KVQA ASSESSMENT PRIVATE LIMITED



AUDIT REPORT OF ISO 9001:2015

**{{ Organization\_Name }}**

**KAF-01 2024.01**

**Questionnaire**

**For Quality/Environment /Occupational Health Safety/ Food Safety System/ Information Security** **Management Certification (B) (Quality)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 is protected for the confidentiality. | | | | | | | |
| Name of organization | | {{ Organization\_Name }} | | | CEO | | {{ Director\_Name }} |
| Address | | {{ Address }} | | | | | |
| Temp. site | | {{ Temp\_Address }} | | | | | |
| Management Representative | | Name of dept. | | MR | TEL. | | {{ phone\_number }} |
| Name | | {{ MR\_Name }} | E-mail Address | | {{ mail\_id }} |
| No of Employee | | Executive | | Contractual/Temporary | | Part-time | Repetitive Process |
| 00 | | 00 | | 00 | 00 |
| Shift | | Permanent Employees | | Any other | Total |
| 01 | | 00 | | 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 employees is the assessed no. of employees.  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, □22000:2018 | | | | | | |
| 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. 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  (when ISO 9001:2015) | | | 8.3 design and developments. | | | |
| 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 | | | | | | |
| Specify Language of Audit and Special Safety Condition to be observed during the Audit: | | | | | | | |
| 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/OHSAS/FSMS.  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- 919891295551 E-Mail- [Info@iso-registration.com](mailto:Delhi@kvqaindia.com). | | | | | | | |

**Doc.NoKAF-01 2024.01**

**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:00, No. of design & development employee: 00) 🗹 NA | | | | |
| 5. | Do you have any duplicated/similar process? NA  Yes (No. of line: Process name: No. of employee: ) 🗹 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 = {{ NO\_OF\_EMPLOYEE }})  (b) Type of shift work? ({{ NO\_OF\_EMPLOYEE }}) Shift team, (01) hr./shift. | | | | |
| 7. | What’s your system’s structure?  (1) Manual ({{ manual\_number }}) kinds (Manual issue date: {{ manual\_date }})  (2) Procedure ({{ procedure\_number }}) kinds (Procedure 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: 00 year] (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: …… ) 🗹 No | | | | |
| 14. | kindly furnish applicable legal license/ registration  {{ 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, Installation, sales, manufacturing, Plant, 🗹Construction Material, Specialty Construction]  3) Please indicate the No (01) and the location of sites/field. For multi-site .00 | | | | |
| Name of site/field | | | No of site | Location/Address | |
| {{ Organization\_Name }} | | | 01 | {{ Address }}  Temp. add: {{ Temp\_Address }} | |
| Signed By: {{ Director\_Name }} | | Designation: CEO | (Signature)…… | | Date-{{ Questionnaire\_date }} |

**Doc. No : KAF-03 Form 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 9001:2015 |

**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 audit. 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 for three years**

KVQA 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 t`he 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: CEO |  | Date: {{ contract\_review\_Date }} |
| Acceptance of Order Name: {{ Director\_Name }} | Designation: CEO |  | Date: {{ contract\_review\_Date }} |

Please return to

Address KVQA ASSESSMENT PRIVATE LIMITED.

F-300, Sector-63, Noida-201301, U.P. India. PH- 919891295551 E-Mail- Info@iso-registration.com

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

**Certification Audit Contract**

{{ Organization\_Name }} & KVQA ASSESSMENT PRIVATE LIMITED.

Here in after called Certification body) for Certification Audit as follows.

site 1.... {{ Address }}. Scope: {{ Scope\_s }} …Site 2 …{{ Temp\_Address }}……………..Scope.… …….……………. 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/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 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 9001:2015. The total Mandays spent shall be {{ MANDAY }} Mandays (stage 1: {{ stage\_1\_manday }} Mandays & Stage 2: {{ stage\_2\_manday }} Mandays) Annual Surveillance {{ Surveillance\_Manday }} Mandays.

**Article 3: Certification Audit**

Certification audit is performed on the basis of audit standards and Quality/Environmental/Food Safety/Occupational Health 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/ OHSAS/FSMS/ISMS documents and records is carried out, prior to on-site audit. QMS/EMS/ OHSAS/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/ OHSAS/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.
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 relevance to QMS/EMS/ OHSAS/FSMS/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.

**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**

* 1. 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.
  2. Changes of company name or president.
  3. Changes of their significant organization structure, expansion or movement of premises during 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 for certification).

**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 / FSMS / OHSAS 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 withdrawn, 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:

1. Surveillance audit was not performed within 1 month after the certified organization received notification letter & its surveillance audit was not carried out within specified time frame.
2. 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.
3. There is absence of reliability on certification system because of claims raised by interested party and social conflicts,
4. Certified organization has not taken any action for changes of certification system and certification requirements.
5. 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.
6. Corrective action for misuse of certification mark has not been taken within 1 month after it is requested.
7. Certification fee is not paid.
8. The certified organization does not observe its duties defined in certification contract.
9. The certified organization uses the certificate beyond its scope applied.
10. All information and documents obtained in the course of certification activities turn out to be false.
11. The problem with registering certification has been occurred because changes as described in article 8 have not been notified to certification body.
12. 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,

1. Corrective action has not been taken within 3 months, despite suspension of certification as mentioned in Article 11;
2. The certified applicant officially returns the certificate to certification body;
3. Activities or services of certified products have been suspended;
4. The certified organization is no longer identified because of its dismantlement or communication disconnecting etc.;
5. Certification has been suspended more than three times during its validation;
6. 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 PRIVATE LIMITED body’s policy.

**Article 15: Changes in the certification requirements**

1. When certification requirements by certification body have been changed, the following shall be processed within specified period;
2. The certification body shall give due notice of any change and its effective date to the applicant 1 month in advance.
3. The applicant shall submit documented plan of subsequent action in details or its result according to certification requirements changed.
4. The certification body in surveillance audit shall verify the applicant’s implementation in compliance with requirements changed, within 12 months.

**Article 16: Certification Fee**

1. Certification fee (Registration, Pre-audit, Document audit, Cert. Audit, Re-audit, and Registration) is specified in Quotation.
2. Surveillance audit fee is charged as per audit fee in quotation when it is carried out.
3. 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**

1. When concluding a contract, the applicant shall pay all fees as per quotation, when submitting forms.
2. 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.
3. Traveling expenses are charged with audit fee.
4. 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 disease

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 New Delhi.

**Article 20: Reliability, faithfulness and mutual co-operation**

1. 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.
2. The applicant shall comply with all laws related to QMS/EMS/FSMS/OHSAS certification and give assistance for special surveillance audit required by Accreditation body, if any.
3. The applicant should allow trainee to participate in audit.
4. 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 | | | | |
|  | | | | | |  | | |

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

**Contract Review Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization | | {{ Organization\_Name}} | | | | | | | | | | | | | | | | | | | | | | | Quotation no. | | | | | {{ quotation\_number }} | | | | | | |
| Address | | {{ Address }} | | | | | | | | | | | | | | | | | | | | | | |
| Temp. site | | {{ Temp\_Address }} | | | | | | | | | | | | | | | | | | | | | | | MD temp site | | | | | {{ Temp\_manday }} | | | | | | |
| Application | | 🗹Initial audit Renewal audit | | | | | | | | | | | | | | | | | | | | | | | Contract no. | | | | |  | | | | | | |
| Size | | 🗹SmallMedium Large | | | | | | | | | Audit Shift  Night 🗹Day | | | | | | | No. of employee | | | | {{ NO\_OF\_EMPLOYEE }} | | | Effective no. 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 (office) | | | | | | Sample site 1 (temp. site) | | | | Sample site 2 | | | | | | | Sample site 3 | | | | | | Sample site 4 | | | | | | Continue the progression | | | | |
| No of employees | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |
| No. of man-days to be planned | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |
| Reason for Audit Shift | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Audit standard | | | 🗹 ISO 9001:2015 | | | | | | | | | | | | | | | | | | | | | | | IAF CODE: {{ IAF\_CODE }} | | | | | | | | | | |
| Risk Category | | | {{ Risk\_Category }} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Audit Scope | | | {{ Scope\_s }} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On-site type | | | 🗹 Single site Temporary site Multi-site (construction/engineering etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Audit Team | | | Lead Auditor | | | {{ Lead\_Auditor }} | | | | | | | | Auditor | | | | | {{ Auditor }} | | | | | | | Expert  (if any) | | | | | | |  | | | |
| Tentative Audit schedule | | | (Stage-I) | | | | {{ Stage\_1\_Date }} | | | | | | | Any other audit | | | | | | | |  | | | | (stage-II) | | | | | {{ Stage\_2\_Date }} | | | | | |
| Certification fee  (required)  (quotation) | | |  | Stage-1 Audit | | | | | | | | Any other audit | | | | | stage-2 audit | | | | | | | | | Total fee | |  | | | | | | Fee  Total | Fee  Total |
| Days | | | | Fee | | | | Days | | | | Fee | Days | | | | | | Fee | | |
|  | 1 | | | | 6000 | | | |  | | | |  | 1 | | | | | | 6000 | | | 12 | |
| MD Calculation: Stage1- {{ stage\_1\_manday }} MD Stage2- {{stage\_2\_manday }} MD=TOTAL {{ MANDAY }} MD | | | | | | | | | | | | | | | | | | | Date: {{ contract\_review\_Date }}  Lav Kaushik (Signature) | | | | | | | | | | | | | | |
| Audit Shall be done remotely | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial Audit Tick the appropriate row and assign reason (Reduction/Increment) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Table for QMS | Total | |  | | Recertification audit | | | | | Surv Days Yarely | | | | | Additional Comments if any | | | | | |  | | | Reason for Reduction | | |  | | Reason For Increment | | | | | | | |
| 1-5 | 1.5 | |  | |  | | | | | 1.0 | | | | |  | | | | | |  | | | 1.5 | | |  | |  | | | | | | | |
| 6-10 | 2 | |  | |  | | | | | 1.0 | | | | |  | | |  | | | | | | | |
| 11-15 | 2.5 | |  | |  | | | | | 1.5 | | | | |  | | |  | | | | | | | |
| 16-25 | 3 | | 🗹 | |  | | | | | 2 | | | | |  | | |  | | | | | | | |
| 26-45 | 4 | |  | |  | | | | | 2 | | | | |  | | |  | | | | | | | |
| 46-65 | 5 | |  | |  | | | | | 2.5 | | | | |  | | |  | | | | | | | |
| 66-85 | 6 | |  | |  | | | | | 3 | | | | |  | | |  | | | | | | | |
| 86-125 | 7 | |  | |  | | | | | 3 | | | | |  | | |  | | | | | | | |
| 126-175 | 8 | |  | |  | | | | | 3.5 | | | | |  | | |  | | | | | | | |
| 176-275 | 9 | |  | |  | | | | | 4 | | | | |  | | |  | | | | | | | |
| 276-425 | 10 | |  | |  | | | | | 4 | | | | |  | | |  | | | | | | | |
| 426-625 | 11 | |  | |  | | | | | 4.5 | | | | |  | | |  | | | | | | | |
| Follow Progressions |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| NOTE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**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, ( ) surveillance  Change Special surveillance Others (…………………….) | | |
| **Audit duration** | Stage 1 Audit : {{ Stage\_1\_Date }}  Stage 2 audit or Reassessment or Surveillance) : {{ Stage\_2\_Date }} | | |

1. 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.
2. I will not provide consulting to above organization being audited during the audit and
3. Registration.
4. 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.
   1. To have working experience within recent 2years.
   2. To hold more than 3% of the stock.
   3. To have contract for supply or purchase of the products (when subcontracted with above organization).
   4. To have relations with organization’s executives who can affects the audit?
5. I will not take any bribes from auditor or look on such behavior of others, when known.
6. I will comply with auditor’s obligations and KVQA ASSESSMENT PRIVATE LIMITED regulations.
7. 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**

**STAGE-I Audit Report (Onsite)**

|  |  |  |  |
| --- | --- | --- | --- |
| 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, ISO 45001:2018, ISO 14001:2015, ISO 27001:2022 ISMS

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

Scope: {{ Scope\_s }}

|  |  |  |
| --- | --- | --- |
| **SL.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. | The organization has documented its Quality Manual (Ref: {{ manual\_number }}date: {{ manual\_date }}).  The organization procedure was verified in quality manual annexure number Ref: {{ procedure\_number }} on this date: {{ manual\_date }}  Internal and external issues relevant to the QMS are identified in Ref: {{ INTERNAL\_ISSUE\_NO|safe }}.  Internal Issue:  {{ INTERNAL\_ISSUE }}  External Issue:  {{ EXTERNAL\_ISSUE}}  The organization Needs and expectations of interested parties (Ref: {{ interested\_parties\_NO}}) are adequately identified.  One of the interested parties is verified  Interested Parties:  {{ interested\_parties}} |
| b) | Evaluate the organization's location and scope | Organization: {{ Organization\_Name }}. Address: {{ Address }}  Temp. add: {{ Temp\_Address }}  Scope: {{Scope\_s}} |
| c) | Review status and understanding regarding requirements of the standard- identification of key performance objective, process and operating system. | The organization's processes are clearly outlined and verified in the Quality Manual, Reference: {{ manual\_number }}  {{ PROCESS }}  All processes are governed by Standard Operating Procedures (SOPs) and checklists, as detailed and verified in Document No.{{ procedure\_number }}, effective from {{ manual\_date }}.  Quality objectives (Ref: {{ objective\_NO }}) one of the quality objective are given below-  {{ QUALITY\_OBJECTIVE\_CO }} |
| d) | Resources for stage 2 and agree on the details of the stage 2 audit; Aspects and compliance | Organization: {{ Organization\_Name }}. Address: {{ Address }}  Temp add: {{ Temp\_Address }}  .  The organization legal register was verified on Ref: {{ legal\_REGISTER\_NO }} evident.  {{ legal\_LICENSE }} |
| e) | Resources for stage 2 and agree on the details of the stage 2 audit; Risk Analysis | The resources for Stage 2 of the audit have been identified, including key personnel, documents, and facilities required for the audit process.  The organization risk register is verified with mitigation plan record was evident in this documents number Ref: {{ risk\_register\_NO }}  {{ risk\_AND\_MITIGATION }} |
| f) | Planning the stage 2 audit by gaining a sufficient understanding of the organization's management system. In the context of possible significant QMS 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 conducts an internal audit annually, with records verified in Ref: {{ Internal\_Audit\_NO }}on {{ Internal\_Audit\_Date }}  Internal Audit:  Internal Audit Number: {{ Internal\_Audit\_NO }}  Audit Date: {{ Internal\_Audit\_Date }}  Audit Frequency: Annually  Internal Auditor Name: {{ Internal\_Auditor\_name }}  Auditor’s Qualification: {{ Auditor\_Qualification }}  Internal Audit Findings:  During the audit, {{ Internal\_Auditor\_name }} identified one minor non-conformity and several observations.  {{ Non\_conformity }}  Management Review Meeting (MRM):  The MRM was conducted on {{ MRM\_Date }}  MRM Agenda:  {{ MRM\_Agenda }}  Records of the MRM are verified in document Ref: {{ MRM\_NO }} and approved by the authorized person. |

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. |

**Doc No: KAF- 06 2024.01**

|  |  |  |
| --- | --- | --- |
| **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 Organization | | 🗹 |  |  |  |  |  |
| 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. | | | | | | | | | |

**Doc No. KAF-13 Form 2024.01**

##### Stage 1 Audit schedule

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Organization | {{ Organization\_Name }} | | Audit no. | | {{ audit\_number }} | Revision | 0 |
| Address | {{ Address }} | | | | | | |
| Temp. site | {{ Temp\_Address }} | | | | | | |
| Scope | {{ Scope\_s }} | | | | | | |
| Date:  {{ Stage\_1\_Date }} | Time | Auditing Elements (departments)Per Each Auditor | | | | **ISO 9001:2015 Clauses** | |
| **Lead Auditor:** MAHPARA SHOUKAT | | **Auditor:** {{ Auditor }} | |
|  | 10:00 to 10:30 | Opening Meeting/site tour | | | | 4.1, 4.2 | |
| 10:30 to 11:30 | Internal audit and MRM | | Internal audit and MRM | | 4.2,5.1,5.2, 5.3 | |
| 11:30 to 12:00 | Management System documents | | Management System documents | | 6.1,6.2,6.3 | |
| 12:30 to 1:00 | Management System documents | | Management System documents | | 7.1 to 7.5 | |
| 1.00 to 2.00 | Lunch | | | |  | |
| 2:00 to 3:00 | Management System documents | | Management System documents | | 8.1 to 8.2.4 | |
| 3:00 to 4:00 | Management System documents | | Management System documents | | 8.4 to 9.1 | |
| 4:00 to 5:00 | Management System documents | | Management System documents | | 9.2 | |
| 5:00 to 5:30 | Top Management | | Top Management | | 9.3.1 to 9.3.3 | |
| 5:30 to 6:00 | Closing Meeting | | | | 10.2 | |
| 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 1 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 achieved.

**Doc No. KAF-07 Form 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 }}sign) | 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 | . |  |  |

**Doc No. KAF-07 Form 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 |
| 7.2 | {{ manual\_number }} |  | C |  |  |  |
| 7.3 | {{ manual\_number }} |  | C |  |  |  |
| 7.4, 7.5 | {{ manual\_number }} |  | C |  |  |  |
| 8.1 | {{ manual\_number }} |  | C |  |  |  |
| 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-12 2024.01**

**Stage-2 AUDIT SCHEDULE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | {{ Organization\_Name }} | **Audit. No.** | {{ audit\_number }} |
| **Address** | {{ Address }} | | |
| **Temp add.** | {{ Temp\_Address }} | | |
| **Scope** | {{ Scope\_s }} | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date: {{ Stage\_2\_Date }}** | **Time** | **Assessment Areas** | | |
| **{{ Lead\_Auditor }}** | **{{ Auditor }}** | **Standard 9001:2015** |
| **Day1**  DAY 2 | **10:00 ~ 11:00 Hrs** | Opening Meeting /site tour & discussion of stage 1 reports | | **4.1** |
| **11:00 ~ 13:00 Hrs** | HR/Training/Competence | Internal audit/MRM | **7.2,7.3,9.2,9.3** |
| **13:00 ~ 14:00 Hrs** | Store | Purchase | **8.4, 8.5.4** |
| **14:00 ~15:00 Hrs** | LUNCH BREAK | |  |
| **15:00 ~ 17:00 Hrs** | Operation Control | Operation Control | **8.1** |
| **17:00 ~ 17:30 Hrs** | Closing of the Day | |  |
| **Day2** |  | **{{ Lead\_Auditor }}** | **{{ Auditor }}** |  |
| **10:00 ~ 10:30 Hrs** | Opening of the Day | |  |
| **10:30 ~ 11:30 Hrs** | Operation Control | Operation Control | **8.1** |
| **11:30 ~ 13:00 Hrs** | Quality assurance | Calibration and Maintenance | **8.6, 7.1.5 , 7.1.3,7.1.5** |
| **13:00 ~14:00 Hrs** | LUNCH BREAK | |  |
| **14:00 ~ 16:30 Hrs** | Sales and marketing | Sales and marketing | **5.1.2,8.2.1, 9.1.2** |
| **16:30 ~ 17:00 Hrs** | Top Management | | **5.3** |
| **17:00 ~ 17:30 Hrs** | Closing Meeting | |  |
| **Date: {{ stage\_2\_schedule\_date }}** | | **Lead Auditor: {{ Lead\_Auditor }}** | | |

**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

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 controls; and

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

**Doc KAF-08 2024.01**

**STAGE-II Audit Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization | {{ Organization\_Name }} | | | | | CEO | | | {{ 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 QMS | | | | | | | | | | | | | | |
| Audit day | {{ Stage\_2\_Date }} | | | | | | | | | | | | | | |
| Audit team | Lead auditor: {{ Lead\_Auditor }} | | | | Auditors: {{ Auditor }} | | | | | | | | Audit Trainee: | | |
| (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: | {{ Stage\_2\_Date }} | | L. Auditor: | | | | {{ Lead\_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) |
| 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 procedures. 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. PH- 919891295551 E-Mail- [Info@iso-registration.com](mailto:Delhi@kvqaindia.com)

**Doc. No : KAF-14 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) | | NA | | | | | |
| Address | | {{ Temp\_Address }} | | | | | |
| Standards | | 🗹 **ISO 9001 :2015** | | | | | |
| Certification scope  (clearly describe site, product, activities and services) | | {{ Scope\_s }} | | | | | |
| ISO 9001:2015 | | Element N/A | | None | | | |
| Work  (if applicable) | | Design/Development services 🗹 manufacturing Sales installation, Trading, construction others (…………………………) | | | |
| 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 | | Prepared by: (MR) | | Confirmed by: (Lead Auditor) | | |
| {{ MR\_Name }} (Sign) | | {{ Lead\_Auditor }} (Sign) | | |
| Date: {{ Stage\_1\_Date }} | | Date: {{ Stage\_1\_Date }} | | |
| Stage 2 Audit | | Prepared by: (MR) | | Confirmed by: (Lead Auditor) | | |
| {{ MR\_Name }} (Sign) | | {{ 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 two on-sites including main-site the form of details for certificate of multi-site KAF –21 is required to be filled.  ▶This shall be submitted to KVQA ASSESSMENT PRIVATE LIMITED at closing meeting. | | | | | | | |

**Doc KAF-10 2024.01**

Attendance Sheets

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

Audit no: {{ audit\_number }} Date: {{ Stage\_2\_Date }}

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Title | Signature | | Name | Title | Signature | |
| Opening | Closing | Opening | Closing |
| {{ Director\_Name }} | CEO |  |  | {{ Lead\_Auditor }} | LEAD AUDITOR |  |  |
| {{ MR\_Name }} | MR |  |  | {{ Auditor }} | AUDITOR |  |  |
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**Doc KAF-09 2024.01**

**Audit summary**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Organization | {{ Organization\_Name }} | | Date | {{ Stage\_2\_Date }} | Audit No. | {{ audit\_number }} |
| CAR issue | Minor: 00 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 the Audit Review  Audit Review Summary  The audit review confirms that the organization’s management system is generally effective, with some areas identified for improvement. The organization demonstrates the capability to fulfill its contractual, regulatory, and statutory obligations and remains on course to achieve its defined objectives. Moreover, there is considerable potential for further enhancement of the management system.  A primary quality objective is on-time project completion, which is a key focus at the management level. Progress is tracked through established project management processes and supported by the procurement department to ensure timely execution.  During the audit, the company’s quality policy and objectives, reflecting top management’s commitment to quality, were found to be prominently displayed across all offices and departments.  Customer Satisfaction and Process Effectiveness  Customer complaints are effectively addressed, with the organization demonstrating a proactive approach to incorporating feedback and meeting customer expectations. Thorough case reviews lead to the implementation of appropriate corrective actions. The company maintains a structured process to ensure adherence to product specifications, with continuous monitoring and measurement throughout all stages—from material receipt and processing to final inspection.  Employees are well-trained and competent, ensuring that quality checks are reliably carried out during each evaluation stage. Product specifications and acceptance criteria are readily accessible for reference. The company also maintains an approved vendor list and ensures transportation schedules are consistently met. Service delivery is effectively managed via its distributor network.  Corrective Action and Certification Status  The audit identified one minor Corrective Action Request (CAR) based on specific observations. Auditors are confident that the organization will address and resolve this CAR effectively, further strengthening its quality management system.  The next audit will focus on verifying compliance with the CAR and evaluating the effectiveness of the implemented corrective actions. Based on current findings, it is recommended that the organization maintain its certification status until the next surveillance audit. | | | | | |
| 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  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 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 | | | | | | | | | | | | Complexity | | | | | | | {{ 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 00) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CEO | | | | | √/0 | | | | | | √/0 | | | | | | / | | | | | | / | | | | | | / | | | | | | / | | | | | / |
| Management /Supplier evaluation | | | | | √/01 | | | | | | √/0 | | | | | | / | | | | | | / | | | | | | / | | | | | | / | | | | | / |
| Operation control/monitoring and measuring | | | | | √/0 | | | | | | √/01 | | | | | | / | | | | | | / | | | | | | / | | | | | | / | | | | | / |
| Quality control/ risk analysis | | | | | √/0 | | | | | | √/0 | | | | | | / | | | | | | / | | | | | | / | | | | | | / | | | | | / |
| Maintenance | | | | | √/0 | | | | | | √/0 | | | | | | / | | | | | | / | | | | | | / | | | | | | / | | | | | / |
| Leadership and commitments | | | | | √/0 | | | | | | √/0 | | | | | | / | | | | | | / | | | | | | / | | | | | | / | | | | | / |
| HR/communication | | | | | √/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-fills 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 programmed

The audit programmer 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 KAF-18 2024.01**

**Car Register**

Audit: {{ audit\_number }}Page: 01/01

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Audit type | CAR No | Non-conform  Type | Issued by | NC Issue  Date | Confirmed by | Confirm  Date | Closure | Closure  date |
| INITIAL | 01 | MINOR | {{ Lead\_Auditor }} | {{ Stage\_2\_Date }} | {{ MR\_Name }} | {{ Stage\_2\_Date }} | YES | {{ Verification\_Date }} |
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**Doc KAF-19 2024.01**

**Corrective Action Request (CAR)**

Issue no.: 01/01

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization | | {{ Organization\_Name }} | Audit no. | | | {{ audit\_number }} | Issue date | {{ Stage\_2\_Date }} |
| Applicable  Standards | | 🗹 **ISO 9001 :2015** | | | | Applicable  Clause | 8.7 | |
| Division | Control of Nonconforming Outputs | |
| 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) | | | | 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: | | ……………. (sign) | |
| Date: | {{ Verification\_Date }} | | | | 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 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 |
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Auditor : {{ Lead\_Auditor }} (signature) Audit date : {{ Stage\_2\_Date }}

**Doc KAF-23 2024.01**

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. PH- 919891295551 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 KVQA.

**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 | {{ 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 | {{ contract\_review\_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 Comments  {{ Verification\_Auditor }} | | | | Hold ok | {{ Verification\_Date }} |
| **Office Coordinator** | Priti Mishra (Sign) Date: | | | | Ok | {{ Verification\_Date }} |
|  | Certificate No: {{ Certificate\_No }} | | Issue date: {{ Certificate\_Issue\_Date }} | |  |  |
| **Sender** | Signature of sender: | | | | Date | {{ Verification\_Date }} |
| **Auditor** | Lead Auditor | Auditor: | | Expert |  |  |
| {{ Lead\_Auditor }} | {{ Auditor }} | |  |
| **CAR closed by** | {{ Lead\_Auditor }} | | | | Date | {{ Verification\_Date }} |
| **CAR verified by** | {{ Verification\_Auditor }} (Sign) | | | | Date | {{ Verification\_Date }} |
| **Comments by decision maker** | All non-conformities were resolved through an effective CAPA process, verified for compliance, and certification was granted upon full closure, confirming conformity with applicable standards. | | | | Date | {{ Verification\_Date }} |