KVQA ASSESSMENT PRIVATE LIMITED



AUDIT REPORT OF

INTEGRATED MANAGEMENT SYSTEM (IMS)

{{ Organization\_Name }}

|  |  |
| --- | --- |
| **Doc. No: KAF-01** | **Form 2024.01** |

**Questionnaire**

**For Quality/Environment /Occupational Health Safety/ Food Safety Management System (A)**

**(Common Purpose)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Fill out this format correctly as this questionnaire is for preparing quotation for certification assessment related assessment days.  2.All the things that occur due to your incorrect recordings ARE not KVQA ASSESSMENT PRIVATE LIMITED ’s responsibility; however, all the information ARE protected for the confidentiality. | | | | | | | |
| **Name of organization** | | {{ Organization\_Name }} | | **Director** | | {{ Director\_Name }} | |
| **Address** | | {{ Address }} | | | | | |
| **Temp. site** | | {{ Temp\_Address }} | | | | | |
| **Environmental Management Representative** | | **Name of dept.** | **MR** | **Tel.** | | {{ phone\_number}} | |
| **Title/Name** | {{ MR\_Name }} | **Email.** | | {{ mail\_id }} | |
| **No of employee** | | 02 | 03 | **Part-Time** | | | **Repetitive** |
| 00 | | | 00 |
| **Shift** | **Permanent Employees** | **Any other** | | | **Total** |
| 01 | 10 | 00 | | | {{ NO\_OF\_EMPLOYEE }} |
| Details of Manpower at each site  (applicable only if there is more than one site) | | | Office site:  05 employees | | Temp. site:  10 employees | | |
| 1. For EMS, total no. of employee is assessed no. of employee.  2. In case two site or more, indicate the location, number, and person of site.  (For the limited in period like construction and engineering, fill out relevant blank of the next page form.) | | | | | | | |
| Standard | 🗹ISO 9001:2015,🗹 ISO 14001:2015, 🗹 ISO 45001:2018, □ISO 27001:2022, □ISO 20000-1:2018 | | | | | | |
| **Expecting scope of certification** | Certification scope determines the characters of business and activities controlled by your management system and can be used as a basis of description of certificate. | | | | | | |
| **Certification site** | | {{ Address }}. | | | | |
| **Scope** | | {{ Scope\_s }} | | | | |
| **Activities** | | □Design/Development, □ Manufacturing, □Installation, 🗹 Construction, □Sales, Service, □ Trading □ Others () | | | | |
| **Exempted clause** | | N/A | | | | |
| **Cert. Conditions for**  **multi-site** | 1. ARE all the sites organized under the same organization? 🗹Yes, □No  2. ARE all the sites operated under the same management system? 🗹Yes, □No  3. ARE all the internal audit and management review conducted comprehensively? 🗹Yes, □No | | | | | | |
| ▶ Audit desired   |  |  |  |  | | --- | --- | --- | --- | | Surveillance Audit | □ 6 Monthly  5 times in 3 yrs | □ Six Monthly first then yearly  3 times in 3 yrs | 🗹,□ Yearly  2 times per 3 years |   Anything specific you would like to convey on QMS/EMS/FSMS/OH&SMS  ▶ If you have any question, in filling up the questionnaire, don’t hesitate to contact us below;  Address KVQA ASSESSMENT PRIVATE LIMITED.  F-300, Sector-63, Noida-201301, U.P. India. Website - [www.iso-registration.com](file:///C:\Users\KVQA\Downloads\www.iso-registration.com) E-Mail- [info@iso-registration.com](mailto:delhi@kvqaindia.com) | | | | | | | |

**Doc. No: KAF-01 Form2024.01**

**Questionnaire for QMS/EMS/ISMS/FSMS/OHSAS Certification**

**(Quality Management System)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | How is the QMS preparation being organized?  🗹 In-house method (starting time: {{ Starting\_Date }})  Consultancy method (including internal audit conducting agency)  (starting time: month year )  (Consulting agency (consultant):  (consulting contract date: ) | | | | |
| 2. | Do you have any activity/process in the certification scope that is outsourced?  Yes (Region: activity: ) 🗹 No | | | | |
| 3. | Please list down the Key Process Involved relevant to the Management system?  {{ PROCESS }} | | | | |
| 4. | What is your design/development department size? (Only for ISO 9001:2015 applicant): NA  (No. of dept.: No. of design & development employee: ) | | | | |
| 5. | Do you have any duplicated/similar process? NA  Yes (No. of line: Process name: No. of employee: 00) 🗹No | | | | |
| 6. | What is your shift work’s status?  (a) What’s your proportion of number of work shift work employee to number of total Employees? (Shift/total = 1)  (b) Type of shift work? ({{ NO\_OF\_EMPLOYEE }}) Shift team, (8) hr./shift | | | | |
| 7. | What’s your system’s structure?  (1) Manual ({{manual\_number}}) kinds (initial issue date: {{ manual\_date }})  (2) Procedure ({{manual\_number}}) kinds (initial issue date :{{ manual\_date }})  (3) Work Instructions/initial issue date: ({{ manual\_date }}) | | | | |
| 8. | When did you conduct internal audit and management review (or planned)?  (a) Internal audit date: ({{ Internal\_Audit\_Date }}) (b) Management review date: ({{ MRM\_Date }}) | | | | |
| 9. | When do you want the certification audit conducted? ({{ certification\_audit\_conducted }}) | | | | |
| 10. | Have you conducted Risk analysis as per ISO 9001:2015?  ( 🗹Yes No) | | | | |
| 11. | Have you identified External and internal issues and interested parties as per ISO 9001-2015  ( 🗹Yes No) | | | | |
| 12. | Has any certification audit been carried out from other certification agency?  (a) Yes [Name of agency: …… Time: 00/00 month: 00year.] (b) 🗹 No | | | | |
| 13. | If you have any other certificate, please attach the copy of the certificate and fill out the Following.  (Certification standard: …, certification agency: ……, Acquisition date: ………., present status: …… ) | | | | |
| 14. | The organization has identified and verified the following legal compliance documents, as confirmed by the L-Auditor:  {{ legal\_LICENSE }} | | | | |
| 15. | 1) No of total licenses: …………. kinds, certification wanted: NA kinds  2) Please indicate the field that you want to be certified:  [ Civil, 🗹 Manufacturing, Plant, Construction Material, Specialty Construction]  3) Please indicate the No (00) and the location of sites/field. For multi-site ………01…. | | | | |
| **Name of site/field** | | | **No of site** | | **Location/Address** |
| {{ Organization\_Name }} | | | 02 | | {{ Address }}  Temp. site: {{ Temp\_Address }} |
| Signed By:  {{ Director\_Name }} | | Designation: | Director | Signature: Date- {{ Questionnaire\_date }} | |

**Doc. No: KAF-01 Form2024.01**

**Questionnaire for QMS/EMS/ISMS/FSMS/OHSAS Certification**

**(Environmental Management System)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | How is IMS preparation being organized?  In-house method (starting time : {{ Starting\_Date }})  Consultancy method (including internal audit conducting agency) (starting time: )  (consulting agency: consultant: consulting contract date: ) | | | | |
| 2. | Do you have any certification scope that in not conducted in your premise?   Yes (Region: activity: ),  No | | | | |
| 3. | Please list down the Key Process Involved relevant to the Management system?  {{ PROCESS }} | | | | |
| 4. | Do you have any duplicated process?  Yes (No. of line: ………, Process name: ………., No. of employee: ....00......),  No | | | | |
| 5. | What is your shift work’s status?  No of shift worker: ({{ NO\_OF\_EMPLOYEE }}), persons: ( 01 ), shift/day: ( 01 ) | | | | |
| 6. | What’s your system’s structure?  (1) Manual ({{manual\_number}}) kinds (initial issued date: ({{ manual\_date }})  (2) Procedure ({{manual\_number}}) kinds (initial issued date: ({{ manual\_date }}) | | | | |
| 7. | When did you conduct internal audit and management review (or planned)?   1. Internal audit date: ({{ Internal\_Audit\_Date }}), (b) Management review date: ({{ MRM\_Date }}) | | | | |
| 8. | When do you want the certification audit conducted? ({{ certification\_audit\_conducted }}) | | | | |
| 9. | Have you conducted EMS (ISO 14001:2015) Related Risk Analysis?  ( 🗹Yes No) | | | | |
| 10. | Have you conducted Aspect & Impact Analysis related to EMS?  ( 🗹Yes No) | | | | |
| 11. | Have you ever received the same certification audit from other certification agency?  (a) Yes [Name of agency: …… Time: 00/00 month: 00year.] (b) 🗹 No | | | | |
| 12. | Do you have any other certified system including environmentally friendly enterprise certification?  (a) Yes(certification standard: certification agency: acquisition date: ) (b) 🗹 No | | | | |
| 13. | Have you ever had an environmental accident occurred in the last 3 years?  (a)  Yes ( 00 month 00 yr.), (b) 🗹 No (if you have please describe it briefly)  Note: When mfg. industry, please fill out No13~14, when construction/supervision industry, please fill out No | | | | |
| 14. | What is your manufacturing method?   simple fabrication, □ chemical treatment or automatic mfg system, other leather product | | | | |
| 15. | What ARE your conditions of location?   special measure’s zone, □ water supply source protection zone,  Industrial estate, □residential, □country, □others | | | | |
| 16. | What is your environmental load Air & water consent pollution control board  1)waste gas emission facility permission □residential 🗹industrial□ semi urban  2)Waste water effluence facility permission □residential 🗹industrial semi urban  3) Waste amount: Ton/yr.  4)Noxious chemicals use permission □Applicable □N/A | | | | |
| 17. | 1)NO of Pollution Board consent: 01 Kinds. No. of certification: 00 kinds  2)Type of business: □civil, □architecture, □Plant, □construction material, □specialty construction🗹 Manufacture  3) Please indicate the No. (00) and the location of sites by file……01…. | | | | |
| **Name of site/field** | | | **No of site** | | **Location/Address** |
| {{ Organization\_Name }} | | | 02 | | {{ Address }}  Temp. site: {{ Temp\_Address }} |
| Signed By:  {{ Director\_Name }} | | Designation: | Director | Signature: Date- {{ Questionnaire\_date }} | |

**Doc No.- KAF-01 Form No 2024.01**

**Questionnaire for QMS/EMS/ISMS/FSMS/OHSAS Certification**

**(Occupational Health and Safety Management System)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | How is OH&SMS preparation being organized?  In-house method (starting time :{{ Starting\_Date }})  Consultancy method (including internal audit conducting agency) (starting time: )  (consulting agency: consultant: consulting contract date: ) | | | | |
| 2. | Do you have any activity/process in the certification scope that is outsourced?  Yes (Region: activity: ), 🗹 No | | | | |
| 3. | Please list down the Key Process Involved relevant to the Management system?  {{ PROCESS }} | | | | |
| 4. | Do you have any duplicated process?  Yes (No. of line: Process name: No. of employee: ), 🗹 No | | | | |
| 5. | What is your shift work’s status?  No of shift worker: ({{ NO\_OF\_EMPLOYEE }}), Persons: ( ), shift/day: ( 01 ) | | | | |
| 6. | What’s your system’s structure?  (1) Manual ({{manual\_number}}) kinds (initial issued date: ({{ manual\_date }})  (2) Procedure ({{manual\_number}}) kinds (initial issued date: ({{ manual\_date }}) | | | | |
| 7. | When did you conduct internal audit and management review (or planned)?  (a) Internal audit date: ({{ Internal\_Audit\_Date }}), (b) Management review date: ({{ MRM\_Date }}) | | | | |
| 8. | When do you want the certification audit conducted? ({{ certification\_audit\_conducted }}.) | | | | |
| 9. | Do you want pre-audit?  Yes (time: month: year: ), No | | | | |
| 10. | Please indicate the place of document audit conducting.  ( 🗹Your Site KVQA Office) | | | | |
| 11. | Have you ever received the same certification audit from other certification agency?  (a) Yes [Name of agency: …… Time: 00/00 month: 00 year] (b) 🗹 No | | | | |
| 12. | Do you have any other certified system including environmentally friendly enterprise certification?  (a) Yes(certification standard: certification agency: acquisition date: ) (b) 🗹 No | | | | |
| 13. | Have you ever had a major accident due to safety failure or death due to occupational health occurred in the last 1year?  Yes ( ……..month, ………..year) 🗹 No (if you have please describe it briefly)  Note: When mfg. industry, please fill out No.13~14, when construction/supervision industry, please fill out NO 16 | | | | |
| 14. | What is your manufacturing method?   simple fabrication, □ chemical treatment or automatic mfg. system, other leather product | | | | |
| 15. | What is your condition of location?  □ special measure’s zone, □ water supply source protection zone, 🗹 Industrial estate, □ residential, □ country, □ others | | | | |
| 16. | What is your average reportable accident per month?  1)ARE covered under factory act 🗹 ESI 🗹 Employee insurance  2)Do you have a full-time safety office Name- {{ safety\_officer }} Design- Safety Director  3) % of budget for safety/health in terms of annual turner Rs.  4) Do you have first aid attendant/post and ambulance 🗹Yes No- □No | | | | |
| 17. | 1)Pressure vessel certificate: Kinds, No of certification: kinds  2)Type of business: □civil, □architecture, Plant, □construction material, □specialty construction  3)Please indicate the No. and the location of sites by field | | | | |
| 18. | Please furnish key hazards, risk associated with your scope along with hazardous Material. (Attached in separate sheet.) | | | | |
| 19. | The organization has identified and verified the following legal compliance documents, as confirmed by the L-Auditor:  {{ legal\_LICENSE}} | | | | |
| 20. | Other sites including temporary sites (…01….) | | | | |
| **Name of site/field** | | | **No of site** | **Location/Address** | |
| {{ Organization\_Name }} | | | 02 | {{ Address }}  Temp. Site: {{ Temp\_Address }} | |
| Signed By:  {{ Director\_Name }} | | Designation: | Director | | Signature: Date- {{ Questionnaire\_date }} |

**Doc. No: KAF-02 Form2024.01**

**Contract review report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization** | | {{ Organization\_Name }} | | | | | | | | | | | | | | | | | | | | | | **Quotation no.** | | | | | | {{ quotation\_number }} | | |
| **Address** | | “{{ Address }} | | | | | | | | | | | | | | | | | | | | | |
| **Temp. Site** | | {{ Temp\_Address }} | | | | | | | | | | | | | | | | | | | | | | **Temp. site MD** | | | | | | {{ Temp\_manday }} | | |
| **Application** | | 🗹 Initial audit  Renewal audit | | | | | | | | | | | | | | | | | | | | | | **Contract no.** | | | | | |  | | |
| **Size** | | 🗹Small Medium Large | | | | | | | | | No. of employees | | | | | | | {{ NO\_OF\_EMPLOYEE }} | | | | | | **Effective No. of Employees** | | | | | | {{ NO\_OF\_EMPLOYEE }} | | |
|  | | In Case of Remote Audit, Has the ICT tool been discussed and agreed with the client? If Yes, explain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **INCASE OF MULTISITES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Central site | | | | Sample site 1 | | | | | Sample site 2 | | | | | | | Sample site 3 | | | | | | | Sample site 4 | | | | | Continue the progression | | |
| **No of employees** | | Office site: 05 | | | | Temp. site: 10 | | | | |  | | | | | | |  | | | | | | |  | | | | |  | | |
| **No. of man-days to be planned** | | 2 MD | | | | 4MD | | | | |  | | | | | | |  | | | | | | |  | | | | |  | | |
| **Audit standard** | | 🗹ISO 9001:2015,🗹 ISO 14001-2015, 🗹ISO 45001:2018, ISO 27001:2022, ISO 20000-1:2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IAF CODE:** | | {{ IAF\_CODE }} | | | | | | | | | | | | | **Complexity** | | | | | | | | | {{ Risk\_Category }} | | | | | | | | |
| **Audit Scope** | | {{ Scope\_s }} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AUDIT TYPE** | | Lead Auditor | | | | | | {{ Lead\_Auditor }} | | | | Auditor | | | | | {{ Auditor }} | | | | | | | | | Expert  (if any) | | | | |  | |
| **On-site type** | | Multi-site 🗹 Single site  Temporary site (construction/engineering etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tentative Audit schedule** | | **STAGE 1** | | | | | {{ Stage\_1\_Date }} | | | | | | | ANY OTHER AUDIT | | | | | | | | | **STAGE 2** | | | | | | {{ Stage\_2\_Date }} | | | |
|  | |  | **Doc. Audit** | | | | | | **Pre-audit** | | **On-site audit** | | | | | | | | | **Total fee** | | | | | 2 per 3yrs  Fee  Total | | | | | 3 per 3 yrs  Fee  Total | 5 per 3 yrs  Fee  Total | |
|  | **Days** | | **Fee** | | | | **Days** | | **Fee** | | **Days** | | | **Fee** | | |  | | | | | |
|  | 1 | | 6000 | | | |  | |  | | **1** | | | 6000 | | | 18000 | | | | | |
| {{manday\_calculation }} | | | | | | | | | | | | | | | | | | | | | Signature: LAV KAUSHIK  {{ contract\_review\_Date }} | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial Audit Tick the appropriate row and assign reason Reassessment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Effective Number of Personnel | Audit Duration  Stage 1 + Stage 4 (Days) | | | | | | | | | | Effective Number of Personnel | | | | | | | Audit Duration  Stage 1 + Stage 2 (Days) | | | | | | | | | | | | | |  |
|  | HIGH | | | MEDIUM | | | LOW | | | Lim |  | | | | | | | HIGH | | | | MEDIUM | | | | | | LOW | | Lim | |  |
| 1-5 | 3 | | | 2.5 | | | 2.5 | | | 2.5 | 626-875 | | | | | | | 17 | | | 18 | | | | | | 10 | | | 6.5 | |  |
| 6-10 | 3.5 | | | 3 | | | 3 | | | 3 | 876-1175 | | | | | | | 19 | | | 15 | | | | | | 11 | | | 7 | |  |
| 11-15 | 4.5 | | | 3.5 | | | 3 | | | 3 | 1176-1550 | | | | | | | 20 | | | 16 | | | | | | 12 | | | 7.5 | |  |
| 16-25 | 5.5 | | | 4.5 | | | 3.5 | | | 3 | 1551-2025 | | | | | | | 21 | | | 17 | | | | | | 12 | | | 8 | |  |
| 26-45 | 7 | | | 5.5 | | | 4 | | | 3 | 2026-2675 | | | | | | | 23 | | | 18 | | | | | | 18 | | | 8.5 | |  |
| 46-65 | 8 | | | 6 | | | 4.5 | | | 3.5 | 2676-3450 | | | | | | | 25 | | | 19 | | | | | | 14 | | | 9 | |  |
| 66-85 | 9 | | | 7 | | | 5 | | | 35 | 3451-4350 | | | | | | | 27 | | | 20 | | | | | | 15 | | | 10 | |  |
| 86-125 | 11 | | | 8 | | | 5.5 | | | 4 | 4351-5450 | | | | | | | 28 | | | 21 | | | | | | 16 | | | 11 | |  |
| 126-175 | 12 | | | 9 | | | 6 | | | 4.5 | 5451-6800 | | | | | | | 30 | | | 23 | | | | | | 17 | | | 12 | |  |
| 176-275 | 18 | | | 10 | | | 7 | | | 5 | 6801-8500 | | | | | | | 32 | | | 25 | | | | | | 19 | | | 18 | |  |
| 276-425 | 15 | | | 11 | | | 8 | | | 5.5 | 8501-10700 | | | | | | | 34 | | | 27 | | | | | | 20 | | | 14 | |  |
| 426-625 | 16 | | | 12 | | | 9 | | | 6 | >10700 | | | | | | | Follow progression above | | | | | | | | | | | | | | |
| **Note 1:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Doc. No: KAF-03 Form 2024.01**

**Quotation/Application QMS/EMS Certification**

|  |
| --- |
| **Quotation No:** {{ quotation\_number }} **Date**: {{ contract\_review\_Date }} |
| **Name of organization:** {{ Organization\_Name }} |

**1 Stage 1 Audit Fee: Rs. 12000 /-**

Stage 1 Audits ARE carried out to review the client’s management system documented information & evaluate the client’s site-specific conditions and to undertake discussions with the client’s personnel to determine the preparedness for stage 2 audits. At least some part of Stage 1 Audit has to be done onsite at the client’s premises.

**2 Stage 2 Audit Fee: Rs 12000 /-**

The purpose of stage 2 is to evaluate the implementation, including effectiveness, of the client’s management system. The stage 2 shall take place at the site(s) of the client. In some cases, the audit may be done remotely as mutually agreed through ICT Tools.

**3 Re-audit Fee** is chargeable at the rate of Rs. 4,000 / per man day

In case of non-compliance found in certification audit the same is verified in the Re-audit

**4 Surveillance Audit:**

🗹A. Annual: 2 audits for 3-year period. Rs.12, 000**/-** per year**.** Total **Rs**. 24,000/-.

B. First six monthly & then annual audit 3 audits for 3 years

C. Five six monthly audits for 3 years

**5 Registration Fee Payable to KVQA ASSESSMENT PRIVATE LIMITED for three years**

KVQA ASSESSMENT PRIVATE LIMITED Registration charges: Rs.10, 000 /-

Audit shall be done by Auditor from New Delhi

Note: The above quotation is exclusive of all taxes. 18% GST is levied. Any tax arising must be borne by the client. All travel and stay to be arranged by the client or if arranged by KVQA ASSESSMENT PRIVATE LIMITED to be reimbursed at actual. All travel by taxi, IIAC sleeper and stay in AC rooms.

This quotation is valid till 90 days from the date of issue.

|  |  |  |  |
| --- | --- | --- | --- |
| Prepared by | Designation | Signature | Date |
| Acceptance of Quotation Name: {{ Director\_Name }} | Designation: Director (Signature) |  | Date: {{ contract\_review\_Date }} |
| Acceptance of Order Name: {{ Director\_Name }} | Designation: Director (Signature) |  | Date: {{ contract\_review\_Date }} |

Please return to

Address KVQA ASSESSMENT PRIVATE LIMITED.

F-300, Sector-63, Noida-201301, U.P., India. Website - [www.iso-registration.com](file:///C:\Users\KVQA\Downloads\www.iso-registration.com) E-Mail- [info@iso-registration.com](mailto:delhi@kvqaindia.com)

**Doc. No: KAF-04 Form 2024.01**

**Contract for Certification Audit.**

THAT AL ACD/ COMPANY FOR PETROLEUM SERVICES LTD. “& KVQA ASSESSMENT PRIVATE LIMITED (hereinafter called certification body) for certification audit as follows.

Site 1: {{ Address }}

Scope: {{ Scope\_s }}.

Site 2 …………{{ Temp\_Address }}……………. scope……………… {{ Scope\_s }} …………………………………………………….Add additional sites as per requirement.

Article 1: Objective of contract

This contract is for both the applicant and the certification body to observe all the necessary rights and duties for each of them in performing certification audit applied by the applicant.

Article 2: Scope of certification

The certification body assesses and certifies/registers the applicant’s Quality/Environmental Management System for products, activities and services provided its sites concerned, with the respect to Quality/Environmental Management System standards and any supplementation required under the system. The scope of certification/registration can be changed as to activities actual audit performed. The standard for the certification shall be ISO 14001:2015. The total man-day spent shall be {{ MANDAY }}….man-days (stage 1…. {{ stage\_1\_manday }}…Mondays & Stage 2-…{{ stage\_2\_manday }}…Man-days) Annual Surveillance …{{ Surveillance\_Manday }}…………..Man-days

Article 3: Certification Audit

Certification audit is performed on the basis of audit standards and Quality/Environmental Management of the applicant. The Accreditation body may visit for certification activities along with KVQA ASSESSMENT PRIVATE LIMITED or otherwise

1. Document audit of the applicant’s QMS/EMS documents and records is carried out, prior to on-site audit. QMS/EMS documents include Manual, procedures, work instructions, report of internal audit, data of management review and data for identifying environmental aspects etc. The scope of the audit is to identify the QMS/EMS status established including the applicant’s organizational structure, policy, and work procedure etc. and to identify whether they meet all the requirements of the standards related to Certification scope.
2. Pre-audit is performed upon the applicant’s request in accordance with certification procedures. Pre-audit is not to determine but to evaluate the conformity of its relevant QMS/EMS/OHMS/ISMS.
3. On-site Audit is performed at the applicant's sites to evaluate if its activities ARE implemented according to documented system. If non-conformities ARE found during audit, the certification body issues CAR (corrective action request).
4. When non-conformities ARE found with the result of the audit, registration of certification is determined through certification deliberation, after conducting document or on-site follow-up audit.
5. The certification body provides its applicants with documented compliance requirements for maintaining its certification/registration, when certificate is granted.
6. The accreditation body can visit your premises.

Article 4: The confirmation of the certification scope Certification standard, certification scope (items) and address of on-sites ARE decided with prior mutual agreement. Ambiguities relating to these ARE processed in accordance with KVQA ASSESSMENT PRIVATE LIMITED.

Provisions and the content stated in Confirmation of certification scope (C600-FormJ) provided by auditor during audit will be final decision.

Article 5: Granting issuance of certificate

Certification body reviews the result of corrective actions taken and submitted by the applicant and approves granting of certification. The certificate can only be issued with certification committee's review after all corrective actions ARE reviewed as per certification system.

Article 6: Use of certification mark

On receipt of the certificate, the applicant shall comply with "Guide for use of certification mark and logo" and the Actions for misusing certification mark described there in, which ARE provided with certificate by the certification body.

Article 7: Surveillance audit

1. Surveillance audit for the applicant shall be carried out semi-annually or annually as per the quotation after the date of certification, pursuant to current Surveillance audit procedure of the certification body.
2. Surveillance audit days shall be based on Audit day’s table of KVQA ASSESSMENT PRIVATE LIMITED.

Article 8: Notification of changes in certification scope & changing audit

The applicant (certified organization) shall implement its duties and notify the certification body of the following changes as soon as they occur. After review the changes the certification body, if necessary, can perform the special surveillance audit or changing audit.

1. Changes of company name or president
2. Changes of their significant organization structure, expansion or movement of premises during
3. certification
4. Obtaining of serious complaints from an applicant/certified organization or interested party.
5. Environmental accident occurred or violation of relevant laws, for EMS.
6. Changes occurred from expansion or reduction of certification scope (Standard, products applied
7. for certification).

Article 9: Renewal audit

Certification body shall carry out renewal audit against an applicant’s QMS/EMS and renew its certificate, within 3 years after certification, to continually ensure that its QMS/EMS is maintained and remains effective.

Article 10: Liability of certification body

When the certified body is no longer maintained because certification activities ARE stopped and its accreditation is suspended and withdrawer, the certification shall, in consultation with the applicant, recommend another certification body or cooperation body for the applicant to maintain or re-register its certification. Such a case, according to mutual agreement, the certification body shall cover expense raised from it.

Article 11: Suspension of certification

The certification body shall suspend certification when:

Surveillance audit was not performed within 1 month after the certified organization received notification letter& it’s surveillance audit was not carried out within specified time frame.

With result of audit, it is shown that resources and organizational entity to satisfy with requirements of standard applied do not exist or certification system is no longer operated.

There is absence of reliability on certification system because of claims raised by interested party and social conflicts,

Certified organization has not taken any action for changes of certification system and certification requirements.

The major non-conformity is re-occurred in follow-up audit which was performed to check corrective action taken for major non-conformity indicated on-site verification audit.

Corrective action for misuse of certification mark has not been taken within 1 month after it is requested.

Certification fee is not paid.

The certified organization does not observe its duties defined in certification contract.

The certified organization uses the certificate beyond its scope applied.

All information and documents obtained in the course of certification activities turn out to be false.

The problem with registering certification has been occurred because changes as described in article 8 have not been notified to certification body.

The certified organization violets its agreement with KVQA ASSESSMENT PRIVATE LIMITED.

Corrective action for minor nonconformity has not been verified within 30 days.

Article 12: Withdrawal/Termination of certification

Certification body withdraws certification and reports the fact on the publication in the event that the applicant does not comply with that,

Corrective action has not been taken within 3 months, despite suspension of certification as mentioned in Article 11;

The certified applicant officially returns the certificate to certification body;

Production, activities or services of certified products have been suspended;

The certified organization is no longer identified because of its dismantlement or communication disconnecting etc.;

Certification has been suspended more than three times during its validation;

The applicant does not return the certificate to the certification body within 1 month after request by the certification body.

Article 18: Appeals, complaints and disputes.

When the applicant has appeals, complaints and disputes regarding certification audit and related to certification, the applicants shall notify it to the certification body in written statement. Such appeals, complaints and disputes brought to the certification body shall be subject to the procedures of the certification body and the result thereof shall be notified to the applicant in writing.

Article 14: Confidentiality

The certification body shall not disclose information about the applicant’s organization or a particular product to a third party without the written consent of the applicant, except where accreditation body requires. When the certification discloses information to a third party, as permitted by the law, the certification body shall inform it to the applicant. However, this is not applied for,

-Information that certification body already has before the applicant provided;

-Information legally well-known or expected to be well known to public;

-Information legally obtained from where it is not related to the applicant;

Information required by Accreditation body for its evaluation of certification body. Information about the client from sources other than the client (e.g. complainant, regulators), shall be treated as confidential, consistent with the KVQA ASSESSMENT PRIVATE LIMITED Certification body’s policy.

Article 15: Changes in the certification requirements.

When certification requirements by certification body have been changed, the following shall be processed within specified period;

The certification body shall give due notice of any change and its effective date to the applicant 1

Month in advance.

The applicant shall submit documented plan of subsequent action in details or its result according

to certification requirements changed.

The certification body. in surveillance audit, shall verify the applicant’s implementation in

Compliance with requirements changed, within 12 months.

Article 16: Certification Fee.

Certification fee (Registration, Pre-audit, Document audit, Cert Audit, Re-audit, and Registration) is specified in Quotation.

Surveillance audit fee is charged as per audit fee in quotation when it is carried out.

When major nonconformity is found during audit or certification, on-site follow-up audit will be required and the expenses will be charged as per audit fee rate on the time of visit.

Travel expense, accommodation expenses of certification body, raised from audit, shall be

Charged to the applicant.

Article 17: Payment

When concluding a contract, the applicant shall pay all fees as per quotation, when submitting forms.

Audit fee (document audit fee, pre-audit fee, on-site audit fee, follow-up audit fee, and surveillance audit fee) shall be paid on receipt of Invoice. All invoices shall be paid within 7 days from its receipt of the invoice.

Traveling expenses ARE charged with audit fee.

All fees with all taxes have to be borne by the client.

Article 18: Irresistible force.

Any liability for indirect and consequential damage, including war, natural disaster, an infectious diseases and closedown of factory etc. which ARE beyond control, is hereby excluded.

Article 19: Contract interpretation and disputes settlement.

Every dispute or question, which may arise between the parties of this contract, shall be amicably settled. If the lawsuit occurs, the place of jurisdiction for the claims shall be in Delhi

Article 20: Reliability, faithfulness and mutual co-operation

Both applicant and certification body shall comply with all the articles stated in contract upon mutual trust and endeavor to maximize the achievement of goals. Certification body impartially implements its certification services and the applicant gives best assistance to certification body for its effective implementation of certification services.

The applicant shall comply with all laws related to QMS/EMS certification and give assistance for special surveillance audit required by Accreditation body, if any.

The applicant should allow trainee to participate in audit.

When certified applicant/organization is transferred to another certification body, it, as well as the reason thereof, shall be informed to certification body.

Article 21: Period of contract

This agreement shall come into force on signature by the two parties and shall definitely run for at least a period of three years. It shall be extended by a further three years in each case on placement of an order for renewal by applicant.

Article 22: Retention of contract

Both parties ensure to comply with all articles above stated and for its evidence, contract (duplicate) duly signed by representative of both parties shall be kept at both sides.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | {{ Director\_Name }} | Date | {{ contract\_review\_Date }} | Name: | LAV KAUSHIK | Date | {{ contract\_review\_Date }} |
| Signature: | | Seal | | Signature | | Seal | |
| (For.) {{ Organization\_Name }} | | | | (For and behalf of KVQA ASSESSMENT PRIVATE LIMITED.) New Delhi | | | |

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| **Doc. No: KAF-15** | **Form 2024.01** |

**No conflict of interest agreement**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | {{ Organization\_Name }} | **Audit No.** | {{ audit\_number }} |
| **Audit type** | 🗹 Initial (Reassessment), ⬜ On-site, ⬜ Re-audit, ⬜ ( )1st surveillance  ⬜ Change, ⬜ Special surveillance, ⬜ Others( ) | | |
| **Audit duration** | Stage 1 Audit: {{ Stage\_1\_Date }}  Stage 2Auditor Re-assessment or Surveillance) : {{ Stage\_2\_Date }} | | |

As here I am designated auditor, I confirm that I have not provided any consulting or other services to or on behalf of above client during 2 years period prior to the date hereof.

I will not provide consulting to above organization being audited during the audit and registration.

I have no following relationship with above organization in the past, present and future. If any relationship is expected in the future I will report it to KVQA ASSESSMENT PRIVATE LIMITED

To have working experience within recent 2years

To hold more than 3% of the stock

To have contract for supply or purchase of the products (when subcontracted with above organization)

To have relations with organization’s executives which can affects the audit

I will not take any bribes from audile or look on such behavior of others, when known.

I will comply with auditor’s obligations and KVQA ASSESSMENT PRIVATE LIMITED’s regulations.

I declare to keep confidentiality of clients.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Organization belongs to** | **Signature/Date** | **Remark** |
| {{ Lead\_Auditor }} | KVQA |  |  |
| {{ Auditor }} | KVQA |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Doc. No: KAF-05** | **Form 2024.01** |

**Report of Document review audit**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization:** | {{ Organization\_Name }} | **Audit No:** | {{ audit\_number }} |
| **Lead Auditor:** | {{ Lead\_Auditor }} | **Audit date:** | {{ Stage\_1\_Date }} |
| **Auditor:** | {{ Auditor }} | **Audit Trainee:** | (sign) |
| **Confirmed by MR:** | {{ MR\_Name }}(sign)…… |  |  |

The following details were reviewed by KVQA ASSESSMENT PRIVATE LIMITED auditor and agreed with organization.

(When changes occurred, it is agreed that initial contract is changed to as follow.)

I. Audit criteria

🗹 ISO 9001:2015) 🗹OH&S 45001:2018

🗹 ISO 14001:2015 □ ISO 27001:2022

II. Certification audit scope: Refer to “Confirmation of certification scope: {{ Scope\_s }} .

|  |  |  |
| --- | --- | --- |
| **S.NO.** | **DETAILS** | **AUDITOR’S COMMENTS** |
| A | Audit the client’s management documentation (IMS: ISO 9001;2015, ISO 14001:2015 & ISO 45001:2018)  4.1 A Has Climate Change has been considered and if determined to be a relevant issue | The IMS Manual (Ref: {{manual\_number}}, dated {{ manual\_date }}), procedures, process maps, and controlled records are established, implemented, and maintained.  The IMS Procedure (Ref: {{manual\_number}}, dated {{ manual\_date }}) and maintained.  Internal and External Issues (Ref: {{ INTERNAL\_ISSUE\_NO }}, dated {{ manual\_date }}) have been identified, reviewed, and documented by the organization in line with ISO requirements, ensuring consideration of factors that may affect the Integrated Management Systems.  Internal issue: {{ INTERNAL\_ISSUE }}  External issue: {{ EXTERNAL\_ISSUE }}  Interested parties (Ref: {{ interested\_parties\_NO }}, dated {{ manual\_date }}) are identified with defined needs and expectations.  Interested parties: {{ interested\_parties }}  The client has analyses its operations and its effect on climate change and to mitigate the effects verified in this Ref: {{ manual\_number }}. |
| B | Evaluate the organization's location and scope | **Name**-{{ Organization\_Name }}  **ADDRESS**- {{ Address }}  Temp. site: {{ Temp\_Address }}    **Scope**- {{ Scope\_s }}  The organization's relationship record is confirmed by the MR, referenced in MS manual {{ manual\_number }}, dated {{ Starting\_Date }} |
| C | Review status and understanding regarding requirements of the standard- identification of key performance processes, objectives, and opportunities  and operation of the management systems (site specific condition) | The organization process was verified in this organization manual procedure Ref: {{ manual\_number }}  Process documentation for key activities is established and covers:  {{ PROCESS }}  The company’s IMS objectives were verified and found aligned with strategic direction, compliance obligations, and continual improvement, with measurable targets effectively implemented and monitored record was verified in Ref: {{ IMS\_objective\_NO}}  {{ IMS\_OBJECTIVE }} |
| D | Review of risk assessment and her mitigation plan regarding to QMS, Aspect &Impact along with the Risk &Mitigation plan regarding to EMS and risk and hazard related to OH&SMS | The organization action to address risk and opportunities and hazards are properly define in Hazard Identification Risk Analysis (HIRA) Register seen in this Ref: {{ HIRA\_NO }}  {{ risk\_AND\_MITIGATION }}  {{ HIRA\_Comments }}  The organization aspect impact register was verified in Ref: {{ ASPECT\_IMPACT\_NO}}  {{ ASPECT\_IMPACT\_COMMENT }} |
| E | Identify regarding scope of the Integrated Management System (IMS) and related applicable Legal Requirements and Client specific Condition related to IMS | Name-{{ Organization\_Name }}  ADDRESS- {{ Address }}  Temp. site**:** {{ Temp\_Address }}  The organization has identified and verified the following legal compliance documents, as confirmed by the L-Auditor.  The organization legal register was verified In Ref: {{ legal\_REGISTER\_NO }}  {{ legal\_LICENSE }} |
| F | Planning the stage 2 audit by gaining a sufficient understanding of the organization's management system and site operations in the context of possible significant aspects; | {{ Planning\_the\_stage\_2 }} |
| G | Evaluate if the internal audits and management review performed and that the level of implementation of the management system substantiates that the  Client organization is ready for the stage 2 audit. | The organization's IMS internal audit conducted once in a year record was verified in Ref: {{ Internal\_Audit\_NO }} internal audit number on this date: {{ Internal\_Audit\_Date }}.  Internal Audit Number: {{ Internal\_Audit\_NO }}.  Internal Audit Date: {{ Internal\_Audit\_Date }}.  Frequency of internal audit: yearly  Internal Auditor Name: {{ Internal\_Auditor\_name }}  Qualification & Experience of Internal Auditor: {{ Auditor\_Qualification }}  During the OHS internal audit auditor was found few of NC and observation records was verified in internal audit record No: {{ Internal\_Audit\_NO }}.  Findings are given below  {{ Non\_conformity }}  Management Review Meeting  The Management Review Meeting (MRM) is held 10-15 days after the Internal Audit (I-A) and takes place once in a year.  Procedure Reference: {{ MRM\_NO }} Date: {{ MRM\_Date }}  Attendees:  Name: {{ Director\_Name }}  Designation: Director  Name: {{ MR\_Name }}  Designation: MR  Name: {{ safety\_officer }}  Designation: Safety Officer  Name: {{ EHS\_Manager }}  Designation: EHS Manager Agenda: {{ MRM\_Agenda }} |
|  |  |  |

The number of employees, Shift & Risk Category is as per application & application review 🗹 Yes □ No

Comment if No:

1. Audit required in night shift □Yes, 🗹No.

**The Stage-I Audit Objectives are verified and The Company has a good documentation and Ready for Stage-2 Audit.**

All the records recorded in audit shall not disclose to any person or entity without co sent of an applicant, except upon request from Accreditation body for its evaluation of KVQA ASSESSMENT PRIVATE LIMITED procedures.

Distribution to: Applicant (Management representative), KVQA ASSESSMENT PRIVATE LIMITED Other evaluation to confirm contract review.

The number of employees, Shift & Risk Category is as per application & application review 🗹 Yes □ No.

Comment if No:

1. Audit required in night shift □Yes 🗹 No.
2. If temporary site applicable 🗹 Yes □ No.

Comment if Yes:

RESULTS OF TECHNICAL REVIEW OF STAGE 1 REPORT.

|  |  |
| --- | --- |
| 1. Technical review carried by 🗹 Lead Auditor □ Independent Auditor | |
| 1. The number of employees, Shift & Risk Category is as per   application review | 1. 🗹 Yes □ No |
| Comment on Stage 2 Planning, Resources requirements and  Readiness. | The client has been advised to submit the compliance of  the observation.   1. The client is overall ready for stage 2 audit. |

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| **Doc. No: KAF-13** | **2024.01** |

##### Stage 1 Audit schedule (IMS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization** | {{ Organization\_Name }} | | **Audit no.** | | {{ audit\_number }} | | **Revision** | 0 | |
| **Address** | “{{ Address }} | | | | | | | | |
| **Temp. site** | {{ Temp\_Address }} | | | | | | | | |
| **Scope** | {{ Scope\_s }} | | | | | | | | |
|  | Time | **Auditing Elements (departments)Per Each Auditor** | | | | | **IMS (9001:2015, 14001:2015, 45001:2018)** | | |
| **Lead Auditor** | | | **Auditor** | |  | |
| Date:{{ Stage\_1\_Date }} |  | **{{ Lead\_Auditor }}** | | | **{{ Auditor }}** | |  | |
| **Day1** | **10:00 to 11:30** | Opening Meeting/site tour | | | Opening Meeting/site tour | |  | |
| **11:30 to 12:00** | Internal Audit/MRM | | | Internal Audit/MRM | | 9.2, 9.2.1, 9.2.2 | |
| **12:00 to 02:00** | HR/Competence | | | HR/Competence | | 4.1, 4.2, 5.2 | |
| **02:00 to 03:00** | Lunch | | | Lunch | |  | |
| **02:00 to 03:00** | Management system documentation | | | Management system documentation | | 4.3, 4.4 6.1,6.2 | |
| **03:00 to 04:00** | Management system documentation | | | Management system documentation | | 8.6, 8.1, | |
| **04:00 to 5:00** | Management system documentation | | | Management system documentation | | 7.1 (7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.5)  7.2, 7.3 | |
| **05:30 to 06:00** | Interim of the Day | | | Interim of the Day | |  | |
| **Day2** |  | **Lead Auditor** | | | | |  | |
|  | **{{ Lead\_Auditor }}** | | | | **{{ Auditor }}** |  | |
| **10:00 to 10:30** | Briefing of the Day | | | | |  | |
| **10:30 to 11:30** | Management system documentation | | Management system documentation | | | 8.6 ,8.5 | |
| **11:30 to 12:00** | Management system documentation | | Management system documentation | | | 6.1, 6.1.1, 6.1.2,7.5 | |
| **01.00 to 02.00** | Management system documentation | | Management system documentation | | | 6.1, 6.1.1, 6.1.2 | |
| **02:00 to 03:00** | Lunch | | | | |  | |
| **03:00 to 04:00** | Management system documentation | | | Management system documentation | | 8.2, 8.4, 8.5 | |
| **04:00 to 5:00** | Management system documentation | | | Management system documentation | | 4.1, 4.1, 4.3,4.4 | |
| **5:00 to 5:30** | Top Management | | | Top Management | | 5.1, 5.2 | |
| **05:30 to 06:00** | Closing Meeting | | | | |  | |
| Date: {{ stage\_1\_schedule\_date }} | | | | | Lead Auditor: {{ Lead\_Auditor }} (Signature) | | | | |

**Audit Objective:** - The Audit Shall be carried on the basis of the requirement of the Standard, Evaluation of the ability of the Organization to meet applicable Statutory, Regulatory, Contractual requirements, meeting Objectives and Identification of Potential improvement of Management System. The above to be reported under the respective clauses in the Audit summary.

Stage shall focus on a) review the client’s management system documented information;

b) Evaluate the client’s site-specific conditions and to undertake discussions with the client’s personnel

To determine the preparedness for stage 2;

c) Review the client’s status and understanding regarding requirements of the standard, in particular

With respect to the identification of key performance or significant aspects, processes, objectives

And operation of the management system;

d) Obtain necessary information regarding the scope of the management system, including:

— the client’s site(s); — processes and equipment used; — levels of controls established (particularly in case of multisite clients); — applicable statutory and regulatory requirements; e) review the allocation of resources for stage 2 and agree the details of stage 2 with the client;

f) Provide a focus for planning stage 2 by gaining a sufficient understanding of the client’s

Management system and site operations in the context of the management system standard or

Other normative document;

g) Evaluate if the internal audits and management reviews ARE being planned and performed, and that the level of implementation of the management system substantiates that the client is ready for stage 2

The audit objectives shall include:

a) Determining the effectiveness of the management system;

b) Ensuring that the client, based on the risk assessment, has identified the necessary controls; and

c) Determining that the established information security objectives have been achieve

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|  |  |  |
| --- | --- | --- |
| **STAGE-I Table**  **(Quality System)** | Audit no. | {{ audit\_number }} |
| 1st review date | {{ Stage\_1\_Date }} |
| 2nd review date |  |
| 3rd review date |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Element | | Title | | Review result (1st) | | Review result (2nd) | | Review result (3rd) | |
| Conform | Non-conform | Conform | Non-conform | Conform | Non-conform |
| **Ⅰ** | 4.1 | Understanding the Context of | | 🗹 |  |  |  |  |  |
| 4.2 | Understanding the needs and expectation of Interested parties | | 🗹 |  |  |  |  |  |
| 4.3 | Determining scope of QMS | | 🗹 |  |  |  |  |  |
| 4.4 | QMS & Process | | 🗹 |  |  |  |  |  |
| 5.1 | Leadership and commitment | | 🗹 |  |  |  |  |  |
| 5.2 | Quality Policy | | 🗹 |  |  |  |  |  |
| 5.3 | Responsibility authority and communication | | 🗹 |  |  |  |  |  |
| 6.1 | Risk and opportunity | | 🗹 |  |  |  |  |  |
| 6.2 | Quality Objective and plan | | 🗹 |  |  |  |  |  |
| 6.3 | Planning of changes | | 🗹 |  |  |  |  |  |
| 7.1 | Resources | | 🗹 |  |  |  |  |  |
| 7.2 | Competence | | 🗹 |  |  |  |  |  |
| 7.3 | Awareness | | 🗹 |  |  |  |  |  |
| 7.4 | Communication | | 🗹 |  |  |  |  |  |
| 7.5 | Documented Information | | 🗹 |  |  |  |  |  |
| 8.1 | Op Plan and Control | |  | 🗹 |  |  |  |  |
| 8.2 | Determination of requirement for product/Service | | 🗹 |  |  |  |  |  |
| 8.3 | Design and development | | 🗹 |  |  |  |  |  |
| 8.4 | Control of externally provided product and services | | 🗹 |  |  |  |  |  |
| 8.5 | Production and Service Provision | | 🗹 |  |  |  |  |  |
| 8.6 | Release of Product and Service | | 🗹 |  |  |  |  |  |
| 8.7 | Control of Non-conforming product and services | | 🗹 |  |  |  |  |  |
| 9.0 | Performance Evaluation | | 🗹 |  |  |  |  |  |
|  | 10.0 | Improvement | | 🗹 |  |  |  |  |  |
| ▶ Data relevant to audit | | | | | | | | | |
| Internal (quality) audit date | | | {{ Internal\_Audit\_Date }} | | | | | | |
| Management review date | | | {{ MRM\_Date }} | | | | | | |
| Other necessary details | | |  | | | | | | |
| ▶Please mark M. P and I standing for manual, procedures and instructions respectively, where nonconformity is found.  ▶Please mark √where conformity.  ▶When internal audit and management review ARE not carried out, non-conformity thereof shall be described in “Document review result”, and it shall be done before on-site audit. | | | | | | | | | |

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| **Doc. No: KAF- 07** | **2024.01** |

**Result of Stage 1 review (A)**

PAGE: 1/2

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization:** | {{ Organization\_Name }} | **Audit No:** | **{{ audit\_number }}** |
| **Lead Auditor:** | {{ Lead\_Auditor }} (sign) | **Audit date:** | {{ Stage\_1\_Date }} |
| **Auditor:** | {{ Auditor }} | **Audit Trainee:** | ………(sign) |
| **Confirmed by MR:** | {{ MR\_Name }}(sign) |  |  |

The following details relate to omissions or potential deficiencies in the documented Quality/Environmental/Food Safety/Occupational Health system, which will be investigated in more detail during on-site audit and may result in nonconformity. Failure to take corrective action in respect of these nonconformity or observations, therefore, will prevent a recommendation for approval being made.

The action shall be taken 10 days before on-site audit and please inform KVQA ASSESSMENT PRIVATE LIMITED

The validation thereof will be performed in on-site audit, and if nonconformity is indicated, CAR will be drawn up.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Element | Manual, Procedures | | Classification | Nonconformity or observation  (for auditor to fill) | Action summary  (for organization to fill) | Action confirm |
| Doc no. | Clause |
| 4.1 | {{ manual\_number }} |  | C |  |  |  |
| 4.2 | {{ manual\_number }} |  | C |  |  |  |
| 4.3 | {{ manual\_number }} |  | C |  |  |  |
| 4.4 | {{ manual\_number }} |  | C |  |  |  |
| 5.1 | {{ manual\_number }} |  | C |  |  |  |
| 5.2 | {{ manual\_number }} |  | C |  |  |  |
| 5.3 | {{ manual\_number }} |  | C |  |  |  |
| 6.1 | {{ manual\_number }} |  | C |  |  |  |
| 6.2 | {{ manual\_number }} |  | C |  |  |  |
| 6.3 | {{ manual\_number }} |  | C |  |  |  |
| 7.1 | {{ manual\_number }} |  | C | . |  |  |
| 7.2 | {{ manual\_number }} |  | C |  |  |  |
| 7.3 | {{ manual\_number }} |  | C |  |  |  |
| 7.4, 7.5 | {{ manual\_number }} |  | C |  |  |  |

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| --- | --- |
| **Doc. No: KAF- 07** | **2024.01** |

**Result of Stage 1 review (B)**

PAGE: 2/2

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Element | Manual, Procedures | | Classification | Nonconformity or observation  (for auditor to fill) | Action summary  (for organization to fill) | Action confirm |
| Doc no. | Clause |
| 8.1 | {{ manual\_number }} |  | NC | Project quality plans for road and bridge projects not documented in the controlled format. | Develop controlled project quality plan template and implement. | C  23/06/2025 |
| 8.2 | {{ manual\_number }} |  | C |  |  |  |
| 8.3 | {{ manual\_number }} |  | NA |  |  |  |
| 8.4 | {{ manual\_number }} |  | C |  |  |  |
| 8.5 | {{ manual\_number }} |  | C |  |  |  |
| 8.6 | {{ manual\_number }} |  | C |  |  |  |
| 8.7 | {{ manual\_number }} |  | C |  |  |  |
| 9.1 | {{ manual\_number }} |  | C |  |  |  |
| 9.2 | {{ manual\_number }} |  | C |  |  |  |
| 9.3 | {{ manual\_number }} |  | C |  |  |  |
| 10.0 | {{ manual\_number }} |  | C |  |  |  |

**Doc. No: KAF-06 Form 2024.01.**

|  |  |  |
| --- | --- | --- |
| **Document review table**  (Environmental System) | Audit no. | **{{ audit\_number }}** |
| 1st review date | {{ Stage\_1\_Date }} |
| 2nd review date |  |
| 3rd review date |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Element | | Title | | Review result(1st) | | Review result (2nd) | | Review result (3rd) | |
| Conform | Non-conform | Conform | Non-conform | Conform | Non-conform |
|  | 4.1 | Understanding Context of the organization | | 🗹 |  |  |  |  |  |
| 4.2 | Understanding the needs and expectation of Interested Parties | | 🗹 |  |  |  |  |  |
| 4.3 | Scope of EMS | | 🗹 |  |  |  |  |  |
| 4.4 | EMS | | 🗹 |  |  |  |  |  |
| 5.1 | Leadership & Commitment | | 🗹 |  |  |  |  |  |
| 5.2 | Environment Policy | | 🗹 |  |  |  |  |  |
| 5.3 | Roles Responsibility & Authority | | 🗹 |  |  |  |  |  |
| 6.1 | Actions to Address Risk & Opportunity | | 🗹 |  |  |  |  |  |
| 6.2 | Environmental objective | | 🗹 |  |  |  |  |  |
| 7.1 | Resources | | 🗹 |  |  |  |  |  |
| 7.2 | Competence | |  | 🗹 |  |  |  |  |
| 7.3 | Awareness | | 🗹 |  |  |  |  |  |
| 7.4 | Communication | | 🗹 |  |  |  |  |  |
| 7.5 | Documented Information | | 🗹 |  |  |  |  |  |
| 8.1 | Operational planning and Control | | 🗹 |  |  |  |  |  |
| 8.2 | Emergency Preparedness & Response | | 🗹 |  |  |  |  |  |
| 9.1 | Monitoring, Measurement, Analysis& Evaluation | | 🗹 |  |  |  |  |  |
| 9.2 | Internal Audit | | 🗹 |  |  |  |  |  |
| 9.3 | Management Review | | 🗹 |  |  |  |  |  |
| 10.1 | Improvement, General | | 🗹 |  |  |  |  |  |
| 10.2 | Non-Conformity & CA | | 🗹 |  |  |  |  |  |
| 10.3 | Continual Improvement | |  |  |  |  |  |  |
| ▶ Data relevant to audit | | | | | | | | | |
| Management review date | | | {{ MRM\_Date }} | | | | | | |
| Internal (Environmental) audit date | | | {{ Internal\_Audit\_Date }} | | | | | | |
| Other necessary details | | |  | | | | | | |
| ▶Please mark where conformity.  ▶When internal audit and management review ARE not carried out, non-conformity thereof shall be described in “Document review result”, and it shall be done before on-site audit. | | | | | | | | | |

**Doc. No: KAF-07 2024.01**

**Result of document review (A)**

Page 01/02

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization:** | {{ Organization\_Name }} | **Audit No:** | **{{ audit\_number }}** |
| **Lead Auditor:** | {{ Lead\_Auditor }} (sign) | **Audit date:** | {{ Stage\_1\_Date }} |
| **Auditor:** | {{ Auditor }} | **Audit Trainee:** | ………… (sign) |
| **Confirmed by MR:** | {{ MR\_Name }}(sign) |  |  |

The following details relate to omissions or potential deficiencies in the Management system, which will be investigated in more detail during on-site audit and may result in nonconformity. Failure to take corrective action in respect of these nonconformity or observations, therefore, will prevent a recommendation for approval being made.

The action shall be taken 10 days before on-site audit and please inform KVQA ASSESSMENT PRIVATE LIMITED. The validation thereof will be performed in on-site audit, and if nonconformity is indicated, CAR will be drawn up.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Element | Manual, Procedures | | Classification | Nonconformity or observation  (for auditor to fill) | Action summary  (for organization to fill) | Action confirm |
| Doc no. | Clause |
| 4.0 | {{ manual\_number }} |  | C |  |  |  |
| 4.2 | {{ manual\_number }} |  | C |  |  |  |
| 4.3 | {{ manual\_number }} |  | C |  |  |  |
| 4.4 | {{ manual\_number }} |  | C |  |  |  |
| 5.1 | {{ manual\_number }} |  | C |  |  |  |
| 5.2 | {{ manual\_number }} |  | C |  |  |  |
| 5.3 | {{ manual\_number }} |  | C |  |  |  |
| 6.1 | {{ manual\_number }} |  | C |  |  |  |
| 6.2 | {{ manual\_number }} |  | C |  |  |  |
|  | | | | | | |

**Doc. No: KAF-07 2024.01**

**Result of document review (B)**

Page: 02 /02

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Element | Manual, Procedures | | Classification | Nonconformity or observation  (for auditor to fill) | Action summary  (for organization to fill) | Action confirm |
| Doc no. | Clause |
| 7.1 | {{ manual\_number }} |  | C |  |  |  |
| 7.2 | {{ manual\_number }} |  | NC | No evidence of environmental training plan for site staff. | Develop and document an annual environmental training plan for all site staff, covering key topics such as waste management, spill response, pollution prevention, and legal requirements. | C  23/06/2025 |
| 7.3 | {{ manual\_number }} |  | C |  |  |  |
| 7.4 | {{ manual\_number }} |  | C |  |  |  |
| 7.5 | {{ manual\_number }} |  | C |  | . |  |
| 8.1 | {{ manual\_number }} |  | C |  |  |  |
| 8.2 | {{ manual\_number }} |  | C |  |  |  |
| 9.1 | {{ manual\_number }} |  | C |  |  |  |
| 9.2 | {{ manual\_number }} |  | C |  |  |  |
| 9.3 | {{ manual\_number }} |  | C |  |  |  |
| 10.1 | {{ manual\_number }} |  | C |  |  |  |
| 10.2  . | {{ manual\_number }} |  | C |  |  |  |
| 10.3 | {{ manual\_number }} |  | C |  |  |  |
|  | | | | | | |

**Doc. No: KAF-06 2024.01**

|  |  |  |
| --- | --- | --- |
| **Document review table**  (OH&SMS System) | Audit no. | **{{ audit\_number }}** |
| 1st review date | **{{ Stage\_1\_Date }}** |
| 2nd review date |  |
| 3rd review date |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Element | | Title | | Review result (1st) | | Review result (2nd) | | Review result (3rd) | |
| Conform | Non-conform | Conform | Non-conform | Conform | Non-conform |
|  | 4.1 | Understanding the organization and its context | | 🗹 |  |  |  |  |  |
| 4.2 | Understanding the needs and expectations of workers and other interested parties | | 🗹 |  |  |  |  |  |
| 4.3 | Determining the needs and expectations of workers and other interested parties | | 🗹 |  |  |  |  |  |
| 4.4 | OH&S management system | | 🗹 |  |  |  |  |  |
| 5.1 | Leadership and commitment | | 🗹 |  |  |  |  |  |
| 5.2 | OH&S policy | | 🗹 |  |  |  |  |  |
| 5.3 | Organizational roles, responsibilities and authorities | | 🗹 |  |  |  |  |  |
| 5.4 | Consultation and participation of workers | | 🗹 |  |  |  |  |  |
| 6.1 | Actions to address risk & opportunities | | 🗹 |  |  |  |  |  |
| 6.2 | OH&S objectives and planning to achieve them | | 🗹 |  |  |  |  |  |
| 7.1 | Resources | | 🗹 |  |  |  |  |  |
| 7.2 | Competence | | 🗹 |  |  |  |  |  |
| 7.3 | Awareness | | 🗹 |  |  |  |  |  |
| 7.4 | Communication | | 🗹 |  |  |  |  |  |
| 7.5 | Documented Information | | 🗹 |  |  |  |  |  |
| 8.1 | Operational Planning and control | | 🗹 |  |  |  |  |  |
| 8.2 | Emergency preparedness and response | |  | 🗹 |  |  |  |  |
| 9.1 | Monitoring, measurement, analysis and performance evaluation | | 🗹 |  |  |  |  |  |
| 9.2 | Internal Audit | | 🗹 |  |  |  |  |  |
| 9.3 | Management Review | | 🗹 |  |  |  |  |  |
| 10.1 | General | | 🗹 |  |  |  |  |  |
| 10.2 | Incident, non-conformities and corrective action | | 🗹 |  |  |  |  |  |
| 10.3 | Continual Improvement | | 🗹 |  |  |  |  |  |
| ▶ Data relevant to audit | | | | | | | | | |
| Management review date | | | {{ MRM\_Date }} | | | | | | |
| Internal (quality) audit date | | | {{ Internal\_Audit\_Date }} | | | | | | |
| Other necessary details | | |  | | | | | | |
| ▶Please mark M. P and I standing for manual, procedures and instructions respectively, where nonconformity is found.  ▶Please mark √where conformity.  ▶When internal audit and management review ARE not carried out, non-conformity thereof shall be described in “Document review result”, and it shall be done before on-site audit. | | | | | | | | | |

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| --- | --- |
| **Doc. No: KAF-07** | **Form No 2024.01.** |

**Result of stage 1 audit (A) PAGE: 1 / 2**

|  |  |  |
| --- | --- | --- |
| Organization: {{ Organization\_Name }} | Date:{{ Stage\_1\_Date }} | Audit no. **{{ audit\_number }}** |
| Lead Auditor: {{ Lead\_Auditor }} | Auditor: {{ Auditor }} | Trainee: (Sign) |
| Organization (representative): {{ MR\_Name }} (sign) | | |

The following details relate to omissions or potential deficiencies in the documented quality/environmental system, which will be investigated in more detail during on-site audit and may result in nonconformity. Failure to take corrective action in respect of these nonconformity or observations, therefore, will prevent a recommendation for approval being made.

The action shall be taken 10 days before on-site audit and please inform KVQA ASSESSMENT PRIVATE LIMITED. Of it.

The validation thereof will be performed in on-site audit, and if nonconformity is indicated, CAR will be drawn up.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Element | Manual, Procedures | | Classification | Nonconformity or observation  (for auditor to fill) | Action summary  (for organization to fill) | Action confirm |
| Doc no. | Clause |
| 4.1 | {{ manual\_number }} |  | C |  |  |  |
| 4.2 | {{ manual\_number }} |  | C |  |  |  |
| 4.3 | {{ manual\_number }} |  | C |  |  |  |
| 4.4 | {{ manual\_number }} |  | C |  |  |  |
| 5.1 | {{ manual\_number }} |  | C |  |  |  |
| 5.2 | {{ manual\_number }} |  | C |  |  |  |
| 5.3 | {{ manual\_number }} |  | C |  |  |  |
| 5.4 | {{ manual\_number }} |  | C |  |  |  |
| 6.1 | {{ manual\_number }} |  | NC | Hazard identification procedure does not include confined space risks for tunneling works. | Revise hazard identification procedure to cover confined space hazards. | C  23/06/2025 |
| 6.2 | {{ manual\_number }} |  | C |  |  |  |
| Column for “Classification” is to classify the finding in audit.  N: Non-conformity, R: Recommendation (“R” is not required to return its corrective action) | | | | | | |

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| --- | --- |
| **Doc. No: KAF-07** | **Form No 2024.01.** |

**Result of stage 1 audit (B) PAGE: 2 / 2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Element | Manual, Procedures | | Classification | Nonconformity or observation  (for auditor to fill) | Action summary  (for organization to fill) | Action confirm |
| Doc no. | Clause |
| 7.1 | {{ manual\_number }} |  | C |  |  |  |
| 7.2 | {{ manual\_number }} |  | C |  |  |  |
| 7.3 | {{ manual\_number }} |  | C |  |  |  |
| 7.4 | {{ manual\_number }} |  | C |  |  |  |
| 7.5 | {{ manual\_number }} |  | C |  |  |  |
| 8.1 | {{ manual\_number }} |  | C |  |  |  |
| 8.2 | {{ manual\_number }} |  | C |  |  |  |
| 9.1 | {{ manual\_number }} |  | C |  |  |  |
| 9.2 | {{ manual\_number }} |  | C |  |  |  |
| 9.3 | {{ manual\_number }} |  | C |  |  |  |
| 10.1 | {{ manual\_number }} |  | C |  |  |  |
| 10.2 | {{ manual\_number }} |  | C |  |  |  |
| 10.3 | {{ manual\_number }} |  | C |  |  |  |
| Column for “Classification” is to classify the finding in audit.  N: Non-conformity, R: Recommendation (“R” is not required to return its corrective action) | | | | | | |

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| --- | --- |
| **Doc. No: KAF-12** | **2024.01** |

##### Stage 2 Audit schedule

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization** | {{ Organization\_Name }} | | **Audit no.** | **{{ audit\_number }}** | | **Revision** | | 0 |
| **Address** | {{ Address }} | | | | | | | |
| **Temp. site** | {{ Temp\_Address }} | | | | | | | |
| **Scope** | {{ Scope\_s }} | | | | | | | |
| **Date:**  **{{ Stage\_2\_Date }}** | **Time** | **Audit Elements (Departments)**  **Per Each Auditor** | | | | | **IMS (9001:2015, 14001:2015, 45001:2018)** | |
| **Lead Auditor** | | | **Auditor** | |
| **Day1** | **{{ Lead\_Auditor }}** | | | **{{ Auditor }}** | | **7.2, 7.3,9.2, 9.3** | |
| 10:00 to 11:30 | Opening Meeting, Stage 1 Findings & site visit | | | | |
| 11:30 to 13:00 | HR/Competence | | | Mgmt. System- IA/MRM | |
| 13:00 to 14:00 | Lunch | | | Lunch | | **9.1.3** | |
| 14:00 to 15:30 | Legal Contracts & Compliance | | | Inventory Management Department | |
| 15:30 to 17:30 | Training and Development Department | | | EMP | | **8.1** | |
| 17:30 to 18:00 | Interim of the Day | | | | |
|  | **{{ Lead\_Auditor }}** | | | **{{ Auditor }}** | |  | |
| **Day2** | 10:00 to 10:30 | Briefing of the day | | | | | **7.5.1** | |
| 10:30 to11:30 | Operation Control | | | Operation Control | | **8.1, 8.1.4,8.1.2 , 7.1,7.1.1** | |
| 11:30 to 13:00 |
| 13:00 to 14:00 | Lunch | | | Lunch | |  | |
| 14:00 to 15:00 | Incident – accident | | | Waste management and recycling | |  | |
| 15:00 to 16:00 | Aspect-Impact | | | HIRA | | **8.6, 7.1.6** | |
| 16:00 to 17:30 | Engineering Department | | | Procurement Department | |  | |
| 17:30 to 18:00 | Interim of the Day | | | | |  | |
| **Day3** |  | **{{ Lead\_Auditor }}** | | | **{{ Auditor }}** | |  | |
| 10:00 to 10:30 | Briefing of the day | | | | |  | |
| 10:30 to 11:30 | Emergency Preparedness Plan | | | Packaging and Dispatched | | **8.2,** | |
| 11:30 to 13:00 | Store | | | Purchase | |  | |
| 13:00 to 14:00 | Lunch | | | Lunch | |  | |
| 14:00 to 15:30 | EHS Department | | | Customer & Supplier | |  | |
| 15:30 to 17:30 | Maintenance and Calibration | | | Quality Control and Assurance | | **8.6, 7.1.5** | |
| 16:00 to 17:00 | Top Management | | | Top Management | | **5.1, 5.3** | |
| 17:00to 18:00 | Closing meeting with Doctorate | | | | |  | |
| Date: {{ stage\_2\_schedule\_date }} |  | | | | | |  | |

**Audit Objective:** - The Audit Shall be carried on the basis of the requirement of the Standard, Evaluation of the ability of the Organization to meet applicable Statutory, Regulatory, Contractual requirements, meeting Objectives and Identification of potential improvement of Management System. The above to be reported under the respective

Clauses in the Audit summary.

Stage 2 focus on implementation, including effectiveness, of the client’s management system. The stage 2 shall take place at the site(s) of the client. It shall include the auditing of at least the following:

a) Information and evidence about conformity to all requirements of the applicable management

System standard or other normative documents;

b) Performance monitoring, measuring, reporting and reviewing against key performance objectives

And targets (consistent with the expectations in the applicable management system standard or

Another normative document);

c) The client’s management system ability and its performance regarding meeting of applicable

Statutory, regulatory and contractual requirements;

d) Operational control of the client’s processes;

e) Internal auditing and management review;

f) Management responsibility for the client’s policies

The audit objectives shall include:

a) Determining the effectiveness of the management system;

b) Ensuring that the client, based on the risk assessment, has identified the necessary ry controls; and

c) Determining that the established information security objectives have been achieved.

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| **Doc. No: KAF-8** | **Form 2024.01.** |

**Stage 2 audit report**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization** | {{ Organization\_Name }} | | **Director** | | {{ Director\_Name }} | | **Audit No.** | **{{ audit\_number }}** |
| **Address** | “{{ Address }} | | | | | | | |
| **Temp. site** | {{ Temp\_Address }} | | | | | | | |
| **Audit type** | 🗹 Initial (Reassessment), 🗹 On-site, ⬜ Re-audit, ⬜ ( )1st surveillance  ⬜ Change, ⬜ Special surveillance, ⬜ Others ( ) | | | | | | | |
| **Certification scope** | {{ Scope\_s }} | | | | | | | |
| **IAF CODE** | {{ IAF\_CODE }} | | | | | | | |
| **Standard** | 🗹 ISO 9001:2015,🗹 ISO 14001:2015, 🗹 OHSMS 45001:2018, ISO 27001:2022 | | | | | | | |
| **Audit day** | {{ Stage\_2\_Date }} | | | | | | | |
| **Audit team** | **Lead auditor** | | | **Auditors** | | **Audit trainee** | | |
| {{ Lead\_Auditor }} (sign) | | | {{ Auditor }} (sign ) | | (sign) | | |
| **Next audit** | Follow-up or re-audit | ⬜ Document, On-site( )⬜ Re-audit( ) | | | | | | |
| Surveillance or reassessment | Date: {{ Surveillance\_1\_date }} Audit type: 🗹 ( 1st Surv) audit | | | | | | |
| **Result**  **of follow-up audit** | Summary (⬜Onsite confirm, ⬜Document confirm)  The client has implement/Not implemented the CAR  Date: Auditor: (signature) | | | | | | | |

Attachment

|  |  |
| --- | --- |
| 1. Audit summary (KAF-09) 2. Attendance sheet (KAF-10) 3. Stage 2 Audit schedule (KAF-12) 4. Confirmation of certification scope (KAF-14) 5. No conflicts of interest agreement (KAF-15) 6. Surveillance program (KAF-17) 7. CAR register (KAF-18) | 1. Corrective action request (CAR)(KAF-19) 2. Observation reports (KAF-20) 3. Audit checklist 4. Others ( ) 5. Below forms shall be distributed to applicants as well 6. Guidance of Certification procedures 7. Assessment activity survey (KAF-23) |

Recipient: Registration Applicant organization, KVQA ASSESSMENT PRIVATE LIMITED., other ( )

All the records recorded during audit shall be confidential and shall not disclose to any person or entity without consent of an applicant, except upon request from Accreditation body for its evaluation of KVQA ASSESSMENT PRIVATE LIMITED Certification procedures

The audit has been done on sampling basis. The audit objectives have been met. The audit is done on sampling basis and the objective of audit have been met.

Guidance of certification procedures applies

Address KVQA ASSESSMENT PRIVATE LIMITED.

F-300, Sector-63, Noida-201301, U.P. India. Website - [www.iso-registration.com](file:///C:\Users\KVQA\Downloads\www.iso-registration.com) E-Mail- [info@iso-registration.com](mailto:delhi@kvqaindia.com)

|  |  |
| --- | --- |
| **Doc. No: KAF-14** | **Form 2024.01** |

**Confirmation of certification scope**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization** | | {{ Organization\_Name }} | | | | | | Audit No. | **{{ audit\_number }}** |
| **Main site (if applicable)** | | | | |  | | | | |
| **Address** | | {{ Address }}. | | | | | | | |
| **Sites or factories**  **(if there is further)** | |  | | | | | | | |
| **Address** | | | {{ Temp\_Address }} | | | | | | |
| **Standards** | | | 🗹 ISO 9001:2015,🗹 ISO 14001:2015, 🗹OH&S 45001:2018, ISO 27001:2022 | | | | | | |
| **Certification scope**  **(clearly describe site, product, activities and services)** | | | {{ Scope\_s }} | | | | | | |
| ISO 14001:2015 | | | Element N/A | | |  | | | |
| Work  (if applicable) | | | ⬜ Design/Development ⬜ Manufacture ⬜ Sales 🗹 construction ⬜Service | | | |
| ⬜ Same as what is identified in document review audit.  ⬜ Different from what is identified in document review audit. (Re-fill the form or rectify it with your  signature on it)  Explain the reason of change | | | | | | | | | |
| Confirm | STAGE 1 | | | Prepared by: (MR) | | | Confirmed by: (Lead Auditor) | | |
| MR. {{ MR\_Name }}(Sign) | | | MR. {{ Lead\_Auditor }} (Sign) | | |
| Date: {{ Stage\_1\_Date }} | | | Date: {{ Stage\_1\_Date }} | | |
| STAGE 2  Audit | | | Prepared by: (MR) | | | Confirmed by: (Lead Auditor) | | |
| MR. {{ MR\_Name }}(Sign) | | | MR. {{ Lead\_Auditor }} (Sign) | | |
| Date: {{ Stage\_2\_Date }} | | | Date: {{ Stage\_2\_Date }} | | |
| ▶I hereby confirm the above certification scope is correct and understand and observe “Guidance of certification procedures” when registered. | | | | | |
| ▶The above fact will be recorded on the certificate therefore, you ARE required to fill out the forms correctly.  ▶If you have more than three on-sites including main-site the form of details for certificate of multi-site (VCF-020K) is required to be filled.  ▶This shall be submitted to KVQA ASSESSMENT PRIVATE LIMITED. At closing meeting. | | | | | | | | | |

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| **Doc. No: KAF-10** | **Form 2024.01** |

Attendance Sheet

( Document 🗹 On-site Surveillance Amendement Re-audit Pre-audit)

Audit no: {{ audit\_number }} Date:{{ Stage\_1\_Date }}

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Title | Signature | | Name | Title | Signature | | | |
| Opening | Closing | Opening | | Closing | |
| {{ Director\_Name }} | DIRECTOR |  |  | {{ Lead\_Auditor }} | LEAD AUDITOR | |  | |  |
| {{ MR\_Name }} | MR |  |  | {{ Auditor }} | AUDITOR | |  | |  |
| {{ safety\_officer }} | SAFETY OFFICER |  |  |  |  | |  | |  |
| {{ EHS\_Manager }} | EHS Manager |  |  |  |  | |  | |  |
| {{ DR\_Name }} | **Doctor** |  |  |  |  | |  | |  |
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| **Doc. No: KAF—09** | **2024.01** |

**Audit summary**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Organization** | {{ Organization\_Name }} | | **Date** | {{ Stage\_2\_Date }} | **Audit No.** | {{ audit\_number }} |
| **CAR issue** | Minor: 03 issue, Major 00 issue (Onsite confirm required: Document confirm :) | | | | | |
| **Document** | Manual No.: 01 Rev. No.: 00 | | | | | |
| Evaluation | Does organization’s system comply with certification audit criteria? | | | | | (🗹 Yes, □No) |
| Is the system set up properly practiced and maintained according to its procedures? | | | | | (🗹 Yes, □No) |
| ARE proper corrective & preventive actions taken according to the results of internal audit? | | | | | (🗹 Yes, □No) |
| Can the process of management review continuously ensure that its system is appropriate and effective? | | | | | (🗹 Yes, □No) |
| Is there any difference between data submitted by organization and data assessed in on-site audit? | | | | | (□Yes, 🗹 No) |
| Is it assured that organization maintain and develop its system continuously? | | | | | (🗹 Yes, □No) |
| (Additional review points in reassessment)  Does all elements of system effectively interact with one another?  Is the system effectively working according to its changes of operation?  Is it assured that organization has commitment for maintaining its system effectively? | | | | | (🗹 Yes, □No) (🗹 Yes, □No)  (🗹 Yes, □No) |
| (Additional review point in surveillance)  Is the certification mark properly used? | | | | | (□Yes, 🗹 No) |
| Overall evaluation of audit review  (system's effectiveness, criteria for improvement, the ability of the organization to fulfil goals, possibilities for management system improvement, and related legal, regulatory, and contractual requirement.)  The company's quality objectives are to: -Continually improve the bar for customer service. Customer questionnaires will be used to measure this, and the marketing department will carry them out and oversee management oversight. All departments had evidence of the management's commitment to quality in the shape of quality policies and objectives. Customer complaints are addressed, and it was clear that the company prioritizes its customers' needs based on their feedback. Corrective action is taken after the cases have been examined.  Specifications, as well as monitoring and measurement during receiving, processing, and final inspection, are part of a well-planned process for the realization of the product. The company has certified and trained personnel to perform all tests at various monitoring and measuring stages.   All product specifications and acceptance criteria are readily available for quick reference. The vendors' list underwent verification. The dispatch schedules are upheld and servicing is completed through dealer networks. The observation details are appended to the 03 minor CAR observation report. The auditors are confident that the company will have an effective quality management system following the closure of this CAR and its implementation. The next audit will confirm the CAR and observation compliance for remedial action. Therefore, it is advised that the Company keep the certificate. till the subsequent assessment of surveillance | | | | | |
| Audit  Result | 🗹 Recommend certification for this initial audit; maintain its certification for surveillance.  As your system is proper and effectively practiced, certification is recommended subject to the closure of non-conformance.  ⬜ After document audit as follow-up, it will be resolved  Your system is practiced without any serious major non-conformity as shown from CAR issue. You ARE required to submit the result of corrective action taken, which includes corrective action, analysis of the reason, and preventive action to KVQA. Within 15days. When the result is satisfactory, certification will be recommended (certification will be maintained for surveillance). Observations shall be verified in the next Surveillance Audit  ⬜ After on-site visit as follow-up, this will be resolved  Only One Minor non-conformity is found in your system as shown from above CAR issues. You ARE required to submit the result of corrective action taken, which includes corrective action, analysis of the reason, and preventive action to KVQA within 15days. Additional on-site visit as follow-up will be conducted and when it is satisfactory, certification will be recommended (maintained for surveillance).  ⬜ Not to satisfy with standard  No Major non-conformities ARE found in your system as shown from above CAR issues.  Re-audit is required. | | | | | |
| Audit fee | Remitted or not? | 🗹Yes ⬜ No (When audit fee is paid, certification will be issued | | | | |

|  |  |
| --- | --- |
| **Doc. No: KAF-17** | **2024.01** |

**Surveillance program (QMS) Rev.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Organization** | | | | {{ Organization\_Name }} | | | | | | | | | | | | | **Audit No.** | | | | | {{ audit\_number }} | | | | **Standard** | | | | | | ISO 9001:2015 | | | | |
| **Size** | | | | 🗹Small □Medium □Large | | | | | | | | | | | | | **Risk** | | | | | {{ Risk\_Category }} | | | | **Key process** | | | | | | {{ Key\_process }} | | | | |
| **Scope** | | | | {{ Scope\_s }} | | | | | | | | | | | | | | | | | | | | | | **No. of shift** | | | | | | 01 | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Classification | 4.4.2 | 6.1.2 | 7.1.5.1 | | | 7.1.5.2 | 7.2 | 7.5.3.2 | 8.1 | | | 8.2.3.2 | 8.3.3 | 8.3.4 | 8.3.5 | 8.3.6 | | 8.4.1 | 8.5.2 | | 8.5.3 | | 8.5.6 | 8.6 | 8.7.2 | | | 9.1.1. | 9.2.2 | | 9.3.3 | | 10.2 | 8.5 | | Use of certification mark | |
| 1st | ○ | ○ | ○ | | | ○ | ○ | ○ | ○ | | | ○ | ○ | ○ | ○ | ○ | | ○ | ○ | | ○ | | ○ | ○ | ○ | | | ○ | ○ | | ○ | | ○ | ○ | | ○ | |
| 2nd | ○ | ○ | ○ | | | ○ | ○ | ○ | ○ | | | ○ | ○ | ○ | ○ | ○ | | ○ | ○ | | ○ | | ○ | ○ | ○ | | | ○ | ○ | | ○ | | ○ | ○ | | ○ | |
| \* “O” ARE mandatory records for audit in each step.  \* This programme has been prepared by the application reviewer/contract reviewer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Audit Stages | | | | | Stage1  Date :{{ Stage\_1\_Date }} | | | | | | Stage 2 Date. {{ Stage\_2\_Date }} | | | | | | S1  Date : {{ Surveillance\_1\_date }} | | | | | S2  Date : {{ Surveillance\_2\_date }} | | | | | Recert  Date | | | | | Remarks | | | | |
| Department /On-site | | | | | Department being audited / number of CAR issued (example; √/minor 01) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Director | | | | | √/0 | | | | | √/0 | | | | | | | / | | | / | | | | | / | | | | | / | | | | | / | |
| Management function | | | | | √/0 | | | | | √/0 | | | | | | | / | | | / | | | | | / | | | | | / | | | | | / | |
| Production | | | | | √/0 | | | | | √/0 | | | | | | | / | | | / | | | | | / | | | | | / | | | | | / | |
| Operation and Quality control | | | | | √/01 | | | | | √/01 | | | | | | | / | | | / | | | | | / | | | | | / | | | | | / | |
| Marketing | | | | | √/0 | | | | | √/0 | | | | | | | / | | | / | | | | | / | | | | | / | | | | | / | |
| Purchase & store | | | | | √/0 | | | | | √/0 | | | | | | | / | | | / | | | | | / | | | | | / | | | | | / | |
| HR/training | | | | | √/0 | | | | | √/0 | | | | | | | / | | | / | | | | | / | | | | | / | | | | | / | |
| Number of Major non-con. | | | | | 00 | | | | | 00 | | | | | | |  | | |  | | | | |  | | | | |  | | | | |  | |
| Number of Minor non-con | | | | | 01 | | | | | 01 | | | | | | |  | | |  | | | | |  | | | | |  | | | | |  | |
| Signature | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | | |  | | | | |  | |
| Date | | | | | {{ Stage\_1\_Date }} | | | | | {{ Stage\_2\_Date }} | | | | | | |  | | |  | | | | |  | | | | |  | | | | |  | |
| 1. Additional drawing up of form will be required if necessary.  2. When Surveillance program is changed, lead auditor re-fill out the form or add changes into from referring to previous one. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- |
| Audit Stage | Review done by | Additional Comments |
| Stage 1 | {{ Lead\_Auditor }} | ………………………. |
| Stage 2 | {{ Lead\_Auditor }} | ……………………… |
| S1 |  |  |
| S2 |  |  |
| Recertification |  |  |

Attachment: □Previous audit records (confirmation of certification scope, audit matrix. CAR register, CAR)

If you ARE short of space, you may use 2 sheets.

When it comes to last surveillance, please prepare and attach application forms for reassessment.

Attachment: □Previous audit records (confirmation of certification scope, audit matrix. CAR register, CAR)

※If you ARE short of space, you may use 2 sheets.

When it comes to last surveillance, please prepare and attach application forms for reassessment.

In Case of Multisite;

|  |
| --- |
| Please list down |
| Processes/activities provided on each site |
| Sites which are sampled and which ARE not |
| Sites which are covered by sampling, and which ARE not |

Additional Notes for Multisite:

All sites shall be subject to the organization’s internal audit programme

The audit programme shall be designed to ensure that all processes covered by the certification scope ARE audited over each cycle

Note: This audit program may be revised if

— complaints received by the certification body about the client;

— combined, integrated or joint audit

— changes to the certification requirements;

— changes to legal requirements;

— changes to accreditation requirements;

— organizational performance data (e.g. defect levels, key performance indicators data);

— relevant interested parties’ concern

**Doc. No: KAF-17 2024.01**

**Surveillance program (EMS)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Organization** | | | | {{ Organization\_Name }} | | | | | | | | | | **Audit No.** | | | | | | {{ audit\_number }} | | | | | **Standard** | | | EMS 14001:2015 | | | | |
| **Size** | | | | 🗹Small □Medium □Large | | | | | | | | | | **Complexity** | | | | | | {{ Risk\_Category }} | | | | | **Key process** | | | {{ Key\_process }} | | | | |
| **Scope** | | | | {{ Scope\_s }} | | | | | | | | | | | | | | | | | | | | | **No. of shift** | | | 01 | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| classification | 7.2 | 7.4.1 | 9.1.1 | | | 9.1.2 | 9.2.2 | 9.3 | 9.3 | | 10.2 |  |  | |  | |  |  |  | |  | |  |  |  |  |  |  |  |  | Use of certification mark | | |
| 1st |  | ○ | ○ | | | ○ | ○ | ○ | ○ | | ○ |  |  | |  | |  |  |  | |  | |  |  |  |  |  |  |  |  | ○ | | |
| 2nd |  | ○ | ○ | | | ○ | ○ | ○ | ○ | | ○ |  |  | |  | |  |  |  | |  | |  |  |  |  |  |  |  |  | ○ | | |
| \* “O” ARE mandatory records for audit in each step.  \* This programmed has been prepared by the application reviewer/contract reviewer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Audit Stages | | | | | Stage1 Date  :{{ Stage\_1\_Date }} | | | | | Stage 2 Date. {{ Stage\_2\_Date }} | | | | | | S1  Date : {{ Surveillance\_1\_date }} | | | | | | S2  Date : {{ Surveillance\_2\_date }} | | | Recert  Date | | | Remarks | | | | |
| Department / On-site | | | | | Department being audited / number of CAR issued (example; √/minor……01…….) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIRECTOR | | | | | √/0 | | | | | √/0 | | | | | | / | | | | | | / | | | / | | | / | | | | / |
| MR | | | | | √/0 | | | | | √/0 | | | | | | / | | | | | | / | | | / | | | / | | | | / |
| Legal & monitoring Evaluation | | | | | √/0 | | | | | √/01 | | | | | | / | | | | | | / | | | / | | | / | | | | / |
| Aspect and Impact  EMS Risk | | | | | √/0 | | | | | √/0 | | | | | | / | | | | | | / | | | / | | | / | | | | / |
| EMP & Operational Control | | | | | √/1 | | | | | √/0 | | | | | | / | | | | | | / | | | / | | | / | | | | / |
| Emergency preparedness | | | | | √/0 | | | | | √/0 | | | | | | / | | | | | | / | | | / | | | / | | | | / |
| Training | | | | | √/0 | | | | | √/0 | | | | | | / | | | | | | / | | | / | | | / | | | | / |
| Pollution Control | | | | | √/0 | | | | | √/0 | | | | | | / | | | | | | / | | | / | | | / | | | | / |
| Number of Major non-con. | | | | | 00 | | | | | 00 | | | | | |  | | | | | |  | | |  | | |  | | | |  |
| Number of Minor non-con | | | | | 01 | | | | | 01 | | | | | |  | | | | | |  | | |  | | |  | | | |  |
| Signature | | | | |  | | | | |  | | | | | |  | | | | | |  | | |  | | |  | | | |  |
| Date | | | | | {{ Stage\_1\_Date }} | | | | | {{ Stage\_2\_Date }} | | | | | |  | | | | | |  | | |  | | |  | | | |  |
| 1. Additional drawing up of form will be required if necessary.  2. When Surveillance program is changed, lead auditor re-fill out the form or add changes into from referring to previous one. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- |
| **Audit Stage** | **Review done by** | **Additional Comments** |
| Stage 1 | {{ Lead\_Auditor }} | ………………………… |
| Stage 2 | {{ Lead\_Auditor }} | ……………………….. |
| S1 |  |  |
| S2 |  |  |
| Recertification |  |  |

Attachment: □Previous audit records (confirmation of certification scope, audit matrix. CAR register, CAR)

※If you ARE short of space, you may use 2 sheets.

When it comes to last surveillance, please prepare and attach application forms for reassessment.

In Case of Multisite;

|  |
| --- |
| Please list down |
| Processes/activities provided on each site |
| Sites which are sampled and which are not |
| Sites which are covered by sampling, and which ARE not |

Additional Notes for Multisite:

All sites shall be subject to the organization’s internal audit programme

The audit programme shall be designed to ensure that all processes covered by the certification scope ARE audited over each cycle

Note: This audit program may be revised if

— complaints received by the certification body about the client;

— combined, integrated or joint audit

— changes to the certification requirements;

— changes to legal requirements;

— changes to accreditation requirements;

— organizational performance data (e.g. defect levels, key performance indicators data);

— relevant interested parties’ concerns

**DOC No. KAF-17 2024.01**

**Surveillance program (OH&S)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Organization** | | | | {{ Organization\_Name }} | | | | | | | | | | | | **Audit No.** | | | {{ audit\_number }} | | | | | | | Standard | | | | | **ISO 45001:2018** | | | | | |
| **Size** | | | | 🗹Small □Medium □Large | | | | | | | | | | | | **Complexity** | | | {{ Risk\_Category }} | | | | | | | Key process | | | | | {{ Key\_process}} | | | | | |
| **Scope** | | | | {{ Scope\_s }} | | | | | | | | | | | | | | | | | | | | | | No of shift | | | | | **01** | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| classification | 4.1 | 4.2 | 4.3 | | 4.4 | | | 5.1 | 5.2 | 5.3 | 5.4 | | 6.1 | | | 6.2 | | 7.1 | 7.2 | 7.3 | 7.4 | | 7.5 | 8.1 | 8.2 | | | 9.1 | 9.2 | 9.3 | | 10.2 | | 10.3 | Others | Use of certification mark |
| 1st |  | ○ | ○ | |  | | |  | ○ |  | ○ | | ○ | | ○ | |  | |  | ○ |  | |  | ○ | ○ | | | ○ | ○ | ○ | | ○ | |  |  | ○ |
| 2nd |  | ○ | ○ | |  | | |  | ○ |  | ○ | | ○ | | ○ | |  | |  | ○ |  | |  | ○ | ○ | | | ○ | ○ | ○ | | ○ | |  |  | ○ |
| \* Please mark , where audited, ("O" is mandatory to be audited except these, at least I element should be audited)  \* Following shall be reviewed at every surveillance audit.  Internal audit and management review, correct action & preventive action, amendment of system, handling of customer complaints, Record control, use of certificate mark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Classification | | | | | | | Stage 1  Date :{{ Stage\_1\_Date }} | | | | | Stage 2 Date. {{ Stage\_2\_Date }} | | | | | | | S1  Date : {{ Surveillance\_1\_date }} | | | S2  Date : {{ Surveillance\_2\_date }} | | | | | Recert  Date | | | | | | Remarks | | | |
| Department / On-site | | | | | | | Department being audited / number of CAR issued (example; √/minor. 01….) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MR | | | | | | | √/0 | | | | | √/0 | | | | | | | / | | | / | | | | | / | | | | | | / | | | |
| Legal and compliance | | | | | | | √/0 | | | | | √/0 | | | | | | | / | | | / | | | | | / | | | | | | / | | | |
| Emergency and safety | | | | | | | √/0 | | | | | √/0 | | | | | | | / | | | / | | | | | / | | | | | | / | | | |
| Hazard risk assessment | | | | | | | √/0 | | | | | √/0 | | | | | | | / | | | / | | | | | / | | | | | | / | | | |
| Production, safety team & operational control | | | | | | | √/01 | | | | | √/0 | | | | | | | / | | | / | | | | | / | | | | | | / | | | |
| purchase | | | | | | | √/0 | | | | | √/0 | | | | | | | / | | | / | | | | | / | | | | | | / | | | |
| Training & HR | | | | | | | √/0 | | | | | √/01 | | | | | | | / | | | / | | | | | / | | | | | | / | | | |
| Internal audit & MRM | | | | | | | √/0 | | | | | √/0 | | | | | | | / | | | / | | | | | / | | | | | | / | | | |
| Number of Major non-con. | | | | | | | 00 | | | | | 00 | | | | | | |  | | |  | | | | |  | | | | | |  | | | |
| Number of Minor non-con | | | | | | | 01 | | | | | 01 | | | | | | |  | | |  | | | | |  | | | | | |  | | | |
| Signature | | | | | | | {{ Lead\_Auditor }} | | | | | {{ Lead\_Auditor }} | | | | | | |  | | |  | | | | |  | | | | | |  | | | |
| Date | | | | | | | {{ Stage\_1\_Date }} | | | | | {{ Stage\_2\_Date }} | | | | | | |  | | |  | | | | |  | | | | | |  | | | |
| 1. Additional drawing up of form will be required if necessary.  2. When Surveillance program is changed, lead auditor re-fill out the form or add changes into from referring to previous one. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Audit Stage** | | | | | | | **Review done by** | | | | | | | | **Additional Comments** | | | | | | | | | | | | | | | | | | | | | | |
| Stage 1 | | | | | | | {{ Lead\_Auditor }} | | | | | | | | …………………………….. | | | | | | | | | | | | | | | | | | | | | | |
| Stage 2 | | | | | | | {{ Lead\_Auditor }} | | | | | | | | ……………………………… | | | | | | | | | | | | | | | | | | | | | | |
| S1 | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| S2 | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Recertification | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |

**Attachment**:

□Previous audit records (confirmation of certification scope, audit matrix. CAR register, CAR)

When it comes to last surveillance, please prepare and attach application forms for reassessment

Attachment: □Previous audit records (confirmation of certification scope, audit matrix. CAR register, CAR)

※If you ARE short of space, you may use 2 sheets.

When it comes to last surveillance, please prepare and attach application forms for reassessment.

In Case of Multisite;

|  |
| --- |
| Please list down |
| Processes/activities provided on each site |
| Sites which are sampled and which ARE not |
| Sites which are covered by sampling, and which ARE not |

Additional Notes for Multisite:

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The audit programme shall be designed to ensure that all processes covered by the certification scope ARE audited over each cycle

Note: This audit program may be revised if

— Complaints received by the certification body about the client;

— combined, integrated or joint audit

— changes to the certification requirements;

— changes to legal requirements;

— changes to accreditation requirements;

— Organizational performance data (e.g. defect levels, key performance indicators data);

— Relevant interested parties’ concerns

|  |  |
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| **Doc. No: KAF-18** | **2024.01** |

**Car Register**

**Audit no.:** **{{ audit\_number }} Page: 01/01**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Audit type** | **CAR No** | **Non-conform**  **Type** | **Issued by** | **Issue**  **Date** | **Confirmed by** | **Confirm**  **Date** | **Closure** | **Closure**  **date** |
| Initial | 01 | Minor | {{ Lead\_Auditor }} | {{ Stage\_2\_Date }} | {{ MR\_Name }} | {{ Stage\_2\_Date }} | Yes | {{ Closure\_Date }} |
| Initial | 01 | Minor | {{ Lead\_Auditor }} | {{ Stage\_2\_Date }} | {{ MR\_Name }} | {{ Stage\_2\_Date }} | Yes | {{ Closure\_Date }} |
| Initial | 01 | Minor | {{ Lead\_Auditor }} | {{ Stage\_2\_Date }} | {{ MR\_Name }} | {{ Stage\_2\_Date }} | Yes | {{ Closure\_Date }} |
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| **Doc. No: KAF-19** | **2024 .01** |

**Corrective Action Request (CAR)**

Issue no.: 01/03

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization** | | {{ Organization\_Name }} | | **Audit no.** | | {{ audit\_number }} | **Issue Date.** | {{ Stage\_2\_Date }} |
| **Applicable**  **Standards** | | 🗹 **ISO 9001:2015** | | | | **Applicable**  **Clause** | 7.5.3 | |
| **Division** | Control of documented information | |
| **Auditor** | {{ Lead\_Auditor }} (sign) | |
| **Audit type** | | 🗹 Initial ( ) surveillance  Others (……………………………...) | | | | **Non- conformity.**  **Grade** | 🗹 Minor nonconformity  Major nonconformity | |
| **Nonconformity ( Confirm with on-site visit,🗹 Confirm with document)**    …………………………………………………. | | | | | | | | |
| Lead auditor: {{ Lead\_Auditor }} (sign) | | | Lead auditor: {{ Lead\_Auditor }} (sign) | | | | | |
| **Analysis (Basic reason for occurring nonconformity)**    ………………………………………………. | | | | | | | | |
| **Corrective action ( Plan, Result (Attachment Yes No)**  ………………………………………………. | | | | | | | | |
| Management Representative: {{ MR\_Name }}(sign) | | | | | | | Date: {{ Stage\_2\_Date }} | |
| Follow-up audit | (document confirm on-site confirm) | | | | Validation | | …………… | |
| Auditor: | {{ Lead\_Auditor }} (sign) | | | | Auditor: | | {{ Lead\_Auditor }} (sign) | |
| Date: | {{ Closure\_Date }} | | | | Date: | |  | |
| * The result of corrective action taken shall be submitted to KVQA ASSESSMENT PRIVATE LIMITED within 1 month after CAR issued. * The result of corrective action taken shall be verified by on-site audit (major nonconformity) or document review (minor nonconformity), if it is not made within 3 months re-audit will be required. | | | | | | | | |

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| **Doc. No: KAF-19** | **2024 .01** |

**Corrective Action Request (CAR)**

Issue no.: 02/03

|  |  |  |  |  |  |  |  |  |
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| **Organization** | | {{ Organization\_Name }} | | **Audit no.** | | {{ audit\_number }} | **Issue Date.** | {{ Stage\_2\_Date }} |
| **Applicable**  **Standards** | | 🗹 **ISO 9001:2015** | | | | **Applicable**  **Clause** | 7.5.3 | |
| **Division** | Control of documented information | |
| **Auditor** | {{ Lead\_Auditor }} (sign) | |
| **Audit type** | | 🗹 Initial ( ) surveillance  Others (……………………………...) | | | | **Non- conformity.**  **Grade** | 🗹 Minor nonconformity  Major nonconformity | |
| **Nonconformity ( Confirm with on-site visit,🗹 Confirm with document)**    …………………………………………………. | | | | | | | | |
| Lead auditor: {{ Lead\_Auditor }} (sign) | | | Lead auditor: {{ Lead\_Auditor }} (sign) | | | | | |
| **Analysis (Basic reason for occurring nonconformity)**    ………………………………………………. | | | | | | | | |
| **Corrective action ( Plan, Result (Attachment Yes No)**  ………………………………………………. | | | | | | | | |
| Management Representative: {{ MR\_Name }}(sign) | | | | | | | Date: {{ Stage\_2\_Date }} | |
| Follow-up audit | (document confirm on-site confirm) | | | | Validation | | …………… | |
| Auditor: | {{ Lead\_Auditor }} (sign) | | | | Auditor: | | {{ Lead\_Auditor }} (sign) | |
| Date: | {{ Closure\_Date }} | | | | Date: | |  | |
| * The result of corrective action taken shall be submitted to KVQA ASSESSMENT PRIVATE LIMITED within 1 month after CAR issued. * The result of corrective action taken shall be verified by on-site audit (major nonconformity) or document review (minor nonconformity), if it is not made within 3 months re-audit will be required. | | | | | | | | |

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| **Doc. No: KAF-19** | **2024 .01** |

**Corrective Action Request (CAR)**

Issue no.: 03/03

|  |  |  |  |  |  |  |  |  |
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| **Organization** | | {{ Organization\_Name }} | | **Audit no.** | | {{ audit\_number }} | **Issue Date.** | {{ Stage\_2\_Date }} |
| **Applicable**  **Standards** | | 🗹 **ISO 9001:2015** | | | | **Applicable**  **Clause** | 7.5.3 | |
| **Division** | Control of documented information | |
| **Auditor** | {{ Lead\_Auditor }} (sign) | |
| **Audit type** | | 🗹 Initial ( ) surveillance  Others (……………………………...) | | | | **Non- conformity.**  **Grade** | 🗹 Minor nonconformity  Major nonconformity | |
| **Nonconformity ( Confirm with on-site visit, 🗹 Confirm with document)**    ……………………………………………………………….. | | | | | | | | |
| Lead auditor: {{ Lead\_Auditor }} (sign) | | | Lead auditor: {{ Lead\_Auditor }} (sign) | | | | | |
| **Analysis (Basic reason for occurring nonconformity)**    ………………………………………………. | | | | | | | | |
| **Corrective action ( Plan, Result (Attachment Yes No)**  ………………………………………………. | | | | | | | | |
| Management Representative: {{ MR\_Name }}(sign) | | | | | | | Date: {{ Stage\_2\_Date }} | |
| Follow-up audit | (document confirm on-site confirm) | | | | Validation | | …………… | |
| Auditor: | {{ Lead\_Auditor }} (sign) | | | | Auditor: | | {{ Lead\_Auditor }} (sign) | |
| Date: | {{ Closure\_Date }} | | | | Date: | |  | |
| * The result of corrective action taken shall be submitted to KVQA ASSESSMENT PRIVATE LIMITED within 1 month after CAR issued. * The result of corrective action taken shall be verified by on-site audit (major nonconformity) or document review (minor nonconformity), if it is not made within 3 months re-audit will be required. | | | | | | | | |

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| **Doc. No: KAF-20** | **2024.01** |

**Observation reports**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization:** | {{ Organization\_Name }} | **Audit No.** | **{{ audit\_number }}** | | Page: 1/1 |
| **Department** | **Contents** | | | **ISO**  **Element** | **Grade of NC** |
|  |  | | |  |  |
| . | **Points for Improvements** | | |  |  |
|  |  | | |  | **Observation** |
|  |  | | |  |  |
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|  |  | | |  | **Observation** |

Auditor : {{ Lead\_Auditor }} (signature.) Audit date : {{ Stage\_2\_Date }}

|  |  |
| --- | --- |
| **Doc. No: KAF-23** | **Form2024.01.** |

ASSESSMENT ACTIVITY SURVEY

You ARE a very valuable source in helping KVQA and our auditors improve our service to you. Please complete this evaluation

and return it to: Office Coordinator, KVQA, F-300, Sector-63, Noida-201301, U.P. India. Website - <www.iso-registration.com> E-Mail- [info@iso-registration.com](mailto:delhi@kvqaindia.com)

SA (Strongly Agree.) A (Agree.) N (Neutral) D (Disagree) SD (Strongly Disagree)

Circle the type of assessment: Initial certification Audit or Surveillance Audit or Reassessment

Circle the Quality Standard (s): ISO 9001:2015, ISO 14001:2015, ISO45001:2018

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| The audit time was used effectively? | * SA | A | N | D | SD |
| 2.KVQA used available resources properly? | * SA | A | N | D | SD |
| 3.The audit was well organized? | SA | * A | N | D | SD |
| 4.The communication was proper | SA | * A | N | D | SD |
| 5.There were no surprise or unwritten requirements | * SA | A | N | D | SD |
| 6. KVQA audits are value added and are helpful? | * SA | A | N | D | SD |
| 7.We will continue to use KVQA as our Registrar | * SA | A | N | D | SD |

8. Auditor evaluation:

|  |  |  |  |
| --- | --- | --- | --- |
| Audit Team | Lead Auditor  Name: {{ Lead\_Auditor }} | Auditor  Name: {{ Auditor }} | Auditor  Name: |
| The auditor demonstrated knowledge of the applicable standard(s)? | SA A N D SD | SA A N D SD | SA A N D SD |
| The auditor understood and was able to ask pertinent questions related to your industry? | SA A N D SD | SA A N D SD | SA A N D SD |
| The auditor was able to explain KVQA’s audit process? | SA A N D SD | SA A N D SD | SA A N D SD |
| The auditor’s conduct was professional? | SA A N D SD | SA A N D SD | SA A N D SD |

9.How can we improve our services? *Please use this Area to explain weak Areas from the statements above*

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Company Name/ Management Representative ({{ Organization\_Name }}

/ {{ MR\_Name }})

10. May we use you as a reference? Yes or No (Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

THANK YOU FOR CHOOSING

**Doc KAF-24 2024.01**

**KVQA AUDIT COMPLETION & CERTIFICATION RECORD**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Form. No.** | | **Audit no. {{ audit\_number }} for Standard ISO** | | | | **Pages** | **Date** |
| **KAF-01** | | Questionnaire | | | | 2 | {{ Questionnaire\_date }} |
| **KAF-03** | | Quotation | | | | 1 | {{ contract\_review\_Date }} |
| **KAF-04** | | Contract for Certification Audit | | | | 5 | {{ contract\_review\_Date }} |
| **KAF-02** | | Contract review | | | | 1 | {{ contract\_review\_Date }} |
| **KAF-15** | | No Conflict of interest agreement | | | | 1 | {{ Stage\_1\_Date }} |
| **KAF-05** | | Report of Document review audit | | | | 1 | {{ Stage\_1\_Date }} |
| **KAF-06** | | Document review table | | | | 1 | {{ Stage\_1\_Date }} |
| **KAF-13** | | Stage 1 Audit Schedule | | | | 1 | {{ stage\_1\_schedule\_date }} |
| **KAF-07** | | Result of document review (A), (B) | | | | 1 | {{ Stage\_1\_Date }} |
| **KAF-12** | | Stage 2 Audit Schedule | | | | 1 | {{ stage\_2\_schedule\_date }} |
| **KAF-08** | | On site Audit report | | | | 1 | {{ Stage\_2\_Date }} |
| **KAF-14** | | Confirmation of certification scope | | | | 1 | {{ Stage\_2\_Date }} |
| **KAF-10** | | Attendance sheet | | | | 1 | {{ Stage\_2\_Date }} |
| **KAF-09** | | Audit Summary | | | | 1 | {{ Stage\_2\_Date }} |
| **KAF-17** | | Surveillance program | | | | 1 | {{ Stage\_2\_Date }} |
| **KAF-18** | | CAR register | | | | 1 | {{ Stage\_2\_Date }} |
| **KAF-19** | | Corrective action request (CAR) | | | | 1 | {{ Stage\_2\_Date }} |
| **KAF-20** | | Observation reports | | | | 1 | {{ Stage\_2\_Date }} |
| **KAF-23** | | Assessment activity survey | | | | 1 | {{ Stage\_2\_Date }} |
|  | | Audit Checklist for standard ISO | | | |  |  |
|  | | Table of Contents & Amendment sheet | | | | 3 |  |
|  | | Non-conformity documents of Doc audit | | | |  | N. A |
|  | | CAR compliance | | | |  |  |
| **Certification** | | Committee Comments | | | |  | Date |
| **Verification Auditor** | | Name & Signature Appd for std Comments  {{ Verification\_Auditor }} | | | | **Hold ok** | {{ Certificate\_Issue\_Date }} |
| **Office Coordinator** | | Priti Mishra (Sign) Date | | | | **Ok** | {{ Certificate\_Issue\_Date }} |
| **Chairman** | Signature Date | | | | | **Hold Issue** | {{ Certificate\_Issue\_Date }} |
| Certificate No QMS | | {{ Certificate\_No\_QMS }} | | Issue date: {{ Certificate\_Issue\_Date }} | |  |  |
| Certificate No EMS | | {{ Certificate\_No\_EMS }} | |
| Certificate No OHS | | {{ Certificate\_No\_OMS }} | |
| **Sender** | | Signature of sender | | | | **Date** | {{ Certificate\_Issue\_Date }} |
| **Auditor** | | Lead Auditor | Auditor | | Expert |  |  |
| {{ Lead\_Auditor }} | {{ Auditor }} | |  |
| **CAR closed by** | | Comments: All NC ARE closed | | | | **Date** | {{ Certificate\_Issue\_Date }} |
| **CAR verified by** | | (Sign) | | | | **Date** | {{ Certificate\_Issue\_Date }} |
| **Confirmed By** | | {{ Verification\_Auditor }} | | | |  |  |
| **Comments by decision maker** | | All previous IMS non-conformities have been resolved. An observation on the missing Environmental Impact Reduction Policy was addressed through implementation and training. With corrective actions complete, the organization is eligible for IMS certification. | | | | **Date** | {{ Certificate\_Issue\_Date }} |