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. V. P. Devassia, 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)	Not Applicable			
06)	**Audit Criteria** **(strike out the standard not under audit)**	**QMS (ISO 9001)**	**~~QMS-EOMS (ISO 21001)~~**	**~~EMS (ISO 14001)~~**	**~~OHS (ISO 45001)~~**
		▪ Applicable legal & other requirement. ▪ Organization's procedures & documented information in line with the respective standards.			
07)	**Date of Audit**	21-Jul-22 - 23-Jul-22			
08)	**Type of Audit** **(strike out the standard not under audit)**	Renewal ~~Joint / Combined / Integrated / Remote~~			

09) Audit Objective

a) **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.

b) **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);

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		▪ Progress of planned activities aimed at continual improvement; ▪ Continuing operational control; ▪ Review of any changes ▪ Use of marks and/or any other reference to certification
	d)	**Special Audit :** a) For expanding 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. b) To investigate complaints, or in response to changes, or as follow up on suspended clients c) For upgradation to revised standards.
	NOTE: To verify the above audit objectives, in case of Remote audit carried out using ICT facility for gathering the audit evidences by utilizing the computer-assisted techniques such as MS Team, Skype, Video conferencing, webinar, information available in soft etc. as applicable.	
10)	**Changes to the audit objectives, audit scope or audit criteria (e.g. physical location, organizational units, activities and processes), if any: Please attach "Notice of Change"**	
➡	Electronics & Instrumentation is removed from scope statement as new intakes are stopped, new courses commenced Artificial Intelligence and Data Science, Electronics and Computer, Computer Science and Engineering (Cyber Security). As institute is planning for NAAC audit, requested to change accreditation to NABCB	
11)	**Comment on the confirmation of the information provided (by the organization, including "Pre-audit Information" / Auditor Allocation Form)**	

➡	**Scope of Certification**	Providing Graduate Engineering Programs in Civil, Mechanical, Computer Science, Electronics & Communication, Electrical & Electronics, Artificial Intelligence and Data Science, Electronics and Computer, Computer Science and Engineering (Cyber Security). Post Graduate Engineering Programs in Civil, Mechanical, Computer Science, Electronics & Communication. Post Graduate Programs in Computer Application and Business Administration & Management.
	Number of sites	One
	Travel Time between the sites	Not Applicable
	Number of employees associated with scope of certification (For Effective Number of Employees)	250
	Current certification & its validity	IRQS/190100566 & 27-Jul-22
	Design & development	Not Applicable
	Working in shifts **Regular working hours.**	No shift operation
	Externally provided processes, products and services (Outsourced)	Visiting professors based on specific requirement as and when required are identified as outsourced process.
	Pre-audit information	Verified

12)	**Audit Team Details** **(Team Leader, Team Member, Provisional Auditor, Provisional Team Leader, Evaluator, Industry Expert Any accompanying persons; e.g. Guides, Observers, Translator, Facilitator etc.)**	**Name**	**Role**
		Tomcee Thomas	Tomcee Thomas
		Vishwanathan Pillai	Auditor

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13)	**Audit conducted at [Physical location(s) as applicable]**	**Address**	**Date of Audit**	**Functions/ Process(es) /Activities audited at the Location/Site**
	Head office	Choondacherry PO Kottayam Dist Kottayam 686579 Kerala India	21-07-22 - 23-07-22	MR & Top Management, Civil Theory & Lab, UG PG, Computer Science Theory & Lab, UG PG, Electronics & Communication Theory & Lab, UG PG, Electronics & Instrumentation Theory & Lab, UG, Electrical & Electronics Theory & Lab, UG PG, Mechanical Theory & Lab, UG PG, MBA, MCA, Science and Humanities, Library, Placement Cell, Physical Education, Office and Training
	Permanent site(s)			
	Temporary site(s)			

14)	**To comment :**	
	a)	**Any deviation from audit plan and their reasons (if yes, please justify)**
	➡	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).**
	➡	Nil

Audit Findings

SEC A : Comments on the Effectiveness for the Closure of Previous Audit Findings:

No. of Previous audit NCs:	Nil	No. of Areas of Concerns raised during Stage 1:	NA

Scheme & Clause No.	Findings	Comments on the effectiveness for the closure
ISO 9001	Nil	Nil

a)	**Scope of Certification:** (If Multi-site audit, then scope as applicable at each site should be verified [for Stage 2 from Stage 1 Audit Report and for Subsequent audit against the issued Certificate] & reported)	
➡	General Scope as required on the final "Certificate of Approval"	Providing Graduate Engineering Programs in Civil, Mechanical, Computer Science, Electronics & Communication, Electrical & Electronics, Artificial Intelligence and Data Science, Electronics and Computer, Computer Science and Engineering (Cyber Security). Post Graduate Engineering Programs in Civil, Mechanical, Computer Science, Electronics & Communication. Post Graduate Programs in Computer Application and Business Administration & Management.
	Scope of Head Office	Not Applicable
	Scope of Site	Not Applicable
	Scope Support Office(s) / Location(s),	Not Applicable

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	if any	
	Non-Applicability of Clauses & Justification for the same	8.3 – Design and Development of products and services :- Institution is not involved in Design and development of courses and the syllabi which are decided by Kerala Technical University to which College is affiliated, hence this clause is considered as not applicable. 7.1.5.2 Measurement traceability, Calibration against measurement standards traceable to international or national measurement standards. : Instruments used for handing the practical sessions are demonstrative in nature hence only verification and controlling the monitoring and measuring devices prior to usage of the same for practical sessions are done., hence this clause is considered as not applicable.
	Justification for the scope of certification [Brief description for scope verification highlighting on the process flow / activities involved for the scope. Provide at least one example for scope of certification.	
	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 Admission from allotment list Student Indrajith S, Allotmeent fll 140328, rank 6127, course CS, admission given, admission no 21/CS/061 on 22-10-21, document checklist available. Course dairy verified, faculty Ms. Smitha, subject code CST205, time table available, course planning done, portions coverage marked in course dairy. Module 1 planned 27, conducted 17-8 to 11-09, Attendance marked ref student Aditya Sanil, attendance 89.33, mark for attendance allotted 8.92, Internal exam conducted and marks given, assisgments conducted 2, slow leaners nil, course completed on 18-12-21. Extra class es conducted, number of students 63, failed 10, class average 20.81, failed 10 University result analysis CST 205. percentage 93/125, percentage 74.4	
	Summary of Site Visit: House keeping found excellent, campus has canteen facilities, hotel and college bus facilities that are not included in scope of management system certification. Adequate class rooms, laboratory complex and library facilities made available.	
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. Interested parties identified 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. PTA meeting, class committee meetigns and course committee meetigs are conducted to review and analysis requirements of various interested parties. The Institution has taken measures to ensure that the student assessment is consistent in the evaluations, ensures equipment are available and used for teaching and assessing the courses and examinations with proper reference to correct and latest syllabus. Institution has weak students identification programme and remedial classes for improving them, since online classes are conducted formal remedial classes are not conducted.	

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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/1-9318921477/2021/EOA dated 02-Jul-2021 for extension of approval for the academic year 2021-22, F No. South-West/1-10976006764/2022/EOA daetd 3/7/22 for 22-23, with approval for all the courses in scope of certificaiton. Kerala Technical University KTU/A/456/2015 dated 30/08/2021 for extension of affiliation of courses for the Academic Year 2021 - 2022	
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	
➡	Context of the organization is part of quality manual, examples of some of the factors considered and identified risks and oppertunities based on context of the organizaiton 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. Organizaiton 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.
	➡	All management system processes been determined and effective management of processes are evidenced to meet the product requirements and interested parties requirements and to enhance the satisfaction. No shift operations hence change control processes not practiced. 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
	B)	Control over identified externally provided processes, products and services (Outsourced activities)
	➡	Outsourced processes is classes taken by visiting professors based on specific requirement as and when required. Such classes are managed by respective department.
	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 <u>such as setting of Environmental objectives, target, programs</u>)	
➡	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: Attaining course outcome and program outcome, 50% for each subject and course	
g)	The availability of resources, environment necessary to support the operations & monitoring of management process.	
➡	Organization has planned and implemented adequate resources required for the smooth functioning of activities and continual	

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improvement. Resources include building infrastructure, class rooms, library, computer systems, well equiped laboratories etc…

Personnel Interviewed, including workers / contract workers

[The Personnel who will be Interviewed during Audit. (Based on the Scope of certification and scheme).

- *Shop floor personnel / Operational Personnel involved in critical process / functions / Company workers / Contract workers / Personnel involved in or with Outsourced activity Interested party representatives /*
- ***Personnel responsible for monitoring employees' health, for example, doctors, nurses and or any nominated / authorized representative of the organization***
- *As felt appropriate, include any other personnel based on the organization being audited}*

Dr. V.P. Devassia Dr. Madhukumar S	Principal Vice Principal	Context of organization, Top management, MR, Legal Policy, objectives Participation and awareness	Considered
Dr. Joby PP	HOD CS	Participation and awareness	Aware of processes
Mr. George Tom Varghese	Instrumentation Lab	Participation and awareness	Aware of processes
Mr. Anish Augustine K	Faculty	Participation and awareness	Aware of processes
Ms. Juny	Faculty	Participation and awareness	Aware of processes

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.

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. Faculty attend faculty development programs, and HOD maintain data on FDP by the faculties.

I) Demonstration of Leadership and commitment towards management system

➡ Top managemnet for the organization is Chairman 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

j) Method / procedure for Corrections and Corrective actions, as applicable for respective scheme, with example

➡ Organisation has documented procedures for Corrections, Corrective actions and preventive actions. Grievence cell, PTA Meetings, and committee for Gender Sensitization, Prevention and Prohibition of Sexual Harassment of Women Employees and Students and Redressal of Grievances are functioning in college.

k) Effectiveness of Internal Audit & Management Review

➡ **INTERNAL AUDIT:**
Briefly describe the process of conduct of IA:
Comment on the competency of IA auditors:
Number of internal auditors:
Trained for Internal auditors:
Verification of audit Programme:
Audit Plan:
Findings of IA:
Briefly Corrective actions and effectiveness of corrective taken for the NC's Observations etc on the outcome of IA.
Briefly on the Conduct of IA in an Impartial manger:
Conclusion on the effectiveness of IA conducted:

MANAGEMENT REVIEW:
Briefly describe the process of conduct of Management Review:
Summary of the conducted and conclusion on the effectiveness of conducted Management review:
Improvement: -
Output:-

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	Internal quality audits are conducted after each semester, Last IQA conducted 16-12-22 all departments as per plan are covered during that audit, organization has trained eight internal auditors, nil non conformances observed duiring current internal audit, observation points observed, internal audit found effective. Management review meetings are designed to conduct once in four months, last MRM conducted on 10-05-22, records indicates discussion of all points as per agenda and found reliable
l)	Examples of improvement/s as a result of correction, corrective actions, break through changes, innovation and reorganization including continual improvement.
➡	QMS 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. Attained course outcome and program outcome, 50% for each subject and course
m)	Comments on the process of Organization's Management of Change
➡	As informed by the organization there has not been any change from previous audit, in business processes, organizational structure goals, processes or technologies.
n)	**Attached Annexure A for Summary of OHSMS : ISO 45001:2018 – Additional (New) Requirements & IAF MD 22 Requirements (IV IRQS:FORM:102-A:OHS)** — **Yes / No / NA**

SEC C : Current Audit Non-conformity

a)	Scheme	NC No.	Clause No.	Statement(s)	Grading of NC (Major/Minor)
	QMS	**Nil**	**NA**	**NA**	**NA**

b)	No. of Major NCs:	**Nil**
c)	No. of Minor NCs:	**Nil**

SEC D (a) : Maturity Of The Management System

(i)	**Level of Integration in case of Integrated Management System:**		
	a)	Integrated Documentation (Manual, policy and objectives, procedures, work instruction etc.)	☐ Yes ☐ No
	b)	An Integrated approach to Roles & Responsibilities	☐ Yes ☐ No
	c)	Conduct of Integrated / approach to Internal Audit	☐ Yes ☐ No
	d)	Conduct of Integrated Management Reviews considering the overall business strategy and plan	☐ Yes ☐ No
	e)	An Integrated approach to systems processes	☐ Yes ☐ No
	f)	An Integrated approach to continual Improvement mechanisms	☐ Yes ☐ No
	g)	Organization's personnel to respond to questions more than one management system standards.	☐ Yes ☐ No
ii)	Comment on the maturity of the management system i.e. about the management system is fully established in the organization and the level of support that it has from senior and top management.		Management system established is maintained by the organization with the support from top management.
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)			Verified

SEC E: Comments on Usage of Marks / Logos (Accreditation / IRQS)

NABCB :

- The logo shall not be displayed on buildings and flags.
- The logo shall not be displayed on vehicles except in publicity material like part of a large advertisement
- The logo shall not be used on the visiting cards
- Use of logo not permitted on laboratory test, calibration or inspection reports, as such reports are deemed to be products in this context.

Neither the IRQS's Logo nor the NABCB's Logo shall be used on the packaging of a product, labels, publicity material, written announcements etc. that in any way suggests that the IRQS or NABCB have certified or approved any product, process or services of

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the registered client
Not appicable
RvA ▪ On reports and certificates of certified calibration-, testing and medical laboratories and inspection bodies; ▪ On business cards of the certified client's personnel.
No deviation observed.
Use of Marks / Logos (Common for both) : Comments on verification of website for Use of Marks / Logos, display of certificate for its appropriateness and validity on the Client's website, any social media, wherever is applicable look at the maximum.
https://sjcetpalai.ac.in referred and no logo usage evidenced.

SEC F (a) : Any Unresolved Issues	Nil
SEC F (b) : Any Other comments / observations	Nil

SEC G : Audit Program [To be filled for one cycle, up to Renewal]

Any Significant issues impacting audit program to be recorded

Type of Audit	**Stage 1**		**Stage 2 / Renewal**		**Surveillance # 1**		**Surveillance # 2**		**Renewal**	
	Planned	*Actual*	*Planned*	*Actual*	*Planned*	*Actual*	*Planned*	*Actual*	*Planned*	*Actual*
Date Of Audit			*21, 23 Jul 23*	*21, 23 Jul 23*	*Jun 24*		*Jul 25*			
No. of Mandays			3.5	3.5	2		2		3.5	

Site(s) [covering Temporary /Permanent] / Department/ Functions / Processes (Please mark [✓]Tick Mark)	**Stage 1**		**Stage 2 / Renewal**		**Surveillance # 1**		**Surveillance # 2**		**Renewal**	
	Planned	*Actual*	*Planned*	*Actual*	*Planned*	*Actual*	*Planned*	*Actual*	*Planned*	*Actual*
MR & Top Management			☒	☒	☒	☐	☒	☐	☒	☐
Civil Theory & Lab, UG PG			☒	☒	☐	☐	☒	☐	☒	☐
Computer Science Theory & Lab, UG PG			☒	☒	☐	☐	☒	☐	☒	☐
Electronics & Communication Theory & Lab, UG PG			☒	☒	☒	☐	☐	☐	☒	☐
Computer Science and Engineering (Cyber Security) Theory & Lab, UG			☐	☒	☒	☐	☐	☐	☒	☐
Electrical & Electronics Theory & Lab, UG PG			☒	☒	☐	☐	☒	☐	☒	☐
Electronics and Computer Theory Lab UG				☒	☒	☐	☐	☐	☒	☐
Mechanical Theory & Lab, UG PG			☒	☒	☐	☐	☒	☐	☒	☐
Artificial Intellegance and Data Science Theory & Lab UG			☐	☒	☒	☐	☐	☐	☒	☐
MBA			☒	☒	☒	☐	☐	☐	☒	☐
MCA			☒	☒	☐	☐	☒	☐	☒	☐
Science and Humanities			☒	☒	☒	☐	☐	☐	☒	☐
Library			☒	☒	☐	☐	☒	☐	☒	☐
Placement Cell			☒	☒	☒	☐	☐	☐	☒	☐
Physical Education			☒	☒	☒	☐	☐	☐	☒	☐
Office and Training			☒	☒	☐	☐	☒	☐	☒	☐
Shifts audit (at least once in a cycle, if applicable, Processes to be audited in each shift)	No Shift operations									

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[*Sub-Division in the Department, Processes, Sub-Processes, Activities involved & audited under One Heading to be specified in the "Site(s) [covering Temporary /Permanent]/ Department/ Functions"]
Note:
a) Stage 1 Audit Programme to be addressed the Number of Shifts & audit is planned for at least one of the shifts inside and one outside of regular office hours
a) Stage 2 / Renewal / Surveillance Audit : as per the Stage 1 Audit Programme, audit is conducted for at least one of the shifts inside and one outside of regular office hours
b) In case of Migration to ISO 45001:2018 : Audit outside of regular office hours, all shifts audits to be conducted during all audits during the cycle. In case of migration during surveillance, then during all subsequent for cycle to be covered. If migration done during:-
1) Surveillance #1 – Then Surveillance #2, Renewal and Surveillance #1 after renewal.
Surveillance # 2 – Then during Renewal , Surveillance #1 and Surveillance #2.

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.
03) 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

SEC H : Effectiveness of audit objectives achievement: : [Please mark 'Tick - ✓' as applicable for Onsite audit and Remote Audit]

On-site and Remote Audit	Effectiveness		
	Achieved	Not achieved	Remarks on what is not achieved or raised it as NC
Demonstration of Leadership commitment	✓		
Determination of External & Internal issues	✓		
Needs and expectation of Interested parties	✓		
Access to Legal & other requirements and their compliance	✓		
Process of Setting of objectives and achievements.	✓		
For Operational control	✓		
Process of Performance monitoring and continual improvement.	✓		
Effective conduct of Internal audit and Management review.	✓		
Process of addressing any changes, Management of change.	✓		

REMOTE AUDIT (USING ICT)
The Below Ticked ICT has been used in carrying out audit/assessment and the effectiveness of ICT in achieving the audit/assessment objectives are as noted below:

Based on the Input received in IV IRQS:REC:52 A the following ICT were used: (Tick ✓ which were used), any other means if used please include the same for comments on its effectiveness for achieving the objectives).	Used to gather objective evidences.	Effectiveness	
		Achieved for	Not achieved or Not fully achieved: for
Micro Soft Team Meeting ZOOM Go-To Meetings Video conferencing WhatsApp Video call Skype.	Virtual site visit – Based on respective scheme requirements.	NA	
	Operational activities (EG; Process parameters, Operational control etc.).	NA	
	Sharing of Documents, Documented information, Records on Screen	NA	
	Interview with personnel	NA	
	Uninterrupted connectivity throughout audit duration.	NA	

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Use of Drone	Overall Audio / Video clarity.	NA	
	Sharing of photos	NA	
	Documents through mails in time.	NA	
	Maintain Integrity of the audit / assessment process.	NA	
	Usage of Drone	NA	
	Objectives of Current Type of audit as noted above under Section 9 of this report.	NA	
	Any other additional information from FORM 52 A / observations.	NA	
Based on the above:			
Additional Manday required to cover the processes for which objectives not fully achieved		YES *(Please mention the audit duration that would be required)*	NO ✓
Audit Programme amended.		YES *(Please amend the audit program accordingly with appropriate justification)*	NO ✓

SEC I: Recommendation: **[Please mark 'Tick - ✓' as applicable]**		
01)	Based on the audit findings verified through Off-site audit / On-site audit/Remote audit, it **is concluded that:** - the audit objectives as identified under ☐**9(a);** ☒**9(b);** ☐**9(c);** ☐**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 / ISO 45001:2018	
	b) the issuance " Certificate of Approval" with continuation for ISO 9001:2015 ~~/ ISO 14001:2015 / ISO 45001:2018~~	**YES**
	c) continuation for " Certificate of Approval for ISO 9001:2015 / ISO 14001:2015 / ISO 45001:2018	
	d) revocation of suspension and continuation of " Certificate of Approval" for ISO 9001:2015 / ISO 14001:2015 / ISO 45001:2018	
02)	Based on the audit findings verified through Off-site audit / On-site audit/Remote audit, 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 / ISO 45001:2018 , subject to satisfactory closure of non-conformities on or before _____`	
	b) the continuation for "Certificate of Approval" for ISO 9001:2015 / ISO 14001:2015 / ISO 45001:2018, subject to satisfactory closure of non-conformities on or before _____.	

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03)	Based on the audit findings verified through Off-site audit / On-site audit/Remote audit, 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 verified through Off-site audit / On-site audit/Remote audit, 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 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. Whenever the ICT facility used for gathering audit evidences the risk associated with poor connectivity of audio / video are taken into the account for 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 & Date** Tomcee **23-Jul-22**
Auditee Representative Name	**Dr. Madhukumar S**	**Signature & Date** **23-Jul-22**

Digitally signed by Devassia V P
Date:Tue Jun 27 14:58:52 IST 2023

Signed By:Devassia V P
Date:14.09.2023 19:39