

# ISO Monitoring System (IMS) Ver 1.0

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## User Manual

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## Introduction

The ISO Monitoring System is a robust web application designed to streamline the management and compliance of ISO standards within organizations. It facilitates document generation based on ISO requirements, enables seamless updates and revisions, and ensures an organized storage system for all document versions. The system supports efficient workflows for approvals, monitoring, and reporting, ensuring that ISO compliance is consistently maintained. With its centralized platform, user-friendly interface, and comprehensive tracking capabilities, the ISO Monitoring System empowers organizations to uphold ISO standards effectively, promoting operational excellence and continuous improvement. The application is divided into two key modules

1. ISO Documents Generation
2. Audit Module

## Dashboard

The Dashboard serves as a centralized and interactive interface, providing users with real-time insights and easy access to key features and metrics related to the ISO Monitoring System. It includes the following components

**1. Document Access:** Users can directly open Quality Manual (QM), Quality System Procedures (QSP), Divisional Work Procedures (DWP), and Group Work Procedures (GWP) for quick reference and updates.

**2. Key Metrics:** The dashboard displays

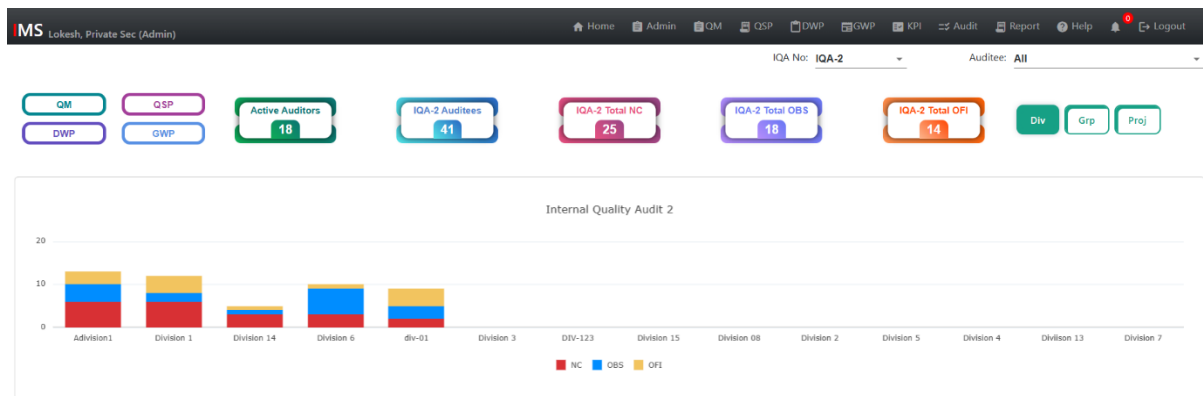
- Count of active auditors and auditees
- Total number of **Non-conformities (NC)**, observations and **Opportunity for Improvement (OFI)**.
- Division-wise, group-wise, and project-wise counts of NCs, Observations, and OFIs.

**3. KPI Graph: Key Performance Indicator (KPI)** graphs are available for each auditee, offering a visual representation of their performance and audit outcomes based on the Internal Quality Audit (IQA).

**4. Role-Based Access:**

- Admin, Director, Management Representative (MR), and MR Representative can view the complete dashboard with all divisions, groups, and projects.
- Divisional MR, Auditees, and Auditors can view dashboard metrics and insights specific to their divisions, groups, or projects only.

This structured and role-based dashboard enhances user experience by providing targeted insights, facilitating informed decision-making, and supporting continuous monitoring and improvement.



## ISO Documents Generation

The ISO Document Generation module facilitates the creation, revision, and organized storage of documents in compliance with ISO standards, ensuring accurate and up-to-date documentation. This module focuses on generating four key documents essential for ISO compliance

1. Quality Manual
2. Quality System Procedure
3. Divisional Work Procedure
4. Group Work Procedure

### Quality Manual

The **Quality Manual (QM)** is a foundational document prepared by the **Management Representative (MR)** to meet ISO standards. It serves as the primary reference for developing all other quality documents within the establishment, ensuring consistency and alignment with ISO requirements. Each establishment will have a single Quality Manual, making it a central resource for quality management. Once the Quality Manual is prepared then it is forwarded for approval. This structured process ensures standardization and compliance with ISO standards.





## Steps 1 - Create new record

IMS Lokesh, Private Sec (Admin)

Home Admin QM QSP DWP GWP KPI Audit Report Help Logout

### QM - Revision Record

Show: 7 Search

SN	Description	Issue From	Issue To	Date Of Revision	Status	Action
1	Original Issue	--	I1-R0	25-10-2024	Initiated	   

Showing 1 to 1 of 1 entries

Prev 1 Next

Approval Flow For Quality Manual

Prepare By - Shruthi, Private Sec → Review By - → Approve By -

## Steps 2 - Add description for the document

QM ----> Edit ----> Add Description

IMS Lokesh, Private Sec (Admin)

Home Admin QM QSP DWP GWP KPI Audit Report Help Logout

### Quality Manual(QM)

Abbreviation

- LRDE ORGANIZATIONAL PROFILE
- 1.1. OBJECTIVES OF LRDE
- 1.2. VISION
- 1.3. MISSION
- 1.4. Add New Sub Chapter
2. CORE COMPETENCE OF THE ORGANIZATION
3. STRUCTURE, ORGANIZATION & FUNCTIONS C
4. CLAUSE 4: CONTEXT OF THE ORGANIZATION
5. CLAUSE 5: LEADERSHIP

#### OBJECTIVES OF LRDE

(i) Project Monitoring Review Committee (PMRC) meetings to be conducted quarterly for every project.

(ii) Projected cash outflow for the year for Project & Build-Up items.

(iii) Provide training program for employees in their respective area of work.

(iv) Conduct LRDE Research council Meeting Half Yearly.

(v) Conduct Establishment level Quality Steering Committee meetings every Quarter.

(vi) Conduct internal Directorates level meeting for QMS and Projects once in a month.

1. Is Pagebreak? 2. Is Landscape?

UPDATE

PRINT BACK

## Steps 3 - Select Abbreviation

QM ----> Edit ----> Abbreviation ----> Select Abbreviation

IMS

### Select Abbreviation

<input type="checkbox"/> AAAU - AAAU	<input type="checkbox"/> AD-ASR - Associate Director- Airborne and Space-borne Radars
<input type="checkbox"/> AD-LRR - Associate Director- Long Range radars	<input type="checkbox"/> AD-PCHR - Associate Director- Planning, Coordination and Human Resources
<input type="checkbox"/> AD-SFCR - Associate Director - Surveillance and Fire Control Radars	<input type="checkbox"/> AFPM - AFPM
<input checked="" type="checkbox"/> AG - Accounts Group	<input checked="" type="checkbox"/> AG - Accounts Group
<input checked="" type="checkbox"/> ALWC - ALWC	<input checked="" type="checkbox"/> AMC - Annual Maintenance Contract
<input checked="" type="checkbox"/> ASR - Air Force Staff Requirements	<input checked="" type="checkbox"/> ATP/QTP - Acceptance Test Plan/ Qualification Test Plan
<input checked="" type="checkbox"/> ATR/QTR - Acceptance Test Report/ Qualification Test Report	<input checked="" type="checkbox"/> CA&PA - Corrective & Preventive Actions
<input checked="" type="checkbox"/> CAD - Computer Aided Design	<input checked="" type="checkbox"/> CAMEC - Calibration and Measurement Centre
<input checked="" type="checkbox"/> CAO - Chief Administrative Officer	<input checked="" type="checkbox"/> CDA - Controller of Defence Accounts
<input checked="" type="checkbox"/> CDR - Critical Design Review	<input checked="" type="checkbox"/> CEMILAC - Centre for Military Airworthiness and Certification
<input checked="" type="checkbox"/> CFA - Cross Field Amplifier	<input checked="" type="checkbox"/> CODE - Components and Devices
<input checked="" type="checkbox"/> CPILP - Central purchase I Local purchase	<input checked="" type="checkbox"/> CWG - Civil Works Group
<input checked="" type="checkbox"/> D-ADMIN - Directorate of Admin Services	<input checked="" type="checkbox"/> D-ASR - Directorate of Air-borne and Space-borne Radars
<input checked="" type="checkbox"/> D-FCR - Directorate of Fire Control Radars	<input checked="" type="checkbox"/> D-FMM - Directorate of Financial and Material Management
<input checked="" type="checkbox"/> D-KRM - Directorate of Knowledge and Resource Management	<input checked="" type="checkbox"/> D-LRR - Directorate of Long Range Radars
<input checked="" type="checkbox"/> D-ME - Directorate of Mechanical Engineering	<input checked="" type="checkbox"/> D-PC - Directorate of Planning and coordination
<input checked="" type="checkbox"/> D-PSRR - Directorate of Portable and Short Range Radars	<input checked="" type="checkbox"/> D-QA - Directorate of Quality Assurance
<input checked="" type="checkbox"/> D-RAM - Directorate of Radar Antennas and Microwaves	<input checked="" type="checkbox"/> D-SR - Directorate Surveillance Radars
<input checked="" type="checkbox"/> DGQA - Directorate General Aeronautical Quality Assurance	<input checked="" type="checkbox"/> DGQA - Director General of Quality Assurance
<input checked="" type="checkbox"/> DBPO - Defence Research and Development Organisation	<input checked="" type="checkbox"/> DS - Directorate's Secretariat

## Steps 4 - Update document summary

QM ---> Document Summary ---> Add Document Summary

The screenshot shows the 'Document Summary' form within the 'QM - Revision Record' section. The form has a title bar with a close button. It contains four text areas: 'Additional Info' (containing 'ISO 9001:2015 Quality Manual of LRDE'), 'Abstract' (containing 'This document brings out the QMS Process followed within the Establishment.'), 'Keywords' (containing 'Quality System Procedure. Risk based Thinking: (RBT) Approach, Interested parties, Key Process Indicators (KPI), Metrics, Documents, Records, Internal Quality Audits (IQA), Continual Improvement (CI).'), and 'Distribution' (containing 'RESTRICTED and CONTROLLED Document, distributed throughout LRDE via LRDE Intranet.'). A green 'SUBMIT' button is at the bottom. The background shows a table with one entry: SN 1, Description Original Issue.

## Steps 5 - Approval Flow

MR Rep ---> MR ---> Director

The screenshot shows the 'QM - Revision Record' table with one entry: SN 1, Description Original Issue, Issue From --, Issue To I1-R0, Date Of Revision 25-10-2024, Status Approved by Director, and Action with a checkmark icon. Below the table, the approval flow is visualized as a sequence of steps: Prepared By MR Rep - Shruthi, Private Sec, Reviewed By - Sabari, Sc E, and Approved By - Veena MKS, Director.

## Quality System Procedure





The **Quality System Procedure (QSP)** document is available at the lab level and can exist in multiple versions to address different quality management processes. Currently, nine QSPs need to be generated through this tool, including: Control of Documents & Records, Internal Quality Audit, Management Review Meeting, Non-Conformity & Corrective Action, Quality Objectives & Continual Improvement, Analysis of Data, Customer Feedback Analysis, and Risk Management. The software provides users with the flexibility to add, edit and amend these QSPs, ensuring that each procedure is tailored to the specific needs of the lab and compliance with ISO standards.

## Steps 1 - Create new record

IMS Lokesh, Private Sec (Admin) Home Admin QM QSP DWP GWP KPI Audit Report Help Logout

### QSP2 - Internal Quality Audit - Revision Record

Show: 7 Search

SN	Description	Issue From	Issue To	Date Of Revision	Status	Action
1	Original Issue	--	I1-R0	19-12-2024	Initiated	   

Showing 1 to 1 of 1 entries

Prev 1 Next

Approval Flow For QSP

Prepare By - Shruthi, Private Sec → Review By - → Approve By -

## Steps 2 - Add description for the document

QSP ---> Select QSP ---> Edit ---> Add Description

IMS Lokesh, Private Sec (Admin) Home Admin QM QSP DWP GWP KPI Audit Report Help Logout

### Quality Manual(QM)

Abbreviation Tr

1. LRDE ORGANIZATIONAL PROFILE

1.1. OBJECTIVES OF LRDE

1.2. VISION

1.3. MISSION

1.4. Add New Sub Chapter

2. CORE COMPETENCE OF THE ORGANIZATION

3. STRUCTURE, ORGANIZATION & FUNCTIONS C

4. CLAUSE 4: CONTEXT OF THE ORGANIZATION

5. CLAUSE 5: LEADERSHIP

OBJECTIVES OF LRDE

(i) Project Monitoring Review Committee (PMRC) meetings to be conducted quarterly for every project.

(ii) Projected cash outflow for the year for Project & Build Up items.

(iii) Provide training program for employees in their respective area of work.

(iv) Conduct LRDE Research council Meeting Half Yearly.

(v) Conduct Establishment level Quality Steering Committee meetings every Quarter.

(vi) Conduct internal Directorates level meeting for QMS and Projects once in a month.

1. Is Pagebreak? 2. Is Landscape?

UPDATE

PRINT BACK

Activate Windows - Go to Settings to activate Windows.

## Steps 3 - Select Abbreviation

QSP ---> Select QSP ---> Edit ---> Select Abbreviation

IMS Select Abbreviation

<input type="checkbox"/> AAAU - AAAU	<input type="checkbox"/> AD-ASR - Associate Director- Airborne and Space-borne Radars
<input type="checkbox"/> AD-LRR - Associate Director- Long Range radars	<input type="checkbox"/> AD-PCHR - Associate Director- Planning, Coordination and Human Resources
<input type="checkbox"/> AD-SFCR - Associate Director - Surveillance and Fire Control Radars	<input type="checkbox"/> AFPMT - AFPMT
<input checked="" type="checkbox"/> AG - Accounts Group	<input checked="" type="checkbox"/> AG - Accounts Group
<input checked="" type="checkbox"/> ALWC - ALWC	<input checked="" type="checkbox"/> AMC - Annual Maintenance Contract
<input checked="" type="checkbox"/> ASR - Air Force Staff Requirements	<input checked="" type="checkbox"/> ATP/QTP - Acceptance Test Plan/ Qualification Test Plan
<input checked="" type="checkbox"/> ATR/QTR - Acceptance Test Report/ Qualification Test Report	<input checked="" type="checkbox"/> CA&PA - Corrective & Preventive Actions
<input checked="" type="checkbox"/> CAD - Computer Aided Design	<input checked="" type="checkbox"/> CAMEC - Calibration and Measurement Centre
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<input checked="" type="checkbox"/> CFA - Cross Field Amplifier	<input checked="" type="checkbox"/> CODE - Components and Devices
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<input checked="" type="checkbox"/> D-PSRR - Directorate of Portable and Short Range Radars	<input checked="" type="checkbox"/> D-QA - Directorate of Quality Assurance
<input checked="" type="checkbox"/> D-RAM - Directorate of Radar Antennas and Microwaves	<input checked="" type="checkbox"/> D-SR - Directorate Surveillance Radars
<input checked="" type="checkbox"/> DGAQA - Directorate General Aeronautical Quality Assurance	<input checked="" type="checkbox"/> DGQA - Director General of Quality Assurance
<input checked="" type="checkbox"/> DRPN - Defence Research and Development Organisation	<input checked="" type="checkbox"/> DR - Directorate's Secretariat

## Steps 4 - Update document summary

QSP ---> Select QSP ---> Document Summary ---> Add Document Summary

The screenshot shows the 'QM - Revision Record' form. On the left, there is a table with columns 'SN' and 'Description'. The first row has '1' and 'Original Issue'. Below the table, it says 'Showing 1 to 1 of 1 entries'. The main part of the form is a 'Document Summary' modal. It has four text areas: 'Additional Info :', 'Abstract :', 'Keywords :', and 'Distribution :'. The 'Additional Info' contains 'ISO 9001:2015 Quality Manual of LRDE'. The 'Abstract' contains 'This document brings out the QMS Process followed within the Establishment.' The 'Keywords' contain 'Quality System Procedure, Risk based Thinking: (RBT) Approach, Interested parties, Key Process Indicators (KPI), Metrics, Documents, Records, Internal Quality Audits (IQA), Continual Improvement (CI)'. The 'Distribution' contains 'RESTRICTED and CONTROLLED Document, distributed throughout LRDE via LRDE Intranet.' At the bottom of the modal is a green 'SUBMIT' button. The background shows a navigation bar with 'Home', 'Admin', 'QM', 'QSP', 'DWP', 'GWP', 'KPI', 'Audit', 'Help', and 'Logout'.

## Steps 5 - Approval Flow

MR Rep ---> MR ---> Director

The screenshot shows the 'QSP1 - Control of Documents and Records - Revision Record' form. It has a table with columns 'SN', 'Description', 'Issue From', 'Issue To', 'Date Of Revision', 'Status', and 'Action'. The first row has '1', 'Original Issue', '--', '11-R0', '19-12-2024', 'Approved by Director', and a green checkmark. Below the table, it says 'Showing 1 to 1 of 1 entries'. At the bottom, there is an 'Approval Flow For QSP' section with three steps: 'Prepared By MR Rep - Shruthi, Private Sec', 'Reviewed By - Sabari, Sc E', and 'Approved By - Veena MKS, Director'. Each step has a blue checkmark. The background shows a navigation bar with 'Home', 'Admin', 'QM', 'QSP', 'DWP', 'GWP', 'KPI', 'Audit', 'Report', 'Help', and 'Logout'.

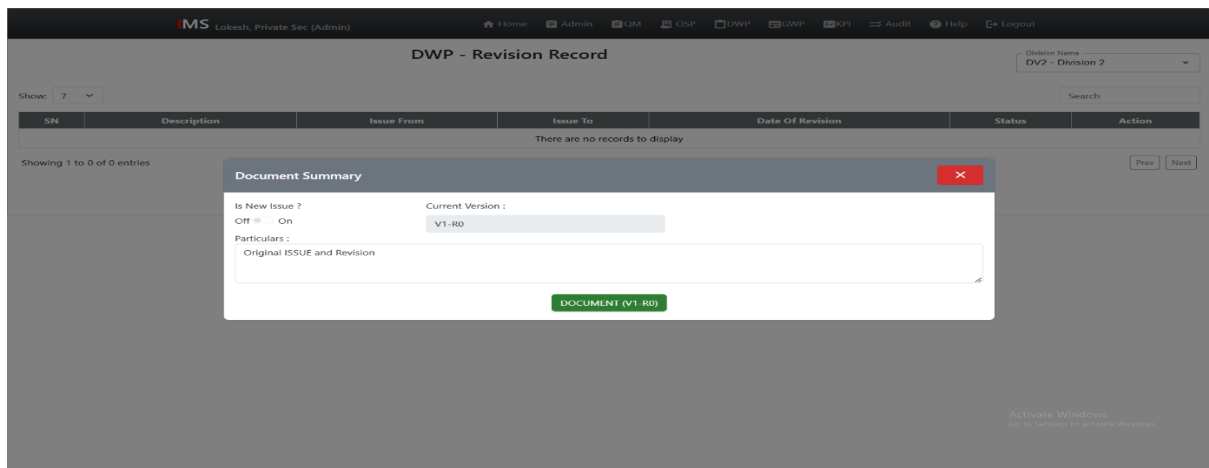
## Divisional Work Procedure

The **Divisional Work Procedure (DWP)** outlines the specific procedures and processes followed within each division to ensure consistency and compliance with ISO standards. This document is designed to address the unique requirements and operational practices of each division while aligning with the overall quality management system. The DWP provides clear guidelines for division-specific tasks, ensuring that all activities are performed efficiently and in accordance with established quality standards. It serves as a critical reference for division employees and helps maintain uniformity across processes within the organization, contributing to continuous improvement and ISO compliance.

## Steps 1 - Create new record

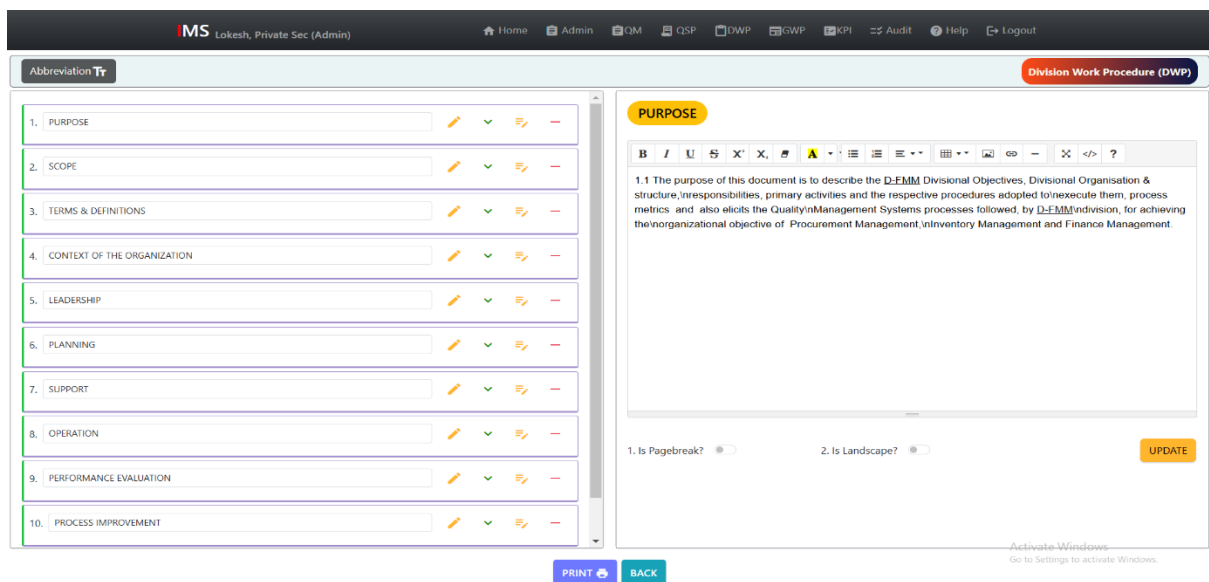
DWP ---> Add Issue ---> Add Particulars ---> Submit





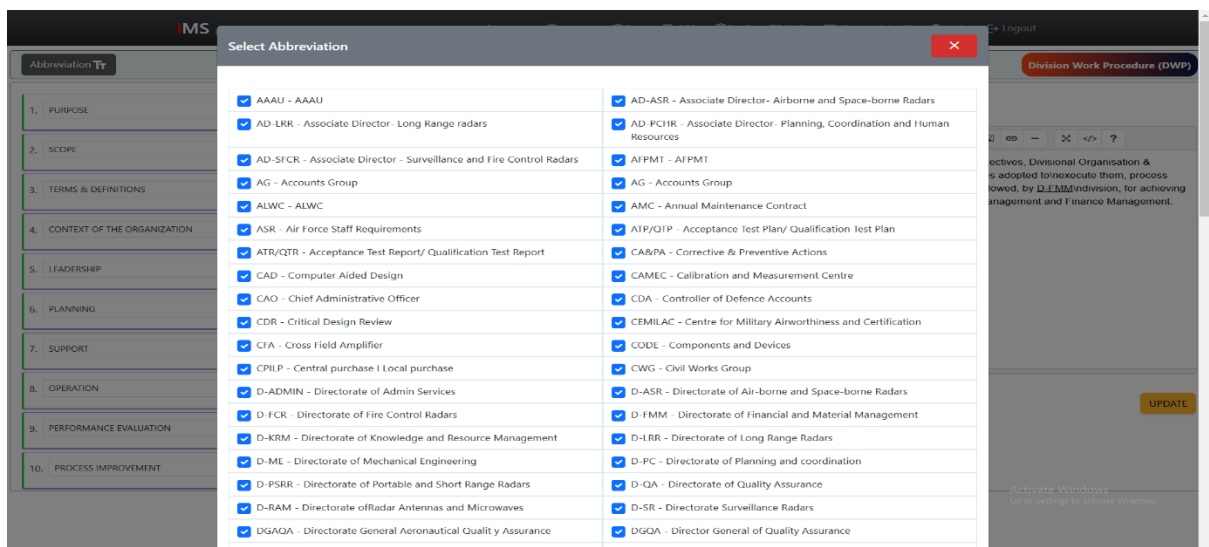
## Steps 2 - Add description for the document

DWP ---> Edit ---> Add Description



## Steps 3 - Select Abbreviation

DWP ---> Edit ---> Abbreviation ---> Select Abbreviation



## Steps 4 - Update the Risk Register

DWP ---> Risk ---> Add ---> Update Risk Register

The screenshot shows the 'DWP-DV1 : Risk Register' interface. A modal window titled 'Risk Register' is open, allowing for the update of a risk entry. The modal contains a text area for 'Risk Description' with the value 'Document Reviews'. Below this are input fields for 'Prob' (3), 'TP' (4), 'Time' (2), 'Cost' (5), 'Average' (3.67), and 'Risk No' (11.01). A green 'Submit' button is at the bottom. A note at the bottom of the modal states: 'Note : Prob - Probability , TP - Technical Performance'. The background shows a table with columns 'SN', 'Risk De', 'Risk No', and 'Action', and a search bar.

## Steps 5 - Update Risk Mitigation Register

DWP ---> Risk ---> Add ---> Add KPI

The screenshot shows the 'DWP - DV1 : Mitigation Risk Register' interface. It displays a table with columns: SN, Original Risk Description, Probability, TP, Time, Cost, Average, and Risk No. The first row shows a risk with SN 1, description 'Inadequate attention to secure coding practices or vulnerabilities in third-party tools can expose the application to breaches.', Probability 1, TP 2, Time 3, Cost 5, Average 3.33, and Risk No 3.33. Below the table is a 'Mitigation Approach' text area with the content: 'Additionally, maintain compliance by staying informed about legal and regulatory requirements and conducting regular audits. By focusing on these strategies, organizations can significantly reduce risks and enhance the likelihood of project success.' Below this are input fields for 'Probability' (2), 'Technical Performance' (1), 'Time' (2), 'Cost' (1), 'Average' (1.33), and 'Risk No' (2.66). There are three buttons: 'UPDATE' (orange), 'REVISE' (teal), and 'BACK' (blue). At the bottom, there is another table with columns: SN, Mitigation Approach, Revision No, Doc Type, Probability, TP, Time, Cost, Average, and Risk No. This table has four rows of data, with the last row highlighted in red.

SN	Mitigation Approach	Revision No	Doc Type	Probability	TP	Time	Cost	Average	Risk No
1	Additionally, maintain compliance by staying informed about legal and regulatory requirements and conducting regular audits. By focusing on these strategies, organizations can significantly reduce risks and enhance the likelihood of project success.	4	DWP	2	1	2	1	1.33	2.66
2	Additionally, maintain compliance by staying informed about legal and regulatory requirements and conducting regular audits. By focusing on these strategies, organizations can significantly reduce risks and enhance the likelihood of project success.	3	DWP	1	1	1	1	1	1
3	Additionally, maintain compliance by staying informed about legal and regulatory requirements and conducting regular audits. By focusing on these strategies, organizations can significantly reduce risks and enhance the likelihood of project success.	2	DWP	5	5	5	5	5	25
4	Prioritize security by incorporating secure coding practices, regular vulnerability assessments, and adherence to industry standards. Allocate sufficient resources, including skilled personnel and realistic timelines, to avoid resource-related challenges. Engage	1	DWP	3	4	5	4	4.33	12.99

## Group Work Procedure

The **Group Work Procedure (GWP)** defines the standardized processes and practices followed by specific groups within the organization to ensure adherence to ISO standards. This document provides detailed instructions for the tasks and responsibilities of each group, ensuring that their activities align with the overall quality management system. The GWP serves as a guideline for group members to perform their duties effectively, maintaining consistency and compliance with established quality norms.

### Steps 1 - Create new record

GWP ---> Add Issue ---> Add Particulars ---> Submit

IMS Lokesh, Private Sec (Admin)

Home Admin QM QSP DWP GWP KPI Audit Help Logout

GWP - Revision Record

Group: GR2 - Group 02

Show: 7

Search

SN	Description	Issue From	Issue To	Date Of Revision	Status	Action
There are no records to display						

Showing 1 to 0 of 0 entries

Prev Next

**Document Summary**

Is New Issue ?  
Off ☐ On ☐

Current Version :  
V1-R0

Particulars :  
Original ISSUE and Revision

DOCUMENT (V1-R0)

Activate Windows  
Go to Settings to activate Windows.

### Steps 2 - Add description for the document

GWP ---> Edit ---> Add Description

IMS Lokesh, Private Sec (Admin)

Home Admin QM QSP DWP GWP KPI Audit Help Logout

Abbreviation

Division Work Procedure (DWP)

- PURPOSE
- SCOPE
- TERMS & DEFINITIONS
- CONTEXT OF THE ORGANIZATION
- LEADERSHIP
- PLANNING
- SUPPORT
- OPERATION
- PERFORMANCE EVALUATION
- PROCESS IMPROVEMENT

**PURPOSE**

To define set of procedures to be followed by the Establishment ensuring efficient, economic, transparent, fair and equitable procedure for the timely completion of procurement of Products/Services conforming to specified requirements.

To prevent non conformities in purchase of Goods and services.

1. Is Pagebreak? ☐ 2. Is Landscape? ☐

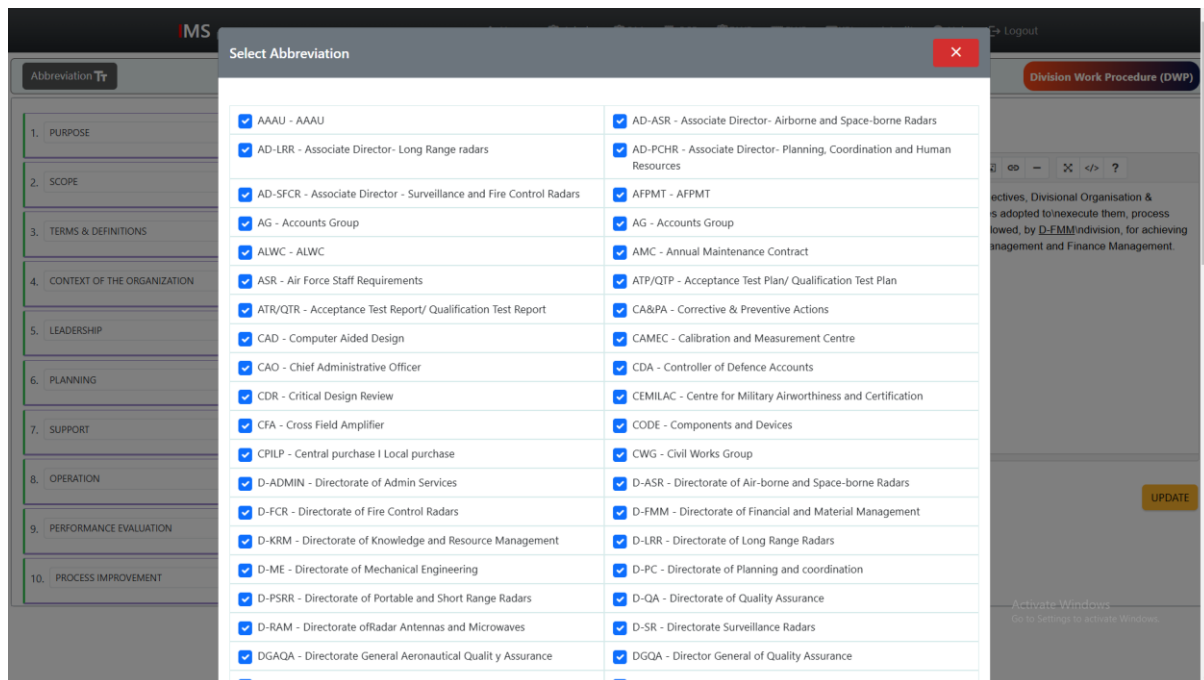
UPDATE

PRINT BACK

Activate Windows  
Go to Settings to activate Windows.

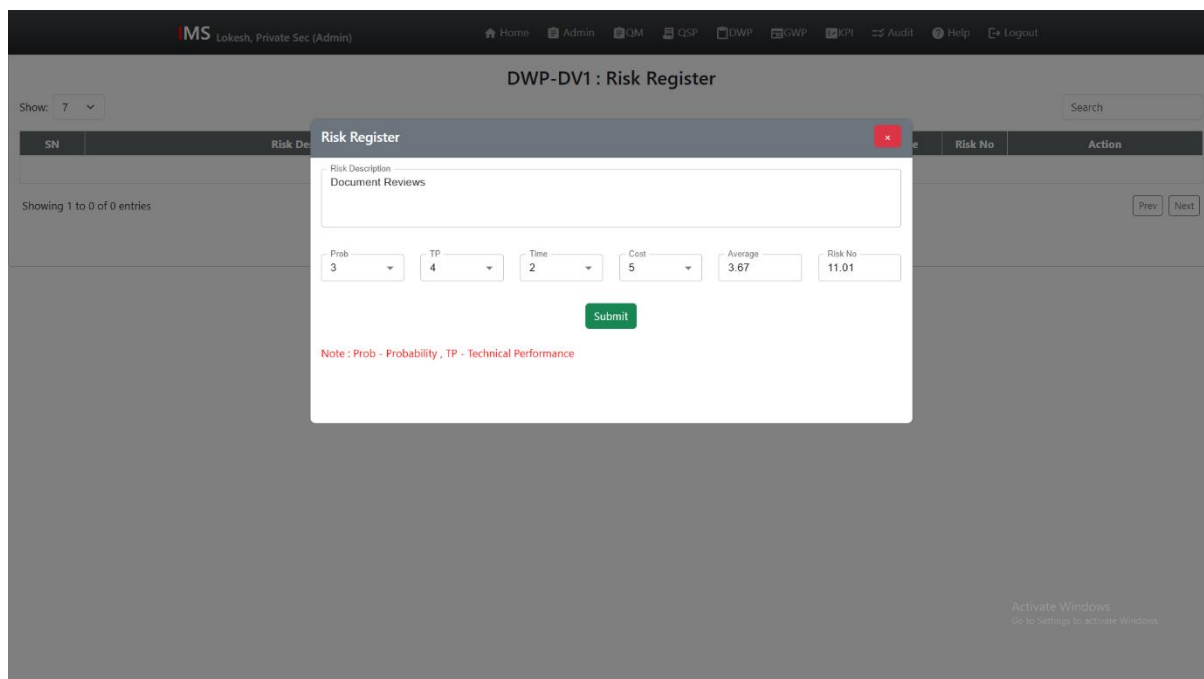
### Steps 3 - Select Abbreviation

GWP ---> Edit ---> Abbreviation ---> Select Abbreviation



### Steps 4 - Update the Risk Register

GWP ---> Risk ---> Add ---> Update Risk Register



## Steps 5 - Update the Risk Mitigation Register

GWP ---> KPI ---> Add ---> Add KPI

IMS Lokesh, Private Sec (Admin)

HomeAdminQMCSPDWPGWPKPIAuditReportHelpLogout

GWP - GR1 : Mitigation Risk Register

Showing 1 to 1 of 1 entries

Search

SN	Original Risk Description	Probability	TP	Time	Cost	Average	Risk No
1	Compliance risks must be managed to ensure the application adheres to legal and regulatory requirements. Mitigating these risks requires comprehensive planning, robust risk management strategies, and effective stakeholder communication throughout the development lifecycle.	1	4	5	3	4	4

Prev1Next

Mitigation Approach  
Utilize automated testing tools and continuous integration/continuous delivery (CI/CD) pipelines to enhance code quality and ensure timely bug detection and resolution.

Probability3Technical Performance5Time3Cost5Average4.33Risk No12.99

UPDATEREVISEBACK

Showing 1 to 3 of 3 entries

Search

SN	Mitigation Approach	Revision No	Doc Type	Probability	TP	Time	Cost	Average	Risk No
1	Utilize automated testing tools and continuous integration/continuous delivery (CI/CD) pipelines to enhance code quality and ensure timely bug detection and resolution.	2	GWP	3	5	3	5	4.33	12.99
2	Employ comprehensive project documentation, including requirements, specifications, and change management protocols, to minimize misunderstandings and scope creep.	1	GWP	4	3	5	2	3.33	13.32
3	Establish a robust risk management framework that identifies, evaluates, and addresses potential challenges at every stage. Conduct feasibility studies and market analysis to ensure the application aligns with business goals and market demands.	0	GWP	5	1	3	4	2.67	13.35

Prev1Next

## KPI

The **KPI (Key Performance Indicator)** Module is designed to define, manage, and track performance metrics across the organization, divisions, and groups. It serves as a centralized system for monitoring and evaluating organizational performance against predefined standards, ensuring alignment with ISO standards and continuous improvement objectives. The KPI Module ensures that performance metrics are clearly defined, consistently tracked, and transparently reported.

### KPI Master

The **KPI Master** Module allows users to create and define KPIs across three levels:

- Common KPIs:** Applicable to the entire organization, providing a unified benchmark for performance evaluation.
- Division KPIs:** Specific to each division, including their unique KPIs as well as lab-related KPIs.
- Group KPIs:** Unique to each group, along with lab-related KPIs.

While creating a KPI, users must define the objective, metrics, norms, target, unit and rating.

**Key Process Indicator**

Division/Group: ALL

Showing 8 to 14 of 17 entries

**KPI Edit - DV5**

Objectives \*  
To meet the user requirement of books, reports, standards, Facility to issue & discharge documents in library

Metrics \*  
Number of document procured vs Number of documents requested by users

Norms \*  
Greater Than

Target \*  
90

Unit \*  
PERCENTAGE

Rating - 1  
Start Value \* 0, End Value \* 59

Rating - 2  
Start Value \* 60, End Value \* 69

Rating - 3  
Start Value \* 70, End Value \* 79

Rating - 4  
Start Value \* 80, End Value \* 89

Rating - 5  
Start Value \* 90, End Value \* 100

**SUBMIT**

Note : System will not allow the overlap range values

Target	Action
100%	[Edit]
90%	[Edit]
100%	[Edit]
WEEKS	[Edit]
50%	[Edit]
NOS	[Edit]
DAYS	[Edit]

Activate Windows  
Go to settings to activate Windows.

## KPI List

The **KPI List** Module enables the entry of actual KPI values for each division and group. Based on these values:

- The system calculates the average KPI for each division and group.
- The system generates a KPI graph for each division and group which is displayed in the dashboard.
- The performance data is displayed visually, facilitating comparison and trend analysis.

**Key Process Indicator List**

IQA No: IQA-2, Division/Group: D-AD1

Objective	Metrics	Target	Unit	Value	Rating
Design and Development of Exciter and Receiver units for Modern Radar systems	No. of successful designs evolved in last one year /Number of jobs carried out	3	NOS	KPI Value: 3	5 (Green)
Design, development & Characterization of Antenna elements, RF manifolds and Radomes for Modern Radar systems.	No. of successful designs evolved in last one year /Number of jobs carried out	3	NOS	KPI Value: 0	1 (Red)
Carry out Conceptual, Preliminary & Detailed Design, testing of the Integrated System/ subsystem for Realization of Proto	No. of Systems/Subsystems tested & approved (Functional/ESS/QT/HALT/HASS/EMI/EMC) during last one year /No. of successful designs evolved in last one year	3	NOS	KPI Value: 2	4 (Green)
Design and Development of Transmitters and Array Power Supplies for Modern Radar Systems	No. of successful designs evolved in last one year /Number of jobs carried out	3	NO	KPI Value: 1	3 (Orange)
To track the performance of the procurement & maintain cash out flow as planned as per RPB projection	Projected cash out flow versus Achieved cash out flow	80	%	KPI Value: 75	4 (Green)
Training. (No. of min. CEP programs, KSL, Special training programs)	Minimum percentage of employees trained per year	50	%	KPI Value: 19	1 (Red)

IQA-2 Average KPI Rating of D-AD1: 3.00

**Update**

## Audit

The Audit Module streamlines the planning, execution, and tracking of audits, providing tools for creating auditor lists, scheduling audits, and managing approvals. Conducted twice a year, this module ensures efficient oversight and thorough evaluation of compliance with ISO standards. By offering a centralized platform for monitoring and reporting, the Audit Module empowers organizations to maintain ISO compliance, drive operational excellence, and foster continuous improvement. The main objectives of the audit are

- Organization complies with those documented standards, processes, systems, and/or plans during the execution of its work activities.
- Organization's standards, processes, systems, and/or plans and their implementation are effective, in other words, the policies, requirements, and objectives are actually being met.
- Resources, including people and other non-human resources, are being efficiently and effectively utilized.
- Audits also help identify areas for continual improvement and identify best practices within the organization that need to be propagated to other areas.

There are two types of audits: Internal Audit and External Audit.

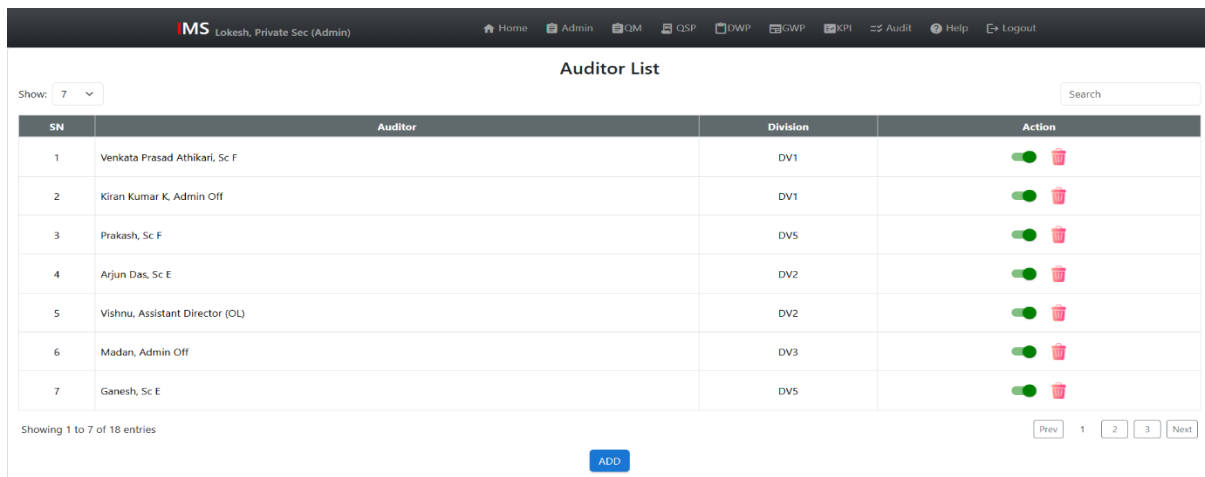
**Internal Audit:** An audit that an organization performs on itself. In this type of audit, the people conducting the audit (**auditors**), the people being audited (**auditees**), and the client (the person or organization that requested the audit) are all members of the same organization. The audit criteria for an internal audit can come from both inside and outside the organization.















**External Audit:** An audit performed on an auditee by an external auditor. In this type of audit, the client may be the organization being audited.

## Auditor List

The Auditor List Module is designed to facilitate the efficient management of auditors involved in the ISO compliance process. This module enables the creation and updating of a comprehensive list of auditors, ensuring that the right personnel are assigned to conduct audits based on their expertise and availability.

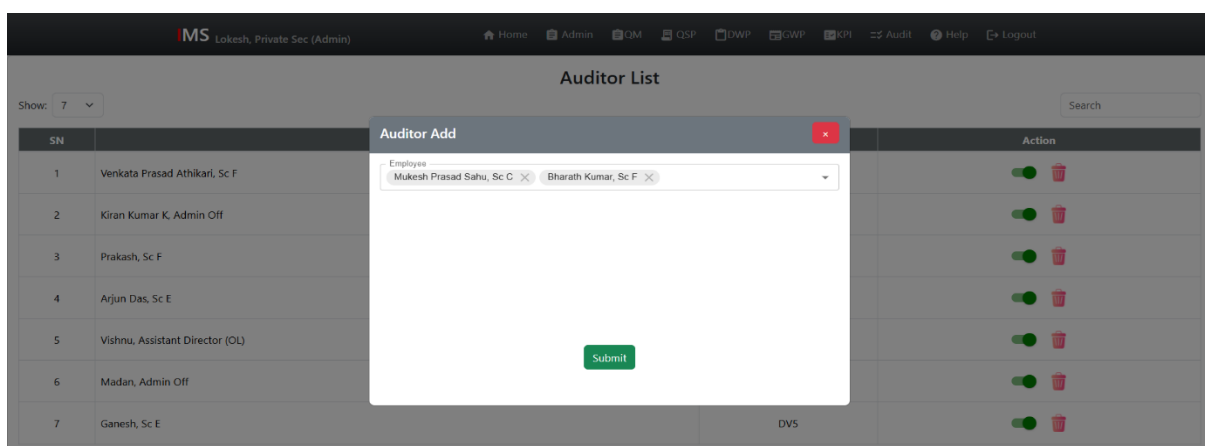
**Flow:** Audit ---> Auditor List ---> Add

















SN	Auditor	Division	Action
1	Venkata Prasad Athikari, Sc F	DV1	 
2	Kiran Kumar K, Admin Off	DV1	 
3	Prakash, Sc F	DV5	 
4	Arjun Das, Sc E	DV2	 
5	Vishnu, Assistant Director (OL)	DV2	 
6	Madan, Admin Off	DV3	 
7	Ganesh, Sc E	DV5	 

Showing 1 to 7 of 18 entries



ADD



SN	Auditor	Division	Action
1	Venkata Prasad Athikari, Sc F	DV1	 
2	Kiran Kumar K, Admin Off	DV1	 
3	Prakash, Sc F	DV5	 
4	Arjun Das, Sc E	DV2	 
5	Vishnu, Assistant Director (OL)	DV2	 
6	Madan, Admin Off	DV3	 
7	Ganesh, Sc E	DV5	 

**Auditor Add**

Employee

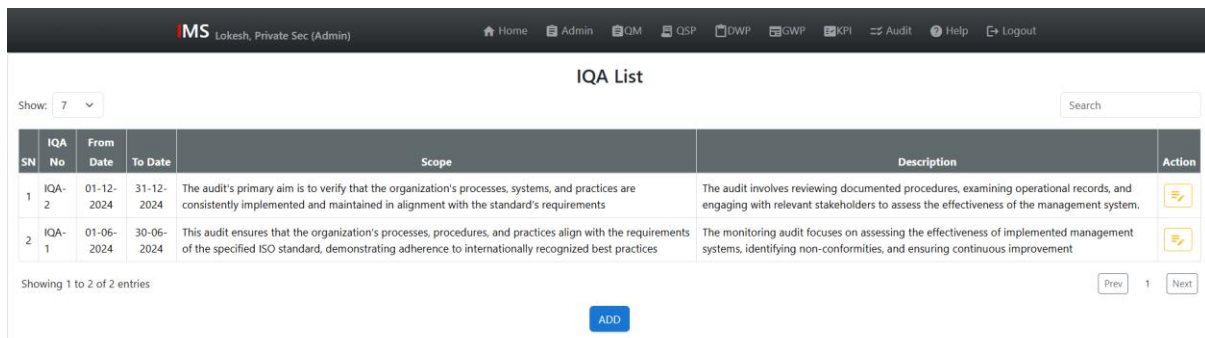
Mukesh Prasad Sahu, Sc C  Bharath Kumar, Sc F 

Submit

## IQA List

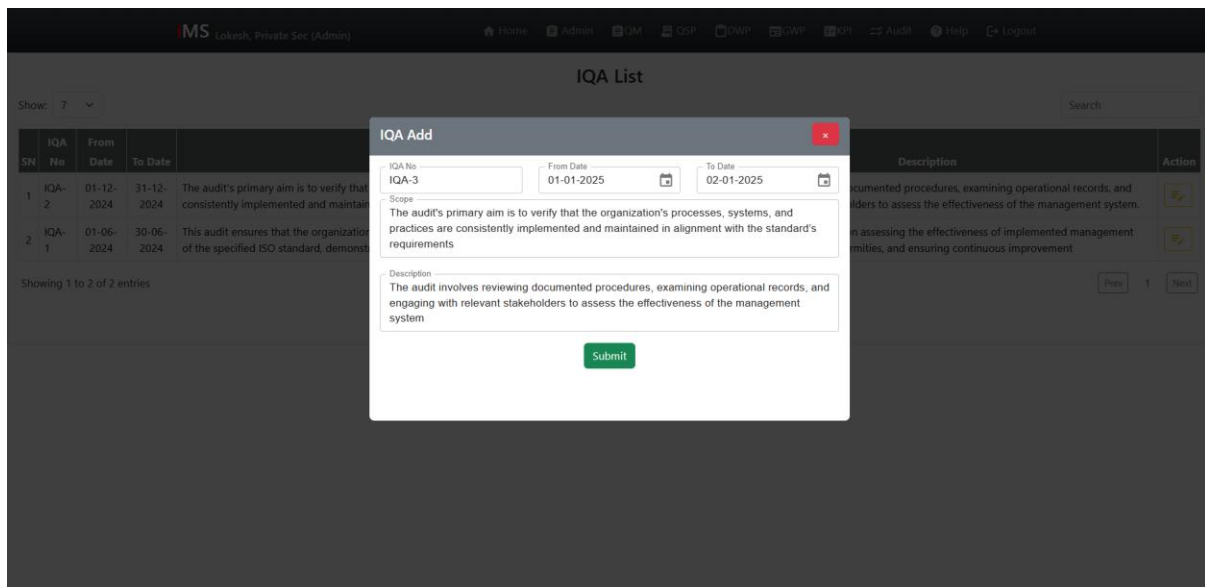
The IQA List Module is designed for creating and managing **Internal Quality Audits (IQAs)** within the ISO compliance framework. This module allows users to define key details for each IQA, including the start date, end date, scope, and a detailed description. By capturing and organizing this information, the IQA List Module ensures that all audits are systematically planned and documented. This facilitates thorough tracking and monitoring of internal quality audits.

**Flow: Audit ---> IQA List ---> Add**



The screenshot shows the 'IQA List' interface. At the top, there's a navigation bar with 'IMS Lokesh, Private Sec (Admin)' and various menu items like Home, Admin, QM, QSP, DWP, GWP, KPI, Audit, Help, and Logout. Below the navigation bar, the title 'IQA List' is centered. On the left, there's a 'Show: 7' dropdown. On the right, there's a search bar. The main content is a table with columns: SN, IQA No, From Date, To Date, Scope, Description, and Action. The table contains two entries. Below the table, it says 'Showing 1 to 2 of 2 entries'. At the bottom center, there is a blue 'ADD' button.

SN	IQA No	From Date	To Date	Scope	Description	Action
1	IQA-2	01-12-2024	31-12-2024	The audit's primary aim is to verify that the organization's processes, systems, and practices are consistently implemented and maintained in alignment with the standard's requirements	The audit involves reviewing documented procedures, examining operational records, and engaging with relevant stakeholders to assess the effectiveness of the management system.	
2	IQA-1	01-06-2024	30-06-2024	This audit ensures that the organization's processes, procedures, and practices align with the requirements of the specified ISO standard, demonstrating adherence to internationally recognized best practices	The monitoring audit focuses on assessing the effectiveness of implemented management systems, identifying non-conformities, and ensuring continuous improvement	



The screenshot shows the 'IQA List' interface with an 'IQA Add' modal form open. The modal form has fields for 'IQA No' (IQA-3), 'From Date' (01-01-2025), and 'To Date' (02-01-2025). It also has a 'Scope' field with a text area containing the audit's primary aim. Below the scope, there is a 'Description' field with a text area containing details about the audit process. At the bottom of the modal, there is a green 'Submit' button.















## Auditee List

The Auditee List Module is designed to manage and organize the details of auditees based on the type of audit being conducted. In this system, there are three types of auditees:

1. **Division Audits:** The Division Head is designated as the auditee
2. **Group Audits:** The Group Head is designated as the auditee
3. **Project Audits:** The project Director is designated as the auditee

**Flow: Audit ---> Auditee List ---> Add**



IMS Lokesh, Private Sec (Admin)					
Auditee List					
Show: 7		Search			
SN	Auditee	Group	Division	Project	Action
8	Likitha K M, Sc G	-	-	Statistics Analysis and Tracking System	 
9	Gadilinga G Dhanush, Sc D	-	-	Audit Management System	 
10	Dinesh Udayshanker, Sc E	-	-	Employee Management System	 
11	Tharun M, Sc E	-	-	Quality Assurance and Evaluation System	 
12	Tharun M, Sc E	-	-	Request for Proposal(RFP) Wizard	 
13	Susant Sahu, Sc G	-	-	Stores Inventory System	 
14	Mukesh Prasad Sahu, Sc C	-	-	Temple Mamanagement System	 
Showing 8 to 14 of 41 entries					
<div> <div>Prev</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>6</div> <div>Next</div> </div> <div>ADD</div>					

IMS Lokesh, Private Sec (Admin)									
Auditee List									
Show: 7		Search							
SN	Auditee	Auditee Add							
8	Likitha K M, Sc G	<div> <div>Employee</div> <div>Mukesh Prasad Sahu, Sc C</div> </div> <div> <div>Project *</div> <div>PRJ-SP - Sub Project</div> </div> <div> <div>Division</div> <div>Group</div> <div>Project</div> </div>							
9	Gadilinga G Dhanush, Sc D								
10	Dinesh Udayshanker, Sc E								
11	Tharun M, Sc E								
12	Tharun M, Sc E								
13	Susant Sahu, Sc G								
14	Mukesh Prasad Sahu, Sc C								
Showing 8 to 14 of 41 entries									
<div> <div>Prev</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>6</div> <div>Next</div> </div> <div>ADD</div>									

## Audit Team List

The Audit Team List Module is designed to create and manage the team responsible for conducting audits, ensuring effective planning and execution. Each audit team includes a designated **Lead Auditor**, who plays a pivotal role in the audit process. The Lead Auditor is responsible for acknowledging the audit schedule and overseeing the team's activities to ensure the audit is conducted efficiently and in compliance with ISO standards. By streamlining audit team management, the module ensures a structured and systematic approach to audits.

**Flow:** Audit ---> Audit Team List ---> Add

IMS

Lokesh, Private Sec (Admin)

Home

Admin

QM

QSP

DWP

GWP

KPI

Audit

Help

Logout

IQA-2 : Auditor Team List

IQA No

IQA-2

ADD

Team-1

Madan, Admin Off

Ganesh, Sc E

Arjun Das, Sc E

Team-2

Prakash, Sc F

Vishwanath, Sc E

Gopi Mathur, Sc F

Team-3

Rajat Sahu, Sc G

Venkata Prasad Athikari, Sc F

Team-4

Rakeshitha R, Sc F

Bhadrapa R, Sc B

Maresh Kumar, Sc F

Team-5

Lokanath Sahu, Sc F

Tanish, Sr. Adm Asst

Pratap, Sr. Acct. Officer II

Team-6

Susant Sahu, Sc G

Kiran Kumar K, Admin Off

Team-7

Vishnu, Assistant Director (OL)

Lekshmi Pillai, Sc C

## IQA Auditee List

The IQA Auditee List Module is designed to record and manage auditees specific to each Internal Quality Audit (IQA). By maintaining a detailed record of auditees linked to each IQA, the module ensures clarity and accountability in the audit process. It facilitates accurate tracking, efficient communication, and streamlined audit planning, ensuring that all relevant personnel are included in the audit.

**Flow: Audit ---> IQA Auditee List ---> Add**

Auditee Name	Group/Division/Project
<input checked="" type="checkbox"/> Sankha Dutta, Sc F	PMS
<input checked="" type="checkbox"/> Sankha Dutta, Sc F	SDS
<input checked="" type="checkbox"/> Venkata Prasad Athikari, Sc F	DMS
<input checked="" type="checkbox"/> Saran Raj, Sc D	IBAS
<input checked="" type="checkbox"/> Likitha K M, Sc G	SDS
<input checked="" type="checkbox"/> Likitha K M, Sc G	PFTS
<input checked="" type="checkbox"/> Likitha K M, Sc G	PMS
<input checked="" type="checkbox"/> Likitha K M, Sc G	STATS
<input checked="" type="checkbox"/> Gadilinga G Dhanush, Sc D	AMS
<input checked="" type="checkbox"/> Dinesh Udayshanker, Sc E	SARAL
<input checked="" type="checkbox"/> Tharun M, Sc E	QUEEN
<input checked="" type="checkbox"/> Tharun M, Sc E	RFPP
<input checked="" type="checkbox"/> Susant Sahu, Sc G	SIS
<input checked="" type="checkbox"/> Mukesh Prasad Sahu, Sc C	TMS

Auditee Name	Group/Division/Project
<input checked="" type="checkbox"/> Mukesh Prasad Sahu, Sc C	HRMS
<input checked="" type="checkbox"/> Mukesh Prasad Sahu, Sc C	RFP
<input checked="" type="checkbox"/> Mukesh Prasad Sahu, Sc C	EDUa
<input checked="" type="checkbox"/> Mukesh Prasad Sahu, Sc C	TMS
<input checked="" type="checkbox"/> Bharath Kumar, Sc F	GR14
<input checked="" type="checkbox"/> Yashwanth Kumar V, Sc F	GR2
<input checked="" type="checkbox"/> Venkata Prasad Athikari, Sc F	321
<input checked="" type="checkbox"/> Rajat Sahu, Sc G	GRP15
<input checked="" type="checkbox"/> Susant Sahu, Sc G	GRP13
<input checked="" type="checkbox"/> Susant Sahu, Sc G	GR4
<input checked="" type="checkbox"/> Subrat Kumar, Sc F	GR3
<input checked="" type="checkbox"/> Mukesh Prasad Sahu, Sc C	AR1
<input checked="" type="checkbox"/> Mukesh Prasad Sahu, Sc C	GR1
<input checked="" type="checkbox"/> Anil Kumar, Sc G	DV6


Auditee Name	Group/Division/Project
<input checked="" type="checkbox"/> Mallikarjun, Sc G	DV1
<input checked="" type="checkbox"/> Prudvi Teja, Sc G	DV7
<input checked="" type="checkbox"/> Venkata Prasad Athikari, Sc F	DIV13
<input checked="" type="checkbox"/> Venkata Prasad Athikari, Sc F	DV3
<input checked="" type="checkbox"/> Saran Raj, Sc D	DV4
<input checked="" type="checkbox"/> Nalina N, Sc E	DV5
<input checked="" type="checkbox"/> Nalina N, Sc E	DV2
<input checked="" type="checkbox"/> Justin Paul, Sc E	DV8
<input checked="" type="checkbox"/> Rajat Sahu, Sc G	DIV15
<input checked="" type="checkbox"/> Dinesh Udayshanker, Sc E	DIV14
<input checked="" type="checkbox"/> Dinesh Udayshanker, Sc E	123
<input checked="" type="checkbox"/> Mukesh Prasad Sahu, Sc C	AD1
<input checked="" type="checkbox"/> Mukesh Prasad Sahu, Sc C	001

## Audit Schedule

The Audit Schedule Module is designed to facilitate the planning and management of audit schedules within the ISO compliance framework. This module enables users to create schedules for auditees by specifying details such as the date, time and the audit team responsible for conducting the process. A key feature of this module is its validation mechanism, which prevents the creation of a schedule if the auditee is part of the assigned audit team. By maintaining a structured and conflict-free scheduling process, the module promotes efficient audit execution and adherence to timelines.

**Flow: Audit ---> Audit Schedule ---> Add**

<div> <div>MS Lokesh, Private Sec (Admin)</div> <div> <a href="#">Home</a> <a href="#">Admin</a> <a href="#">QM</a> <a href="#">QSP</a> <a href="#">DWP</a> <a href="#">GWP</a> <a href="#">KPI</a> <a href="#">Audit</a> <a href="#">Help</a> <a href="#">Logout</a> </div> </div>									
<div> <div>IQA-2 : Audit Schedule</div> <div>           Auditees : <span>41</span>           Auditee Assigned : <span>41</span>           Auditee Pending : <span>0</span>           Check List Print :  </div> <div> <div>IQA No</div> <div>IQA-2</div> </div> <div> <div>Show: 7</div> <div>Search</div> </div> </div>									
SN	Date & Time (Hrs)	Division/Group	Project	Auditee	Team	Status	Revision	Action	
1	16-12-2024 15:45	div-01	-	Mukesh Prasad Sahu, Sc C	Team-7	Returned By Auditor	R0		
2	17-12-2024 15:40	Advision1	-	Mukesh Prasad Sahu, Sc C	Team-5	Auditee Submit	R0		
3	17-12-2024 15:30	DIV-123	-	Dinesh Udayshanker, Sc E	Team-4	Auditor Submit	R0		
4	17-12-2024 15:20	Division 14	-	Dinesh Udayshanker, Sc E	Team-3	Acknowledged	R0		
5	17-12-2024 17:45	Division 15	-	Rajat Sahu, Sc G	Team-2	Reforwarded	R1		
6	17-12-2024 15:00	Division 08	-	Justin Paul, Sc E	Team-1	Acknowledged By Auditee	R0		
7	16-12-2024 15:40	Division 2	-	Nalina N, Sc E	Team-5	Returned By Auditee	R0		


Dinesh Udayshanker, Sc E (Auditee)

[Home](#) | 
 [Audit](#) | 
 [Help](#) | 
 [Logout](#)

## IQA-2 : Audit Schedule List

Show:

SN	Date & Time (Hrs)	Division/Group	Project	Auditee	Team	Status	Revision	Action
1	17-12-2024 15:30	DIW-123	-	Dinesh Udayshanker, Sc E	Team-4	Auditor Submit	R0	<button>+/-</button>
2	17-12-2024 15:20	Division 14	-	Dinesh Udayshanker, Sc E	Team-3	Acknowledged	R0	<button>+/-</button>
3	17-12-2024 10:50	-	Employee Management System	Dinesh Udayshanker, Sc E	Team-3	Acknowledged	R0	<button>+/-</button>

Showing 1 to 3 of 3 entries

MS

Mukesh Prasad Sahu, Sc C (Auditee)

Home

Audit

Help

Logout

Back

Date & Time (Hrs) : 17-12-2024 15:40

Division/Group/Project : Adivision1

Auditee : Mukesh Prasad Sahu, Sc C

Team : Team-5

4

5

6

7

8

9

10

Clause 4 : Context of the Organization

i. Any changes in the Context of the Division/Group wrt. as documented in Work Procedure

a. Changes in Org. Chart?

Auditee Remarks

No

b. New Group Formed

Auditee Remarks

No

c. New Teams Formed

Auditee Remarks

No

ii. Any Changes in Interested Parties ie. Internal & External Customers

a. New Projects/Tasks

Auditee Remarks

Yes

b. New Review Board

Auditee Remarks

No

c. New Vendors/Dev Contracts

Auditee Remarks

Yes

iii. Any changes in Process flow diagram includes in Work Procedure

a. New Tasks

Auditee Remarks

Yes

b. New Activities

Auditee Remarks

Yes

Update

Activate Windows

Go to Settings to activate Windows.

## Auditee Remarks

MS

Rakshitha R, Sc F (Auditor)

Home

Audit

Help

Logout

Back

Date & Time (Hrs) : 17-12-2024 15:30

Division/Group/Project : DIV-123

Auditee : Dinesh Udayshanker, Sc F

Team : Team-4

4

5

6

7

8

9

10

Clause 4 : Context of the Organization

i. Any changes in the Context of the Division/Group wrt. as documented in Work Procedure

a. Changes in Org. Chart?

Auditee Remarks

No

Observation

C - Complied

Auditor Remarks

NA

b. New Group Formed

Auditee Remarks

No

Observation

NC - Non-Complied

Auditor Remarks

Updated to NC

c. New Teams Formed

Auditee Remarks

No

Observation

O - Observation

Auditor Remarks

Updated to Observation

ii. Any Changes in Interested Parties ie. Internal & External Customers

a. New Projects/Tasks

Auditee Remarks

Yes

Observation

C - Complied

Auditor Remarks

NA

b. New Review Board

Auditee Remarks

No

Observation

OFI - Opportunity to ...

Auditor Remarks

Updated to OFI

c. New Vendors/Dev Contracts

Auditee Remarks

Yes

Observation

C - Complied

Auditor Remarks

NA

iii. Any changes in Process flow diagram includes in Work Procedure

a. New Tasks

Auditee Remarks

yes

Observation

C - Complied

Auditor Remarks

NA

b. New Activities

Auditee Remarks

Yes

Observation

C - Complied

Auditor Remarks

NA

Activate Windows

Go to Settings to activate Windows.

## Auditor Findings

## Checklist Master

The Checklist Master Module is designed to create and manage audit checklists, which serve as essential tools for conducting audits. The checklists are prepared by the Management Representative (MR) to ensure alignment with ISO standards and the organization's quality objectives. This module allows for the creation of detailed, structured checklists covering all necessary audit criteria, providing a standardized framework for auditors to follow during the audit process.

**Flow:** Audit ---> Checklist Master ---> Add

20

## CAR Master

The **CAR (Corrective Action Report) Master** Module is a critical component for managing and addressing Non-Conformities (NCs) identified during the audit process. Once the auditee accepts the checklist forwarded by the auditor, the list of NCs raised during the audit is automatically displayed in the CAR Master Module. The CAR Master Module streamlines the process of managing NCs by providing a centralized platform for planning, tracking, and monitoring corrective actions. It ensures that corrective measures are effectively assigned and executed within defined timelines.

**Flow: Audit ---> CAR Master ---> Submit**

In this module the auditee is responsible for:

- 1. Defining the Action Plan:** For each NC raised, the auditee outlines a detailed corrective action plan to address the issue and ensure compliance.
- 2. Assigning Responsibility:** The auditee assigns a primary executive who will take responsibility for implementing the corrective action, ensuring accountability and ownership.
- 3. Setting Target Dates:** A specific target date is defined for each NC, establishing a timeline for completion of corrective measures.

CAR Ref No	Description	Action Plan	Responsibility	Target Date
IQA-2/Advision1/NC/1	Changes in Org. Chart ?	Define project objectives and scope to align with organizational goals	Mukesh Prasad Sahu, Sc C	16-12-2024
IQA-2/Advision1/NC/2	New Projects/Tasks	Identify key stakeholders and assign roles and responsibilities	Mukesh Prasad Sahu, Sc C	16-12-2024
IQA-2/Advision1/NC/3	New Tasks	Develop a detailed timeline with milestones and deliverables for tracking	Mukesh Prasad Sahu, Sc C	16-12-2024
IQA-2/Advision1/NC/4	Comment whether above issues can be reflected in the risk register	Allocate resources effectively, including budget, personnel, and tools	Mukesh Prasad Sahu, Sc C	16-12-2024
IQA-2/Advision1/NC/5	Does the RISK REGISTER needs a review by DO ?	Implement a risk management plan to identify and mitigate potential risks	Mukesh Prasad Sahu, Sc C	16-12-2024
IQA-2/Advision1/NC/6	Do the Key Performance Indicators need to be updated	Establish clear communication channels for updates and collaboration	Mukesh Prasad Sahu, Sc C	16-12-2024

## CAR Report

The **CAR Report** Module is designed to document and track the resolution process for Non-Conformities (NCs) raised during audits, ensuring effective corrective actions are implemented and verified. This module facilitates the collaboration between various stakeholders to close NCs efficiently. The CAR Report Module ensures a structured and transparent process for resolving NCs. It enables detailed documentation of root causes and corrective measures.

**Flow:** Audit ---> CAR Report ---> Action by Primary Executive ---> Verification by GD ---> Review and Closure by MR

### 1. Action by Primary Executive:

The primary executive, nominated in the CAR Master Module, specifies the **root cause** of the NC, details of the **corrective action taken**, along with supporting **evidence** (e.g., documents, images) and also provides the **completion date** for the corrective action and forwards the report.

### 2. Verification by GD:

Depending on the auditee of the NC, the respective head (Division Head, Group Head, or Project Director) reviews the corrective actions and evidence provided. The GD ensures that the actions are appropriate and effectively address the root cause before forwarding the report for final review.

### 3. Review and Closure by MR:

The Management Representative (MR) performs the final review of the corrective actions and evidence. If the actions are satisfactory and meet ISO compliance requirements, the MR approves and closes the NC.

The screenshot displays the 'CAR Report' interface for 'IQA-2 - AD1 - 16-12-2024 - 17-12-2024'. The top navigation bar includes 'Home', 'Audit', 'Report', 'Help', and 'Logout'. The main content area shows a detailed view of a specific NC (IQA-2/Advision1/NC/1) with the following details:

CAR Ref No	Description	Action Plan	Responsibility	Status	Target Date
IQA-2/Advision1/NC/1	Changes in Org. Chart ?	Define project objectives and scope to align with organizational goals	Mukesh Prasad Sahu, Sc C	Approved	16-12-2024

Below the table, there are sections for 'Primary Executive' and 'Corrective Action Taken'. The 'Primary Executive' section includes fields for 'Attachment', 'Completion Date' (07-01-2025), 'Root Cause' (Ambiguity in goals leads to misaligned efforts and outcomes. Poorly defined plans or timelines can result in delays and inefficiencies. Shortages in budget, tools, or personnel hinder project execution.), and 'Corrective Action Taken' (Clearly defined goals and expectations for all stakeholders. Developed detailed project plans with realistic timelines and milestones. Ensure adequate availability of personnel, budget, and tools to support tasks.).

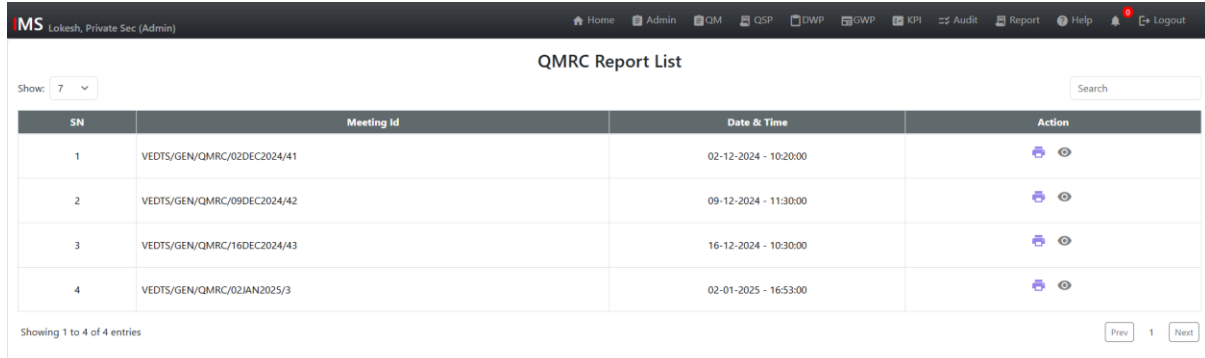
The 'Corrective Action Taken' section includes a 'Choose File' button and a 'No file chosen' message. Below this, there are signature fields for 'Mukesh Prasad Sahu, Sc C' (Jan 07, 2025 01:14 PM), 'Mukesh Prasad Sahu, Sc C' (Jan 07, 2025 01:15 PM), and 'Sabari, Sc E' (Jan 07, 2025 01:15 PM).

At the bottom, there is a table listing other NCs:









CAR Ref No	Description	Action Plan	Responsibility	Status	Target Date
IQA-2/Advision1/NC/2	New Projects/Tasks	Identify key stakeholders and assign roles and responsibilities	Mukesh Prasad Sahu, Sc C	-	16-12-2024
IQA-2/Advision1/NC/3	New Tasks	Develop a detailed timeline with milestones and deliverables for tracking progress	Mukesh Prasad Sahu, Sc C	-	16-12-2024
IQA-2/Advision1/NC/4	Comment whether above Issues can be reflected in the risk register	Allocate resources effectively, including budget, personnel, and tools	Mukesh Prasad Sahu, Sc C	-	16-12-2024

## QMRC Report

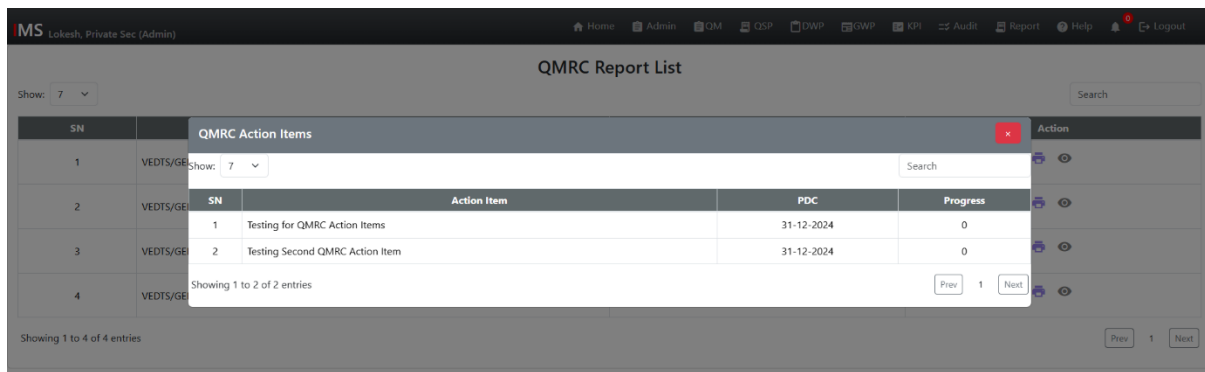
The **QMRC (Quality Management Review Committee) Report** Module serves as a centralized platform for viewing the recorded **Minutes of Meeting (MOM)** and associated action points from each QMRC meeting conducted at the end of every Internal Quality Audit (IQA). This module displays the action items discussed during the QMRC meeting, enabling easy tracking of responsibilities and progress and also generates the Minutes of Meeting.



The screenshot shows the 'QMRC Report List' interface. At the top, there is a navigation bar with 'IMS Lokesh, Private Sec (Admin)' and various menu items like Home, Admin, QM, QSP, DWP, GWP, KPI, Audit, Report, Help, and Logout. Below the navigation bar, the title 'QMRC Report List' is centered. On the left, there is a 'Show: 7' dropdown. On the right, there is a search bar. The main content is a table with the following data:

SN	Meeting Id	Date & Time	Action
1	VEDTS/GEN/QMRC/02DEC2024/41	02-12-2024 - 10:20:00	 
2	VEDTS/GEN/QMRC/09DEC2024/42	09-12-2024 - 11:30:00	 
3	VEDTS/GEN/QMRC/16DEC2024/43	16-12-2024 - 10:30:00	 
4	VEDTS/GEN/QMRC/02JAN2025/3	02-01-2025 - 16:53:00	 

Below the table, it says 'Showing 1 to 4 of 4 entries'. On the right, there are 'Prev', '1', and 'Next' buttons.



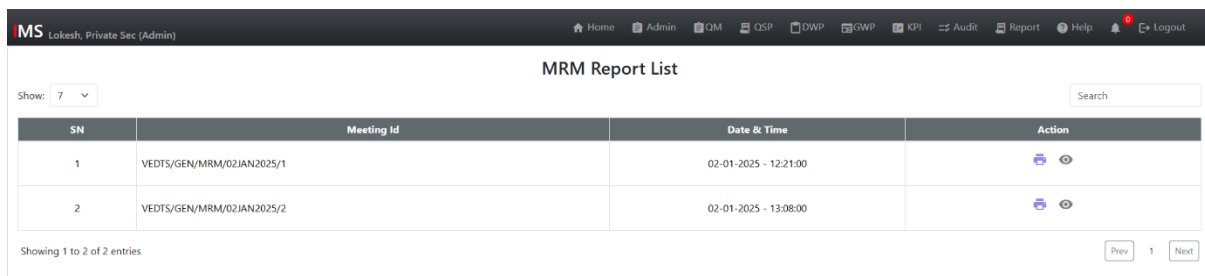
The screenshot shows the 'QMRC Report List' interface with an overlay titled 'QMRC Action Items'. The overlay has a search bar and a table with the following data:

SN	Action Item	PDC	Progress
1	Testing for QMRC Action Items	31-12-2024	0
2	Testing Second QMRC Action Item	31-12-2024	0





Below the table, it says 'Showing 1 to 2 of 2 entries'. On the right, there are 'Prev', '1', and 'Next' buttons.

## MRM Report

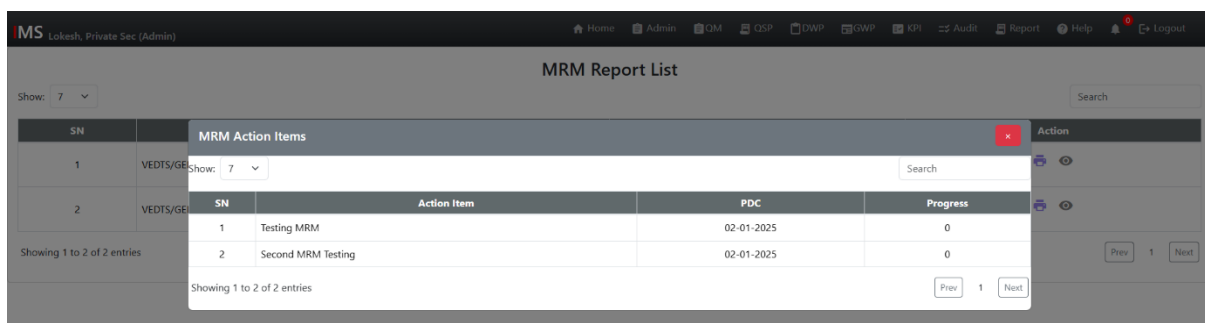
The **MRM (Management Review Meeting) Report** Module serves as a centralized platform for viewing the recorded **Minutes of Meeting (MOM)** and associated action points from each MRM. This module displays the action items discussed during the MRM meeting, enabling easy tracking of responsibilities and progress and also generates the Minutes of Meeting.



The screenshot shows the 'MRM Report List' interface. At the top, there is a navigation bar with 'IMS Lokesh, Private Sec (Admin)' and various menu items like Home, Admin, QM, QSP, DWP, GWP, KPI, Audit, Report, Help, and Logout. Below the navigation bar, the title 'MRM Report List' is centered. On the left, there is a 'Show: 7' dropdown. On the right, there is a search bar. The main content is a table with the following data:

SN	Meeting Id	Date & Time	Action
1	VEDTS/GEN/MRM/02JAN2025/1	02-01-2025 - 12:21:00	 
2	VEDTS/GEN/MRM/02JAN2025/2	02-01-2025 - 13:08:00	 

Below the table, it says 'Showing 1 to 2 of 2 entries'. On the right, there are 'Prev', '1', and 'Next' buttons.



The screenshot shows the 'MRM Report List' interface with an overlay titled 'MRM Action Items'. The overlay has a search bar and a table with the following data:

SN	Action Item	PDC	Progress
1	Testing MRM	02-01-2025	0
2	Second MRM Testing	02-01-2025	0

Below the table, it says 'Showing 1 to 2 of 2 entries'. On the right, there are 'Prev', '1', and 'Next' buttons.

## Audit Closure

The **Audit Closure** Module is the final step in the audit process, ensuring the formal conclusion of an audit after all findings have been addressed and verified. This module provides a section for entering detailed remarks summarizing the audit's conclusion, including key observations, resolved issues, and overall outcomes and also captures the date on which the audit is officially closed, serving as a record for future reference and compliance purposes.

The screenshot displays the 'Audit Closure' module interface. At the top, a navigation bar includes links for Home, Admin, QM, QSP, DWP, GWP, KPI, Audit, Report, Help, and Logout. The main header shows 'IQA-3 : Audit Closure - 14-01-2025 - 16-01-2025' and status indicators for Auditees (1), Auditee Submit (0), Auditor Submit (0), and Auditee Accept (0). A dropdown menu for 'IQA No' is set to 'IQA-3'. The central form contains a 'Closure Date' field with the value '10-01-2025'. Below this is a rich text editor with a toolbar and a paragraph of text explaining the audit closure process. A green 'Submit' button is located at the bottom of the form.

MS Lokesh, Private Sec (Admin)

Home Admin QM QSP DWP GWP KPI Audit Report Help Logout

IQA-3 : Audit Closure - 14-01-2025 - 16-01-2025

Auditees : 1 Auditee Submit : 0 Auditor Submit : 0 Auditee Accept : 0

IQA No IQA-3

Closure Date 10-01-2025

The Audit Closure Step marks the formal conclusion of the audit process, ensuring all findings have been reviewed, addressed, and verified. In this step, detailed remarks summarizing the audit's conclusion—such as key observations, resolved issues, and overall outcomes—are recorded. Additionally, the closure date is documented to serve as an official record for compliance and future reference, signifying the successful completion of the audit.

Submit



## Audit Process

The Audit Process is a structured sequence of activities designed to evaluate an organization's compliance with ISO standards and identify areas for improvement. It involves the following key steps:

1. **Audit Initiation:** Audit Initiation is the first step in the audit process, setting the foundation for a structured and effective evaluation of compliance with ISO standards.
2. **Audit Planning:** Audit Planning focuses on structuring the audit to achieve its objectives effectively. The key details are defined for IQA, including the start date, end date, scope, and a detailed description. A detailed audit schedule is developed specifying the date, time, assigned auditees, and the audit team
3. **Checklist Generation:** The Management Representative (MR) prepares a comprehensive checklist, aligning it with ISO standards.
4. **Audit Execution:** The Audit Execution Process begins with the created audit schedule being forwarded to both auditors and auditees for acknowledgment. The schedule can be rescheduled up to two times to accommodate the availability of auditee or auditors. Once the schedule is acknowledged, the auditee reviews the checklist and provides remarks for each item, offering context or initial inputs relevant to the checklist.  
Following this, the auditor conducts the audit based on the checklist and the auditee's remarks. During the audit, the auditor evaluates the processes, collects evidence, and documents findings under categories such as **Complied**, **Non-Complied (NC)**, observations, and **Opportunity for Improvement (OFI)**. These findings are then compiled into a report. Once completed, the auditor forwards the report for further review or approval.
5. **Corrective Action:** The Corrective Action Process allows auditees to address non-conformities or observations identified during the audit. For each corrective action, the auditee provides a detailed description outlining the steps taken to resolve the issue or improve the process. Supporting evidence, such as documents, images, or reports, can be uploaded to substantiate the corrective action. Additionally, the auditee specifies the date of completion to indicate when the corrective measures were implemented.
6. **NC Closure Action:** The Closure Action Process performed by the MR marks the final step in resolving audit findings. After reviewing the corrective actions taken by the auditee, the auditor evaluates the evidence provided and verifies whether the non-conformities or observations have been addressed and forwards to MR for the closure of NC. Once satisfied, the MR approves and closes the audit findings, ensuring compliance and completeness.
7. **Audit Closure:** The Audit Closure Step marks the formal conclusion of the audit process, ensuring all findings have been reviewed, addressed, and verified. In this step, detailed remarks summarizing the audit's conclusion—such as key observations, resolved issues, and overall outcomes—are recorded. Additionally, the closure date is documented to serve as an official record for compliance and future reference, signifying the successful completion of the audit.