KVQA ASSESSMENT PRIVATE LIMITED



AUDIT REPORT OF ISO 45001:2018

{{ Organization\_Name }}

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

Questionnaire

For Quality/Environment /Occupational Health Safety/ Food Safety Management System/ Information Security Management certification/ (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 ’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 }} | | | | | | | | | | |
| Management Representative | | Name of dept | | Management Representative (MR) | | | | | TEL. | | {{ phone\_number }} | |
| Title/Name | | {{ MR\_Name }} | | | | | E-mail Address | | {{ mail\_id }} | |
| No of employee  (audited/total)  All sites | | Executive | | | Contractual/Temporary/Unskilled | | | Part-time | | | | Repetitive Process |
| 02 | | | 05 | | | 02 | | | | 02 |
| Shift | | Shift | | | Permanent Employees | | | Any other | | | | Total |
| 01 | | | 15 | | | 00 | | | | {{ NO\_OF\_EMPLOYEE }} |
| Details of Manpower at each site  (applicable only if there is more than one site) | | | | | |  |  | | |  | | |
| 1. For EMS, total no. of employee is an 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 22000:2018, HACCP, ISO 27001:2022. | | | | | | | | | | | |
| 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. Accordingly, fill out the blank correctly referring to the following example;  ※ Ex) Design, manufacturing, installation[activities] for ○○[product] of XX plant [certified site] | | | | | | | | | | | |
| Certification site | | {{ Address }} | | | | | | | | | |
| Scope | | {{ Scope\_s }} | | | | | | | | | |
| Activities | | □Design/Development, □ Manufacturing, □ Installation, □ Construction, □ Sales,  □ Service, □ 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&S/ISMS  ▶ If you have any question, in filling up the questionnaire, don’t hesitate to.  Address KVQA ASSESSMENT PRIVATE LIMITED  F-300, Sector-63, Noida-201301, U.P., India. PH-0120-4819750 E Mail-info@iso-registration.com. | | | | | | | | | | | | |

**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 outsourced processes that affects conformity to product or service requirements?  Yes (Region: Processes/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 ({{ procedure\_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: 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 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\_name }} Design- Safety Officer  3) % of budget for safety/health in terms of annual turnover Rs  4) Do you have first aid attendant/post and ambulance 🗹 Yes No- 02 First-aid, 01 Ambulance □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. | Kindly furnished legal obligation lic. Legal to OH&SMS.  Company Name: {{ Organization\_Name }} .  Registered Address: {{ Address }}  {{ legal\_LICENSE }} | | | | |
| 20. | Other sites including temporary sites (...01….) | | | | |
| Name of site/field | | | No of site | Location/Address | |
| {{ Organization\_Name }} . | | | 01 | {{ Address }}  Temp. Site: {{ Temp\_Address }} | |
| Signed By: | | Designation: | Director: **{{ Director\_Name }}** | | Signature):….. Date- {{ Questionnaire\_date }} |

Kindly describe your activities related to potential hazard & occupational risk in your organization.

Application Form C

|  |  |
| --- | --- |
| Potential hazards and other factors | Describe relevant activities or potential OH&SMS hazards |
| Dangerous Goods | NO |
| Vehicle/Pedestrian interaction (Including for Lifts) | YES |
| Powered plant (including building plant rooms) | NO |
| Other plant (including scaffolding) or mechanical hazards | YES |
| Manual handling (includes occupational overuse syndrome) | YES |
| Hazardous substance (includes asbestos) | YES |
| Atmospheric contaminants other than hazardous substances (excludes confined spaces) | YES |
| Use of ionizing or non ionizing radiation | NO |
| Confined space | YES |
| Slips, Trips, and falls | YES |
| Noise | NO |
| Thermal environment | NO |
| Below ground work environment | NO |
| Storage and/or use of explosives | YES |
| Electrical hazards | YES |
| Pressurized environment | NO |
| Threats of bullying, violence or occupational assault. | NO |

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

Quotation/Application QMS / EMS / FSMS / OHSAS/ISMS Certification

|  |  |  |  |
| --- | --- | --- | --- |
| Quotation No: | {{ quotation\_number }} | Quotation Date: | {{ Quotation\_date }} |
| Name of Organization: | {{ Organization\_Name }} . | Standard | ISO 45001:2018 |

1 Pre-audit Fee: Rs. 6,000/-

Pre-audit is carried out at the request of the client and the report is given to the client at his

Premises. Pre-audit is mandatory for EMS Audit

2 Document Audit Fee: Rs. 6,000/-

Document audit /Adequacy audit can be carried out at KVQA ’S Office or at the client’s premises.

For Document audit the Manual need to be submitted to KVQA ’S for review and for report making. On satisfactory document audit report with all non-conformities closed the date for certification audit is fixed

3 Certification Audit Fee: Rs 12,000 /-

Certification audit is carried out at the client’s premises to assess the conformity with the documentation and implementation of the system and issue of certificate within 3 weeks of satisfactory audit completion.

4 Re-audit Fee is chargeable at the rate of Rs. 6,000 / per man day

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

5 Surveillance Audit:

🗹A. Annual: 2 audits for 3-year period Rs 9,000 / each Total Rs 18,000 /.

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

C. Five six monthly audit for 3 years

6 Registration Fee Payable to KVQA for three years

KVQA Registration charges: Rs. l0, 000/-

Auditor shall do audit from Delhi

Note: The above quotation is exclusive of all taxes. 18% GST Tax 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. PH-0120-4819750 E Mail-info@iso-registration.com.

Doc. No: KAF-04 Form No 2024.01.

Certification Audit Contract

{{ Organization\_Name }}… & KVQA ASSESSMENT PRIVATE LIMITED (hereinafter called certification body) for certification audit as follows.

Site 1……………. {{ Address }} .

Scope: {{ Scope\_s }}

Site 2………………{{ Temp\_Address }}

Scope……………………………..

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 Food Safety/Occupational Health Management System for products, activities and services provided its sites concerned, with the respect to Quality / Environmental / Food Safety / Occupational Health/ Information Security Management System standards and any supplementation required under the system. The scope of certification / registration can be changed as to activities actual audit performed. KVQA ASSESSMENT PRIVATE LIMITED Shall place the information about your certification in public domain which shall be related to client name, address, scope and status of its certification. Any information other than these shall be revealed after intimation to you. The standard for the certification shall be ISO 45001-2018. The total man-day spent shall be…{{ MANDAY }}…Man-days (stage 1….{{ stage\_1\_manday }}…..Man-days & 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.

Document audit of the applicant’s QMS/EMS/ OH&SMS/FSMS/ISMS documents and records is carried out, prior to on-site audit. QMS/EMS/OH&S/FSMS/ISMS 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/OH&S/FSMS/ISMS 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.

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/OH&S/FSMS/ISMS.

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). 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. The certification body provides its applicants with documented compliance requirements for maintaining its certification/registration, when certificate is granted.

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 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. The Certification for any scheme shall not be granted until legal compliance is done at client end.

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

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.

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. Changes of company name or president. Changes of their significant organization structure, expansion or movement of premises, obtaining of serious complaints from an applicant/certified organization or interested party, occupational disease, fatal accident occurred or violation of relevant laws, OHS related findings by third parties. Changes occurred from expansion or reduction of certification scope (Standard, products applied for certification). Such developments shall be notified as it happens; in case of noncompliance of legal requirements certification shall not be granted. If the facilities and work areas are subject to closure the OH&S risks change, as there may no longer be the same risks to employees, but there may be new risks applicable to members of the public (e.g. in case of lack of suitable maintenance and surveillance activities). KVQA shall verify that the management system continues to meet the OH&SMS standard and to be effectively implemented in respect of the closed facilities and work areas, and, if not, suspend the certificate

Article 9: Renewal audit

Certification body shall carry out renewal audit against an applicant’s management system and renew its certificate, within 3 years after certification, to continually ensure that its QMS/EMS/OH&S/FSMS/ISMS 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 withdrawal, 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 and regulatory noncompliance and breach or gathered information during surveillance or special audit.

Specifically for ISO 45001 KVQA shall suspend or withdraw the certification, in cases where it can be demonstrated that the system seriously failed to meet the OH&S certification requirements Information on incidents such as a serious accident, or a serious breach of regulation necessitating the involvement of the competent regulatory authority, provided by the certified client or directly gathered by the audit team during the special audit

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 13: 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 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. You shall inform KVQA of any significant events is like fatal injuries, occupational disease or legal actions as it happens

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/OH&S/FSMS/ISMS 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

The applicant/audit shall ensure safety of the audit team at site by maintain necessary arrangements.

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

**Doc. No: KAF-02 Form No 2024.01.**

**Contract Review Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization | | {{ Organization\_Name }} . | | | | | | | | | | | | | | | | | | | | | | | | | | Quotation no. | | | | {{ quotation\_number }} | | | |
| Address | | {{ Address }}. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temporary site | | {{ Temp\_Address }} | | | | | | | | | | | | | | | | | | | | | | | | | | MD temp site | | | | {{ Temp\_manday }} | | | |
| Application | | 🗹 Initial audit Renewal audit | | | | | | | | | | | | | | | | | | | | | | | | | |
| Size | | 🗹Small HIGH Large | | | | | | | | | | | | Audit Shift  Night 🗹Day | | | | | | 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 | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | |  | | |
| No. of man-days to be planned | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | |  | | |
| Audit standard | | | | 🗹ISO 45001-2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk Category | | | | {{ Risk\_Category }} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IAF Code  {{ IAF\_CODE }} | | | | Audit Scope | | | | | | {{ Scope\_s }} | | | | | | | | | | | | | | | | | | | | | | | | | |
| On-site type | | | | Multi-site 🗹 Single site | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Auditor Name | | | | Lead Auditor | | | | | | | {{ Lead\_Auditor }} | | | | | | | Auditor | | | | | {{ Auditor }} | | | | | | | | Expert |  | | | |
| Tentative Audit schedule | | | | Stage 1 | | | | | | | {{ Stage\_1\_Date }} | | | | | | | Pre-audit | | | | |  | | | | | | | | Stage 2 | {{ Stage\_2\_Date }} | | | |
| Certification fee  (required)  (quotation) | | | |  | Stage 1 | | | | | | | |  | | | | Stage 2 | | | | | | | | | Total fee | | | | | 2 per 3yrs  Fee | 3 per 3 yrs  Fee  Total | | 5 per 3 yrs  Fee  Total | |
| Days | | Fee | | | | | |  | | | | Days | | | | | Fee | | | |
|  | 1 | | 6000 | | | | | | 1 | | | | | 6000 | | | | 18000 | | | | |
| Calculation= Stage01-{{ stage\_1\_manday }}MD+ Stage02-{{stage\_2\_manday }}MD = {{ MANDAY }}MD  . | | | | | | | | | | | | | | | LAV KAUSHIK [{{ contract\_review\_Date }}] | | | | | | | | | | | |
| Does KVQA have required competence to carry out complete certification process? 🗹Yes No  If No, Provide Justification. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial Audit Tick the appropriate row and assign reason Reassessment (0.7 of Initial.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Table for OH&SMS | HIGH | | | | | MEDIUM | | | LOW | | | MEDIUM | | | | SURV DAYS YEARLY | | | | | | | | |  | |  | | |  | |  | | |  |
| 1-5 | 3 | | | | | 2.5 | | | 2.5 | | |  | | | | 1.0 | | | | | | | | |  | |  | | |  | |  | | |  |
| 6-10 | 3.5 | | | | | 3 | | | 3 | | |  | | | | 1.5 | | | | | | | | |  | |  | | |  | |  | | |  |
| 11-15 | 4.5 | | | | | 3.5 | | | 3 | | |  | | | | 1.5 | | | | | | | | |  | |  | | |  | |  | | |  |
| 16-25 | 5.5🗹 | | | | | 4.5 | | | 3.5 | | |  | | | | 2🗹 | | | | | | | | |  | |  | | |  | |  | | |  |
| 26-45 | 7 | | | | | 5.5 | | | 4 | | |  | | | | 2 | | | | | | | | |  | |  | | |  | |  | | |  |
| 46-65 | 8 | | | | | 6 | | | 4.5 | | |  | | | | 2.5 | | | | | | | | |  | |  | | |  | |  | | |  |
| 66-85 | 9 | | | | | 7 | | | 5 | | |  | | | | 3 | | | | | | | | |  | |  | | |  | |  | | |  |
| 86-125 | 11 | | | | | 8 | | | 5.5 | | |  | | | | 3 | | | | | | | | |  | |  | | |  | |  | | |  |
| 126-175 | 12 | | | | | 9 | | | 6 | | |  | | | | 3 | | | | | | | | |  | |  | | |  | |  | | |  |
| 176-275 | 13 | | | | | 10 | | | 7 | | |  | | | | 3 | | | | | | | | |  | |  | | |  | |  | | |  |
| 276-425 | 15 | | | | | 11 | | | 8 | | |  | | | | 3 | | | | | | | | |  | |  | | |  | |  | | |  |
| 426-625 | 16 | | | | | 12 | | | 9 | | |  | | | | 3 | | | | | | | | |  | |  | | |  | |  | | |  |
| 626-875 | 17 | | | | | 13 | | | 10 | | |  | | | | 3.5 | | | | | | | | |  | |  | | |  | |  | | |  |
| 876-1175 | 19 | | | | | 15 | | | 11 | | |  | | | | 4 | | | | | | | | |  | |  | | |  | |  | | |  |
| 1176-1550 | 20 | | | | | 16 | | | 12 | | |  | | | | 4 | | | | | | | | |  | |  | | |  | |  | | |  |
| 1551-2025 | 21 | | | | | 17 | | | 12 | | |  | | | | 4 | | | | | | | | |  | |  | | |  | |  | | |  |
| 2026-2675 | 23 | | | | | 18 | | | 13 | | |  | | | | 4 | | | | | | | | |  | |  | | |  | |  | | |  |
| 2676-3450 | 25 | | | | | 19 | | | 14 | | |  | | | | 4.5 | | | | | | | | |  | |  | | |  | |  | | |  |
| 3451-5450 | 27 | | | | | 20 | | | 15 | | |  | | | | 5 | | | | | | | | |  | |  | | |  | |  | | |  |
| 4351-5450 | 28 | | | | | 21 | | | 16 | | |  | | | | 5 | | | | | | | | |  | |  | | |  | |  | | |  |
| 5451-6800 | 30 | | | | | 23 | | | 17 | | |  | | | | 5.5 | | | | | | | | |  | |  | | |  | |  | | |  |
| 6801-8500 | 32 | | | | | 25 | | | 19 | | |  | | | | 6 | | | | | | | | |  | |  | | |  | |  | | |  |
| 8501-10700 | 34 | | | | | 27 | | | 20 | | |  | | | | 6.5 | | | | | | | | |  | |  | | |  | |  | | |  |
| >10700 | Follow progression above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Doc. No : KAF-15 Form No 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 2 audit or Reassessment 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 auditor or look on such behavior of others, when known.

I will comply with auditor’s obligations and KVQA ASSESSMENT PRIVATE LIMITED. 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 No 2024.01**

**REPORT OF STAGE 1 AUDIT**

|  |  |  |  |
| --- | --- | --- | --- |
| Organization: | {{ Organization\_Name }} | Audit No: | {{ audit\_number }} |
| Lead Auditor: | {{ Lead\_Auditor }} (sign) | Audit date: | {{ Stage\_1\_Date }} |
| Auditor: | {{ Auditor }} (sign) | 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 27001:2013

II. Certification audit scope: Refer to “Confirmation of certification scope

Scope: {{ Scope\_s }}

|  |  |  |
| --- | --- | --- |
| S.NO. | Details | Auditor’s Comments |
| a) | Audit the client’s management documentation with Needs and expectation of Interested parties along with the internal and external issues | Organizations has established, document, maintain and implement the OH&S Manual, Ref.: {{ manual\_number }}, Date: {{ manual\_date }}. OH&S Procedures, Ref.: {{ procedure\_number }}, Date: {{ manual\_date }}.  The organization internal and external issue was verified in this documents Ref: {{ INTERNAL\_ISSUE\_NO }}    Internal Issue: {{ INTERNAL\_ISSUE }}  External issue: {{ EXTERNAL\_ISSUE }}  The organization has identified interested parties within its system, as documented in Ref: {{ interested\_parties\_NO }} was verified. Interested Parties: {{ interested\_parties }} |
| b) | Evaluate the organization's location and scope | Scope is available as documented information  Name: {{ Organization\_Name }} .  Address: {{ Address }}  Temp.Site: {{ Temp\_Address }}    Scope- {{ Scope\_s }}  Rerecord was verified in organization manual Ref: {{ manual\_date }} |
| c) | Review status and understanding regarding requirements of the standard- identification of key performance or significant processes, objectives and operation of the management system; | The organization process was verified in this organization manual procedure Ref: {{ manual\_number }}  Process Flow chart was verified -  {{ PROCESS }}  Process Related Records process flow chart, Sop, and in process inspection check point was verified in manual Ref: {{ procedure\_number }} Date: {{ manual\_date }}  Company OHS objective was verified in this {{ objective\_NO }} ensuring compliance, effectiveness, continual improvement, safety performance, and documented evidence.  {{ OHS\_OBJECTIVE }} |
| d) | Review the status of the 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  {{ HIRA\_Comments }} |
| e) | Identify regarding scope of the management system and related applicable Legal Requirements and Client specific Condition related to OHS | Company Name: {{ Organization\_Name }}  Address: {{ Address }}  Temp.Site: {{ Temp\_Address }}  {{ 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 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 }} Agenda: {{ MRM\_Agenda }}  . |

The client ISO 45001-2018 systems are effectively maintained and are ready for stage 2 audit. The complexity is high and consistent with the contract review KAF02.

Ⅳ. Other further records

(Appropriateness of audit days, Necessity of technical expert, Product standards/statutory regulation etc)

⏵ The lead auditor shall submit report of document review audit and confirmation of certification scope to KVQA ASSESSMENT PRIVATE LIMITED and the client.

⏵ 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 Certification procedures.

⏵Distribution to: Applicant (Management representative), KVQA ASSESSMENT PRIVATE LIMITED

OTHER EVALUATION TO CONFIRM CONTRACT REVIEW

1. The number of employees, complexity & shift is as per application & application review 🗹 Yes □ No

Comment if No:

1. Audit required in night shift □ Yes 🗹 No.
2. If the Temporary Site is available 🗹 Yes □ No.

If yes, provide a comment. …………

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 2. 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. |

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

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | | | | | | |

##### Doc. No : KAF-13 Form 2024.01

##### Stage 1 Audit schedule

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Organization | {{ Organization\_Name }} . | | Audit no. | | {{ audit\_number }} | Revision | 0 |
| Address | {{ Address }} | | | | | | |
| Secondary or Temporary Sites | {{ Temp\_Address }} | | | | | | |
| Scope | {{ Scope\_s }} | | | | | | |
| Date: {{ Stage\_1\_Date }} | Time | Auditing Elements (departments)  Per Each Auditor | | | | ISO 45001:2018 Clauses | |
| Lead auditor  {{ Lead\_Auditor }} | | | Auditor  {{ Auditor }} |
|  | 10:00 to 10:30 | Opening Meeting/site tour | | | Opening Meeting/site tour | 4.1, 4.2 | |
| 10:30 to 11:30 | MRM/IA | | | MRM/IA | 5.1,5.2,4.4 | |
| 11:30 to 12:00 | Management System documents | | | Management System documents | 6.1,6.3 | |
| 12:00 to 1:00 | Management System documents | | | Management System documents | 6.2 | |
| 1.00 to 2.00 | Lunch | | | Lunch |  | |
| 2:00 to 3:00 | Management System documents | | | Management System documents | 8.1 | |
| 3:00 to 4:00 | Management System documents | | | Management System documents | 8.2 | |
| 4:00 to 5:00 | Management System documents | | | Management System documents | 9.1,9.2 | |
| 5:00 to 5:30 | Top Management | | | Top Management | 9.3,10 | |
| 5:30 to 6:00 | Closing Meeting | | | Closing Meeting | 10.1, 10.3 | |
| 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

another 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

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 achieved.

**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 }} |  | C |  |  |  |
| 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) | | | | | | |

**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 }} |  | NC | Calibration records of instruments used in NDT not available or incomplete. | Maintain calibration certificates and update logs for all NDT equipment used. | 25-03-2025  C |
| 8.1 | {{ manual\_number }} |  | NC | Instruments used in NDT and tank truck operations (e.g., ultrasonic thickness gauges, pressure gauges) lacked valid calibration certificates. | Immediate withdrawal of uncalibrated instruments from service. | 25-03-2025  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) | | | | | | |

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

## Stage-2 AUDIT SCHEDULE

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | | | | |
| Organization | {{ Organization\_Name }} . | | | Audit no. | {{ audit\_number }} | | Revision | | 0 | |
| Address | {{ Address }}. | | | | | | | | | |
| Secondary or | {{ Temp\_Address }} | | | | | | | | | |
| Scope | {{ Scope\_s }} | | | | | | | | | |
| Date: {{ Stage\_2\_Date }} | | Time | Assessment Areas | | | | | | | |
| [Lead Auditor]  {{ Lead\_Auditor }} | | | [Auditor]  {{ Auditor }} | | ISO 45001:2018 Clauses | | |
| DAY-01 | | 10:00 ~ 11:00 Hrs | Opening Meeting/site tour | | | | | 7,2.7.3 | | |
| 11:00 ~ 12:00 Hrs | HR /Training /competence/ | | | Legal & evaluate of compliance | |
| 12:00 ~ 13:00 Hrs | Health & safety management program | | | Emergency preparedness | | 8.2 | | |
| 13:00 ~ 14:00 Hrs | Lunch brake | | | | |  | | |
| 14:00 ~15:30 Hrs | HIRA | | | Emergency Management Plan | | 6.1.2,6.1 | | |
| 15:30 ~ 17:30 Hrs | Store &Machine Warehouse | | | Accident Incident | |  | | |
| 17:30~ 18:00 Hrs | Closing of the day | | | | |  | | |
| DAY-2 | |  | [Lead Auditor]  {{ Lead\_Auditor }} | | | [Auditor]  {{ Auditor }} | |
| 10:00 ~ 11:00 Hrs | Opening of the Day Site of Temp. Site | | | Opening of the Day Site of Temp. Site | | 7.1, 7.1.5 | | |
| 11:00 ~13:00 Hrs | Operational Control | | | Operational Control | | 8.1 | | |
| 13:00 ~14:00 Hrs | Lunch break | | | | |
| 14:00 ~15:30 Hrs | Engineering Department | | | Accident incident | |  | | |
| 15:30 ~ 17:00 Hrs | Maintenance and Calibration | | | Quality Control and Assurance | | 7.1.5, 8.6 | | |
| 17:00 ~ 17:30 Hrs | Top management | | | Top management | | 5.1,5.2, | | |
| 17:30~ 18:00 Hrs | Closing Meeting and Doctor meet | | | | | 8.2 | | |
| Date: **{{stage\_2\_schedule\_date}}** | | Lead auditor: {{ Lead\_Auditor }}. | | | | | | | | |

Audit Objective: - The Audit Shall is 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 focuses 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

Other 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.

**Doc. No: KAF-08 Form No 2024.01.**

STAGE-II AUDIT REPORT

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization | {{ Organization\_Name }} . | | | | Director | **{{ Director\_Name }}** | | | Audit No. | {{ audit\_number }} |
| Address | {{ Address }} | | | | | | | | | |
| Tem. 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 | 🗹 45001: 2018 | | | | | | | | | |
| Audit day | {{ Stage\_2\_Date }} (4MD) | | | | | | | | | |
| Audit team | Lead auditor | Auditor | | | | | Expert | | Audit trainee | |
| {{ Lead\_Auditor }} (sign) | {{ Auditor }} (sign) | | | | | ……….(sign) | | ……….(sign)) | |
| Next audit | Follow-up or re-audit | | ⬜ Document, On-site( ) , ⬜ Re-audit( ) | | | | | | | |
| Surveillance or reassessment | | Date: | {{ Surveillance\_1\_date }} | | | | Audit type: | ( 1st surveillance ) 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. ⬜Audit schedule Stage 1 (KAF-13) 4. ⬜Audit schedule Stage 2 (KAF-12) 5. ⬜Confirmation of certification scope (KAF-14) 6. ⬜Surveillance program (KAF-17) 7. ⬜CAR register (KAF-18) | 1. ⬜Corrective action request (CAR)(KAF-19) 2. ⬜Observation reports (KAF-20) 3. ⬜Report of document review (A&B)KAF-07 4. ⬜Audit checklist 5. Others ( )   ※Below forms shall be distributed to applicants as well |
| 🞑 indicates attachments for initial (Reassessment) audit or any changes occurred  ★ limited to KVQA ASSESSMENT PRIVATE LIMITED Audit File. | | |

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 and does not reflect compliance of any regulator

※ Guidance of certification procedures applies

Address: KVQA ASSESSMENT PRIVATE LIMITED.

F-300, Sector-63, Noida-201301, U.P., India. PH-0120-4819750 E [Mail-info@iso-registration.com.](mailto:Mail-delhi@kvqaindia.com)

**Doc. No: KAF-14 Form No 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) | | | | | {{ Temp\_Address }} | | | | |
| Temp. Site | | | {{ Temp\_Address }} | | | | | | |
| Standards | | | 🗹 ISO 45001:2018 | | | | | | |
| Certification scope  (clearly describe site, product, activities and services) | | | {{ Scope\_s }} | | | | | | |
| ISO 45001:2018 | | | Element N/A | | |  | | | |
| Work  (if applicable) | | | ⬜ Design/Development ⬜ Manufacture ⬜ Sales  ⬜ Service 🗹Construction | | | |
| ⬜ 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 Audit | | | Date: {{ Stage\_1\_Date }} | | | Date: {{ Stage\_1\_Date }} | | |
| Prepared by (sign)  (Management representative)  {{ MR\_Name }} | | | Confirmed by (Lead Auditor)  {{ Lead\_Auditor }}. (Sign) | | |
| Stage 2 Audit | | | Date: {{ Stage\_2\_Date }} | | | Date: {{ Stage\_2\_Date }} | | |
| Prepared by (sign) (Management representative)  {{ MR\_Name }} | | | Confirmed by (Lead Auditor)  {{ Lead\_Auditor }}. (Sign)) | | |
| ▶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 two on-sites including main-site the form of details for certificate of multi-site KAF – is required to be filled.  ▶This shall be submitted to KVQA ASSESSMENT PRIVATE LIMITED at closing meeting. | | | | | | | | | |

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

Attendance Sheet

( stage 1 audit 🗹 stage 2 audit Surveillance Amendment Re-audit Pre-audit)

Audit no: {{ audit\_number }} Date: {{ Stage\_2\_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\_name}}** | SAFETY OFFICER NAME |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Doc. No: KAF-09 Form No 2024.01.**

Audit summary

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Organization | {{ Organization\_Name }} . | | Date | {{ Stage\_2\_Date }} | Audit No. | {{ audit\_number }} |
| CAR issue | 🗹Minor: 02 issue, Major 0 issue (Onsite confirm required: , 🗹Document confirm: ) | | | | | |
| Document | Manual No: 00 Rev. No: 00 | | | | | |
| Evaluation | Does organization’s system comply with certification audit criteria? | | | | | (🗹Yes, □No) |
| Was there any deviation from audit plan? If Yes Please Specify. | | | | | (□ Yes, 🗹No) |
| Are proper corrective & preventive actions taken according to the results of internal audit & Can the process of management review continuously ensure that it’s system is appropriate and effective? | | | | | (🗹Yes, □No) |
| Was there any issue impacting the audit program? If Yes please specify | | | | | (□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 there any unresolved issue identified? If Yes Please specify.  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?  Was the complexity and application reviewing same as in previous audit. If No please indicate. | | | | | (□Yes, □No)  (□Yes, □No) |
| Over all evaluation of audit review  (Effectiveness of the system, Requirements for improvement, Efficiency of the organization to meet the applicable statutory, Regulatory, Contractual requirements, meeting objectives and potential improvement of Management system.) Organization has established, document, maintain and implemented a procedure for ongoing hazard identification, risk assessment and necessary records the audit notes of recently conducted external audit was also discussed One of the agendas is Revisions of ohs policy and related objectives. Recommendations for improvements All the Employees and Contractors were trained on OH&SMS and Safety and Emergency Relatedness. Cleaning schedule to be made for all departments. Risk Analysis was done except by considering of the risk of falling from the height. Incident and accident register analysis done and Safety Officer provide training related to Safety Aspects and Records were maintained (Fire Safety, Earthquake, Electricity). Evacuation Plan were displayed in Factory area as well as in Office. There has been no Complaint from the Regulatory Body or from the employees, However Suggestion Box exists. All employees are aware of emergency Conditions. Customer feedback form to be introduced and benefit to society plan not available. | | | | | |
| 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 ASSESSMENT PRIVATE LIMITED within 1month. When the result is satisfactory, certification will be recommended (certification will be maintained for surveillance). The observations shall be verified in the Surveillance audit  ⬜ After on-site visit as follow-up, this will be resolved  01 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 ASSESSMENT PRIVATE LIMITED within 1month. 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  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 not be issued/maintained) | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Doc. No: KAF-17 Form No 2024.01.**  Surveillance program (OH&SMS)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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 }} | | | | | Stage2  Date :{{ Stage\_2\_Date }} | | | | | S1  Date : {{ Surveillance\_1\_date }} | | | S2  Date : {{ Surveillance\_2\_date }} | | | Recert | | | | |  | | | | Remarks | | | | Department / On-site | | | | | | Department being audited / number of CAR issued (example; √/mino-01) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | MR | | | | | | √/0 | | | | | √/0 | | | | | / | | | / | | | / | | | | | / | | | | / | | | | Legal and compliance | | | | | | √/0 | | | | | √/0 | | | | | / | | | / | | | / | | | | | / | | | | / | | | | Emergency and safety | | | | | | √/01 | | | | | √/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:  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-18 Form No: 2024.01** |  |

Car Register

Audit: {{ audit\_number }} Page: 1 / 1

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Audit type | CAR No | Non-conform  type | Issued by | Issue  Date | Confirmed by | Confirm  date | Closure | Closure  Date |
| Initial | 02 | Minor | {{ Lead\_Auditor }}. | {{ Stage\_2\_Date }} | {{ MR\_Name }} | {{ Stage\_2\_Date }} | yes | {{ Verification\_Date }} |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Doc. No: KAF-19 Form No 2024.01.**

Corrective Action Request (CAR)

Audit: {{ audit\_number }} Issue no: 01 /02

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization | | {{ Organization\_Name }} | Audit no. | | {{ audit\_number }} | | | | | Issue date | {{ Stage\_2\_Date }} |
| Applicable  Standards | | 🗹 OH&SMS 45001:2018 | | | | | Applicable  Clause | | | 8.1.4 | |
| Division | | | (Procurement and Contractor Control) | |
| Auditor | | | {{ Lead\_Auditor }} (signature) | |
| Audit type | | 🗹 Initial, ( ) 1st surveillance  Others ( ) | | | | | Non- conformity.  Grade | | | 🗹 Minor nonconformity  Major nonconformity | |
| Non-conformity ( Confirm with on-site visit, 🗹 Confirm with document)  ……………………………………………….. | | | | | | | | | | | |
| Lead auditor: {{ Lead\_Auditor }} (sign) | | | | Management Representative: **{{ MR\_Name }}** (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: | {{ Verification\_Date }} | | | | | Date: | | {{ Verification\_Date }} | | | |
| 1. The result of corrective action taken shall be submitted to KVQA ASSESSMENT PRIVATE LIMITED. Within 1 month after CAR issued. 2. 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. | | | | | | | | | | | |

**Doc. No: KAF-19 Form No 2024.01.**

Corrective Action Request (CAR)

Audit: {{ audit\_number }} Issue no: 02 /02

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization | | {{ Organization\_Name }} . | Audit no. | | {{ audit\_number }} | | | | | Issue date | {{ Stage\_2\_Date }} |
| Applicable  Standards | | 🗹 OH&SMS 45001:2018 | | | | | Applicable  Clause | | | 8.2 | |
| Division | | | Emergency preparedness and response | |
| Auditor | | | {{ Lead\_Auditor }} (signature) | |
| Audit type | | 🗹 Initial, ( ) 1st surveillance  Others ( ) | | | | | Non- conformity.  Grade | | | 🗹 Minor nonconformity  Major nonconformity | |
| Non-conformity ( Confirm with on-site visit ,🗹 Confirm with document)  ……………………………………………….. | | | | | | | | | | | |
| Lead auditor: {{ Lead\_Auditor }} (sign) | | | | Management Representative: **{{ MR\_Name }}** (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: | {{ Verification\_Date }} | | | | | Date: | | {{ Verification\_Date }} | | | |
| * 1. The result of corrective action taken shall be submitted to KVQA ASSESSMENT PRIVATE LIMITED Within 1 month after CAR issued.   2. 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. | | | | | | | | | | | |

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

Observation Reports

Organization: {{ Organization\_Name }} Audit no. {{ audit\_number }} Page: 1/ 1

|  |  |  |  |
| --- | --- | --- | --- |
| Department | Contents | ISO  Element | Grade of NC |
|  | **Point of improvement** |  |  |
|  |  |  |  |
|  |  |  | Observation |
|  |  |  |  |
|  |  |  | Observation |
|  |  |  |  |
|  |  |  | Observation |
|  |  |  |  |
|  |  |  | Observation |
|  |  |  |  |
|  |  |  | Observation |
|  |  |  |  |
|  |  |  | Observation |
|  |  |  |  |
|  |  |  | Observation |
|  |  |  |  |

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

Doc No. KAF-23 Form no. 2024

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 Ph-2711940, 2711941 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 9000 ISO 14000 ISO45001ISO 22000.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| 1.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*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name/ Management Representative ({{ Organization\_Name }}/ **{{ MR\_Name }}**.)

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

THANK YOU FOR CHOOSING KVQA.

|  |  |
| --- | --- |
| **Doc. No : KAF-24** | **Form No 2024.01.** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Form. No. | Audit no. {{ audit\_number }} for standard ISO | | | | Pages | Date |
| KAF-01 | Questionnaire | | | | 2 | {{ Questionnaire\_date }} |
| KAF-03 | Quotation | | | | 1 | {{ Quotation\_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 | Stage1 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  {{ Verification\_Auditor }} | | | | HOLD OK | {{ Verification\_Date }} |
| Office Coordinator | Priti Mishra Date | | | | OK | {{ Verification\_Date }} |
| System Coordinator | Signature Date | | | | HOLD OK |  |
|  | Certificate No: {{ Certificate\_No }} | | Issue date: {{ Certificate\_Issue\_Date }} | |  | {{ Verification\_Date }} |
| Sender | Signature of sender Lead Auditor : {{ Lead\_Auditor }} | | | | Date | {{ Verification\_Date }} |
| Auditor | Lead Auditor  {{ Lead\_Auditor }} | Auditor: {{ Auditor }} | | Expert  ………….. |  |  |
|  |  |  | |  |  |  |
| CAR CLOSED BY | {{ Verification\_Auditor }} | | | | Date | {{ Verification\_Date }} |
| Comments by decision maker | The absence of valid calibration certificates for critical inspection and NDT tools poses a direct risk to the reliability of safety assessments. Management must ensure all instruments used in safety-critical operations are calibrated according to a defined schedule and traceable standards." | | | | Date | {{ Verification\_Date }} |

KVQA AUDIT COMPLETION & CERTIFICATION RECORD