|  |  |  |  |
| --- | --- | --- | --- |
| **Auditee Details** | | | |
| Organisation Name : | | | |
| Organisation Address : | | | |
| Audit Date : | | | |
| **Auditor Details** | **Name** | **Designation** | **Sign** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | | |
| **Auditee Details** |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Remark by the auditor on Vendor /Subcontractor on audit performance | | |
|  | | |
| Name: | Designation | Sign |
| Name: | Designation | Sign |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl No.** | **Audit Parameters** | **Yes/No/NA** | **Remark if any** |
|  | Does your company have Quality and HSE Policy Document? (If Yes, provide a copy ) |  |  |
|  | Do have ISO 9001 certification? (If Yes, provide a copy ) |  |  |
|  | Do have ISO 14001 certification? (If Yes, provide a copy ) |  |  |
|  | Do have OHSAS 18001 certification? (If Yes, provide a copy ) |  |  |
|  | Do you have a Company HSE Manual detailing HSE procedures? (If Yes, provide a copy ) |  |  |
|  | Do you have any Quality Assurance/Control System (Manual/ Procedures)? (If Yes, provide a copy ) |  |  |
|  | Do you have any training system for you personnel?  (If yes, please give the training plan and record for the previous year) |  |  |
|  | Does a Customer Complaint System exist within the organization? |  |  |
|  | Any complaint is remaining unattended with KFS or wise versa? |  |  |
|  | Do you have post delivery services for the product/services that you are delivering? |  |  |
|  | Any concern on delivered service or product is still left open? |  |  |
|  | Does your organization conduct risk/ impact assessments related to your activities? (If yes and not part of Sl. No. 5, please provide a copy) |  |  |
|  | Do you have HSE Training Program for all your employees? |  |  |
|  | Do you supply to your employees Personal Protective  Equipment and instruct them in the correct use? |  |  |
|  | Do you provide First Aid for your employees? |  |  |
|  | Do you carry out regular inspections and maintenance on all your plant and equipment? |  |  |
|  | Do you have HSE incentive schemes to encourage and reward your employees? |  |  |
|  | Do you have a Waste Management Plan? |  |  |
|  | Do you have Near-miss incident/ Unsafe act / Unsafe condition reporting system? |  |  |
|  | Do you keep records of accidents involving fatalities and major/minor injuries? (Submit the copy HSE statistics containing the details of man hours, incident details, meeting, training and disciplinary action details for past 3 year ) |  |  |
|  | Do you have designated officer to take care of QHSE issue? |  |  |
|  | Do you receive any fine or notice from authority for HSE violations? |  |  |