


**AUDIT NOTES – REPORT NO. 1254**

(ISO 9001:2015, ISO 14001:2015, ISO 45001:2018, ISO 22000:2018, ISO 50001:2018, ISO 37001:2016)

**Clause Text Colour Coding's : Legends Explanations**

		Applicable for all above standards
	Applicable for ISO 9001:2015 Only	Applicable for ISO 14001:2015 Only
	Applicable for ISO 45001:2018 Only	Applicable for ISO 22000:2018 Only
	Applicable for ISO 50001:2018 Only	Applicable for ISO 37000:2016 Only

<b>Name of the Organization</b>	IPEM LAW ACADEMY		
<b>Address</b>	A-13/ 1, SSGT ROAD, INDUSTRIAL AREA, NH-9 BY PASS, GHAZIABAD- 201010 (UTTAR PRADESH), INDIA		
<b>Site Address (If any)</b>	-		
<b>E mail id</b>	info@ipemgzb.com		
<b>EMS/ Unit Head. Name</b> <b>OHSMS/ Unit Head. Name</b> <b>OHSMS coordinator / Contact Person</b>	DR. MINAXI TOMAR- Contact Person		
<b>Telephone/Fax</b>	0120-4174500		
<b>Audit Scope</b>	PROVIDING EDUCATION IN THE FIELD OF LAW		
<b>EMS Complexity/ Risk:</b> <b>OHSMS Complexity/ Risk:</b>	Low		
<b>IAF Code and Audit standard</b>	37, ISO 14001:2015, ISO 50001:2018		
<b>No. of Skilled workers</b>	20		
<b>No. of unskilled workers</b>	5		
<b>No. of contract workers</b>	-		
<b>No. of part time workers</b>	-		
<b>Shift details</b>	1		
<b>Average no. of visitors present on site at different shifts</b>	-		
<b>Audit Team</b>	Audit Team Leader: Ashok Sharma Auditor/TE: Anjani Vikram Gupta	Audit Duration: Man day(s) :	4
<b>Director Signature</b>	 <p>For QRO Certification LLP Authorized Signatory NEW DELHI</p>		

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## QRO CERTIFICATION LLP

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<b>Date of Audit</b>	25-10-2022, 26-10-2022
<b>Audit Criteria</b>	<i>Organization's guidelines and applicable legal &amp; other requirements related to Applicable Standard.</i>
<b>Purpose of Audit</b>	<ol style="list-style-type: none"> <li>1. To assess the conformity of the applicable standard, with reference and applicable legal &amp; other requirements.</li> <li>2. To identify opportunities of improvement.</li> <li>3 To submit audit report along with decision regarding client's certification status.</li> </ol>
<i>This report is based on random samples and therefore not every aspect of the organization's activities has necessarily been assessed. Hence where no non-conformities are reported it does not follow that none exist.</i>	
<b>Legal, Statutory &amp; Regulatory Requirements</b>	Applicability of Air Pollution Act, Environment Pollution Act, Water Pollution Act and the organization is a small organization also working on contract basis-legal requirements are fulfilled by the company employees.

### Summary of Audit & Observations

<b>Stage-1 audit Observations and status found after during stage-2 audit</b>
NIL

<p><b><u>Non Conformities Raised during stage-1 audit</u></b></p> <p><b>No Minor Non-conformance identified in the Stage 1 audit, details of Non Conformance in CAR from</b> (Note: the detailed NC is to be submitted and accepted by the client. Please respond by submitting RCA, corrective action plan, and where specified by the auditor, the Corrective action evidence. Failure to submit appropriate CA evidence within 60 days, may lead to cancellation of audit &amp; certification contract.</p>
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<b><u>Opening meeting and audit proceedings</u></b>
<i>Opening meeting conducted as per procedure</i>
<b><u>Comments on Internal audit:</u></b>
<i>The organization conducts internal audit in 6 months as per documented procedure 5.4.5. The non-conformities are noted in NC forms. Records show that last internal audit was conducted on 18-08-2022,</i>
<b><u>Comments on MRM:</u></b>
Once in 6 months (as defined in QM section/ Procedure no. 5.5.0) 24-08-2022
<b><u>Is there any deviation from the audit plan?</u></b>
No
<b><u>Is there any significant issue that impacts the audit program?</u></b>
No
<b><u>Is there any Significant change, that took place since last audit, and affects?</u></b>
NIL
<b><u>Type of audit (single, combined, joint or integrated)</u></b>
Integrated
<b><u>Is the certification scope appropriate as per the organizational activities?</u></b>
Yes

### Closing meeting:

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Sl. No.	Corrective actions requested	Category	Clause reference	Mode of closure	Agreed time frame
1	Communication record is not evident for Internal/External	Minor	7.4	Document evidence	30 days
2	Training effectiveness monitoring record not done last training.	Minor	7.3	Document evidence	30 days

Clause No.	Clause Description	Stage II / SA / RA / Other - Audit Notes (Evidences, Observation & Findings)
4.1.	Context of the organization	<p><i>External issues -</i></p> <ul style="list-style-type: none"> <li>- Relationships with external interested parties</li> <li>- New competitors</li> </ul> <p>Evidenced QM Section 4 (I &amp; E Issues)</p> <p><i>Internal issues –</i></p> <ul style="list-style-type: none"> <li>- Capabilities in terms of Resources such as capital, human and technological</li> <li>- Organizational style and the health and safety culture of the organization</li> </ul> <p>Evidenced QM Section 4 (I &amp; E Issues)</p> <p><input checked="" type="checkbox"/> Satisfactory    <input type="checkbox"/> Unsatisfactory</p>
4.2.	Understanding the needs and expectations of interested parties / <b>Stakeholders under ABMS</b> (Including Workers for OHSMS)	<p>Defined in Clause 4.2 of QM</p> <p><input checked="" type="checkbox"/> Satisfactory    <input type="checkbox"/> Unsatisfactory</p> <p>Verified-interested Parties List need and Expectations of Interested parties are determined by the organization</p> <p>Evidence:</p> <ul style="list-style-type: none"> <li>• Student: Expecting eco-friendly Environment of company.</li> <li>• Employees: Expecting good working environment/health/safety/training/promotion, recognition and reward.</li> <li>• Society: Environmental protection, Ethical behaviour Compliance with statutory and regulatory requirements</li> <li>• Government Agency: To follow Rules and regulations Strictly.</li> <li>• Management: Expecting growth of business, sales &amp; profitability/efficiency &amp; effectiveness of operations.</li> </ul>
4.3.	Determining the scope in which MS is implemented	<p>Defined in Section 2.4 of QM</p> <p><b>PROVIDING EDUCATION IN THE FIELD OF LAW</b></p>

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		<i>Please fill Details in Annexure.</i>
4.4.	Management system and its processes	<p>Institutedeveloped,implemented,maintains,andcontinuallyimproves energyperformance  <b>EnMSprocessesinclude:</b></p> <ul style="list-style-type: none"> <li>a) Actionsto addressrisksandopportunities</li> <li>b) Energyplanning</li> <li>c) Controlofpersonnel</li> <li>d) Controlofmonitoringandmeasuringresources</li> <li>e) Communication</li> <li>f) Controlofdocumentedinformation</li> <li>g) Operationalplanningandcontrol</li> <li>h) Design</li> <li>i) Procurement</li> <li>j) Evaluationofcompliancewithlegalrequirementsandother requirements</li> <li>k) Internalaudit</li> <li>l) Managementreview</li> <li>m) Correctiveaction</li> </ul> <p><b>ORGANISATION ESTABLISHED AND MAINTAIN DOCUMENT SEEN AND VERIFIED FOUND SATISFACTORY</b></p> <p>SOPs for different processes were there.  <input checked="" type="checkbox"/> Satisfactory    <input type="checkbox"/> Unsatisfactory</p> <p>Authority and Responsibility checked on interview of</p> <p>1. Sonam Singh          Designation: Assistant professor</p> <p>2. Ms. Neeraj Nagar          Designation:Assistant Professor</p> <p>Satisfactory in 4 tiers i.e. QM, procedures/ Quality Plan, W.I. &amp; Records</p>
4.5.	<b>Bribery risk assessment (ABMS)</b>	<b>(NA)</b>
5.1.	Leadership and commitment (Worker Participation for OHSMS) <b>Governing body (ABMS)</b> <b>Top management (ABMS)</b>	<p><i>Name of the Person having overall responsibility and accountability for achieving and maintaining conformity of the EMS : Col. Dr. Minaxi Tomar Principal</i></p> <p><i>Whether list of process owner maintained/defined : YES</i></p> <p><i>Relevant Document Number: IPEM /PC/01</i></p> <p><i>b. Quality Policy &amp; Quality Objectives have been established - found documented in the Quality manual.</i></p> <p><i>c. The EMS processes and organization's business processes found interlinked, integrated and listed in QM (QM Section 4.4.1). The EMS documents found</i></p>

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		<p><i>available with different process owners.</i></p> <p><i>d. The organization has established its documented system on the basis of process identification, associated risks and opportunities. QM Section 4.4.1</i></p> <p><i>e. Required infrastructural, financial, material, technical and personnel resources have been provided for effective operation and control of the EMS and business processes.</i></p> <p>f. <input checked="" type="checkbox"/> Satisfactory    <input type="checkbox"/> Unsatisfactory</p> <p>- based on interview of</p> <p>1. Ms. Sonam Singh- -Assistant professor</p> <p>2. Ms. Neeraj Nagar- Assistant Professor</p> <p><i>g. The Principal demonstrated efforts he had made towards achieving objectives of the EMS.</i></p> <p><i>h. The Principal has recruited, and assigned responsibilities to different personnel and promotes improvement in performance.</i></p> <p><i>Verified: List of key process owners and their responsibilities: IPEM /PC/01</i></p> <p><i>i. The Principal monitors, supports and enables process leaders to exercise their leadership in the assigned functional areas.</i></p> <p><i>The top management determines applicable contractual, statutory and regulatory requirements. This process is directly looked by the Principal.</i></p> <p><i>Admissions reviewed time to time to identify associated risks and opportunities, in order to enhance Student satisfaction.</i></p> <p><i>Record of Student satisfaction maintained, Student Satisfaction level of 97.9% achieved.</i></p>
5.2.	Policy	<p><i>The Principal has established and approved the Quality policy. The policy includes all the commitments prescribed in the ISO standard. To ensure continuous communication the Quality Policy has been prominently displayed.</i></p> <p><input checked="" type="checkbox"/> Satisfactory    <input type="checkbox"/> Unsatisfactory</p> <p>based on interview of</p> <p>1. Ms.SONAM SINGH Designation: Assistant professor</p> <p>2. Ms. NEERAJ NAGAR Designation : Assistant professor</p>
5.3.	<p>Roles, Responsibilities and authorities</p> <p>Anti-bribery compliance function (ABMS)</p> <p>Delegated decision-making (ABMS)</p>	<p><i>Organization chart available with Responsibilities and authorities of key personnel found defined in</i></p> <p><i>Evidenced through physical verification</i></p> <p>1. Dr. Minaxi Tomar, Principal</p> <p>2. Sonam Singh, Assistant professor</p>

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		3. Miss Neeraj Nagar- Assistant professor
5.4.	Consultation and participation of Workers (OHSMS)	NA
6.1.	Actions to address risk and opportunities Environmental aspects (EMS) Hazards identification and its assessment, Assessment of OH&S opportunities, Legal and other Requirements (OHSMS)	<p>The organization has established a Risk &amp; Opportunity management plan wherein key processes and associated risks, contingency plans and opportunities have been documented.</p> <p>Identified environmental aspects and its impacts. Assessing its risks and opportunities document reference Risk analysis (AIRA) Register.</p> <p>Yes, Define in manual</p> <p>Risk and Opportunities not cover all activities.</p> <p>During audit found Risk identified All department risk.</p> <p>Interview DR. MINAXI TOMAR , Principal aware about OWN RISK</p> <p>Procedure for identification and evaluation of EnMS management system risks and opportunities</p> <p>Example</p> <p><b>ISSUES (INTERNAL/EXTERNAL) POWER GENERATION EXPECTED RESULT</b>          CONSTANT SUPPLY OF POWER <b>UNCERTAINTY</b> REVENUE LOSS,          ENVIRONMENT CONCERN AND SOUND POLLUTION <b>RISK (H/M/L) H</b>          OPPORTUNITY TIMELY MAINTANCE AND NOC FROM POLLUTION          CONTROL BOARD AND SOUND PROOF GENERATOR <b>CONTROL POINT(S)</b>          REGULAR FOLLOW UP</p> <p>Reference Documents:          Annex-X Risk Analysis</p>
6.2.	Objectives (Energy targets for EnMS) and planning to achieve them	<p>Objectives Monitoring done by DR. SUGANDHA GOEL</p> <p>Yes, College established SMART Objective</p> <p>Verified Quality and Environment Objective found full fill-up the standard requirements.</p> <p>Like as</p> <p>Reduction in Energy Consumption in year 2022-23 5% improvement on previous year energy consumption</p> <p>Training and awareness on Energy conservation 5 Man-days per person</p> <p><b>REFERENCE DOCUMENTS:</b>          ENMS MANUAL PAGE NO. 16</p>
6.3.	QMS/FSMS : Planning of changes Energy review (EnMS)	<p>The changes are documented and obsolete documents are boldly marked as obsolete.</p> <p>Quality Manual Clause 4.4 marked obsolete as per section 3</p>

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6.4.	Energy Performance Indicators (EnMS)	<p>Institute develop and conduct an energy review          The energy review updated at defined intervals, as well as in response to major changes in facilities, equipment, systems or energy-using processes  <b>Ref:Identification and review of energy saving opportunities IPEM-P-01</b>  <b>format Energy Saving Opportunity En-MR-F-03</b>  <b>analyse the overall performance of a particular plant a format IPEM-FR-01</b>  <b>Seen and verified found satisfactory</b></p>
6.5.	Energy Baseline (EnMS)	<p>Institute has established Energy Baseline (EnB) using the information from the energy review, taking into account a suitable period of time, indicating that relevant variables significantly affect energy performance and retains information of EnB, relevant variable data and modifications to EnB as documented information.</p>
6.6.	Planning for collection of energy data (EnMS)	<p>Institute define and implement an energy data collection plan appropriate to its size, its complexity, its resources and its measurement and monitoring equipment.  <b>Ref:Identification and review of energy saving opportunities IPEM-P-01</b>  <b>format Energy Saving Opportunity En-MR-F-03</b>  <b>analyse the overall performance of a particular plant a format IPEM-FR-01</b>  <b>Seen and verified found satisfactory</b></p>
7.1.	Resources	<p><i>Determination of requirement is done by concerned process owners or by the Principal.</i></p> <p><i>Existing resources, constraints or underutilization is reviewed and appropriate action is taken. Purchase requirement is generated and decision for resource fulfillment is taken by the Principal and the concerned process owner.</i></p> <p><i>Resource required from external sources is determined by the Principal and the concerned process owner.</i></p> <p><i>HR need is determined by the Principal and is maintained to ensure effective operation of processes.</i></p> <p><i>Infrastructure found suitable.</i></p> <p><i>During onsite audit, infrastructure found in proper operating condition.</i></p> <p><i>Work Environment found satisfactory. Fire fighting equipments, first aid box, drinking water facility, DG set, Heat ventilation and toilet facility found adequate.</i></p> <p><i>The Principal showed me knowledge and literature collected from various sources like internet books etc. regarding Services/Services and its processes.</i></p> <p><i>This knowledge is also transferred in the organisation through manuals, trainings etc.</i></p> <p><i>Changes in the knowledge are gathered and transmitted in the same manner.</i></p> <p><i>Verified: Knowledge related to Services</i></p> <p><i>Knowledge related to processes</i></p>

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Measuring & monitoring Resources/equipment  Identification no. of Resource/equipment  Date of last calibration  Calibration valid upto  Calibration status on equip  Traceability of master equipment used for calibration	Excluded  Exclud  Excluded  <input checked="" type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced  <input checked="" type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced	Excluded  Excluded  Excluded  Excluded  <input checked="" type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced  <input checked="" type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced
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7.2. Competence <b>Employment process (ABMS)</b>	Refer to the table below:
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Employee name & Position	Competency Criteria	Competency record
Ms. Sonam Singh Designation : Assistant Professor	LLM + 5 years similar experience	LLM + 5 years similar experience
Ms. Neeraj Nagar Designation : Assistant Professor	LLM + 3 years similar experience	LLM + 3 years similar experience
Training given to:	Communication skill	All Staff
Subject of Training:	Education Department	First Aid Training
Date of training –	21-08-2022	27-08-2022
Evaluation of training's effectiveness	<input checked="" type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced	<input checked="" type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced

7.3. Awareness and training	Verified the established and maintained competency matrix. The organization has conducted the training for the up gradation of employee's skill and knowledge. the training record available and maintain. <b>Training effectiveness monitoring record not has done last training. NC2</b> <b>Reference Documents:</b> Awareness and Training IPem/SOP/11 Training Record Awareness, training and competence Awareness, training and competence En-P-04
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		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
7.4.	Communication (Internal & External)	<p><b>Communication record is not evident for Internal/External. NC1</b>          Evidenced through physical verification</p> <p>1.Ms. Sonam Singh- Assistant professor          2.Ms. Neeraj Nagar- Assistant professor          3. Dr. Minaxi Tomar- Principal</p>
7.5.	Documented information	<p>Satisfactory in 4 tiers i.e. QM, procedures/ Quality Plan, W.I. &amp; Records</p> <p>1. Quality Manual          Doc. No.IPEM/QM/01          Rev. No. 00                      Date 28-01-2022</p> <p>2. Quality Procedures          Doc. No. IPEM/QP/01          Rev. No. 00                      Date 28-01-2022</p> <p><b>Master list of records and documents evidenced with retention period.</b>  <b>The College has controlled documents which has identified as per procedure and its MR are authorities for creating and updating of document and communicated throughout the college.</b>  <b>Documents of college were up to date and change according to college requirement, Principle approves the revision and updating of documents.</b>  <b>Relevant versions of document were also available in college.</b>  <b>Original documents were in the custody of MR and he is responsible for control and issue of copies.</b></p> <p><i>Seen and verified found satisfactory.</i>  <i>Ref: Documentation &amp; Control of Documents: IPEM-P-06</i>  <i>Ref: Control of Records: IPEM-P-08</i></p>
8.1.	Operational planning and control Management of Change Procurement (OHSMS) What are the identified situations requiring documented information to have confidence that the processes will be carried out as planned (and to ensure compliance with policy and attainment of objectives and targets?) During the audit were the operations	<p>Defined in IPEM/QM/4.1.1of QM, Quality Plan. Planning is done based on Student requirements (including applicable statutory &amp; regulatory requirements, if any), mode of delivery, safety precaution (if any) and any other specific Service requirement.Each process has its own criteria.</p> <p>List the aspect and impact identified and associated risks and opportunity for the process: Risks are Fire and Emergency exit – Personal injury. Opportunities: Legal requirements complied.</p>

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	<p>and activities witnessed planned in such a way as to ensure they are carried out under specified conditions?</p> <p>how has the company adapted work to the workers needs</p> <p>What were the activities witnessed?</p> <p>Have documented procedures been established for goods and services used by the organisation that are related to the significant Environmental Aspects, consistent with the lifecycle perspective</p> <p>Which procedures have been communicated to relevant suppliers and subcontractors?</p> <p>how has transportation, end of life treatment and disposal been considered for the organisations products/services</p> <p>What has been communicated to relevant suppliers and contractors</p> <p>How does the company coordinate with other employers at multi-employer workplaces</p>	
8.2.	<p>Requirements for products and services (QMS)</p> <p>Emergency preparedness and response (EMS &amp; OHSMS)</p> <p>PRPs (FSMS)</p> <p>Design (EnMS)</p> <p>Due Diligence (ABMS)</p>	<p>-Services details are available for distribution to the Staff/Students. Doc. No. IPEM/CI/02</p> <p>Staff/-Student enquiry is recorded with the admin officer and follow up is monitored. IPEM/CE/R-1</p> <p>-Staff/Student application is reviewed by the Principal</p> <p>Staff/Student Feedback is received from 6 nos. of Staff/Students for the period Jun 22 - Sep 22</p> <p>Contingency plan to meet Staff/Student requirement is prepared by the Admin Officer and reviewed and approved by the Principal as and when required.</p> <p>Staff/Student request is reviewed before acceptance.</p> <p>Sign of review and acceptance verified.</p> <p>Student checked :-</p> <p>Staff/Student Name : Ms. Mansi Pandey (Student- BA LLB)</p> <p>Course no &amp; Date : Course No. 1C2/78421, 01-04-2022</p> <p>Service ordered : Computer Scanner</p> <p>Duration : 6 Month</p> <p><i>Review of Requirements by : Admin Officer</i></p> <p>complete on : 14-09-2022</p> <p>Duration: 6 Month</p> <p>design of new, modified and renovated facilities, equipment, systems and energy-using processes that can have a significant impact on its energy performance over the planned or expected operating lifetime</p> <p>Institute retains documented information of the design activities related to energy performance</p>

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8.3.	<p>Design and development planning (QMS)          Traceability Systems (FSMS)          Procurement (EnMS)          Financial Control (ABMS)</p>	<p>INSTITUTE established and implemented criteria for evaluating energy performance over the planned or expected operating lifetime, when procuring energy using products, equipment and services which are expected to have a significant impact on IPEM LAW ACADEMY 's energy performance.  <b>Ref: Procedure for Purchase, Design, Modification. En-P-11</b></p>
8.4.	<p>Control of externally provided process products and services (QMS)          Emergency preparedness and response (FSMS)          Non-Financial Control (ABMS)</p>	<p><i>Purchasing Process found established, items and services to be purchased are listed and their suppliers details found documented in list of approved suppliers.IPEM/V/R1</i></p> <p><i>Suppliers are selected by the Principal after review of their capabilities and reputation.</i></p> <p><i>Verified Supplier's registration form :</i></p> <p><i>Their performance is monitored continuously.</i></p> <p><i>Suppliers performance is re evaluated annually and accordingly the suppliers list is up dated. Evaluation is done against criteria like Timely delivery/ quality / rate</i></p> <p><i>Purchased Services and services are inspected for conformity before acceptance. Extent of control over purchased Services and services has been defined in the Quality plan.</i></p> <p><i>Purchase challan/ invoice is reviewed by the QC and QC remarks is attached to it. Incoming inspection is done as per incoming Quality plan.</i></p> <p><i>Purchased service quality is inspected and approved by the Process owner who uses the purchased services. Review remarks are put on the bill/ attached to the bill of the service supplier.</i></p> <p><i>Purchase orders are generated and communicated to the suppliers by E mail or courier</i></p> <p><i>Service specification is communicated either as per brand/ written specifications or by referring to the samples or in Purchase Orders .</i></p> <p><i>Material / service acceptance method is also confirmed to the supplier mostly orally.</i></p> <p><b>See Note 1 below</b></p>

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**Note 1**

P.O No & Date	Telephone, dt. 28/07/2022	Telephone, dt. 05/09/2022
Supplier	TSP CPMPUTERS & PERIPHERALS	SHASTRI FURNITURE PARK
Material ordered & specifications.	SCANNER	WOODEN CABINATES
Material specifications in P.O	<input checked="" type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced	<input checked="" type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced
Acceptance criteria in P.O	<input checked="" type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced QC check after receiving as per Quality Plan.	<input checked="" type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced QC check after receiving as per Quality Plan.
Review of P.O for adequacy	By Admin Officer	By Admin Officer
Material received on	dt 14/09/2022	dt 16/09/2022
Quantity received	1	195
Inspection/test/verification results of the received material Before acceptance	Pass based on Test Report dtd 14/09/2022 Or review of Supplier's Test Certificate Date of review 14/09/2022.	Pass based on Test Report dtd 16/09/2022 Or review of Supplier's Test Certificate Date of review 16/09/2022

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8.5.

Production and service provision (QMS)  
 Hazard Control (FSMS)  
 Implementation of anti-bribery controls by controlled organizations and by business associates (ABMS)

*Work is performed in controlled environment. Written Work instructions and process instructions found displayed in different process areas.*

*Verified WI/ process instructions : IPEM/PI-2*

*Acceptance criteria found defined for transferring Service from one stage to another process stage. Stage wise inspection is done by the Prod/ QC staff by putting remarks in the Service register.*

*Non conforming Services are recorded in non conforming Services register / Rework register*

*Validated process parameters found documented identifying R/materials, consumables, their specifications, process method , process operator/ Operator's specifications. Validated method found approved by the Principal.*

*Post-delivery activity is limited to replacement of non-conforming Services.*

*Identification and traceability of Service is ensured as is verified as per note 2 below.*

Note 2

Student	Mansi Pandey	Sameer Khan
Appl. no & Date	1C2/78421, 01-04-2022	L46/1328, 01-04-2022
course	BA LLB	LLB
Duration	6 Month	6 Month
Review of requirements	Head	Head
Course last date	30-09-2022	20-09-2022
Course completion	6 Month	6 Month
Identification & traceability of the delivered product/service (throughout Service realization) & its record.	Appl. No. KEI184	Appl. No. KEI221

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	<p><i>Student feedback is received and reviewed periodically.          Verified record of Student feedbacks.          From 6 nos. of Students          For the period Jun 22 - Sep 22          Student Satisfaction Level : 97.9%          No change has been made in the work process since implementation of the EMS. The Principal said that in future if any change is made, the same will be documented and review of impact of change shall be documented at the earliest. Provision available but change not done as yet.</i></p>	
8.6.	<p>Release of products and services (QMS)          Updating the information specifying the PRP's and Hazard control plan (FSMS)          Anti-bribery commitments (ABMS)</p>	NA
8.7.	<p>Control of nonconforming outputs (QMS)          Control of monitoring and measuring (FSMS)          Gifts, hospitality, donations and similar benefits (ABMS)</p>	NA
8.8.	<p>Verification related to PRP's and the hazard Control plan (FSMS)          Managing inadequacy of anti-bribery controls (ABMS)</p>	NA
8.9.	<p>Control of Service and process nonconformities (FSMS)          Raising concerns (ABMS)</p>	NA
8.10.	<p>Investigating and dealing with bribery (ABMS)</p>	NA
9.1.	<p>Monitoring, measurement, analysis and evaluation</p>	<p><i>Monitoring of Processes related to Service/ Customers/ Employees done properly and all relevant data are collected and analysed, all the documents are identified and controlled, docs are Reviewed and verified by Principle.</i></p> <p><i>Reference Documents:</i></p> <p><i>Procedure for legal and other requirement IPEM/SOP/05</i></p> <p><i>Energy measurements plan</i></p> <p><i>Procedure for Identification and compliance of legal obligations &amp; other requirements En-P-02</i></p>

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	See Note 3
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<b>Note 3</b>		
Measuring & monitoring equipment	Excluded	Excluded
Identification no. of equipment	Excluded	Excluded
Date of last calibration	Excluded	Excluded
Calibration valid upto	Excluded	Excluded
Calibration status on equip.	<input type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced	<input type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced
Traceability of master equipment used for calibration	<input type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced	<input type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced
Calibration done by:	External	External
Calibration Procedure for In- house Procedure	Procedure No. NA	Procedure No. NA

<i>As per the Quality Manual analysis of data is analyzed Periodically.</i>		
	As on 21-08-2022	As on 21-08-2021
Student satisfaction:	97.9%	98%
Product/service conformance:	93.2%	95%
On time delivery:	95%	96%
Process losses	0.5%	1%
External Service Providers Performance	90.4%	93.1%
Effectiveness of Risks and Opportunities	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Trend of Processes	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

9.2.	Internal audit	<p><i>The organization conducts internal audit in 6 months as per documented procedure 5.4.5. The non-conformities are noted in NC forms.</i></p> <p><i>Records show that last internal audit was conducted on 18-08-2022, corrective action taken to close non conformities verified.</i></p> <p><i>Separate folder for Record of internal audits evidenced.</i></p> <p><b>See Note 5 below</b></p>
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**Note 5**

Planning of internal audits	Once in 6 months as per procedure no 5.4.5
Date of last audit	18-08-2022
No. of NCs	2
Status/result of NCs	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Record No.	R/IA/01
Audit Conducted by	External Qualified Auditor

9.3.

Management review  
 Top management review - (ABMS)  
 Governing body review (ABMS)

*EMS/ EnMS Review is done once in 6months.*  
*Agenda found as in the standard. Name of the participants and their signature was evidenced.*  
*Review Input information found as per agenda prescribed in the ISO standard. Review output checked and found it adequate and as per prescribed agenda.*  
 See Note 6 below

**Note 6**

Planning of Management Review	Once in 6 months (as defined in QM section/ Procedure no. 5.5.0)
Date of Last MRM	24-08-2022
Status of MRM	Management Review was: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

9.4.

Review by anti-bribery compliance function (ABMS)

NA

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Improvement

Monthly review meetings and each process Principal has to perform with departmental process performance for Improving quality of education services.  
 Organization follows proper process to control nonconforming services To reduce non conformity the organizations check the services at various stages.  
 Continual improvement in organization and its EnMS was evidenced through -  
 Business growth trends, No. of Student/Parent complaints  
 Record of non-conformities and Internal Audit NCs, training records etc.

**As per MD 22:2019 Clause A.2.5**

**Statement On The Conformity:-**

**Summary Of The Evidence:-**

**Summary of the Audit Team**

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## QRO CERTIFICATION LLP

Admin office: 142, 2<sup>nd</sup> Floor, Avatar Enclave, Paschim Vihar, Delhi - 110063  
+91 99901 85555, 9899345992 E-mail: [info@qrocert.org](mailto:info@qrocert.org), Website: [www.qrocert.org](http://www.qrocert.org)

### A. Stage of audit:

<input checked="" type="checkbox"/>	Initial Certification
<input type="checkbox"/>	Follow Up Audit
<input type="checkbox"/>	Surveillance Cum Transfer
<input type="checkbox"/>	Modification
<input type="checkbox"/>	Renewal
<input type="checkbox"/>	Upgrade From
<input type="checkbox"/>	Other

### B. Recommendation:

<input checked="" type="checkbox"/>	Issuance of Certificate
<input type="checkbox"/>	Refusal of the Certificate
<input type="checkbox"/>	Follow Up audit
<input type="checkbox"/>	modification of the current certificate (registration no. and expiration date remain unchanged)
<input type="checkbox"/>	other : Recommended with condition

### AUDIT RESULT

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Date : 26-10-2022	
<b>Report Submitted</b>	<b>Acceptance from</b>
Name of Auditor : Ashok Sharma& Anjani Vikram Gupta	Name: Dr. Minaxi Tomar Designation: Principal

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