

**VEER BAHADUR SINGH
PURVANCHAL UNIVERSITY
JAUNPUR, UTTAR PRADESH**



***7.1.6 Quality audits on environment and energy are
regularly undertaken by the institution***

Report on Environment audit


Registrar
V.B.S. Purvanchal University
Jaunpur



SAARA MANAGEMENT SYSTEM PRIVATE LIMITED

Integrated Management System

(ISO 9001:2015 & ISO 14001:2015)

**Quality Management System (QMS)
Environmental Management System (EMS)**

STAGE - 2

VEER BAHADUR SINGH PURVANCHAL UNIVERSITY

JAUNPUR - 222003, UTTAR PRADESH, (INDIA)

09-10-11 March 2023

Description of organization

Organization name:-	Veer Bahadur Singh Purvanchal University
Address:-	JAUNPUR - 222003, UTTAR PRADESH, (INDIA)
Installation/Temporary site address for stage-2	NA
Client Name: -	Dr. Mithilesh Yadav
Contact Number	8738045471
Email ID	dryadavin@gmail.com
Standard: -	IMS (ISO 9001:2015 & ISO 14001:2015)
Scope: -	PROVISION TO PROVIDE EDUCATIONAL SERVICES FOR CERTIFICATE, DIPLOMA, VOCATIONAL, GRADUATION, POST GRADUATION, PH.D., D.LITT., D.SC. RESEARCH COURSES IN ARTS, APPLIED SOCIAL SCIENCE & HUMANITIES, SCIENCE, COMMERCE, MANAGEMENT, ENGINEERING, PHARMACY & LAW UNDER APPROVED SCHEDULED CRITERIA OF U.G.C., AICTE, PCI & BCI
IAF Code	37
Risk/Complexity Category	Low
Non Applicability of Clauses & justification	8.3 Clause is not applicable
Externally Provided Functions or Process(es) Outsourcing	Calibration, AMC for R.O., air conditioners
No. of Employees	491
Stage-2 date:-	09-10-11 March 2023
Stage-2 Audit Team:-	Suhail Iqbal (Lead Auditor) & Pratishtha Nirankari (Auditor)
Stage-1 date: -	01/03/2023
Stage-1 Audit Team: -	Suhail Iqbal
Objective of Audit	<input checked="" type="checkbox"/> To evaluate the implementation and effectiveness of the Mgmt. System for Certification <input type="checkbox"/> To assess and verify the effectiveness of actions taken on the non-conformances raised during previous audit (Follow up Audit).
Audit Criteria	Audit standards ((ISO 9001:2015 & ISO 14001:2015), Applicable legal requirements, Manual, SOPs, Work instructions established by the University.
Audit Scope compliance verification	Verified confirmed the scope and found appropriate As per the activities being performed at the audit site.
Audit Objective	<ul style="list-style-type: none"> ● To assess conformity of the client's QMS with the requirements of the audit standard and applicable statutory, regulatory and contractual requirements ● To evaluate effectiveness of the organization towards achievement of its specified objectives

	<ul style="list-style-type: none"> ● To identify areas for improvement in the clients QMS ● To make recommendation to the Certification body for granting/ not granting – certificate of conformity to the audited organization.
About Organization	<p>“VEER BAHADUR SINGH PURVANCHAL UNIVERSITY” is Purvanchal University, Jaunpur renamed as Veer Bahadur Singh Purvanchal University in the honour of late Shri Veer Bahadur Singh, former Chief Minister of the state, was established on 2nd October 1987 as an affiliating university under U.P. state university act 1973. Continuous qualitative and quantitative growth, excellence in academic and administrative activities, transparent and efficient academic administration have been some of the distinct characteristics on the basis of which the university emerged as one among the leading universities. Started with the 68 affiliated colleges, the university now has widened it’s spectrum of activities with 367 affiliated graduate and post-graduate colleges and students enrollment of nearly three lacs and eighty thousand in 5 Districts of Eastern Uttar Pradesh.</p> <p>The university is located at 10 km from the historic city of Jaunpur on Jaunpur-Shahganj road which divides it’s 171.5 acres campus into two. Jaunpur is well connected by Train, Road and Air with rest of the country. The infrastructure development, achievement of academic excellence, quality assurance in the higher education and socio-economic development of this highly backward & rural region of Eastern Uttar Pradesh are some of the priority areas for which the university is putting its best efforts. The beginning of two-year full-time residential MBA course in 1990 was one of the first steps towards making change in the character of the university from affiliating to affiliating cum-residential university.</p>
Is there any deviation from the audit plan if Yes then reasons:	NO
Is there any significant issues impacting on the audit programme if Yes then reasons:	NO
Is there any Significant chainable, that affect the management system of the client since the last audit took place if Yes then reasons:	NO
Type of audit (single, combined, joint or integrated):	Integrated
Is the certification scope is appropriate to the organization work activities :	YES
Product Standards or Statutory Requirements	Statutory requirement found evidenced All Legals verified and found ok

<p>About Infrastructure (like description of the building, nos. of floors, manufacturing machinery, other activities done within the Unit)</p>	<p>The university is located at 10 km from the historic city of Jaunpur on Jaunpur-Shahganj road which divides it's 171.5 acres campus into two. Jaunpur is well connected by Train, Road and Air with rest of the country. The infrastructure development, achievement of academic excellence, quality assurance in the higher education and socio-economic development of this highly backward & rural region of Eastern Uttar Pradesh are some of the priority areas for which the university.</p>
<p>Verification of information provided by the client</p>	<p>The information about the organization i.e. name, address, type, size & number of employees submitted as per application found correct. There is no change in scope of activities.</p>
<p>Opening meeting and audit proceedings</p>	<p>Stage-2 opening meeting was conducted on 3rd 4th MARCH 2023, by myself as per the audit plan mutually agreed with VEER BAHADUR SINGH PURVANCHAL UNIVERSITY. Along with me Dr. Mithlesh was also present as a iso organizer to advise me on technical matters.</p> <p>The audit started with a formal opening meeting where key personnel from the University including its Top management, Vice Chanellor Mrs. Nirmala Maurya, ISO orgenizer Mr. Mithlesh yadav, ISO-Co-ordinator Mr. Sandeep Kumar Verma and Mr. Saurabh Kumar for data compilation Mr. Sujeet Kumar Chaurasiya and all other Head of departments attended the management review meeting</p> <p>Just after the Opening meeting a detailed round of the University was made and each process area was visited. In the process of audit many documents were reviewed and interacted with university employees. Audit was conducted findings were shared with the client and there was no conflict of understanding/ dispute. Top Management's approach was good; they showed full commitment towards implementation of the QMS.</p>
<p>Comments on Internal audit:</p>	<p>Reviewed the Internal audit process, found it satisfactory and effective. The Internal audit was conducted on 6th December 2022 by the ISO coordinator (Quality & EMS) with the help of their consultant. The internal auditor/ Quality manager has been provided training about requirements of the ISO 9001:2015, ISO 14001:2015, standard by the organization's consultant. 13 NC were identified, closure of all NC verified.</p>
<p>Comments on MRM:</p>	<p>The management review meeting was conducted on 13th December 2022 as per agenda points described in the 2 standard. Review found meaningful and the decisions found appropriate, identifying the responsible persons and with time frame for implementation. Quality Improvement targets, EMP and SMP were framed during the MRM. MRM process found adequate.</p>
<p>Work process</p>	<p>University processes are activities and tasks undertaken by</p>

	employees to achieve a consistent output. University processes support policy, workplace agreements, relevant legislation by mapping day to day activities and tasks to be performed by employees. Authorized University processes are published in the Process Library.
Materials handled	Mainly stationery, library, laboratory of chemical, geological, nano tech, engineering, electrical, mechanical, etc.
Major Equipment used	Departmental machineries and equipment's for laboratory of engineering, nano technology and other department as well. Facilities like R.O. generator, AC, electric equipment like switches bulb, batteries etc.
Site specific safety issues and special care taken by the organization	<p>Environmental issues:</p> <p>Air pollution is not significant in university.</p> <p>Energy emission: Radiation from departmental uses of machineries for experiments and practical etc., C Arm unit</p> <p>Sound emission from DG set.</p> <p>Water contamination is again significant as no harmful chemical or other means being used.</p> <p>Soil contamination is not significant.</p> <p>The University has controlled these issues by using proper dispose of minimal effluent segregation, DG canopy,</p>

Status of stage-1 audit inadequacies

Sl. N.	Description of Non conformities / Inadequacies	Status found during stage-2 audit
01	OBS-01 List of Documents is available but some Work instructions found not listed	Now Master list of documented VBSPU/MLD/01 information found revised, updated, missing documents and key records found listed, NC closure found adequate
02	OBS-02 Responsibility and time frame not mentioned in any EMP.	Now EMPs found revised and time frame and responsibility found documented. NC closure found adequate

Closing meeting

The certification audit was conducted by observation of the process area, effluent discharge & treatment system, premises & Process safety issues, document perusal especially of the IMS manual, IMS Procedures, Process flow chart, legal requirements, process risk evaluation document, Aspect Impact Analysis & Documents related to Internal audit, MRM, IMS objectives, procurement and purchase good specifications was also verified.

In the course of audit many observations/ OFI were identified no Minor or major Non Conformity was detected. The observations and OFIs have been narrated in the report against concerned clauses.)

AUDIT FINDINGS

VERIFICATION OF DOCUMENTATION & RECORDS AS PER ISO 9001:2015, ISO 14001:2015 STD REQUIREMENT (C- Conformity, NC-Non Conformity, O-Observation)

Clause & Description		C/NC/O	Document Verification detail with statement of Conformity
Cl. No.	Description		
4. CONTEXT OF ORGANIZATION			
4.1	Evidence of determination of Understanding the Organization and its CONTEXT	C	<p>Purvanchal University, Jaunpur renamed as Veer Bahadur Singh Purvanchal University in the honour of late Shri Veer Bahadur Singh, former Chief Minister of the state, was established on 2nd October 1987 as an affiliating university under U.P. state university act 1973. Vice-Chancellor Prof. Nirmala S. Maurya. Having 7 faculties, faculty of engineering & technology, medicine, management studies, applied social sciences , sciences, Rajjo Bhaiya institute of physical sciences of study and research and faculty of law.</p> <p>The QMS & EMS Manual of the University (VBSPU/QM/01), VBSPU/EMSM/01) version 01 issue date 10/10/2022, has adequately described Key internal and external issues that may affect quality of the clinical services.</p> <p>Some of the Internal issues are –</p> <ol style="list-style-type: none"> 1. Continued availability of employees throughout the year. 2. Proper maintenance of process equipment: 3. Employees training and skill <p>Key external issues identified -</p> <p>Environment and general legal issues, Supplier related issues,</p> <p>ANNEX-I: ORGANIZATION CONTEXT</p>
4.2	Evidence of determination of Interested Parties and their requirements	C	<p>seen and verified found satisfactory</p> <p>Example-</p> <p>INTERESTED PARTIES vice-chancellor NEED AND EXPECTATION Sustainable business/business continuity/maximize shareholder value, brand management, compliance with legal, contractual and customer (Student) requirement COMPLIANCE OBLIGATION Identify and manage risk and opportunities</p>

			Reference Documents: Annex-II: List of interested parties and their needs & expectations
4.3	Evidence of review and verification for SCOPE of IMS management system		Verified the scope with the help of Pt. files retained in MRD. Conformity evidenced. PROVISION TO PROVIDE EDUCATIONAL SERVICES FOR CERTIFICATE, DIPLOMA, VOCATIONAL GRADUATION, POST GRADUATION, PhD., D.litt. D.Sc. Research course in arts, applied social sciences and humanities, sciences commerce management engineering pharmacy & law under approved scheduled criteria of UGC AICTE PCI AND BCI.
4.4	Establishment of IMS System and Interaction of Processes		The Quality manual has described some of the key processes and how the requirements of the audit standard are being met. Process map in Annexure-1 attached to the IMS manual version-01 issue date 10/10/2022, lists almost all processes and a very brief outline of input and output has been described. Organization established and maintain document seen and verified found satisfactory Reference Documents: ANNEXURE-VIII: Process Interaction Matrix Conformity evident
5. LEADERSHIP & WORKER PARTICIPATION			
5.1	Demonstration of Top Management for Leadership and Commitment w.r.t. IMS, ensuring that legal obligations are determined, understood and met, risks/opportunities identified related to customer satisfaction are addressed		The University has demonstrated its customer focus by displaying its Vision and Mission. Roles and responsibilities have been also displayed in English and Hindi. Complaint box, Mobile no/ room no of the Manager responsible for handling complaints found displayed at many places. satisfaction level /feedback is taken from each Feedback form verified. VBSPU/CR/01, VBSPU/CR/02
5.2	Evidence IMS POLICY has been reviewed and is consistent with the audit standards.		IMS Policy found documented in the Manual, also found displayed in the office, University, and at the gate of the premises. Interviewed Mr. NK Oberoi, Head Quality & safety and Mr. Abhishek University Manager. They explained the main points and commitments made in the IMS Policy. IMS policy is explained to the employees during training and awareness sessions. Conformity evidenced Evidence -Annex –III (IMS Policy)
5.3	Evidence that organizational ROLES, RESPONSIBILITIES & AUTHORITIES have been appropriately assigned, resourced and communicated.		Verified Organization chart, it identifies all the key functions of the University including Quality, Safety, Environment Management committee (safety committee). Responsibilities in the form of Job description (annexure IV dated 10/10/2022) verified file no. VBSPU/MLD/01) Annexure VII – communication found evident.
5.4	Consultation and Participation of workers		NA
6. PLANNING			

6.1	ACTIONS TO ADDRESS RISK & OPPORTUNITIES		
6.1.1	Evidence that RISKS AND OPPORTUNITIES related to QMS, EMS hazards & risks, compliance obligations and other issues have been identified and addressed.		<p>Found Define in manual Risk and Opportunities not cover all activities. During audit found Risk identified All department risk. Interviewed Dr. Sandeep Kumar Verma OWN RISK Procedure for identification and evaluation of (IMS) management system risks and opportunities Example</p> <ol style="list-style-type: none"> 1. issues (internal/external) competence expected result work force is competent uncertainty existing workforce not trained risk (h/m/l) M opportunity to train team control point(s) provide training to existing team 2. issues (internal/external) culture expected result work force is motivated uncertainty unacceptable quality of work risk (h/m/l) L opportunity for managers to lead control point(s) to build strong organization culture 3. Aspect Emission of smoke Condition Normal, Abnormal, Emergency, Environmental Impact Air Contamination RISK ASSESSMENT Severity Factor 1 Probability Factor 2 Concern Factor 1 Legal Implication 5 Significance Score 8 Significance Level 1 Proposed Control Measures PUC certificate obtained. <p>➤ Adherence to the periodical maintenance schedule. ➤ Vehicle inspection checklist ➤ Restriction for the visitor vehicle inside the campus.</p> <p>Residual Risk L Reference Documents: Annex-X Risk Analysis Annexure –XI Aspect & Impact Aspect and impact Ref No. VBSPU/SOP/12</p>
6.2.1	6.2 (6.2.1 & 6.2.2) Establishment of IMS Objectives and Action Plan for achieving these Objectives and any change in planning Evidence that OBJECTIVES have been established that are consistent with the policy, are Measurable, Monitored, Communicated & Updated as appropriate Evidence of planning actions to achieve QMS/EMS Objectives, including: What will be		<p><i>Quality objectives found documented</i> VBSPU/ANNEX/V/01,2 objective plan and objective monitoring plan VBSPU/ANNEX/M/01,2 and responsible QMS & EMS co-ordinator Mr. Neeraj Awasthi, Mr. Sujeet Kumar Chaurasiya maintains the data of objectives status till Feb 2023 is given below. Ems objectives-</p> <ol style="list-style-type: none"> 1. 100 % percent legal compliances with statutory and regulatory requirement (local /state/nation/affiliation boards) 2. To enhance student satisfaction level up to 95% 3. To increase on the adequacy of facilities and infrastructure that are in-line with applicable statutory and regulatory requirements by 1% annually 4. Ensure that all employees receive quality training by the end of the year <p>EMS objectives-</p> <ol style="list-style-type: none"> 1. Plantation of 200 trees in the year of 2022-23

	<p>done; what Resources will be required; Who will be responsible; When it will be completed; How results will be evaluated, including indicators for monitoring progress</p>	<ol style="list-style-type: none"> 2. Increase in 5 acres are for new plantation 3. Monitoring water consumption in university premises and fixing target to reduce usage 4. Minimizing usage of paper by 20 % by last year 5. Enforcing by-cycle use in university for transportation 6. Organizing monthly environmental campaign's <p>Data of objective status found evident till Feb-2023 show more or less on path to achieve the target. Department wise Goals are fixed and KPI (Key Point Indicator) trend chart for display evidenced for all objectives. All target is achieving by top management in organization.</p> <p>.....conformity evidenced</p>
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7 SUPPORT

<p>7.1</p>	<p>Determination of Appropriate Resources needed for Effective Implementation, maintenance and Continual Improvement of IMS</p>	<p>Poorvanchal University have well educated and competent employees for all education and administration. It confirmed by a formal interview that the management representative is fully aware of her Responsibilities, Duties & Authorities. Necessary manpower provided for each of the processes. (Spacious floor, well ventilation, Light, necessary amenities etc) REFERENCE DOCUMENTS: LIST OF EQUIPMENT/ASSETS CALIBRATION OF MEASURING EQUIPMENT'S VBSPU/QSP/08 Adequate infrastructure and resources are available.</p> <p>HR: The University has adequate no. employees. Verified-</p> <ul style="list-style-type: none"> - Organization chart annex I - Competency matrix VBSPU/RSTR/02 - List of employees VBSPU/RSTR/01 <p>Employees meets the laid down selection criteria.</p> <p>Electricity: Power is received from Electricity supply board. Power back up by 25 KVA genset, UPS attached with equipment's is available. Electrician/ maintenance employees (resides in the University premises and provides services as and when required).</p> <p>Water: Water is received from municipal corporation. Backup supply/ additional supply is received from borewell from where water is drawn to over head water tanks (15000 Liter cement tank). Quality manager informed that Water tanks are cleaned after every 45 days. Aqua guard for drinking water available, verified</p>
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		<p>monthly Water culture report in Culture report file.Conformity evidenced</p> <p>University front: Display board showing way to emergency not available.....Observation-1</p> <p>Calibration: at Poorvanchal University. The University has measuring equipment like Multimeter, electrical & mechanical instruments for practical work, measuring instrument is also attached to the machine. Calibration certificate by Acme Calibration Agency verified. VBSPU/MNT/01- list of equipment, VBSPU/MNT/02 - CALIBRATION PLAN CUM RECORDS VBSPU/MNT/03- LIST OF EQUIPMENT/ASSETS VBSPU/MNT/04-PREVENTIVE MAINTENANCE RECORDS found evident with updated records.</p> <p>Organizational knowledge: The manager informed that these are preserved in manuals, SOPs, work instructions, and the knowledge is shared among employees by way of periodic awareness/training sessions.</p>
7.2	Evidence organization has a process in place to determine necessary Competence, necessary training and documented information to support competence supporting requirements of IMS.	<p>It is already defined in IMS Manual. Evaluation is based on supervision or monitoring by head of the department. Verified the Established and Maintained Competence Matrix.</p> <p>Verified in form VBSPU/RSTR/02 it states –</p> <ul style="list-style-type: none"> - The employees must have minimum eligible degree and registration with recognized organization. <p>At VBSPU dedicated ISO co-ordinators along with responsible top management have established need identification and awareness criteria for each individual VBSPU/RSTR/02. Roles and responsibility found evident in annexure IV found evident. Training calendar VBSPU/RSTR/03 training record, VBSPU/RSTR/04 found evident.</p> <p>Resume, Photograph, educational qualification documents, training and medical checkup from qualified doctor are available in the personnel files. List of employees with competence VBSPU/RSTR/02 verified.</p>
7.3	Documented information supporting Awareness of persons working under the organizations control of IMS policy; Risk, significant Aspect hazards & risks; their contribution toward an effective IMS; understanding the benefits of enhanced IMS performance and implications of not conforming with IMS and	<p>Organization has conducted the training for the up gradation of employee's skill and knowledge. As per Training schedule last two trainings were conducted on 06/05/2022 & 30/04/2022.</p> <p>Display of policy, proper communication regarding policy objective found evident in training record VBSPU/RSTR/04 delivered on 26/12/2022 given by ISO-coordinators and ISO consultant. During interview Mr. Vikas Kumar Asst. lecturer found aware of EMS & QMS policies.</p>

	fulfilling compliance obligations	
7.4	Evidence that process for Internal & External Communication has been established consistent with IMS	<p>Communication with external parties like Legal authorities, Police station, Patient, Relatives, Suppliers, Service Providers, are done by University management.</p> <p>Legal communication are done in writing in hard copy/ prescribed media, while other communication is done by electronic media.</p> <p>University has established the following communication channels to ensure the performance and effectiveness of the quality, Environment management System are communicated to the employees of organization:</p> <ul style="list-style-type: none"> • Management Meetings • Department Meetings • Performance Metrics posted on bulletin boards • Performance Metrics posted to the Internet • Feedback Form <p>Suggestion Form</p> <p>Verified -Communication with supplier M/s Ahuja Paper company (stationary supplier).</p> <p>Organization follows a multilevel Internal & External communication system for maintaining the level of conformity in the duration of processes.</p>
7.5	Evidence that Documented Information is consistent with ISO IMS	<p>Adequately Addressed in the IMS Manual giving references of all the related reference documents. Procedure for Control of Documented Information (QMS/QSP/01)</p> <p>Master list of records and documents evidenced with retention period.</p> <p>The College has controlled documents which has identified as per procedure and its MI are authorities for creating and updating of document and communicated throughout the college.</p> <p>Documents of college were up to date and change according to college requirement, Principle approves the revision and updating of documents.</p> <p>Relevant versions of document were also available in college.</p> <p>Original documents were in the custody of MI and he is responsible for control and issue of copies.</p> <p>Seen and verified found satisfactory.</p> <p>Reference Documents:</p> <p>Procedure for control of documented information VBSPU/MLD/01</p> <p>Master List of Documents & Records</p> <p>Verified SOP of Control of document, control of non-conformity, Internal audit etc and found that all documents and records are identifiable, with defined page numbers and issue date. All documents/ guidelines found having annual review schedule. The documents were reviewed by the Quality & emergency coordinators and approved by the ISO organizer Dr. Mithlesh Yadav.</p>

**Evidence –
Master List of Documented information – VBSPU/MLD/01**

8 OPERATION

<p>8.1</p>	<p>Operational Planning and Control Established over the IMS processes</p> <p>Established the Eliminating Hazard and Reducing the Risk</p> <p>Established the Process for changes the Management</p> <p>Established & Control the Procurement of product and services</p> <p>Selection, Approval and Evaluation of Contractor Processes and Services</p> <p>Established the Outsourcing Process</p>	<p>University has plan and develop process needed for the product realization, In planning product realization, the following are to be determined: Required verification, validation, monitoring inspection and test activities and criteria for acceptance Records needed to show that the resulting product meeting requirements. Compliance of Operational Control Guidelines (Ref. – Environmental Operational Control Procedure Manual) at Production area verified e.g.</p> <ul style="list-style-type: none"> ➤ Procedure for paper found implemented in administration and faculty. ➤ Scrap is reprocessed again sent for melting to external provider approved. ➤ Wastage material has been reutilized. ➤ Different Bins were found to store the different kinds of waste (Bio-degradable, Recyclable and Hazardous Waste). <p>Use of PPEs during handling of hazardous chemicals, equipment's etc. found adequate. Outsourced processes are controlled. Precautions indicated in the work instructions. The control exercised are mainly administrative and in some cases efforts for elimination. Electrical circuits, loose wiring circuits controlled, Possibility of fire eliminated by storing the combustible material separately. Determines environmental for its products and services in work instruction verified Communicated through IMS awareness training programme for external providers dt. 12.01.2022 Records are maintained seen and verified found satisfactory.</p>
<p>8.2</p>	<p>Identification of Customer Requirements and the Review of these Requirements & Emergency Preparedness and Response</p>	<p>Emergency team have been identified with Mr. Manas Pandey all aware team regarding the emergency requirement found aware during the interview.</p> <p>Mock drill record found evident.</p> <p>Fire fighting equipment found fit and calibrated till march 24. Apart from that emergency exist also have proper signage and direction.</p> <p>Observation 2-Though professional training required from recognized organization.</p> <p>Observation 3- In few faculty assembly point need to be identified and</p>

		<p>give proper passage ex- VIVEKANAND LIBRARY.</p> <p>Documents verified –</p> <p>VBSPU/EMS/05- ERT (EMERGENCY RESPONSE TEAM)</p> <p>VBSPU/EMS/06- LIST OF WASTES</p> <p>VBSPU/EMS/07-MOCK DRILL</p> <p>VBSPU/EMS/07-FIREFIGHTING EQUIPMENT LIST.</p>
8.2.1.	8.2.1 Customer communication (Enquiries, Contract, order, feedback, complaints)	<p>University has the ability to meet defined requirements. All documents are identified and controlled by HOD or ML & EM Customer (Student) Communication done through website, Display Notice board, awareness program, Feedback form etc.</p> <p>Dean student welfare is working efficiently on students welfare. Slogans related anti-ragging and woman rights, safety etc found evident.</p> <p>Documents verified.</p> <p>VBSPU/CR/01- STUDENT COMPLAINT</p> <p>VBSPU/CR/02- STUDENT FEEDBACK</p> <p>VBSPU/CR/04- ENQUIRY REGISTER</p>
8.2.2	8.2.2 Determining of Requirements for products and services (Objective evidence for record of contract review and approval, Record verification of Statutory & Regulatory shall be referred here, record for communication of changes, legal requirements need to be re-verified if any concerns identified in Stage 1 audit or any new product added)	<p>Scope Responsibility</p> <ol style="list-style-type: none"> 1. Information Brochure : ADMIN 2. Admission & Registration : ADMIN 3. Execution of Course : HEAD 4. Continuing Education Programmes : HEAD & Course Co-ordinator. <p>All students Communications are done through ,email, notices, Phone and Meetings.</p> <p>There has proper process to register impairment student advices in form of student feedback and complaints and record survey of customer satisfaction in every months</p> <p>Sample taken in stage one audit.</p>
8.3	Design and Development (D&D)	
8.3.1	General Establish, Maintain and Implement the D&D Process	<p>Not Applicable Excluded</p> <p>Excluded as education provided as per ugc guidelines).</p>
	8.3.2 D&D Planning (Record reference) 7.3.3 D&D Inputs (Record reference for the inputs) 8.3.4 D&D Controls (Record reference & Approval) 8.3.5 D&D Outputs (Record reference for outputs)	<p>Not Applicable Excluded</p> <p>Excluded as education provided as per ugc guidelines).</p>

	8.3.6 D&D Changes (Record reference for changes, approved, validated & verified before implementation & actions as necessary)		
8.4 8.4.2 & 8.4.3	Identification of external Service Provider and Supplier of any kind of Raw Material Selection, Approval and Evaluation of Externally Provided Processes, Products, and Services		<p>Purchasing Process are established, items are identified. (Requisition Slip of Material is available)</p> <p>Purchasing Information and Supplier evaluation records are available. Approved Vendor list is available. (Record Checked & Verified)</p> <p>Supplier Name: M/s Vidya Prints Material: Souvenir Qty: 2000 Qty: 2000 Souvenir P.O Date: 07-04-2022 Delivery Date: 20-12-2022</p> <p>Verified the evaluation carried out 25th november 2022 and found ok</p> <p>M/s Vidya Prints, evaluated against Delivery, Cost. Quality & Communication. Evaluation percentage is > 86% i.e. satisfactory</p> <p>Verification of Purchased products is also available.</p> <p>REFERENCE DOCUMENTS: VBSPU/PUR/01- LIST OF APPROVED SUPPLIER VBSPU/PUR/02- EVALUATION OF SUPPLIER VBSPU/PUR/03- SUPPLIER REGISTRATION</p>
8.5	Production and services provision		
8.5.1	Control of production and services provision	C	<p>Work is performed in controlled environment. Written Work instructions and process instructions found displayed in different process areas.</p> <p>Verified WI/process instructions on institute notice board.</p> <p>Working Process are following:</p> <ul style="list-style-type: none"> ● Advisement through any media ● Student counselling ● Admission ● Practical & Exam ● If Passed ● Issued Passed Certificate ● If Fail, Repeat (Depends on Circumstances) <p>Evidence: Flow chart of service providing kept in File Responsible staff & faculty for each operation found specified.</p> <p>The organization has implemented service and service provision under controlled conditions availability of documented information</p> <ol style="list-style-type: none"> 1) The characteristics of the products to be produced, the services to be provided, or the activities to be performed 2) The results to be achieved
8.5.2	Identification & traceability		
8.5.3	Property belonging to customers or external providers		
8.5.4	Preservation		
8.5.5	Post-delivery activities		
8.5.6	Control of changes		
8.6	Release of products & services		
8.7	Control of nonconforming outputs		
8.7.1	Organization ensure that outputs that do not conform to their requirements are identified and controlled to prevent their unintended use or delivery		

8.7.2	Organization retain documented information		<p>identification and traceability is through the Registration no. and I.D Card</p> <p>Each department shall maintain identification & traceability of registered students in their respective disciplines and will have appropriate records</p> <p>Organization deals with the process of preservation of products during outbound handling and storage , All the preservation process monitored by Principal and all process approved and verified by President.</p> <p>All documents are monitor by Administrative department record is maintained:</p> <p>Post-delivery activity is limited to replacement of non-conforming products.</p> <p>Customer feedback is received on 6 monthly bases.</p> <p>Verified record of Student/Parent feedbacks. Satisfaction index found 90%</p> <p>Issue register are available for Student education services</p> <p>NC procedure evidenced All necessary documents are available at Administrative Officer that describes about non-conforming services.</p> <p>Documented and established NC procedure evidenced</p> <p>REFERENCE DOCUMENTS: PROCEDURE FOR CONTROL OF NONCONFORMING VBSPU/MR/04</p>
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9 PERFORMANCE EVALUATION

9.1	Evidence that organization is Monitoring, Measuring, Aanalyzing And Evaluating (General Evaluation of Compliance)	C	<p>Monitoring of Processes related to Service/ Customers/ Employees done properly and all relevant data's are collected and analysed, all the documents are identified and controlled, docs are Reviewed and verified by Principal.</p> <p>Reference Documents: Procedure for legal and other requirement VBSPU/QMS/01</p>
9.1.1	Evidence that organization has an effective process for evaluation of IMS compliance obligations fulfillment		<p>Legal compliance status is reviewed annually during MRM.</p> <p>Document verified – VBSPU/MR/08 Legal compliance matrix found evident.</p>
9.2	Internal Audit Results Full internal Audit to ISO 9001:2015, 14001:2018	C	<p>College maintains a documented information Internal audit conducted once a year last conducted as on dated 22/06/2022 total 2 Nc Founded as on recorded</p> <p>All NC closed as on dated 10-12-2022.</p> <p>Dr.Mithlesh, Mr. Neeraj Awasthi, Mr. Sujeet chaurasiya, Mr. Sandeep Kumar Verma., are competent to conduct Internal Audit's. IA certificate seen & verified found satisfactory.</p> <p>Reference Documents:</p>
9.2.2	Internal Audit Corrective Actions - completed. (including evidence of closure)		<p>Reference Documents:</p>

			<p>Internal Audit Procedure VBSPU/MR/01 Annual audit plan- VBSPU/MR/01 Audit schedule- VBSPU/MR/02 Audit report Summary- BSPU/MR/3 Non-Conformity Register- VBSPU/MR/04 List of Internal auditors- VBSPU/MR/05</p> <p>The University has a SOP for regulating this process PH/IA/SOP. Internal audit is conducted biannually. Last Internal audit was conducted on 6TH 7TH December 2022.</p> <p>13 NC were identified, closure of all verified and quality of corrective action found adequate.</p> <p>Internal audit was done in a planned manner, Audit planned found in VBSPU/MR/01. Internal audit was conducted by the Quality coordinator with the help of University QMS& EMS consultant.</p>
9.3	Records of Management Review complying to ISMS requirements after completion of the Internal Audit.		<p>Last MRM was conducted on 13h december 2022, under the leadership of the Dr. Mithilesh Yadav. MRM was also done in a planned manner, agenda of the meeting was circulated on 11/12/2022 in form V BSPU/MR/07.</p> <p>Verified the minutes of the meeting, found these as per audit standard requirements.</p>
10 IMPROVEMENT			
10.2	Evidence of an effective process for taking action to correct nonconformity and the consequences of adverse IMS		<p>Monthly review meetings and each process Principal has to perform with departmental process performance for Improving quality of education services.</p> <p>The University has established the QMS and all key requirements related to customer interest, legal requirements and Quality monitoring are in place. A system of NC detection found established and in Practice. Management demonstrated system of improvement in the form of Quality objectives and indicators, an effective internal audit and an effective MRM process exists. file documentation reflects an orderly assessment and treatment process. QMS demonstrated a process of continual improvement and found capable of achieving quality objectives</p>
10.3	Evidence of effective continual improvement of IMS performance		<p>Organization has worked in forward direction for continual improvement, the result of analysis and evaluation and outputs from management review, adequately demonstrate that the University IMS is capable of setting and meeting IMS objectives and associated legal and Pt requirements. Continual improvement in many processes was evidenced through records of last 5 months. Organization follows proper process to control nonconforming services</p> <p>To reduce non conformity the organizations check the services at various stages.</p>
	Other Client Organization-specific information (as determined by the Client Organization)		Nil

Non conformities: Nil
Observations/OFI = 3 nos

Sl. N.	Non conformities/ Inadequacies/Observation	Clause reference
1.	Display board should be available for emergency way Observation-1	7.1
2.	Professional training required regarding emergency preparedness from recognized organization. - Observation 2-	8.2
3.	In few faculty assembly point need to be identified and give proper passage ex- VIVEKANAND LIBRARY.- Obsevation 3-	8.2

Summary of the Audit Team

Audited Firm: -Veer Bahadur Singh Purvanchal University
Address:- Jaunpur Uttar Pradesh 222003
Standard:- IMS (ISO 9001:2015,ISO 14001:2015)

A. Stage of audit:

<input checked="" type="checkbox"/>	Initial Certification
<input type="checkbox"/>	Follow Up Audit
<input type="checkbox"/>	Surveillance Cum Transfer
<input type="checkbox"/>	Modification
<input type="checkbox"/>	Renewal
<input type="checkbox"/>	Upgrade From
<input type="checkbox"/>	Other

B. Recommendation:

<input checked="" type="checkbox"/>	Issuance of Certificate
<input type="checkbox"/>	Refusal of the Certificate
<input type="checkbox"/>	Follow Up audit
<input type="checkbox"/>	modification of the current certificate (registration no. and expiration date remain unchanged)
<input type="checkbox"/>	other :

C. Reason:

<input checked="" type="checkbox"/>	The Integrated Management System (IMS) complies with the requirements of the reference standard: Congratulations, on the basis of the above summary, Lead Auditor is pleased to put forward a recommendation for issuance of certificate.
<input type="checkbox"/>	The Integrated Management System (IMS) complies with the requirements of the reference standard with exception of minor NC: Congratulations, Lead Auditor is pleased to put forward a recommendation for registration of Organization upon off-site verification of closure of all issues, the NC closure need to be submitted along with the Corrective Action Plan and objective evidence with 15 days from the stage 2 audit but not later than 60 days from the date of Stage 2 audit. If all non-conformances are not closed within 60 days, a full reassessment may be required.

Evidence of major non conformities: Organization is recommended for next assessment at this time. A follow-up assessment will be scheduled to allow for on-site verification and closure of all issues within 60 days from the date of Stage 2 audit. If all non-conformances are not closed within 60 days, a full reassessment may be required.

Not Recommended: Organization is not recommended for certification, a Stage 2 audit will be required. To progress your application for registration, please respond to each non-conformances, with a plan showing proposed actions, timescales and responsibilities for resolution. The organization should consider the root cause of the non-conformance and the potential for related issues in other parts of your system.

Proposed Audit Date for Surveillance Audit after 11 months,)

Date – 13 March 2023

Report Submission (SAARA)

Name of Auditor: Suhail Iqbal



Acceptance from Client

Name:

Dr.Mithilesh Yadav



Designation: Asst.Proffessor.