 clause areas assessed, 9 conform today and 1 does not apply, subject to a documented justification.

5	13	9/30	~26
Major findings	**Minor findings**	**Clause areas conforming**	**Weeks to Stage 1**
Planning, supplier, and audit gaps	Partial or incomplete	1 not applicable	Estimate; resource dependent

Key recommendation

Build the planning layer first: context, scope, risk, and measurable objectives. Then close the supplier and document control gaps, and finish with a full internal audit and management review. Precision ISO estimates about 26 weeks to Stage 1 readiness, which leaves margin against the customer's deadline.

Immediate action: obsolete drawing at press brake 2

An operator was forming part 4410-118 from a Rev C drawing, while the current customer drawing is Rev D with a changed flange length. Quarantine the parts in process, check the flange length on lots shipped since the Rev D release, and record the evaluation on an NCR before any other remediation work (see GA-10).

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Major Findings Requiring Priority Action

ID	Finding	Clause(s)	Phase
GA-01	Context and interested parties are not determined	4.1, 4.2	Phase 1
GA-05	No process addresses risks and opportunities	6.1.1, 6.1.2	Phase 1
GA-12	Outsourced processes and suppliers are not controlled	8.4.1, 8.4.2, 8.4.3	Phase 1 (coater); Phase 2
GA-16	Internal audits have never been performed	9.2.1, 9.2.2	Phase 3
GA-17	Management review has never been performed	9.3.1 to 9.3.3	Phase 3

Strengths to Build On

These existing processes already meet the standard or need only minor extension. Protect them during remediation.

- **Nonconforming outputs.** Every sampled NCR showed segregation, an authorized disposition, and customer approval before any use as is.
- **Corrective action.** Every sampled CAR included containment, root cause analysis, and an effectiveness check.
- **Gauge calibration.** Unique IDs, current status, and traceable master gauge blocks meet clause 7.1.5.
- **Traceability.** Heat numbers follow material from receipt through shipping on every traveler sampled.

How to Use This Report

Section 3 rates each clause area. Section 4 maps every gap to a Precision ISO library document. Section 5 details each finding with evidence and actions. Section 7 sequences the work into four phases with a readiness checklist for the Stage 1 audit.

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SECTION 2

Assessment Scope and Method

This section defines what the assessment covered, how Precision ISO gathered evidence, and how to read each rating.

2.1 Organization Profile

Item	Details
Organization	Ironleaf Fabrication, Inc. (fictional organization for illustration)
Business	Contract sheet metal fabricator and welder of enclosures, frames, and brackets for industrial equipment OEMs
Size and site	68 employees at one manufacturing site, running two shifts
Key processes	Quoting and order review, purchasing, CNC punching and laser cutting, press brake forming, MIG and TIG welding, assembly, inspection, and shipping
Outsourced processes	Powder coating and zinc plating
Existing system	Informal quality system built around customer requirements. Quality Manual Rev B (2019). No prior certification.
Certification driver	The largest OEM customer requires ISO 9001:2015 certification by the end of 2027
Certification goal	ISO 9001:2015 certification through an accredited certification body
Assessment dates	November 3 to 4, 2026 (two days on site)
Lead assessor	Dusty Williams, Precision ISO
Report number / date	PISO-GA-2026-017 / November 12, 2026

2.2 Scope of the Assessment

Included. Every process at the single manufacturing site: sales and order review, purchasing and outsourced processes, production, inspection, shipping, and the support processes behind them.

Excluded. Accounting and human resources activities, except where they affect competence records. This assessment is not a certification audit. Only an accredited certification body can grant ISO 9001 certification.

2.3 Assessment Method

1. **Document review.** Precision ISO reviewed the Quality Manual, procedures, work instructions, and forms against ISO 9001:2015 and the Precision ISO Document Master List (FORM-001).
2. **Record sampling.** The team sampled records from January 2025 to October 2026. Appendix A lists the records reviewed.
3. **Interviews.** Precision ISO interviewed management, supervisors, and operators to confirm how processes work in practice.
4. **Observation and trace audits.** The assessor observed press brake setup, welding, first article inspection, and final inspection. Two orders were followed from purchase order to shipment.

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2.4 Rating Definitions

Rating	Definition
Conforming	The requirement is addressed, implemented, and supported by objective evidence.
Minor	The requirement is partly addressed, or an isolated lapse exists. The gap does not, by itself, show a breakdown of the system.
Major	The requirement is not addressed, or a systemic gap exists that could lead to a major nonconformity or prevent certification.
Observation	The area conforms today, but an improvement would strengthen the system or prevent a future gap.
N/A	The requirement does not apply to the organization's activities. The organization must document a justification.

Limitations

A gap assessment relies on sampling. It reflects the evidence available on November 3 to 4, 2026, and may not reveal every gap. These ratings describe readiness only. They do not predict how a certification body will grade a finding or whether it will grant certification.

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SECTION 3

Summary of Results

Clause level results show where existing practice already meets the standard and where new work is required.

Clauses 8 and 10 benefit most from Ironleaf's existing shop floor controls. Clauses 4, 6, and 9 hold most of the Major gaps, because they describe planning and evaluation activities that Ironleaf has never formalized. Clause 8.3 is marked not applicable, provided Ironleaf documents the justification described in GA-02.

Clause	Area	Areas	Conforming	Minor	Major	N/A
Clause 4	Context of the organization	4	0	2	2	0
Clause 5	Leadership	3	2	1	0	0
Clause 6	Planning	3	0	2	1	0
Clause 7	Support	7	3	4	0	0
Clause 8	Operation	7	3	2	1	1
Clause 9	Performance evaluation	4	0	2	2	0
Clause 10	Improvement	2	1	1	0	0
Total		**30**	**9**	**14**	**6**	**1**

Clause by Clause Results

The matrix below shows the rating for each clause area and the related finding or observation. Section 5 presents the detail for each reference.

Clause	Requirement area	Rating	Reference
4.1	Understanding the organization and its context	Major	GA-01
4.2	Needs and expectations of interested parties	Major	GA-01
4.3	Scope of the quality management system	Minor	GA-02
4.4	Quality management system and its processes	Minor	GA-03
5.1	Leadership and commitment	Conforming	
5.2	Quality policy	Minor	GA-04
5.3	Roles, responsibilities, and authorities	Conforming	
6.1	Actions to address risks and opportunities	Major	GA-05
6.2	Quality objectives and planning to achieve them	Minor	GA-06
6.3	Planning of changes	Minor	GA-07
7.1.1 to 7.1.4	People, infrastructure, and process environment	Conforming	

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Clause	Requirement area	Rating	Reference
7.1.5	Monitoring and measuring resources	**Conforming**	OBS-01
7.1.6	Organizational knowledge	**Minor**	GA-08
7.2	Competence	**Minor**	GA-09
7.3	Awareness	**Minor**	GA-09
7.4	Communication	**Conforming**	
7.5	Documented information	**Minor**	GA-10
8.1	Operational planning and control	**Conforming**	
8.2	Requirements for products and services	**Minor**	GA-11
8.3	Design and development	**N/A**	GA-02
8.4	Control of externally provided processes, products, and services	**Major**	GA-12
8.5	Production and service provision	**Conforming**	OBS-02
8.6	Release of products and services	**Minor**	GA-13
8.7	Control of nonconforming outputs	**Conforming**	
9.1.1, 9.1.3	Monitoring, measurement, analysis, and evaluation	**Minor**	GA-14
9.1.2	Customer satisfaction	**Minor**	GA-15
9.2	Internal audit	**Major**	GA-16
9.3	Management review	**Major**	GA-17
10.2	Nonconformity and corrective action	**Minor**	GA-18
10.3	Continual improvement	**Conforming**	

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SECTION 4

Document Gap Analysis

This crosswalk compares Ironleaf's existing documents with the Precision ISO Document Master List (FORM-001).

Each row pairs a Precision ISO library document with Ironleaf's closest existing equivalent. The status column shows whether Ironleaf can keep its document, should revise it, or needs to create a new one. Ironleaf can keep its own numbering. The library numbers serve as a reference for selecting templates.

Status	Meaning
Adequate	The existing document meets the requirement. Minor alignment only.
Revise	A document exists but needs content added to meet ISO 9001:2015.
Create	No equivalent exists. Adopt and customize the Precision ISO template.
Optional	Not required by the standard. Adopt only if it adds value.
N/A	The library document serves ISO/IEC 17025 laboratories and does not apply here.

7	10	15	9
Adequate	**Revise**	**Create**	**Not on master list**
Keep as is	Add ISO 9001 content	Adopt library template	Additional documents needed

Library No.	Library document	Ironleaf equivalent	Status	Finding
Manual and Policies				
DOC-001	Quality Manual	Quality Manual Rev B (2019)	Revise	GA-02, GA-03
POL-001	Calibration and Traceability Policy	Gauge calibration procedure GP-01	Adequate	
POL-002	Records Policy	None (no retention periods defined)	Create	GA-10
POL-003	Selection, Verification, and Validation of Methods Policy	Not applicable to ISO 9001	N/A	
POL-004	Continuous Improvement Policy	None	Optional	GA-14
POL-005	Control of Data and Information Policy	None	Optional	
POL-006	Quality Policy	Quality policy poster	Revise	GA-04
Standard Operating Procedures				
SOP-001	Training and Competency	Excel training log only	Create	GA-09

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Library No.	Library document	Ironleaf equivalent	Status	Finding
SOP-002	Facility and Environmental Conditions	Not applicable to current processes	**N/A**	
SOP-003	Equipment Handling	Gauge calibration procedure GP-01	**Adequate**	
SOP-004	Equipment Verification and Function Checks	Gauge check work instructions	**Adequate**	OBS-01
SOP-005	External Providers	None	**Create**	GA-12
SOP-006	Customer Requests and Contracts	Order review checklist	**Revise**	GA-11
SOP-007	Proficiency Testing	Not applicable to ISO 9001	**N/A**	
SOP-008	Reporting Results	Not applicable to ISO 9001	**N/A**	
SOP-009	Complaints	Customer complaint log (spreadsheet)	**Revise**	GA-15
SOP-010	Nonconforming Work and Corrective Action	NCR and CAR procedure QP-02	**Revise**	GA-18
SOP-011	Controlling Documents	Shared drive folders, no procedure	**Create**	GA-10
SOP-012	Conducting Audits	None	**Create**	GA-16
SOP-013	Management Review	None	**Create**	GA-17
SOP-014	Calculating and Reporting Uncertainty	Not applicable to ISO 9001	**N/A**	
Work Instructions				
WI-001 to WI-004	Calibration Procedures 1 to 4	In-house gauge check work instructions	**Adequate**	
New	Production work instructions (not on master list)	Punching, forming, welding, and inspection work instructions	**Revise**	GA-08, GA-10
Forms				
FORM-001	Document Master List	None	**Create**	GA-10
FORM-002	Training Checklist Form	Excel training log	**Revise**	GA-09
FORM-003	Training Matrix	None	**Create**	GA-09
FORM-004	Proficiency Testing Plan (LF-81 PJLA)	Not applicable to ISO 9001	**N/A**	
FORM-005	NCR / CAR Form	NCR and CAR forms	**Revise**	GA-18
FORM-006	NCR / CAR Tracking Sheet	NCR and CAR log	**Adequate**	GA-14
FORM-007	Internal Audit Plan	None	**Create**	GA-16
FORM-008	Internal Audit Checklist	None	**Create**	GA-16
FORM-009	Audit Report	None	**Create**	GA-16

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Library No.	Library document	Ironleaf equivalent	Status	Finding
FORM-010	Environmental Conditions Log	Not applicable to current processes	**N/A**	
FORM-011	Equipment List	Gauge calibration log	**Adequate**	
FORM-012	Method Verification Form	Not applicable to ISO 9001	**N/A**	
FORM-013	Management Review Form	None	**Create**	GA-17
FORM-014	Complaint Form	Customer complaint log	**Revise**	GA-15
FORM-015	Risk and Opportunities Form	None	**Create**	GA-05, GA-07
FORM-016	Equipment Usage Log	None	**Optional**	
FORM-017	Equipment Maintenance Log	Preventive maintenance schedule	**Adequate**	
FORM-018	Vendor Qualification Form	None	**Create**	GA-12
FORM-019	Type A Data Record	Not applicable to ISO 9001	**N/A**	
FORM-020	Uncertainty Budget Record	Not applicable to ISO 9001	**N/A**	
FORM-021	Preferred Vendors List	Approved Supplier List (no criteria)	**Revise**	GA-12
Templates				
TEMP-001	SOP Template	No standard format	**Create**	GA-10
TEMP-002 to TEMP-006	Calibration, Type A, and uncertainty templates	Not applicable to ISO 9001	**N/A**	
TEMP-007	Policy Template	No standard format	**Optional**	
TEMP-008	Work Instruction Template	Work instructions in mixed formats	**Revise**	GA-08
Needed but not on the master list				
New	Context and Interested Parties Register	None	**Create**	GA-01
New	Process Map and Process Definitions	None	**Create**	GA-03
New	Quality Objectives Plan	Three objectives in the Quality Manual	**Create**	GA-06, GA-14
New	Change Management Form	None	**Create**	GA-07
New	Organizational Knowledge Register	None	**Create**	GA-08
New	Final Inspection and Release Record	Final inspection checklist	**Revise**	GA-13
New	Certificate of Conformance Template	None	**Create**	GA-13
New	Customer Satisfaction Survey	None	**Create**	GA-15

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Documents outside the current master list

The master list grew from an ISO/IEC 17025 library, so it lacks several documents that ISO 9001 clauses 4 to 9 call for. Precision ISO recommends adding these to the library structure:

- Context and Interested Parties Register (GA-01)
- Process Map and Process Definitions (GA-03)
- Quality Objectives Plan (GA-06, GA-14)
- Change Management Form and Organizational Knowledge Register (GA-07, GA-08)
- Final Inspection and Release Record, Certificate of Conformance Template, and Customer Satisfaction Survey (GA-13, GA-15)
- ISO 9001:2015 itself as an external reference document (Appendix B)

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SECTION 5

Detailed Findings

Each finding states the requirement, the evidence observed, the gap, and the recommended path to close it.

Requirement summaries paraphrase ISO 9001:2015 in Precision ISO's own words. Confirm the exact wording against your controlled copy of the standard before you write corrective actions. Library document numbers refer to FORM-001 Document Master List.

GA-01	Context and interested parties are not determined		MAJOR
Clause(s)	4.1, 4.2	**Target**	Phase 1
Requirement summary	The organization must determine the external and internal issues that are relevant to its purpose and strategic direction and that affect its ability to achieve the intended results of its quality management system. It must also determine the interested parties relevant to the system and their requirements, then monitor and review this information.		
Objective evidence	No document or record identifies internal or external issues or interested parties. Interviews showed that management understands its environment well. Customer concentration, a tight welder labor market, and steel price swings all came up unprompted. None of it is recorded or reviewed.		
Gap	Management's knowledge of its context exists only in conversation and does not feed the quality management system.		
Impact	High. Certification auditors begin with context, scope, and risk. Without them, the system has no documented basis for its scope, risks, or objectives.		
Recommended actions	▪ Hold a half day context workshop with leadership, using a SWOT or PESTLE format. ▪ Record issues, interested parties, and their relevant requirements in a register. ▪ Assign an owner and a review frequency, and review the register at management review. ▪ Use the outputs to build the risk register (GA-05) and the quality objectives (GA-06).		
Library documents	New Context and Interested Parties Register [assign number]; DOC-001	**Owner**	President; Quality Manager

GA-02	The scope and the applicability of design and development are not documented		MINOR
Clause(s)	4.3; 8.3	**Target**	Phase 1
Requirement summary	The organization must determine and document the boundaries and applicability of its quality management system, including the products and services it covers. It must justify any requirement that it determines does not apply. An exclusion must not affect its ability to ensure conforming products or customer satisfaction.		
Objective evidence	Quality Manual Rev B, written in 2019 at a customer's request, says the company follows ISO 9001 principles but defines no scope. Ironleaf builds to customer drawings. However, sales staff regularly offer design for manufacturability suggestions, and no record states whether clause 8.3 applies.		
Gap	Neither the scope nor the applicability of design and development is defined.		
Impact	Moderate. The scope statement appears on the certificate, and a certification body will challenge an unjustified exclusion.		

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Recommended actions	▪ Write a scope statement that covers products, processes, and the site. ▪ Decide whether clause 8.3 applies. If the customer approves every drawing change and owns the design outputs, document that justification. ▪ If Ironleaf changes designs on its own authority, implement design and development controls instead of an exclusion. ▪ Maintain the scope as documented information in the Quality Manual.		
Library documents	DOC-001	**Owner**	President; Quality Manager

GA-03	**Processes and their interactions are not defined**		**MINOR**
Clause(s)	4.4	**Target**	Phase 1
Requirement summary	The organization must determine the processes its quality management system needs, their inputs, outputs, sequence, and interaction. It must also determine the criteria, methods, resources, responsibilities, and risks for each process and how it evaluates them.		
Objective evidence	Work instructions exist for punching, forming, welding, and inspection. No process map shows how sales, purchasing, production, inspection, and shipping connect. No process has a defined owner or performance measure.		
Gap	Ironleaf documents individual tasks but not the processes that link them into a system.		
Impact	Moderate. Certification auditors use the process approach, and a missing map makes every interview harder to anchor.		
Recommended actions	▪ Draw a process interaction map for the whole organization. ▪ Define the owner, inputs, outputs, criteria, and one measure for each process. A turtle diagram format works well. ▪ Link each process to its procedures and records.		
Library documents	New Process Map and Process Definitions [assign number]; DOC-001	**Owner**	Quality Manager; Operations Manager

GA-04	**The quality policy lacks required commitments and is not understood**		**MINOR**
Clause(s)	5.2.1, 5.2.2	**Target**	Phase 1
Requirement summary	Top management must establish a quality policy that suits the organization's purpose and context and provides a framework for objectives. It must commit to meeting applicable requirements and to continually improving the system. The policy must be documented, communicated, understood, and applied.		
Objective evidence	A quality policy poster hangs in the break room. It promises on time delivery and satisfied customers. However, it contains no commitment to meet applicable requirements or to continually improve. Three of four operators interviewed could not describe what the policy means for their work.		
Gap	The policy is missing two required commitments and has not reached the shop floor.		
Impact	Moderate. Auditors routinely ask operators about the policy, so this gap surfaces quickly.		

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Recommended actions	▪ Rewrite the policy to include both commitments and a link to the quality objectives. ▪ Have the President approve and sign the revised policy. ▪ Communicate it at an all hands meeting and in new hire training. ▪ Post it at workstations and make it available to customers on request.		
Library documents	POL-006; DOC-001	**Owner**	President

GA-05	**No process addresses risks and opportunities**		**MAJOR**
Clause(s)	6.1.1, 6.1.2	**Target**	Phase 1
Requirement summary	When planning the quality management system, the organization must consider its context and interested parties and determine the risks and opportunities it needs to address. It must plan actions proportionate to their potential impact on conformity, integrate those actions into its processes, and evaluate their effectiveness.		
Objective evidence	No risk register or equivalent exists. Interviews surfaced several clear risks. One customer accounts for a large share of revenue. One CNC programmer maintains every punch program. A single outside coater handles all powder coating. None of these risks has a documented action.		
Gap	Ironleaf manages risk informally, so nothing shows how it plans, takes, or checks action.		
Impact	High. Risk based planning connects context to objectives and operations. Auditors expect to trace it through the system.		
Recommended actions	▪ Build a risk and opportunity register from the context workshop outputs. ▪ Score each risk, then assign proportionate actions and owners. ▪ Integrate the actions into processes, such as cross training a second programmer and qualifying a second coater. ▪ Review effectiveness at management review and update the register after corrective actions.		
Library documents	FORM-015	**Owner**	Quality Manager; President

GA-06	**Quality objectives are not measurable**		**MINOR**
Clause(s)	6.2.1, 6.2.2	**Target**	Phase 1
Requirement summary	The organization must set quality objectives at relevant functions, levels, and processes. Objectives must be consistent with the policy, measurable, monitored, communicated, and updated. Planning must state what will be done, the resources, who is responsible, when it will be complete, and how results will be evaluated.		
Objective evidence	The Quality Manual lists three objectives: deliver on time, reduce scrap, and satisfy customers. None has a target, a measure, or an owner. The ERP system already reports on time delivery and scrap every week, but nobody compares the figures against a goal.		
Gap	The objectives state intentions rather than measurable targets with plans behind them.		
Impact	Moderate. The data already exists, so this gap closes quickly once targets and owners are set.		
Recommended	▪ Set four to six measurable objectives tied to the policy, such as on time delivery, internal scrap		

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actions	rate, and customer returns. Choose the targets that fit your business. ▪ Assign an owner, a target, planned actions, and a review frequency to each objective. ▪ Display results monthly where staff can see them. ▪ Review progress at management review.		
Library documents	New Quality Objectives Plan [assign number]; POL-006	**Owner**	Operations Manager; Quality Manager

GA-07	**Changes to the system are not planned**		**MINOR**
Clause(s)	6.3	**Target**	Phase 2
Requirement summary	When the organization changes its quality management system, it must carry out the change in a planned manner. It must consider the purpose and consequences of the change, the integrity of the system, available resources, and the allocation of responsibilities.		
Objective evidence	In March 2026, Ironleaf replaced its job tracking spreadsheet with a new ERP module. No plan, risk review, or verification record exists. The traveler format changed, and two travelers sampled from April lacked the final inspection sign off field.		
Gap	A significant system change went live without planning or verification, and a control dropped out as a result.		
Impact	Moderate. The missing field already affected product release records (GA-13).		
Recommended actions	▪ Introduce a simple change request form for any change that affects the quality management system. ▪ Review the ERP migration after the fact and correct the traveler template. ▪ Use the form for upcoming changes, such as the planned second press brake.		
Library documents	New Change Management Form [assign number]; FORM-015	**Owner**	Quality Manager

GA-08	**Critical knowledge depends on one person**		**MINOR**
Clause(s)	7.1.6	**Target**	Phase 2
Requirement summary	The organization must determine the knowledge it needs to operate its processes and achieve conforming products. It must maintain that knowledge and make it available as needed. When needs change, it must consider how to acquire or access additional knowledge.		
Objective evidence	One CNC programmer writes and maintains every punch program. Bend sequence notes for complex parts exist only in his personal notebook. No backup or knowledge capture exists. Lessons from past nonconformities do not reach new operators.		
Gap	Ironleaf has not identified its critical knowledge or protected it against the loss of one person.		
Impact	Moderate. The risk is operational as much as it is an audit finding.		
Recommended actions	▪ Identify the critical knowledge for each process. ▪ Capture punch program standards and bend sequence notes in controlled setup sheets. ▪ Cross train a second programmer. ▪ Add lessons learned from nonconformities to operator training.		

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Library documents	New Organizational Knowledge Register [assign number]; TEMP-008	**Owner**	Operations Manager

GA-09	**Competence criteria and awareness are incomplete**		**MINOR**
Clause(s)	7.2, 7.3	**Target**	Phase 2
Requirement summary	The organization must determine the competence that people doing work under its control need, ensure they are competent, take action to close gaps, evaluate the effectiveness of those actions, and retain evidence. People must also be aware of the quality policy, relevant objectives, their contribution, and what happens when work does not conform.		
Objective evidence	An Excel log lists courses attended. No document defines competence requirements for welders, press brake operators, or inspectors. Welder qualification records exist only for customer specified welds. No record evaluates whether training worked. Operators described their own tasks well but could not name any quality objective.		
Gap	Training is recorded, but competence is neither defined nor evaluated, and awareness stops at the task level.		
Impact	Moderate. Auditors test competence and awareness in nearly every shop floor interview.		
Recommended actions	▪ Define competence requirements for each role that affects product quality. ▪ Build a skills matrix showing who is qualified and who is in training. ▪ Evaluate training effectiveness through supervisor sign off and first piece results. ▪ Cover the policy, objectives, and consequences of nonconformity in onboarding and toolbox talks.		
Library documents	SOP-001; FORM-002; FORM-003	**Owner**	Operations Manager; Quality Manager

GA-10	**Document control does not prevent use of obsolete drawings**		**MINOR**
Clause(s)	7.5.2, 7.5.3	**Target**	Phase 1 (drawing); Phase 2
Requirement summary	Documented information must be identified, reviewed, and approved. It must be available where needed and protected. The organization must control its distribution, access, version, retention, and disposition, including documents of external origin such as customer drawings.		
Objective evidence	Procedures and work instructions sit in a shared drive with no approval or revision record. At press brake 2, an operator was forming part 4410-118 from a Rev C drawing. The current customer drawing is Rev D, which changed a flange length. No master list of documents exists, and no retention periods are defined for records.		
Gap	Nothing ensures that only current, approved documents reach the point of use.		
Impact	High for product. The process gap rates Minor, but the obsolete drawing creates a direct risk of nonconforming product (see the immediate action in Section 1).		
Recommended actions	▪ Immediately quarantine part 4410-118 in process, check the flange length on lots shipped since the Rev D release, and record the evaluation on an NCR. ▪ Create a master document list that includes customer drawings and their current revisions.		

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	▪ Add approval, revision, and review fields to every controlled document. ▪ Control printed copies at workstations, and retrieve them whenever a revision is released. ▪ Define retention periods for each type of record.		
Library documents	SOP-011; FORM-001; POL-002; TEMP-001	**Owner**	Quality Manager

GA-11	**Changed customer requirements are not reviewed**		**MINOR**
Clause(s)	8.2.3, 8.2.4	**Target**	Phase 2
Requirement summary	Before committing to supply, the organization must review the requirements for its products, including delivery requirements and those the customer did not state. It must retain records of the review. When requirements change, it must update documented information and make relevant people aware.		
Objective evidence	Customer Service reviews new purchase orders against the quote and signs a checklist. Revised purchase orders skip that review. Two of eight orders sampled had revised quantities or drawings with no review record. Production learned of one change only when the customer rejected the shipment at receiving inspection.		
Gap	Contract review covers new orders but not changes to existing ones.		
Impact	Moderate. Unreviewed changes lead directly to wrong parts and late deliveries.		
Recommended actions	▪ Route every revised purchase order through the same review as a new order. ▪ Add a step that notifies production, purchasing, and quality of each change. ▪ Retain the review record with the order.		
Library documents	SOP-006	**Owner**	Customer Service Lead

GA-12	**Outsourced processes and suppliers are not controlled**		**MAJOR**
Clause(s)	8.4.1, 8.4.2, 8.4.3	**Target**	Phase 1 (coater); Phase 2
Requirement summary	The organization must ensure that externally provided processes, products, and services conform to requirements. It must set and apply criteria for evaluating, selecting, monitoring, and re-evaluating providers, and retain records. It must define controls for outsourced processes and communicate its requirements, including any approvals and verification activities.		
Objective evidence	Ironleaf outsources powder coating and zinc plating, and both directly affect conformity. The Approved Supplier List names 31 suppliers, but no criteria or evaluation records support it. Purchase orders to the coater specify color only, with no thickness or adhesion requirement and no request for a certificate of conformance. Receiving inspection counts parts and nothing more. Two customer complaints in 2026 involved coating adhesion.		
Gap	Ironleaf does not control the outsourced processes that finish its product.		
Impact	High. Uncontrolled outsourced processes are a common cause of major nonconformities at certification audits, and the complaint history shows real product impact.		
Recommended	▪ Define evaluation, selection, and re-evaluation criteria based on supplier risk.		

EXAMPLE

actions	▪ Evaluate the coater and plater first, including a site visit. ▪ State specifications, inspection, and certification requirements on every purchase order. ▪ Add incoming verification for coated parts, such as thickness and adhesion checks by an agreed method. ▪ Monitor supplier quality and delivery performance every quarter.		
Library documents	SOP-005; FORM-018; FORM-021	**Owner**	Purchasing Manager; Quality Manager

GA-13	**Product release is not traceable to an authorized person**		**MINOR**
Clause(s)	8.6	**Target**	Phase 2
Requirement summary	The organization must verify at planned stages that products meet requirements before release. It must retain evidence of conformity with the acceptance criteria and traceability to the person who authorized the release.		
Objective evidence	Inspectors perform final inspection against the drawing. The inspection checklist records results but not the inspector's name or a release decision. Shipping releases an order once the traveler reaches the dock. Two travelers lacked the final inspection field after the ERP change (see GA-07).		
Gap	Records do not show who authorized each release.		
Impact	Moderate. Release authority is a standard audit trail question.		
Recommended actions	▪ Add the release decision, the inspector's name, and the date to the final inspection record. ▪ Block shipment in the ERP system until someone records the release. ▪ Create a certificate of conformance template for customers who request one.		
Library documents	New Final Inspection and Release Record and Certificate of Conformance Template [assign numbers]	**Owner**	Quality Manager; Shipping Lead

GA-14	**Ironleaf collects data but does not analyze it**		**MINOR**
Clause(s)	9.1.1, 9.1.3	**Target**	Phase 2; Phase 3
Requirement summary	The organization must determine what it monitors and measures, the methods it uses, and when it analyzes and evaluates the results. It must use that analysis to evaluate product conformity, customer satisfaction, system performance, planning, risk actions, supplier performance, and the need for improvement.		
Objective evidence	The ERP system produces weekly on time delivery and scrap reports, and the NCR log holds two years of entries. No record shows any trend analysis. Press brake forming errors caused 11 of the 26 NCRs logged in 2026, yet nobody had noticed the pattern.		
Gap	Useful data exists but never becomes information that drives decisions.		
Impact	Moderate. Analysis also feeds management review (GA-17) and continual improvement.		
Recommended	▪ Define a monthly review of key performance indicators.		

EXAMPLE

actions	▪ Trend NCRs by process, cause, and part number. ▪ Feed the results into the objectives and management review. ▪ Present results as simple charts that staff can read at a glance.		
Library documents	FORM-006; new Quality Objectives Plan; POL-004	**Owner**	Quality Manager

GA-15	**Customer satisfaction is not monitored**		**MINOR**
Clause(s)	9.1.2	**Target**	Phase 2
Requirement summary	The organization must monitor customers' perceptions of how well it meets their needs and expectations. It must decide how it obtains, monitors, and reviews this information.		
Objective evidence	Customer Service logs complaints in a spreadsheet that holds nine entries for 2026. Ironleaf does not survey customers, track scorecards, or review returns data. Its largest customer issues a quarterly supplier scorecard, which goes to the President's inbox and stops there.		
Gap	Ironleaf hears about problems but does not monitor how customers perceive its performance.		
Impact	Moderate. The scorecard already exists, so the fastest fix uses data the customer already sends.		
Recommended actions	▪ Choose monitoring methods, such as customer scorecards, a short annual survey, and delivery and quality data. ▪ Record and review the results each quarter. ▪ Feed the results into the objectives and management review. ▪ Answer scorecard deficiencies through corrective action.		
Library documents	SOP-009; FORM-014; new Customer Satisfaction Survey [assign number]	**Owner**	Sales Manager; Quality Manager

GA-16	**Internal audits have never been performed**		**MAJOR**
Clause(s)	9.2.1, 9.2.2	**Target**	Phase 3
Requirement summary	The organization must conduct internal audits at planned intervals to confirm that the system conforms to its own requirements and to ISO 9001 and that it is effectively implemented and maintained. The audit program must reflect the importance of each process, recent changes, and previous results. Auditors must be objective and impartial.		
Objective evidence	Ironleaf has never conducted an internal audit. No audit procedure, program, or trained auditor exists. Two OEM customer audits in 2025 provide the only independent review of the system.		
Gap	Ironleaf has no internal check on whether its system works.		
Impact	High. Certification bodies generally expect a full internal audit cycle before the Stage 2 audit [confirm with your certification body].		
Recommended actions	▪ Write an internal audit procedure. ▪ Train two or three internal auditors who will not audit their own work. ▪ Plan an audit program that covers every process and clause. ▪ Complete a full audit cycle in Phase 3 and act on the findings.		

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Library documents	SOP-012; FORM-007; FORM-008; FORM-009	**Owner**	Quality Manager

GA-17	**Management review has never been performed**	**MAJOR**
Clause(s)	9.3.1 to 9.3.3	**Target**	Phase 3
Requirement summary	Top management must review the quality management system at planned intervals to ensure it remains suitable, adequate, effective, and aligned with strategic direction. Inputs include the status of earlier actions, changes in issues, performance data, resource adequacy, and the effectiveness of risk actions. Outputs must record decisions on improvement, system changes, and resource needs.		
Objective evidence	Leadership meets weekly about production and sales but has never reviewed the quality management system. The meeting notes cover schedules and staffing only.		
Gap	No forum exists where top management evaluates the system as a whole.		
Impact	High. A completed management review is a typical prerequisite for certification.		
Recommended actions	▪ Write a management review procedure with an agenda that covers every required input. ▪ Hold the first review after the Phase 3 internal audit. ▪ Record decisions, actions, owners, and due dates. ▪ Hold reviews at least annually, or more often while the system is new.		
Library documents	SOP-013; FORM-013	**Owner**	President; Quality Manager

GA-18	**Corrective action omits two required steps**	**MINOR**
Clause(s)	10.2.1, 10.2.2	**Target**	Phase 2
Requirement summary	When a nonconformity occurs, the organization must react, determine its causes, and determine whether similar nonconformities exist or could occur. It must implement action, review its effectiveness, update risks and opportunities where needed, and change the system where needed. It must retain records.		
Objective evidence	The CAR system works well (see Section 6). Every sampled CAR included containment, a 5 Why analysis, and an effectiveness check. However, the CAR form never asks whether similar nonconformities exist elsewhere, and no CAR updated risks or the system. CAR-2026-006 fixed weld undercut on one fixture while the same fixture design ran in two other welding cells.		
Gap	Corrective actions fix the instance but do not look sideways or feed the wider system.		
Impact	Moderate. The core process is sound and needs two added steps.		
Recommended actions	▪ Add fields for similar nonconformities, risk updates, and system changes to the CAR form. ▪ Review open CARs against the new fields. ▪ Link each CAR to the risk register (GA-05).		
Library documents	SOP-010; FORM-005; FORM-015	**Owner**	Quality Manager

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SECTION 6

Strengths and Observations

A gap assessment should also show what already works, so the organization protects it during remediation.

6.1 Strengths

These areas demonstrated effective implementation. Ironleaf should document them as they operate today rather than redesign them.

Area	Evidence of effective implementation
Control of nonconforming outputs	Fifteen NCRs sampled. Every one showed red tag segregation, a disposition by an authorized person, and customer approval before any use as is.
Corrective action discipline	Eight CARs sampled. All included containment, a 5 Why analysis, and an effectiveness check at 90 days.
Monitoring and measuring resources	All 20 gauges sampled carried a unique ID and a current calibration status. An accredited laboratory calibrates the master gauge blocks, which gives the program traceability.
Identification and traceability	Travelers carry heat numbers from the material certificates through cutting, forming, welding, and shipping.
First article inspection	Ironleaf performs first article inspection on every new part and every revision, using ballooned drawings.
Leadership and customer focus	The President attends daily production meetings and knows the expectations of every key customer.

6.2 Observations

Observations do not represent gaps today. Acting on them will strengthen the system before the certification audit.

ID	Clause	Observation
OBS-01	7.1.5	The gauge program is strong. However, the pin gauge set interval moved from 12 to 24 months with no recorded rationale. Document the basis, such as calibration history that shows no drift.
OBS-02	8.5.5	Warranty returns go straight to Sales, who issue credits. Route returns through the NCR process so they feed data analysis and corrective action.
OBS-03	Certification	Choose a certification body accredited by an IAF MLA signatory, such as ANAB in the United States. Confirm that its accreditation covers your industry sector before you sign. Fabricated metal products usually fall under IAF code 17.
OBS-04	Standard revision	ISO is revising ISO 9001. Ask your certification body which edition applies to your Stage 1 and Stage 2 audits and what transition period applies, so the system you build now carries forward.

EXAMPLE

SECTION 7

Remediation Roadmap

The roadmap sequences the work so that planning decisions come first and the system generates records before the internal audit.

Phase	Timing	Key deliverables	Findings	Lead
Phase 1: Foundation	Weeks 1 to 4	Contain the Rev C drawing issue. Hold the context workshop and build the interested parties register. Write the scope, process map, and quality policy. Build the risk register and measurable objectives. Evaluate the coater and plater.	GA-01 to 06, 10, 12	President; Quality Manager
Phase 2: System build	Weeks 5 to 14	Put supplier controls and purchase order requirements in place. Build document control and the master list. Define competence and awareness. Capture critical knowledge. Close the contract review, release, customer satisfaction, analysis, change control, and corrective action gaps.	GA-07 to 15, 18	Quality Manager; Operations Manager
Phase 3: Operate and verify	Weeks 15 to 22	Operate the system to generate records. Train internal auditors and complete a full audit cycle. Hold the first management review. Close the resulting corrective actions.	GA-14, 16, 17	Quality Manager; President
Phase 4: Certification	Week 23 onward	Precision ISO readiness review. Select an accredited certification body. Complete the Stage 1 audit, close any concerns, then complete the Stage 2 audit.	All findings verified	President; Precision ISO

Timeline assumptions

The 26 week estimate assumes the Quality Manager can commit about half time, leadership attends the context and risk workshops, and the certification body can schedule Stage 1 within the window. Certification body lead times vary, so request quotes during Phase 2. Precision ISO will update the estimate after Phase 1.

EXAMPLE

Readiness Checklist Before the Stage 1 Audit

Confirm each item before the Stage 1 audit. Ask your certification body to confirm its own prerequisites, such as the internal audit and management review records it expects to see.

	Readiness item	Owner	Complete
☐	Scope, quality policy, and quality objectives approved and communicated		
☐	Context, interested parties, and risk register complete and reviewed by top management		
☐	Process map complete, with an owner, criteria, and a measure for each process		
☐	Outsourced processors evaluated, with requirements stated on every purchase order		
☐	Master document list in place and obsolete documents removed from the shop floor		
☐	Several months of objective and KPI data reviewed against targets		
☐	Full internal audit cycle complete, with corrective actions underway or closed		
☐	Management review completed with every required input		
☐	Accredited certification body selected and the Stage 1 date confirmed		

EXAMPLE

SECTION 8

Conclusion and Next Steps

Ironleaf does not need to change how it makes parts. It needs to write down how it plans, checks, and improves the work it already does well, and to extend its controls to the coaters and platers who finish its product.

The 5 Major findings share a common thread. Each one describes a planning or evaluation activity that ISO 9001 requires and that Ironleaf has handled informally until now. Closing them in the sequence shown in Section 7 gives the certification body a system it can follow from context to improvement.

Recommended Next Steps

1. Contain the Rev C drawing issue and record the evaluation on an NCR (GA-10).
2. Review this report with leadership and schedule the context and risk workshop.
3. Assign owners and target dates for every finding in the NCR/CAR tracking log.
4. Evaluate the powder coater and zinc plater, and update their purchase order requirements.
5. Select and customize the Precision ISO library documents marked Create or Revise in Section 4.
6. Request quotes from accredited certification bodies during Phase 2.
7. Schedule a Phase 1 progress review with Precision ISO at week 4.

> **How Precision ISO can help**
>
> Precision ISO supports ISO 9001 implementation through every phase of this roadmap, from facilitating the context and risk workshops to customizing library documents, training internal auditors, and conducting a readiness review before Stage 1. Contact info@precisioniso.com to plan the next phase.

EXAMPLE

APPENDIX A

Records Sampled and Personnel Interviewed

A.1 Records Sampled

Record type	Quantity	Period
Purchase orders and contract reviews	8	2026
Travelers	12	January to October 2026
Final inspection records	15	2026
First article inspection reports	6	2026
NCRs and CARs	15 NCRs; 8 CARs	2025 to 2026
Gauge calibration records	20	2025 to 2026
Supplier files and purchase orders to outsourced processors	6 suppliers; 10 POs	2026
Training records	5 personnel	Current
Customer complaint log	9 entries	2026
ERP delivery and scrap reports	3 months	July to September 2026

A.2 Personnel Interviewed

Interviewees are listed by role: President; Operations Manager; Quality Manager; Purchasing Manager; Production Supervisor; CNC Programmer; two press brake and welding operators; Shipping Lead; Customer Service Lead.

EXAMPLE

APPENDIX B

Reference Documents

Ironleaf should maintain these external documents as controlled references. The current master list does not include them, so Precision ISO recommends adding them. Confirm that each document is the current edition before use.

Library No.	Document
Not listed	ISO 9001:2015 Quality management systems: Requirements (recommended addition to the master list)
Not listed	ISO 9000:2015 Quality management systems: Fundamentals and vocabulary (recommended)
Not listed	ISO 19011:2018 Guidelines for auditing management systems (recommended for internal audit)
Not listed	Customer drawings, specifications, and supplier quality manuals (documents of external origin)
Not listed	Coating and plating specifications referenced on customer drawings (documents of external origin)

Disclaimer

This is an example report. The organization, records, and findings are fictional and do not describe any real company.

This report reflects conditions observed during a sample based assessment and the information available at that time. It does not constitute legal, regulatory, or certification advice. It does not guarantee that a certification body will grant certification. Conformity depends on how the organization implements, operates, and maintains its management system.

Requirement summaries paraphrase ISO 9001:2015 and do not reproduce the standard. Precision ISO library templates provide a customizable starting point. Each organization must review and adapt them to its own scope and processes.

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