

	ABC LTD
	ENERGY MANAGEMENT SYSTEM (EnMS)

ENMS/REC/02

LIST OF EnMS FORMATS

Sl. No.	Format Title	Format Code	Revision No.
1.	List of documented information maintained.	ENMS/REC/01	00
2.	List of Forms	ENMS/REC/02	00
3.	List of documented information maintained-external origin	ENMS/REC/03	00
4.	Documented information distribution record	ENMS/REC/04	00
5.	Change request for documented information	ENMS/REC/05	00
6.	List of documented information retained (records)	ENMS/REC/06	00
7.	Competence evaluation record	ENMS/REC/07	00
8.	Training needs identification	ENMS/REC/08	00
9.	Training calendar	ENMS/REC/09	00
10.	Training attendance & evaluation record	ENMS/REC/10	00
11.	Communication matrix	ENMS/REC/11	00
12.	EnMS objectives achievement plan	ENMS/REC/12	00
13.	EnMS objectives achievement status	ENMS/REC/13	00
14.	Internal audit plan	ENMS/REC/14	00
15.	List of qualified EnMS internal auditors	ENMS/REC/15	00
16.	Internal audit schedule	ENMS/REC/16	00
17.	Internal audit checklist	ENMS/REC/17	00
18.	Nonconformity report for Internal Audit	ENMS/REC/18	00
19.	Non conformity summary report	ENMS/REC/19	00
20.	Nonconformity and corrective action record	ENMS/REC/20	00
21.	Management review circular	ENMS/REC/21	00
22.	Management review minutes	ENMS/REC/22	00

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ENMS/REC/05

CHANGE REQUEST FOR DOCUMENTED INFORMATION

To: EnMS Coordinator:

The following changes are suggested to the existing ENMS.

Purpose & Description of Change(s) :

Consequence of Changes :

Changes to existing EnMS in view of above changes to ensure integrity

Name/Sign.:

Date :

Review by Dept. Head/Location

Above changes are reviewed and approved : Yes / No

Comments & Action to be taken:

Name/Sign.:

Date :

Action by concerned EnMS Coordinator.

Sign./Date :

ENMS/REC/06

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LIST OF DOCUMENTED INFORMATION RETAINED (RECORDS)

Sl.	Record Title	Soft Copy / Hard Copy	Record Code / Number	Responsibility	Retention Period

Name & Sign. Of Head/In-charge

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ENMS/REC/08

TRAINING NEEDS IDENTIFICATION RECORD

Sl. No	Position /Designation	Subjects						
			S2	S3	S4	S5	S6	S7

S1 to SN indicates subjects of training.

S1 :

S2 :

S3 :

S4 :

S5 :

S6 :

S7

Signature of Location Head

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ENMS/REC/09

TRAINING CALENDAR

Sl. No.	Subject ↓ Month	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

‘ * ‘ indicates Plan

‘*√’ indicates Completed

Signature Location Head

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ENMS/REC/10

TRAINING ATTENDANCE AND EVALUATION RECORD

VENUE : SUBJECT :

DATE :

Sl.No	Name	Dept./ Section	Designation

Training Imparted By

Name :

Designation :

Signature :

Signature of EnMS Coordinator):

Training Effectiveness Evaluation Details:

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ENMS/REC/13

EnMS OBJECTIVES ACHIEVEMENT STATUS

Sl. No.	Objective	Target	Objectives Achievement Status (to be updated once in 6 months)	Action Plan / Remarks

Name & Sign. of Location Head / EnMS Coordinator:

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ENMS/REC/14

LIST OF QUALIFIED EnMS INTERNAL AUDITORS

Sl. No.	Name	Academic Qualification	Work experience	Training Dates	Qualifying Certificate Ref.

Name & Sign. of EnMS Coordinator :

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INTERNAL AUDIT PLAN

(Year: ____)

Dept. / Function to be audited	Month											
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec

Signature of MR

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INTERNAL AUDIT SCHEDULE

DATE:

Sl. No.	Department / function to be Audited	Auditee	Audit Criteria	Auditor(s)	Date of Audit

Signature of EnMS Coordinator

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ENMS/REC/17

INTERNAL AUDIT CHECKLIST

Audit Date:

Dept. / Function:

Sl. No.	Check Point	Relevant ISO 50001 Clause	Relevant Record to be verified	Conformance (C) / Non conformance (NC) (Note: Write details in case of NC)

Name & Sign. of auditor(s) :

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NONCONFORMITY REPORT FOR INTERNAL AUDIT

NCR No.:

Dept./Function:	Responsibility :
Audit No. :	Date of Audit :
DETAILS OF NONCONFORMITY (To be filled by Auditor)	
<u>ISO 50001 Clause:</u>	<u>Ref. Doc. Info.:</u>
Nonconformity description :	
Auditor Name :	Signature & Date :
CORRECTIVE ACTION REPORT (To be filled by Auditee)	
Proposed Correction :	
Root Cause :	
Proposed Corrective Action :	
Proposed Completion Date:	
Auditee Name :	Signature & Date :
Verification of correction and corrective action (To be filled by Auditor during closure of Nonconformity)	
Status : Open / Closed.	Auditor Name : Signature & Date :
Verification of effectiveness of corrective action (To be filled by Auditor during next internal audit)	
Effective: Yes / No.	Auditor Name : Signature & Date :

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NON CONFORMITY SUMMARY REPORT

Audit No. :

Audit Dates:

Sl. No	Dept. / Function	No. of Non conformities	Relevant ISO 50001 clause	Total

Signature of EnMS Coordinator

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ENMS/REC/20

NONCONFORMITY AND CORRECTIVE ACTION RECORD
(FOR THE NONCONFORMITIES OTHER THAN INTERNAL AUDIT)

Dept. / Function :	Responsibility :
<u>Description of nonconformity:</u>	
<u>Correction:</u>	
<u>Root cause analysis :</u>	
Sign. of Dept./Functional Head	Date :
<u>Details of corrective action taken :</u>	
Sign. of Sign. of Dept./Functional Head :	Date :
<u>Monitoring details of effectiveness of corrective action taken :</u>	
Sign. of Sign. of Dept./Functional Head :	Date :

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MANAGEMENT REVIEW CIRCULAR

Management Review of ISO 50001 EnMS will be conducted by _____ as per the details given below:

Management Review No. :

Date : Time: Venue:

Agenda

Sl.	Agenda Point
1.	The status of actions from previous management review;
2.	Changes in external and internal issues that are relevant to the IMS
3.	The extent to which objectives have been met;
4.	Nonconformities and corrective actions;
5.	Monitoring and measurement results;
6.	Fulfilment of its compliance obligations;
7.	Changes in the needs and expectations of interested parties, including compliance obligations;
8.	Changes to significant environmental aspects
9.	Audit results
10.	The performance of external providers
11.	Adequacy of resources
12.	Communication from interested parties, including complaints
13.	Results of participation and consultation
14.	Changes to risks and opportunities and effectiveness of actions to address them
15.	Opportunities for improvement

The following are requested to attend the Management Review Meeting.

To:

EnMS coordinator

Date

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MANAGEMENT REVIEW MEETING MINUTES

Management Review No.:

Date & Time of Review :

Chaired By :

Minutes

Agenda Point	Summary of Discussion	Action Required / Decision Taken	Target / Responsibility

Date:

Prepared by:

Name/Sign:

Approved by:

Name/Sign: