

## **Indian Register Quality Systems** (A Division of IRCLASS Systems and Solutions Pvt. Ltd.)

Audit Report For QMS / Medical Devices-QMS/EMS / OHS / IMS Scheme(s)

IV IRQS:FORM:102:10 Eff. Date 09-04-2020 Developed by NR **HEAD-IROS** Approved by

01)	Name of the Client	St. Joseph's College of Engineering & Technology, Palai			
02)	Address of HO & Site(s)	Choondacherry PO Kottayam Dist Kottayam 686579 Kerala India			
03)	File Number	S02459/01/QMS			
04)	Name of "Head of Organization" / Unit	Dr. J David, Principal			
05)	Name of Organization Representative coordinating with CB	Dr. Madhukumar S, Vice Principal			
	Names of the management legally responsible for occupational health and safety, personnel responsible for monitoring employees health and employees representative(s) with responsibility for occupational health and safety.(Applicable for OHSMS)	Nil			
06)	Audit Criteria (strike out the standard not under audit)	ISO 9001:2015 ISO 14001:2015 OHSAS 18001:2007 ISO 45001:2018  - Applicable legal & other requirement.  - Organization's procedures & documented information in line with the			
07)	Date of Audit	respective standards.  17-Jul-20 - 18-Jul-20			
08)	Type of Audit	Surveillance1			
	(strike out the standard not under audit)	Joint/ Combined / Integrated			
09)	Audit Objective				

# **Audit Objective**

#### Stage 2 Audit:

Is to evaluate the implementation including the effectiveness of the organization's implemented management system for the above criteria covering the following:

- Information and evidence about conformity to all requirements of the applicable management system standard or other normative documents
- Performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document)
- Organization's management system ability and its performance regarding meeting of applicable statutory, regulatory and contractual requirements
- operational control of the organization's processes
- Internal auditing and management review
- Management responsibility for the client's policies.

## Renewal Audit:

Is to evaluate the effectiveness of the organization's implemented management system for the above criteria covering the following:

- The effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification
- Demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance;
- The effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system (s)

#### c) **Surveillance Audit:**

Is to evaluate the effectiveness for maintenance of the organization's implemented management system for the above criteria covering the following:

- Internal audits and management review;
- A review of actions taken on nonconformities identified during the previous audit;
- complaints handling;
- Effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system (s);

		■ Progress of plan	aned activities	aimed at continual impro	ovement:					
		<ul><li>Progress of plan</li><li>Continuing oper</li></ul>		<del>-</del>	overnent;					
		<ul><li>Review of any c</li></ul>		JI,						
		,	and/or any other reference to certification							
	d)	Special Audit :	·							
	,	a) For expanding t	ng the scope of a certification already granted, undertake a review of the application and determine							
any audit activities necessary to decide whether or not the extension may be granted.						i.				
		-	gate complaints, or in response to changes, or as follow up on suspended clients							
		c) For upgradation								
10)	Changes to the audit objectives, audit scope or audit oprocesses), if any: Please attach "Notice of Change"				e.g. physical	location, organiza	ational units, activities and			
<b></b>	No Changes									
11)		nment on the confiri		information provided (b	y the organiz	ation, including "	Pre-audit			
$\overline{}$		oe of Certification		,	gineering Co	urses in Civil Co	mputer Science, Electronics &			
	3501			_	-		Electrical & Electronics and			
				1		•	in Civil, Computer Science,			
							ronics and Mechanical. Post			
				Graduate Courses in Co	mputer Appli	ication and Mana	gement.			
	Number of sites Number of employees associated		One							
			250							
	with scope of certification (For									
	Effective Number of Employees) Current certification & its validity Design & development		1000/400400555 0 22 L L 22							
			IRQS/190100566 & 22-Jul-22							
			Not applicable							
	Wor	king in shifts		No						
	Exte	rnally provided	processes,	Guest lecturers and visiting professors based on specific requirement as and when						
	prod	ducts and services (C	Outsourced)	required are identified as outsourced process.						
	Pre-	audit information		Verified						
12)	Δud	it Team Details								
12,			Mombor	Provisional Auditor	·	Name	Role			
	-			Provisional Auditor, , Industry Expert Any	Tomcee Thomas		Team Leader			
				Observers, Translator,						
		litator etc)	2.6. 201003	_ sec. telo, mandatol,	Kakkanamveetil Krishnan		Industry Expert			
			Г			1				
13)		idit conducted at sical location(s),as applicable]		Address	Date of Audit		rocess(es) /Activities audited the Location/Site			
	Head	d office	Choondache	erry PO Kottayam Dist	17-07-20 -	MR & Top Man	agement, Computer Science			
		<del></del>		86579 Kerala India	18-07-20	-	JG PG, Electrical & Electronics			
						Theory & Lab, UG PG, Mechanical Theory &				
						Lab, UG PG, MBA, Physical Education, Office				
						and Training				
	Pern	nanent site(s)								
	Tem	porary site(s)								
14)	Тос	omment :								
	a)	Any deviation fro	m audit plan a	and their reasons (if yes,	please justify	v)				
	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P		,,	• •				

<b>→</b>	All departments in the audit plan are assessed.
b)	Upon any adverse conditions faced during the audit (e.g.; power outage, Fire, Flood, specifically related to the condition of the sites affecting the auditing activities).
<b>→</b>	Nil

SEC A	A : Comments on the Effectiveness for th	e Closure o	of Previo	ous Audit Findings:
Findings				Comments on the effectiveness for the closure
No. of Previous audit NCs:			Nil	
No. o	of Areas of Concerns raised during Stage 1	:	NA	
SEC I	B : Management System(s)			
a)	Scope of Certification: (If Multi-site aud Audit Report and for Subsequent audit a			oplicable at each site should be verified [for Stage 2 from Stage 1 Certificate] & reported)
<b>→</b>	General Scope as required on the final "Certificate of Approval"	Commun Mechanic Post Gra Commun	ication, cal. iduate ication,	Electronics & Instrumentation, Electrical & Electronics & Electronics and Engineering Courses in Civil, Computer Science, Electronics and Engineering Courses in Civil, Computer Science, Electronics & Electrical & Electronics and Mechanical.  Dourses in Computer Application and Management.
	Scope of Head Office NA			
	Scope of Site	<u>NA</u>		
	Scope Support Office(s) / Location(s), if any	<u>NA</u>		
	Non-Applicability of Clauses & Justification for the same	Design a	nd deve	Development of products and services :- Institution is not involved in elopment of courses and the syllabi which are decided by Keral sity to which College is affiliated, hence this clause is considered a
		traceable handing t controllin	to inter the pracing the r	ement traceability, Calibration against measurement standard rnational or national measurement standards. : Instruments used fo tical sessions are demonstrative in nature hence only verification and monitoring and measuring devices prior to usage of the same for are done., hence this clause is considered as not applicable.
	Justification for the scope of certification involved for the scope. Provide at least of		-	on for scope verification highlighting on the process flow / activities

St.Joseph's College of Engineering and Technology, Pala was established in 2002 by Diocese of Pala, is approved by AICTE and affiliated to KTU and MG university. College is offering Undergraduate and Post graduate Courses in Engineering and Post Graduate Course in Management Studies.

Syllabus is received from university/KTU-syllabus plan for conduction of theory and practical are prepared by subject allotted lecturers-Conduction classes as per plan are reviewed by HOD-Series tests as per syllabus are conducted-semester examination is conducted based on question papers received from university-answer sheets are forwarded to university for valuation.

Key processes involved are planning of lesson-teaching-conduction of lab experiments-supported by admin functions. Adequate number of teaching and supporting staff are provided for the smooth functioning of the organization. Labs are well equiped and adequate planning is done for the smooth conduction of experiments described in the syllabus. The organisation has documented procedures for the core functions like planning of teaching and practicals, monitoring of achieving the planned arrangements, conduction of internal assessments, monitoring of weak students and remedial or corrective measures taken for

the weak students. Students feed backs are collected and reviewed by the top management and adequate training are provided for the staff.

Scope of certification is verified for the conformity with the activities of organization, the given scope is appropriate

## **Summary of Site Visit:**

Remote audit is conducted due to covid-19 restrictions, audit conducted using whatsapp, phone and email.

College was closed during March to June 20 due to lockdown announced by Government to control Covid-19 pandemic. Onlice classes started from June onwards.

Since remote audit is conducted, site visit shall be done upon return of normalcy.

# b) Process of understanding & review of the needs and expectation of interested parties

The need and expectation of interested parties are identified through regular interaction with students, parent teacher association meetings and feedback process. Since college is not open for class room trainings, PTA meetings are not conducted, review of portions completed are reviewed by faculties and HOD over phone.

c) Methodology of identification, access of compliance obligations

[i.e. applicable Legal (Statutory / Regulatory & Other) requirements]

Availability of following statutory and regulatory licenses verified during the audit:

AICTE approval no F No. South-West/1- 4262030426/2020/EOA for academic year 2020-21. Kerala Technical University extension of affiliation KTU/A/456/2015 for academic year 2020-21

- d) Methodology of determination of risk & opportunities related to
  - the context of organization,
  - Interested Parties
  - management system and its processes/activities

Give examples of determined risk & opportunities

Top management has adquately considered context of organisation and it is evidenced in the qualty managemen sytem risk assessment process conducted by the organization, based on which organization has identified risks and opportunites for the organization and quality objectives are set in addition to the business objectives of the organisation.

Examples of some of the factors considered and identified risks and oppertunities based on context of the organization are not completing the syllabus requirements (theory courses), students, not performing well in the series tests and assignments (not getting the minimum internal marks), not completing the specific laboratory experiments etc.

Needs and expectation of the interested parties are documents as part of quality manual. Example of identified Interested parties are Interested parties are, students, Parents, Society, industry, staffs and Society and expectations are good results, availability of required number of staffs for the smooth operation, knowledge enhancement, communication skills etc

Example of external issue considered are students opting for other colleges, parents expections not meeting, industry demand not as expected, changes in statutory and regulatory requirements etc.. , internal issues considered are coverage of subjects, conduction of examinations, condition of lab equipments etc.

Organization has established, implemented, maintained, and continually improves a quality management system, including the processes needed and their interactions

e) A) Brief description of organization processes determined taking into account planning, Monitoring and control of the management processes, change control (management of change) needs to achieve the expected outcome.

Changes could happen at various instances prominent could be Syllabus change from university transfer of manpower. Any changes to the syllabus requirements will be taken care by the syllabus planning and execution made possible by teachers dairy, staff relocation, absence of staff are can be monitored from teachers dairy, as well as subject committee review meetings are also conducted. Since online classes are conducted HOD reviews the coverage of portions over phone

B) Control over identified externally provided processes, products and services (Outsourced activities)

Adhoc faculties are selected when shortage of staffs occur, university, AICTE and government of Kerala specified norms are followed for selection, news paper advertisement are released for selection. Control exercised as per department

manual is assessed during office activities. Since online classes are conducted, adhoc faculties are not recruited during current academic year. C) EMS Life Cycle Perspective (Input→ Processing →Output) An example of Environmental aspect / impact arising out of "Life Cycle Perspective" and any Operational Control measures Directly or Influencing Any objective set to minimize the impact of environment arising out of Aspect – Impact Nil f) Process of establishment and monitoring objectives of management system (with few examples for respective management systems audited) Organization has established, implemented, maintained, and continually improves a quality management system, including the processes needed and their interactions. Management system is implemented with the aim of continual improvement in processes and business, quality objective are formed and monitored for continual improvement, monitoring and measurements done during management review meetings, some of the quality objectives monitored by the organization are: Improving Pass Percentage 1 st year 80% 2<sup>nd</sup> Year 70% 3<sup>rd</sup> Year 75% 4<sup>th</sup> Year 85% PG 100% The availability of resources, environment necessary to support the operations & monitoring of management process. g) Personnel Interviewed, including workers / contract workers (For OHSMS). NAME **DESIGNATION** INTERVIEWED FOR CONCLUSION BASED ON **INTERVIEW** Dr. Madhukumar S Vice Principal Context of organization, Considered Top management, MR. Legal Policy, objectives Participation and awareness S Chandran EEE Participation Aware of processes and awareness Dr. Joby PP **HOD CSE** Participation Aware of processes and awareness **Finance Officer** Aware of processes S George Participation and awareness Summary of Health Performance including health objectives: (For all ISO 45001 - OHSMS AUDITS). Organization has planned and implemented adequate resources required for the smooth functioning of activities and continual improvement. Resources include building infrastructure, class rooms, library, computer systems, well equiped laboratories etc... h) Methodology of determination & maintenance of organization knowledge necessary for the operations of its processes to achieve conformity of product /service, environmental impact / prevention of injury for the respective management system. Organization has made available all necessary information for the operation of its processes in form of quality manual, procedure manual and various records. Competency matrix of manpower is identified and maintained and trainings are identified and trainings are conducted accordingly, no training programs conducted current academic year. Demonstration of Leadership and commitment towards management system I) Top managemnet for the organization is Principal and Vice Principal is Management Representative assigned to the responsibility of institures quality management system. Top management have provided visible ongoing commitment and leadership towards the quality management system at by way of establising, reviewing and supporting the management

system

a) b) c)		or NCs: Of The Managen	Statement(s)  NA  Nil Nil		Grading of NC (Major/Minor) NA		
a) b) c)	No. of Ma	Clause No.  NA  jor NCs: nor NCs:	Statement(s)  NA  Nil Nil		(Major/Minor)		
a)  b)	No. of Maj	Clause No.  NA  ior NCs:	NA Statement(s)  NI		(Major/Minor)		
a)		Clause No.	Statement(s)  NA		(Major/Minor)		
	Nil	Clause No.	Statement(s)		(Major/Minor)		
	Nil	Clause No.	Statement(s)		(Major/Minor)		
					=		
	NC No.	Audit Non-conforr		1	Grading of NC		
0.00	: Current A		mity				
	conformity needs and additional document	y of services. This trends, organiza knowledge and ed.	has determined the knowledge necessary for the operation of knowledge is maintained and made available to the extent necess tion has considered its current knowledge and determined how to required updates. Statement of designation, roles and response.	ary. Whe	n addressing changing r access any necessar		
	processes	or technologies,	change of personnel has happened and that has not affected of	organizati	ons ability to provide		
<b>→</b>			ization there has not been any change in business processes,	organizat	ional structure goals		
m)			Organization's Management of Change				
		f students failed : e Failure : 19.52	8				
		•	in all subjects : 33				
		e Pass : 80.48					
		ber of Students a <sub>l</sub> f Absentees : 1	opearea . 42				
		•	018 – 2020 Admission)				
		_	kamination November 2019				
	i anule Fel	rcentage 33.33					
		entage 66.67 rcentage 33.33					
	No of students failed 18						
		ents passed 36					
	_	f Students 54					
	CS S5 Regu	ılar Exam					
		•	the aim of continual improvement in processes and business, quorovement, monitoring and measurements done during Manageme				
		ontinual improver		11. 1.			
1)	Examples o	of improvement/s	as a result of correction, corrective actions, break through changes,	innovatio	on and reorganization		
			ngs are designed to conduct once in four months, last MRM coints as per agenda and found effective	onducted	on 14-12-19, record		
			·	andustad	on 14 13 10		
			9 all departments are covered during that audit, organization has duiring current internal audit, observation points were are closed	trained o	f internal auditors, n		
i	internal au	dit and manageme	ent review meeting after completion of semester.	_			
k)			dit & Management Review onducted after each semester, classes completed during Jan 20, bu	t college	could not conduct the		
L)	Effectiven	oss of Intornal Au	dit 9. Management Poview				
	No. QSP 05		nternal and external audits are closed with proper corrective and	preventiv	e actions. Proceedur		
	_		ted procedures for Corrections, Corrective actions and prevention				
j)			rections and Corrective actions, as applicable for respective scheme				

	b)	An Integrated approach to Roles & Responsibilities									□ Yes	□ No		
	c)	Conduct o	of Integra	ted / approacl	h to Interna	ıl Audit					□ Yes	□ No		
<b> </b>	d)		Conduct of Integrated Management Reviews considering the overall business strategy						itegv		☐ Yes	□No		
	,	and plan	-0 -	. 0					٥,			-		
	e)		ated appr	roach to syster	ms processe	es					□Yes	□ No		
	f)					vement mecha	nisms				☐ Yes	□ No		
	g)					stions more tha		ement sv	stem		☐ Yes	□No		
		standards	-	<u> </u>										
ii)	Con	nment on t	he matur	ity of the ma	nagement s	system i.e. abo	ut the manag	ement sy	stem is	Mana	gement	system is		
	fully established in the organization and the level of support that it has from senior and top										maintained in the			
	management.										organization with the support			
											op manage	ment.		
SEC	SEC D (h) : Brief comments on Anneyure to Questionnaire for Possilt of the review of the system													
	SEC D (b): Brief comments on Annexure to Questionnaire for Result of the review of the system (over period of certification), (applicable during renewal audits)													
				Marks / Logo						No de	eviations ob	served		
NABO				, =050	,	,								
				yed on buildir										
			be displa	yed on vehicle	es except in	publicity mate	rial like part c	f a large						
		sement												
				on the visiting										
				on laboratory i s in this contex		ition or inspect	ion reports, a	s such rep	orts					
			•			be used on the	nackaging of	a product	•					
			_		_	tc. that in any v		-						
						cess or services								
RvA				,,,	, , ,									
<b>■</b> C	n rep	orts and ce	rtificates	of certified ca	libration-, t	esting and med	dical laborato	ries and						
	-	ion bodies;												
• C	n bus	iness cards	of the ce	ertified client's	personnel.									
CEC E	1-1-		h							NUL				
SECF	(a):/	Any Unreso	ivea issu	es						Nil				
SEC F	(b):	Any Other o	omment	s / observation	ons					Nil				
	,,,,													
SEC G : Audit Program [To be filled for one cycle, upto Renewal]														
Any S	ignifi	cant issues		g audit progra	am to be re	corded	# 1	Surveil	lance # 3	, [	Panawal			
Any S	Signifi e of	cant issues Stage 1	impactin	g audit progra	am to be re	corded Surveillance		+	lance # 2		Renewal	Actual		
Any S Type Auc	Signifi e of dit	cant issues		g audit progra	am to be re	corded	# 1   Actual	Surveil Planne			Renewal Planned	Actual		
Any S Type Auc Date	ignifi of dit Of	cant issues Stage 1	impactin	g audit progra	am to be re	corded Surveillance		+				Actual		
Any S Type Auc	oignifie of dit Of	cant issues Stage 1	impactin	g audit progra	am to be re	corded Surveillance		+				Actual		
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Any S Type Aud Date Audit No. o Mand	Signifi e of dit Of : days	cant issues Stage 1	Actual	g audit progra	am to be re enewal Actual	Stage 2 /		Planne	d Act		Planned			
Any S Type Aud Date Audit No. o Mand	significe of dit Of the diays	stage 1 Planned	Actual  nporary	stage 1	am to be re newal Actual	Stage 2 / Renewal	Actual	Planne	d Act	ual	Planned			
Any S Type Aud Date Audit No. o Mand * Site /Perm	significe of dit Of the days	Stage 1 Planned  Overing Ten	Actual  nporary	Stage 2 / Re Planned  Stage 1  Planne	am to be renewal Actual	Stage 2 / Renewal	Surveillan Planne	Planne	d Act	ual	Planned  Renewe	al		
Any S Type Aud Date Audit No. o Mand * Site /Perm Funct	significe of dit Of the days of control of the days	Stage 1 Planned  overing Ten t]/ Depart	Actual  Appropriate the second	stage 1	am to be renewal Actual	Stage 2 / Renewal	Surveillan Planne d	Planne  nce # 1  Actua	d Act	ual	Planned  Renewo	al		
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Any S Type Aud Date Audit No. o Mand *Site /Perm Funct  MR 8 Civil	significe of dit Of the days  e(s) [common rions /	Stage 1 Planned  Overing Tent Processes  Managem ry & Lab, I	Actual  Actual  nporary ment/  Ent  JG PG	Stage 2 / Re Planned  Stage 1  Planne	am to be renewal Actual	Stage 2 / Renewal	Surveilland d	Planne  nce # 1  Actua	Surveill Plann ed	ual	Planned  Planned  Planned	al		
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* Site /Pern Funct  MR & Civil Comp Lab, Elect Theo: Elect Elect	ignifications of the control of the	Divering Tender (Processes Managem ry & Lab, US Commutab, UG Po	mporary ment/ ent JG PG neory & unicatio mentatio	Stage 2 / Re Planned  Stage 1  Planne d	am to be renewal Actual	Stage 2 / Renewal	Surveilland d	Planne  nce # 1  Actua	Surveill Plann ed	ual	Planned  Planned  Planned	nl		

Mechanical Theory & Lab, UG PG										
MBA					$\boxtimes$	$\boxtimes$			$\boxtimes$	
MCA							$\boxtimes$		$\boxtimes$	
Science and Humanities									$\boxtimes$	
Library										
Placement Cell							$\boxtimes$			
Physical Education					$\boxtimes$	$\boxtimes$	$\boxtimes$		$\boxtimes$	
Office and Training					$\boxtimes$	$\boxtimes$	$\boxtimes$		$\boxtimes$	
Shifts audit (at least once in a cycle, if applicable, Processes to be audited in each shift)					No Shift	Operatio	on			
[*Sub-Division in the Department, "Site(S) / Department/ Functions"]	Processe	s, Sub-Pro	cesses, A	ctivities in	volved & a	udited u	nder One	e Heading	to be specifi	ed in the

#### NOTE:

- 01) Processes required for verification of applicability of the Scope of Certification shall be audited in each visit.
- 02) Dominant applicable clauses for respective Department/ Functions / Processes to be verified [Refer SEC B: Summary of Conformity.
- O3) Information required in this Audit Programme is to be updated during First Assessment of the auditee organization in a given cycle i.e. Stage-1 / Transfer / Renewal Audits / Subsequent Audit if there is any modification of Scope (reduction / extension) / Site(S) / Department/ Functions if not audited as planned. (to be discussed)
- 04) Information provided shall remain for guidance purpose only for the Audit Team of subsequent audits in the cycle & hence, shall not be binding w.r.t. additional functions to be audited and / or clauses to be audited in each function to confirm compliance to the respective audit criteria

	I: Recommendation:	
[Plea	se mark 'Tick - √' as applicable]	
01)	Based on the audit findings, it is concluded that:	
	- the audit objectives as identified under $\square 9(a)$ ; $\square 9(b)$ ; $\boxtimes 9(c)$ ; $\square 9(d)$ , have been fulfilled	
	- the effectiveness of the management system has the capability to meet applicable	
	requirements and expected outcomes.	
	- Certification Scope is appropriate	
	- Satisfactory conduct of internal audit and management review process	
	NOTE:*In case, if absence of objective evidence for all activities of Scope of certification", on a case to case basis	
	conditional grant of certification or reduction of scope will be undertaken in consensus with Operations-Head/Head-IRQS (Top management), to be communicated accordingly under recommendation.	
	And recommend for:	
	(If a situation arise as noted under the note then the conditional recommendation to be made as	
	given above & not recommend for Issuance / continuation of the certificate)	
	a) the issuance "Certificate of Approval" for ISO 9001:2015 / ISO 14001:2015 / OHSAS 18001:2007 / ISO 45001:2018	
	b) the issuance "Certificate of Approval" with continuation for ISO 9001:2015 / ISO 14001:2015 /	
	OHSAS 18001:2007 / ISO 45001:2018	
	c) continuation for "Certificate of Approval for ISO 9001:2015 / ISO 14001:2015 / OHSAS 18001:2007 / ISO 45001:2018	YES
	d) revocation of suspension and continuation of "Certificate of Approval" for ISO 9001:2015 / ISO 14001:2015 / OHSAS 18001:2007 / ISO 45001:2018	
02)	Based on the audit findings, it is concluded that:	
	- the audit objectives as identified under □9(a); □9(b); □9(c); □9(d), the effectiveness of the	
	management system could not be evidenced for the noted non conformities, hence, recommend	
	for :-	
	a) the issuance "Certificate of Approval" for ISO 9001:2015 / ISO 14001:2015 / OHSAS	
	18001:2007/ ISO 45001:2018 , subject to satisfactory closure of non-conformities on or before	
1	•	

	b) the continuation for "Certificate of Approval" for ISO 9001:2015 / ISO 14001:2015 / OHSAS 18001:2007/ ISO 45001:2018, subject to satisfactory closure of non-conformities on or before	
03)	Based on the audit findings, it is concluded that: the audit objectives as identified under 9(a); 9(b); 9(c); 9(d), effectiveness of the management system could not be evidenced for the noted Major / Minor non conformity(ies), hence	
	recommends for the  a) follow-up visit for closure of major NC(s)/ minor NC(s) requiring closure based on the site visit, before	
	b) follow-up of audit before	
04)	Based on the audit findings, it is concluded that:  - the audit objectives as identified under   - g(a);   - g(b);   - g(c);   - g(d), effectiveness of the management system could not be evidenced for the noted Major non conformity(ies) (indicating breakdown of management system or major impact on environment or high potential of an incident which may result in injury/illness).	
	- In case, if absence of objective evidence for all activities of Scope of certification", on a case to case basis conditional grant of certification or reduction of scope will be undertaken in consensus with Operations-Head/Head-IRQS (Top management), to be communicated accordingly under recommendation.	
	Hence recommends fast track review (may lead to suspension or withdrawal of certification).	

## **Instructions for Corrective Action Plans Submission:**

Responsibility: It is IRQS's client's responsibility to provide complete and timely responses to finding reports.

#### Non Conformance submission:

- For the date of NC the following to be completed by the client:
  - > Correction, Root Cause & Extent Analysis, Evidences of Implemented Correction & Corrective Action, for Verification of effectiveness of implemented Correction / Corrective Action.
- Time Frame of the same:
  - For Major NC within 30 Days, for Minor NC within 60 Days
  - NOTE 1: If not submitted within the above time frame then the certificate will be intended for Suspension Process.
  - NOTE 2: The Close-out of the following:
    - Major NC to be completed within 60 Days from the date of audit
    - Minor NC to be completed within 90 Days from the date of audit

# NOTE 3:

- Major nonconformities typically require on-site verification of corrective action unless specified by the Auditor. Follow up audit shall take place within 60 days from the last day of the audit activity to IRQS.
- All findings shall be closed before a recommendation for certification can be made.
- NOTE 4: In case of issuance of any Major NC or any other situation during surveillance audit(s) and or re certification audit(s), team leader requires to recommend a fast track review by IRQS which may lead to suspension or withdrawal of certification.

### Disagreement with an audit finding/s:

IRQS Appeals and Control procedure is to be used by the clients for resolving the issue.

#### Disclaimer:

Audit methodology was sample based. Random Samples were chosen from the areas covered in the scope. This is to assess suitability and effectiveness of Management System. Any sampling carries certain amount of uncertainty in auditing. Audit recommendations are subject to an independent review prior to a decision concerning the awarding, renewal of certification or follow-up / re-audit.

# Confidentiality:

We assure that the information obtained during the audit will be maintained with utmost confidentiality.

Appeal: Our system has a provision of appeal with regards to audit process, difference of opinion and audit report. The client has every opportunity to appeal, dispute or complain against the decision of the auditors.

# Should you wish to Contact IRQS in relation to any queries

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Team Leader Name	Tomcee Thomas	Signature & Pate 18-Jul-20
Auditee Representative Name	Dr. Madhukumar S	Signature & Date 18-Jul-20