Standard	ISO 9001:2015
Type Of Audit	1ST SURVEIILLANCE AUDIT
Name of the Company	**MAULANA AZAD COLLEGE**
Address of the company	**8, Rafi Ahmed Kidwai Rd, Taltala, Kolkata, West Bengal, Kolkata – 700013**
Site Address, If any	**8, Rafi Ahmed Kidwai Rd, Taltala, Kolkata, West Bengal, Kolkata – 700013**
No. of Employees	Teaching = 101, Non-teaching = 41 , House-keeping = 5, Security =10, Electrician=1, **Total = 158**
Contact Person Detail	**Dr. Subhasis Dutta**
Scope	Teaching, Learning and Evaluation processes relating to awarding of Bachelor Degrees in Arts, Commerce, Science and General subject along with Post Graduate Degrees in Arts and Science considering Environment friendly and Energy efficiency manner in College Green Campus.
Exclusion	No exclusion is there
IAF Code	37
Complexity	Normal
Any Other Information	No

Changes since Last Audit

Name of Organization	**MAULANA AZAD COLLEGE**	
Changes in Scope	Same as before	
Changes in No. of Employees	No changes	
Changes in NACE Code	No changes	
Changes in Shift	No changes	
Changes in No. of Sites	1 (General)	
Changes in Legal & Statutory Requirements	No changes	
Status of the Previous audit finding	Previous finding "Proper traceability of records in soft copy" taken care by College.	
Verification of auditor and recommendation to increase/decrease number of mandays	No such changes required.	

Audit Team	Team Leader	**Amalesh Kumar Mandal**
	Tem Member	-
	Technical Expert	-
No of Mandays		**2 days**
Date of Audit	**11th to 12th January, 2024**	
Audit Objective	**Organization management system continues to fulfill of the requirements of the standard**	

Surveillance Audit Schedule (From 11th to 12th January, 2024)

Time	Function/Area/department	Applicable Clauses	Team Leader	Team Member 1	Team Member 2	Technical Expert
9.00-9.30	**Opening Meeting**					
9.30-10.00	Office Visit	7.1.3, 7.1.4	Y			
10.00-11.00	Understanding of the Organization and its context, Need and Expectation of Interested Parties, Scope of QMS	4.4.5, 4.5.4, 4.5.5, 4.6, 4.1, 4.2, 4.3, 4.4	Y			
11.00-12.30	Risk & Opportunities, Documented Information, M&M	6.1, 7.5, 9.1	Y			
12.30-1.30	Quality Policy, Quality Objectives	5.2, 6.2	Y			
	1.30-2.00 Working Lunch					
2.00-3.00	Internal Audit & MRM, Leadership & Commitment, Roles and Responsibilities	9.2, 9.3, 5.1, 5.3	Y			
3.00-4.00	Resources, Competence, Awareness, Communication	7.1, 7.2, 7.3, 7.4	Y			
4.00-5.00	Operation control	8.1,8.2,8.3, 8.4, 8.5, 8.6,8.7	Y			
5.00-6.00	Nonconformity and corrective, Continual Improvement	10.1, 10.2, 10.3	Y			

3 YEARS AUDIT PLAN MATRIX

ISO 9001:2015		AUDIT											
		Initial Certification			1st Surveillance			2nd Surveillance			Re Certification		
		2.5 days			2 day			2 day			2.5 days		
		X	O	NC	X	O	NC	X	O	NC	X	O	NC
4.1	understanding the organization and its context	X			X			X			X		
4.2	Understanding the needs and expectations of interested parties	X			X			X			X		
4.3	Determining the scope of the quality management system	X			X			X			X		
4.4	Quality management system and its processes	X			X			X			X		
5.1.1	Leadership & Commitment (Statement of ensurity)	X			X			X			X		
5.1.2	Customer focus (statement of conformity)	X			X			X			X		
5.2	Quality policy	X			X			X			X		
5.3	Organizational roles, responsibilities and authorities	X			X			X			X		
6.0	Planning	X			X			X			X		
6.1	Actions to address risks and opportunities	X			X			X			X		
6.2	Quality objectives and planning to achieve them	X			X			X			X		
6.3	Planning of changes and Purpose, resource availability and allocation	X			X			X			X		
7.1	Resources	X			X			X			X		
7.2	Competence	X			X			X			X		
7.3	Awareness	N/A			N/A			N/A			N/A		
7.4	Communication	X			X			X			X		
7.5	Documented information	X			X			X			X		
8.1	Operational planning and control	X			X			X			X		
8.2.1	Customer communication	X			X			X			X		
8.2.2	Determining of Requirements for products and services	X			X			X			X		
8.2.3	Review of the requirements for products and services	X			X			X			X		
8.2.4	Changes to requirements for products and services	X			X			X			X		
8.3	Design and Development (D&D)	X			X			X			X		
8.4.1	Control of externally provided processes, products and services	X			X			X			X		
8.4.2	Type and extent of control	X			X			X			X		
8.4.3	Information for external providers	X			X			X			X		
8.5.1	Control of production and service provision	X			X			X			X		

8.5.2	Identification and Traceability	X			X			X			X		
8.5.3	Property belonging to customers or external providers	X			X			X			X		
8.5.4	Preservation of output	X			X			X			X		
8.5.5	Post-delivery activities	X			X			X			X		
8.5.6	Control of changes	X			X			X			X		
8.6	Release of products and services				X			X			X		
8.7	Control of nonconforming outputs	X			X			X			X		
9.1.1	Monitoring, Measurement analysis and evaluation	X			X			X			X		
9.1.2	Customer Satisfaction	X			X			X			X		
9.1.3	Analysis and Evaluation	X			X			X			X		
9.2	Internal Audit	X			X			X			X		
9.3	Management Review	X			X			X			X		
10.1	Improvement – General	X			X			X			X		
10.2	Nonconformity and Corrective action	X			X			X			X		
10.3	Continual improvement	X			X			X			X		
	Logo	X			X			X			X		
	Complaints	X			X			X			X		

Shaded clause titles must be addressed at each visit

X = Clauses to be addressed at the visit, O = OFI raised, M = NC Major, m = NC Minor

SUMMARY OF SURVEILLANCE AUDIT FINDINGS:

1. **Audit conducted based on random sampling. Found observed their course delivery process going on as per standard work process as specified by University and UGC Accredited norms.**
2. **Respective Green projects found reviewed.**
3. **Communication and display process maintained.**
4. **Policy document found displayed**
5. **Campaign and awareness project taken and others celebration done**
6. **Energy and Environment related project review found maintain**
7. **Secondary energy project utilized**
8. **Auditee/Management commitment towards Quality improvement found observed**

Area of Improvement	No such observation/improvement points observed in this session.		
Non Conformities	**Type**	**No.**	**Description**
	Major	**0**	
	Minor	**0**	

This report details the outcome of our surveillance audit of your Quality management system to determine the degree of compliance with your own Quality system documentation and the requirements of the ISO 9001:2015 standard. The surveillance audit was conducted in accordance with AQC' standard operating procedures.

The reporting format follows the selected Quality management system standard, clause by clause, and findings are reported as appropriate. Activities that are not in compliance with your own documentation or the ISO standard are reported on our Non-Conformance Reports (NCR'S) or Opportunity For Improvement (OFI) or Observation.

A NON-CONFORMANCE REPORT is a non-compliance of a serious nature, one that may have a significant impact on the quality of the services provided by your company, and/ or relate to multiple non-complying activities. NCR's must be responded to, corrected and formally closed-out before surveillance and registration can proceed. Many Non Conformance Reports can be closed-out by our review of revised documentation and therefore, you should submit copies of such documentation with your response. If follow-up visits are required for close-out purposes, then we will contact you to arrange a mutually convenient time.

OPPORTUNITY FOR IMPROVEMENT forms address areas which are not considered to have a serious impact on the quality of the services provided by your company and normally relate to isolated non-complying activities. They may also point out areas where initiative can be taken to improve sections of your Quality system. It is not mandatory to respond to OFI's. However, they are taken into consideration at the next surveillance visit, since an opportunity for improvement may be preventative measure or part of the continuous improvements process.

Please respond to this report by completing the Non-Conformance Reports (NCR's) and, if necessary, Opportunity For Improvement forms (OFI'S) attached, within the time period agreed at the audit closing meeting.

Your signature is required against both "Company Representative" spaces on the form, and please fills in details of your intended corrective action and the date you anticipate completing the corrective action. If you have a problem meeting the required response times, then please contact us to re-evaluate proposed action and time-scale.
If you have any queries, please contact **Assurance Quality Certification LLC**

Client Disclosure

"We confirm the following information and opinions were given to you in connection with your examination of the Management System. We acknowledge as top management our responsibility for the Management System, results and audit report, which you have prepared for the organization. All the records have been made available to you for the purpose of your audit and all the transactions undertaken by the organization have been property reflected and recorded in the Management System. All other records and related information have been made available to you.

We also confirm there are no material contingents, major customer Dis-satisfaction issues or potential liabilities under claims or pending or threatening litigation. Disclosure has been made in the audit report for all matters necessary for the audit report to show a true and fair view of the organization's Management System state of affairs and results".

SIGN OFF:

Signed on behalf of
Assurance Quality Certification LLC

Amalesh Kr. Mandal

Lead Auditor
Date : 12.04.2024

Signed on Behalf of
(Company Name)

(Authorised Signatory)
Date

AUDIT FINDINGS:

VERIFICATION OF DOCUMENTED INFORMATION & RCORDS AS PER STD REQUIREMENT (C- Conformity, NC-Non Conformity, O-Observation)

Clause Number	C/NC/O	Document Verification detail with statement of Conformity
4.1 understanding the organization and its context (Determination of external and Internal Issues)	C	Identified and included in Manual. (Doc. Ref. No. MAC/QMS/XXX/QMM/001)
4.2 Understanding the needs and expectations of interested parties (Determination, Monitor & Review of the Interested Parties)	C	Identified and included in Manual. (Doc. Ref. No. MAC/QMS/XXX/QMM/001)
4.3 Determining the scope of the quality management system (Boundaries and Type of Product and Services and any requirement not applicable)	C	Scope established and included in Manual. (Doc. Ref. No. MAC/QMS/XXX/QMM/001)
4.4 Quality management system and its processes (Established , Implement and maintained, process and Interaction of Process)	C	Process Flow related to Course delivery found established.
5.1.1 Leadership & Commitment (Statement of ensurity)	C	Interviewed with Top Management, Principal. Commitment related to Quality found implemented in documentation as well as in College Campus.
5.1.2 Customer focus (statement of conformity)	C	On time course delivery one of their KPI and reviewed it on periodical basis.
5.2 Quality policy (Establish, Implement, Maintain, communicated and understood)	C	Quality Policy established and found displayed and communicated properly.
5.3 Organizational roles, responsibilities and authorities	C	Defined in Manual and in their departmental records.
6.0 Planning		
6.1 Actions to address risks and opportunities (Risk Assessment has done with prevention of undesirable effects)	C	Quality Risk analysis carried out and review also takes place.
6.2 Quality objectives and planning to achieve them (Documented, Measurable, Monitored and communicated)	C	Quality Objectives found established and planned to achieve action through MAP and Green project outcome.
6.3 Planning of changes (As per 4.4) and Purpose, resource availability and allocation	C	In any changes, university or UGC protocol applied
7.1 Resources (Need of External resources, People, Infrastructure, Environment, Calibration records, Organisational Knowledge)	C	Adequate resources found available as to delivery their current process.

7.2 Competence (Employee records & Competence skill matrix)	**C**	Competency matrix, training planning and related training records found available. Knowledge delivery related MOU also made with 3rd party.
7.3 Awareness (Quality Policy, Objectives & Effectiveness of QMS)	**C**	Done through training and display
7.4 Communication (what, who, when, whom, how)	**C**	Done through training and display
7.5 Documented information (External Origin, Creation, Updation, Distribution, Preservation, version control, Retention and disposition)	**C**	Control of documented information procedure established. Documents mostly available in Soft mode.
8.1 Operational planning and control (Plan, Implement and control of process, documented information for process carried our as planned and Conformity of product or services)	**C**	Operational procedures established supported with work instructions and related records. Respective Green projects also found established and action plan initiated and monitored.
8.2.1 Customer communication (Enquiries, Contract, order, feedback, complaints)	**C**	Admission related information shared through Website and notice boards. Suggestion box also installed for proper feedback collection.
8.2.2 Determining of Requirements for products and services (Objective evidence for record of contract review and approval, Record verification of Statutory & Regulatory shall be referred here, record for communication of changes, legal requirements need to be re-verified if any concerns identified in Stage 1 audit or any new product added)	**C**	Respective UGC/University norms and guidance documents found available for their ongoing activities.
8.2.3 Review of the requirements for products and services (Documented Information for Result of review and any new requirements for product or services)	**C**	Respective UGC/University norms and guidance documents found available for their ongoing activities.
8.2.4 Changes to requirements for products and services (the changed documents is aware and approved by relevant person)	**C**	Respective UGC/University norms and guidance documents found available for their ongoing activities. Amendment documents kept separately and communicated.
8.3 Design and Development (D&D)	**C**	Design part not included, they deliver services as guided by UGC/University protocol.
8.3.1 General Establish, Maintain and Implement the D&D Process	**C**	Design part not included

8.3.2 D&D Planning (Record reference) 8.3.3 D&D Inputs (Record reference for the inputs) 8.3.4 D&D Controls (Record reference & Approval) 8.3.5 D&D Outputs (Record reference for outputs) 8.3.6 D&D Changes (Record reference for changes, approved, validated & verified before implementation & actions as necessary)	**C**	Design part not included
8.4.1 Control of externally provided processes, products and services (documented Information for criteria for the evaluation, selection, monitoring of performance and re-evaluation	**C**	Procurement process well established. Effectively implemented. Supplier selection process available.
8.4.2 Type and extent of control (Control Verification)	C	Procurement process well established. Effectively implemented.
8.4.3 Information for external providers (Competence and qualification of external provider)	C	Procurement process well established. Effectively implemented.
8.5.1 Control of production and service provision (Records verified work instructions for the processing including delivery and post-delivery activities, characteristic of product, equipments use and availability for monitoring and measurement)	C	Respective UGC/University norms and guidance documents found available for their ongoing activities.
8.5.2 Identification and Traceability (Records verified for identification batch no or serial no in process as well as final dispatch)	C	Personal documents and records and other documents with records properly identified in both Soft as well as in Hard copies.
8.5.3 Property belonging to customers or external providers (Documented Information of Lost or damaged property)	C	No such Customer property belonging with them.
8.5.4 Preservation of output (objective evidence for meeting the defined storage conditions for handling, packaging, storage and protection)	**C**	Properly preserved their Lab chemicals and personal documents and records as and when required.
8.5.5 Post-delivery activities (Life time, maintenance, Warranty & Guarantee, Final Disposal)	**C**	Merit mark sheets, certificates and other related documents delivery maintain by back office staff.
8.5.6 Control of changes (Documented Information change review result, person who is authorized to changes	**C**	They maintain the protocol of maintain any changes from UGC norms or University norms.

8.6 Release of products and services (Planned Arrangement documented information for acceptance criteria and authorized person traceability)	**C**	Proper traceability maintained in each course delivery and respective functional faculty traceable against their service delivery. More elaborated in their Academic and administrative audit report.
8.7 Control of nonconforming outputs (Documented Information for Non conformity, action taken, concession, authority deciding action)	**C**	Suggestion and feedback discussed in committee review meeting and action plan initiated if any.
9.1.1 Monitoring, Measurement analysis and evaluation	**C**	Performance monitored through Green monitoring report review.
9.1.2 Customer Satisfaction (Analysis of Customer Satisfaction)	**C**	Customer satisfaction taken w.r.t Student suggestion and feedback taken. Suggestion Box installed for periodical feedback collection.
9.1.3 Analysis and Evaluation	**C**	Performance monitored through Green monitoring report review.
9.2 Internal Audit (Frequency and Documented Information for Implementation of Audit Program and the audit result)	**C**	On year to year wise they monitor their performance through Green Monitoring report. This and Internal Audit plan/records found available
9.3 Management Review (Frequency, Input, Output, Documented Information for MRM Results)	**C**	MRM agenda and minutes found available. Overall Green monitoring report maintained on year to year wise.
10.1 Improvement – General	**C**	Objective and monitoring data found available.
10.2 Nonconformity and Corrective action (Documented Information for nature of NC and result of action taken)	**C**	Procedure established and suggestion taking protocol also applicable to improve action plan.
11.0 **Review of Logo** Checked the use of logo of AQC & EGAC, found that the organization is using on publicity material, letter heads, business cards, the certificate is hanged in the office of top management	**C**	They have displayed their Certificate in Principal Room. There is no LOGO uses required from their side.
12.0 Overall Conclusions/ Recommendations: **Recommendation:** Surveillance to ISO 9001:2015 is recommended to continue **Surveillance Frequency**: It is recommended that surveillance frequency to be once in a eleven months	**C**	Overall conformance found satisfactory. Next Surveillance-2 Audit shall be scheduled within next eleven months.

AUDIT ATTENDANCE SHEET

Date: 12.04.2024
Client Name: MAULANA AZAD COLLEGE
Lead Auditor: Amalesh Kumar Mandal
Standard: ISO 9001:2015 **Audit type: Surveillance-1**
Technical Expert: N/A

S.N.	NAME	Position	Department	Sign.	
				Opening Meeting	Closing Meeting
1.	**Amalesh Kr. Mandal**	**Lead Auditor**	**AQC**	Amalesh Kr. Mandal	Amalesh Kr. Mandal
2.	**Dr. Subhasis Dutta**	Principal	MAULANA AZAD COLLEGE		
3.	**Dr. Sanjit Kumar Das**	HOD, Physics	MAULANA AZAD COLLEGE		
4.	**Prof. Tapan Kumar Karpha**	HOD, Chemistry	MAULANA AZAD COLLEGE		
5.	**Dr. Biswajit Maiti**	Associate Prof. of Physics	MAULANA AZAD COLLEGE		
.6.	**Dr. Shampa Datta Gupta**	Coordinator , IQAC	MAULANA AZAD COLLEGE		
7.	**Dr. Dipak Kumar Som**	HOD, Zoology	MAULANA AZAD COLLEGE		
8.	**Dr. Samudra Prasad Banik**	HOD, Microbiology	MAULANA AZAD COLLEGE		