

# ISO 9001:2015: Audit Report

Order no.: 20059582 Client no.: 65323-01  
Client: Toc H Institute of Science & Technology



Management Service

Audit type (standard / Revision):	10. Surveillance Audit (ISO 9001:2015)		
Audit date (on site):	2019-07-29 - 2019-07-29 [2019-08-31]		
Company / customer:	Toc H Institute of Science & Technology		
Street / P.O. box:	Arakkunnam P.O.,		
Zip-Code / state / city:	IN - 682313 Ernakulam, Kerala		
Audit representative:	Ms. Anju		
Leadauditor/ auditor:	Gopikrishna Shyamkumar / Balasubramanian Ganesh		
Technical expert/ trainee:	Jegatheesan Kalirajan /		
Observer:	Nil		
Scope of certification:	Providing Graduate, Post-graduate programme in Engineering & Technology and Post Graduate programme in Management Studies.		
Branch scope (EA/NACE Code):	EA 37		
Enclosed documents:	<input checked="" type="checkbox"/> <u>Audit report Annex 1</u> : Action list including opportunities for improvement and positive aspects <input checked="" type="checkbox"/> <u>Audit report Annex 2</u> : Site specific information <input checked="" type="checkbox"/> <u>Audit report Annex 3</u> : Audit program / audited elements <input type="checkbox"/> <u>Multi-Site / Sampling</u> : Multi-Site / Sampling plan <input type="checkbox"/> <u>Print order</u>		
Audit results ISO 9001:	<input checked="" type="checkbox"/> Audit objectives for the management system (MS) have been fulfilled; scope of certification is appropriate; a (centrally) managed MS is in place; maintenance of certificate recommended  <input type="checkbox"/> Audit objectives for the MS have NOT been fulfilled; suspension / withdrawal of certificate recommended; certification cannot be granted or maintained		
Next audit date scheduled:	June 2020		
Re-Audit:	<input type="checkbox"/> on site / date: <input type="checkbox"/> submit documentation	Duration in hours:	---

04.08.2019

Date

Lead Auditor(s) ISO 9001

## Audit Report

### Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: 20059582    Client no.: 65323-01  
Client: Toc H Institute of Science & Technology



Management Service

#### Comments

An audit cannot cover each and every detail of the management system. Therefore, there may still be nonconformities not addressed by the auditors in the closing meeting or the audit report. Audit results are always evaluated on the basis of the following classification:

<b>Nonconformities (NC):</b>	<p>Failure to fulfil one or more requirements of the management system standard or a situation that raises significant doubt about the ability of the client's management system to achieve its intended outputs. (Classification: <b>Major</b> nonconformities).</p> <ul style="list-style-type: none"> <li>• Corrections (immediate solution) of the audit finding are to be implemented</li> <li>• The causes of the identified nonconformities shall be analyzed</li> <li>• <b>Corrective actions for the causes of the nonconformities shall be effectively implemented prior to the decision on certificate issue/renewal</b></li> <li>• The auditor generally verifies the effectiveness of corrective action in an on-site re-audit unless verification is possible on the basis of submitted new documentation.</li> </ul>
<b>Minor nonconformities (MiN):</b>	<p>In individual cases some of the requirements of the management-system standard are not fulfilled completely. However, this does not jeopardize the effectiveness of the management-system element (chapter of the standard). (Classification: <b>Minor</b> nonconformities).</p> <ul style="list-style-type: none"> <li>• Corrections (immediate solution) of the audit finding are to be implemented</li> <li>• The causes of the identified nonconformities shall be analyzed</li> <li>• <b>The lead auditor is to be informed of the intended corrective actions for the causes of the nonconformities within 14 days prior to the decision on certificate issue/renewal</b></li> <li>• The lead auditor evaluates the submitted corrective actions and confirms acceptance thereof. The implementation of the corrective actions will be verified in the next audit.</li> </ul>
<b>Opportunities for improvement (I):</b>	<p>Aspects that would lead to management system optimization with respect to a requirement of the standard. (Basic requirement for the identification and recording of <b>opportunities for improvement</b> is that the <b>requirements of the standard regarding the process element</b> have been fulfilled but that there are still areas for potential improvement of system effectiveness and efficiency. Implementation by the organization is recommended.)</p>
<b>Positive aspects (P):</b>	Positive aspects of the management system meriting special mention

All elements of the standard in each clause of the standard were found to be "in conformity/effective" except for those elements of the standard for which this action list includes nonconformities or minor nonconformities.

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### Annex 1: Action List including opportunities for improvement and positive aspects

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### Action List

The following table shall be used for all findings recorded by the audit team during an audit (certification, change, repeat, sample, special or surveillance)

#### Nonconformities:

Clause no.	Process	Findings		Results of root cause analysis* <i>(to be completed by client in case of NC and MiN )</i>	Intended correction and corrective action (CA)* (incl. due dates and responsible) <i>(to be completed by client)</i>	Evaluation of CA <i>(to be completed by auditor)</i>		
		Description <i>(to be completed by auditor)</i>	Type <i>NC/MiN</i>			Date	Effective (E) / Accepted (A)**	Evidence provided (only for NC findings)***
8.5.2	Identification and Traceability	<b>Requirement</b> (if not covered by clause number):  <b>Finding:</b> Identification and traceability of students not evidenced for one of the samples verified during the course of audit  <b>Supporting audit evidence:</b> For S6 Electrical Engineering – Systems and Controls Lab dated 05/02/2019 arranged for those who were absent on regular class dated 29/01/2019, attendance list was not evidenced	MiN	Usual practise is for all labs faculties are maintaining a record for absentee experiment details. But in this sample the absentee experiment data was missing	<b>Immediate solution for the correction of the finding:</b> HOD instructed faculty in charge to update details of absentees and dates on which they did experiments in course diary as well as lab register. Action completed and evidences attached with mail  <b>Corrective Action to eliminate the cause:</b> HOD Electrical will do a weekly review of all lab registers and course diaries to ensure all the datas are properly captured.  <b>Due Date:</b> 05/08/19  <b>Responsible Person:</b> MR/HOD in charge	01.08.2019	A	

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Clause no.	Process	Findings		Results of root cause analysis* <i>(to be completed by client in case of NC and MiN )</i>	Intended correction and corrective action (CA)* (incl. due dates and responsible) <i>(to be completed by client)</i>	Evaluation of CA <i>(to be completed by auditor)</i>		
		Description <i>(to be completed by auditor)</i>	Type <i>NC/MiN</i>			Date	Effective (E) / Accepted (A)**	Evidence provided (only for NC findings)***
7.1.3	Infrastructure	<b>Requirement</b> (if not covered by clause number):  <b>Finding:</b> Provision and maintenance of infrastructure found partially not effective during the course of audit.  <b>Supporting audit evidence:</b> For college main block entrance area, one fire extinguisher provided were of expired status without doing annual maintenance and refilling	MiN	As the expiry date of fire extinguisher was on 22 <sup>nd</sup> July 2019, maintenance team had already requested management to replace the fire extinguisher at the earliest and is in progress	<b>Immediate solution for the correction of the finding:</b> Fire extinguisher will be replaced with immediate effect.  <b>Corrective Action to eliminate the cause:</b> In future, maintenance team will ensure replacement of fireextinguishers two weeks prior to the date of expiry  <b>Due Date:</b> 05/08/19  <b>Responsible Person:</b> Maintenance in charge	01.08.2019	A	

**Note 1:** Root cause analysis and corrective action are only mandatory for NC or MiN findings.

\* see "Guideline for Corrective Actions Acceptance" at end of document for further assistance

\*\* The intended corrections and implemented corrective actions have to be verified. The Auditor shall evaluate "Effective" (E) in the case of NC and "Accepted" in the case of corrections for MiN findings, if appropriate.

\*\*\* A NC requires a re-audit, during which the corrective actions are evaluated for effectiveness.

## Audit Report

### Annex 1: Action List including opportunities for improvement and positive aspects

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#### Opportunities for improvement and positive aspects::

Clause no.	Process	Findings		Action for optimization <i>(optional for client to fill out)</i>		
		Description <i>(to be completed by auditor)</i>	Type <i>I/P</i>	Action	Responsible	Date
5.1.1	Leadership and Commitment	<b>Finding:</b> Social welfare initiatives such as free computer education to women, house for poor people etc. Student career development initiatives with the help of industries including Daikin & HMT	P			

## Audit Report

### Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: 20059582    Client no.: 65323-01  
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#### General

If Minor nonconformities identified in the last audit are not closed in an acceptable manner, they must be rated as Nonconformities (re-audit required).

#### Information on findings management in sampling and multi-site certification

The management representative of the central office must check whether systematic corrective actions to close a root cause can be applied in a preventive manner to other affected sites. This is required for findings from internal and external audits.

In sampling certification, the TMS auditor will select and audit other sites in the next audit cycle and consequently cannot verify on site the effectiveness of the corrective actions from the last audit cycle.

Given this, during the next internal audits carried out at the sites concerned, the management representative of the central office must verify on site the effectiveness/acceptance of the corrective actions taken to address **Nonconformities**, **Minor nonconformities** and **Opportunities for improvement**, if any.

The results must be recorded and submitted to the TMS auditor at the next audit to ensure the auditor can verify the effectiveness of the corrective actions initiated.

## Audit Report

### Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: 20059582    Client no.: 65323-01  
Client: Toc H Institute of Science & Technology



Management Service

#### Guideline for Corrective Actions Acceptance

**Objective:** The purpose of this section is to provide a consistent set of criteria for the development, acceptance and implementation of corrective action responses. These guidelines apply to all standards on the basis of the ISO 17021 (i.e. QMS, EMS, AMS, ENMS ). They are intended for TÜV-SÜD auditors and audited organizations to help them understand how nonconformities should be addressed.

##### **1. Was correction to eliminate existing finding completed?**

Describe corrections for NC and MiN taken under “Intended correction and corrective action”.

e.g.: Completed missing internal audits; Conducted supplier evaluations; Segregated nonconforming material, etc.

Provide evidence that actions were planned, taken and are effective.

##### **2. Have the appropriate root causes been identified?** Consider the following:

- what caused the actual nonconformity (for NC and MiN) (occurrence of systematic failure)?
- what allowed the problem to occur without being detected internally?
- which part of the organization's processes failed to address this issue or is the organization lacking a specific process, method, etc.?
- is the nonconformity also applicable/found in other sites (in case of multi-site and sampling certification)?

The cause shall not be a repeat or a rewording of the nonconformity statement nor of the objective evidence.

e.g.: apply the 5-Why method for root cause analysis

##### **3. Has a corrective action been determined for each identified root cause?** Each root cause must have at least one identified corrective action that eliminates / addresses the specific cause(s) and prevents recurrence of the nonconformity.

In the case of multi-sites and sampling certification, verify if the corrective action can be applied in other sites as well.

##### **4. Has appropriate evidence been provided to verify that actions taken have been implemented and are effective?**

It is the responsibility of the organization to provide evidence of internal verification of the corrective action(s), or a plan to do so. The Lead Auditor will provide due dates for submitting evidence of implementation. This could vary depending on the circumstances and standards involved.

# Audit Report

## Annex 1: Action List including opportunities for improvement and positive aspects

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Attachment Tools

Re: Audit Findings - 10 Surveillance Audit ISO 9001 2015 - Message (HTML)

File

Message

Help

Attachments

Tell me what you want to do

Open

Quick Print

Remove Attachment

Save As

Save All Attachments

Upload

Upload All Attachments

Select All

Copy

Show Message

Actions

Save to Computer

Save to Cloud

Selection

Message

AN

Thu 8/1/2019 1:22 PM

Anju Nizar <anju.aash@gmail.com>

Re: Audit Findings - 10 Surveillance Audit ISO 9001 2015

To

Shyamkumar, Gopikrishna

absente2.jpg

143 KB

absentee1.jpg

167 KB

Audit Report Annex1 Action List\_ISO 9001\_ISO 14001\_2015 (1).docx

62 KB

Sir,

Kindly find the root cause analysis and actions taken for the audit nonconformity findings

Regards

Anjumol c s

ISO, QMS representative.

TIST.

On Wed, Jul 31, 2019 at 7:39 PM Shyamkumar, Gopikrishna <Gopikrishna.Shyamkumar@tuv-sud.in> wrote:

Dear Anju Madam and team,

Greetings from TUV SUD South Asia!!

We are very much thankful for the courtesy extended during the 10. Surveillance Audit (ISO 9001:2015) at your esteemed organization dated 29.07.2019.

19162

Revision 4

gültig ab 18 Jul 2017

Seite 7 von 7

TUV





Management Service

# AUDIT REPORT

Organization name	Toc H Institute of Science & Technology
Standard(s)	ISO 9001:2015
Order No.	4153454377
Audit start date	2020-08-27
Audit end date	2020-08-28
Audit type	5. Repeat-Audit (Extraord. Event (IAF))
Certification type	Single
Client number	65323-01
Organization's audit representative	Anju
Certificate No.	99 100 13888
Result	<div><input checked="" type="checkbox"/> Certificate release recommended</div> <div><input type="checkbox"/> Maintenance of certificate recommended</div> <div><input type="checkbox"/> Non-Conformities were identified and closed by re-audit on site</div> <div><input checked="" type="checkbox"/> Non-Conformities were identified and closed by resubmitted documentation</div> <div><input type="checkbox"/> Suspension of certificate recommended</div> <div><input type="checkbox"/> Withdrawal of certificate recommended</div> <div><input type="checkbox"/> Certification process terminated</div>

**Enclosed documents:**

Action list  
Audit plan



Audit Team	
Function	Name
Lead Auditor	Manikandan Krishnankutty
Auditor	Mohamed Maarooof

**Changes since last audit:**

- ☐ No changes since last audit
- ☐ Significant change of scope
- ☐ Increase/decrease in number of employees
- ☐ Management System / documented information
- ☐ deviations from the audit plan
- ☐ significant issues impacting the audit program
- ☐ audit objectives or audit criteria
- ☐ Others

**Auditor to enter comments below for any changes identified above:**

No changes to QMS Documents Remote Audit due to COVID 19 Outbreak In Scope - 'POST-GRADUATE PROGRAMME' revised as POST GRADUATE PROGRAMME Time per auditor changed, as follows, to match allotted college working time, due to COVID 19, Krishnankutty, Manikandan (LA) - Day 1=8 Hrs, Day 2=6Hrs [Total=14 Hrs] Maarooof, Mohamed (A); - Day 2=6 Hrs
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Date of next regularly scheduled audit	15.06.2021
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## Audit conclusion

During the audit it was checked how the documented management system was established, implemented and improved at the different areas of the organization.

The audit covered relevant processes / areas of the organization in order to obtain an overall picture of the degree of management system implementation. Although performed to reasonable depth, not every detail of the complete Management System could be checked.

The processes and their associated areas of the organization were checked in accordance with the pre-agreed audit plan, audit program and process analysis.

### Verification of previous audit nonconformities

The audit team evaluated the corrective action taken for the nonconformities/ areas of concern from the previous audit.

In the case of RA / Re-Certification audits, the audit team considered the audit reports for the last two audits in the audit planning / performance of the audits and in particular checked the nonconformities / areas of concerns.

The corrective actions were found to be:

Effectively Implemented?	Yes
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Did the organization use the CB certification mark? (Controlling the use of certification documents, statements and marks)	Used; acceptable
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### Comments:

Using in Collage catalogue
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## Audit team conclusion

Is a re-audit needed?

☐ Yes

☒ No

## Type and number of audit findings

	Major nonconformities	Minor nonconformities	Opportunities for improvement	Positive aspects
Total number	0	1	1	1

Standard elements with findings are listed in the action list (NC Management).

The audit findings are based on the audit evidence collected during the audit and available to the certification body.

## Audit summary

Refer to level of maturity of the MS, commitment of top management, guaranteeing the continuous compliance with the legal and other requirements, application of performance indicators, continual improvement, meeting of objectives and targets, competence of personnel, effectiveness of internal audits and management reviews, environmental performance, etc.

Top Management Commitment: NAAC Accreditation, NBA Re Accreditation, Introduction of New Programs [UG and PG], Industry Association and International collaboration, Industry Funded Project, Good Placement level, no students complaints during 2019-20, Strategy Plan for Autonomous status and Management School.

Quality Objectives: Academic Year 2019-20

Students satisfaction level: > 85% [Target], 92.6% [Achieved]

Admission Level – UG: > 60% [Target], 62%(2019) [Achieved]

UG Pass percentage: Target: >60% [Target], Actual: 64.08% [EEE] [Achieved]

Placement Level: >80% [Target], 87.5% (2019) [Achieved]

Internal Audit - Frequency: once in 6 months, Last internal Audit Date: 28.07.20 to 30.07.20

MRM - Frequency: Once in 6 months. Last MRM Date: 17.08.20.

Auditor's name

Manikandan Krishnankutty

date

Auditor's signature

Manikandan Krishnankutty

02.09.20

## Site specific information

Audited Site	
Site specific name	Toc H Institute of Science & Technology
State	India
City	Ernakulam, Kerala
Postal code	682313
Address	Arakkunnam P.O.,
Client number	65323-01
Certificate scope	PROVIDING GRADUATE, POST GRADUATE PROGRAMME IN ENGINEERING & TECHNOLOGY AND POST GRADUATE PROGRAMME IN MANAGEMENT STUDIES.
Industry code(s)	EA 37
Products / Services	EDUCATION SERVICES
Total number of personnel onsite	204
Total number of effective personnel	191

ISO 9001		
Number of shifts	1	
Temporary sites / projects:	<input checked="" type="radio"/> Not applicable <input type="radio"/> Applicable	
All clauses apply	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Requirements of this International Standard which are not applied, without affecting the client's ability or responsibility to ensure the conformity of their products and services and the enhancement of customer satisfaction:	CI - 8.3, design and development has been excluded, as Kerala Technical University [KTU] is designing the syllabus	
Quality relevant manufacturing/realization processes:	TEACHING & EXAMINATION	
Risk category (low/medium/high):	Low	
KPIs:	Name	Trend
	Students satisfaction level: > 85% [Target], 92.6% [Achieved]	Positive
	Admission Level – UG: > 60% [Target], 62%(2019) [Achieved]	Positive
Relevant compliance obligations / Significant legal requirements with regard to products / services:	AICTE approval - F.No. South-West/1-7003815890/2020/EOA dt.15.06.20 Year 20-21 Kerala Technical University Extension of Affiliation No: KTU/A/456/2015 Dtd 15.05.19 Year 2019-20 NAAC Accreditation EC(SC)/36/RAR/KLCOGN14671- dtd 04.03.2019, Validity 03.03.2024	

## Audit objectives

See attached Audit Plan

## Additional remarks

### 1. Disclaimer statement

Auditing is based on a sampling process of the available information. Any audit recommendations are subject to an independent review prior to a decision concerning the awarding or renewal of certification.

A management system certification audit (initial, surveillance or recertification audit) is not a legal compliance audit (ISO 17021:2015, 9.2.1.2; IAF MD22:2018, Appendix C).

### 2. Duty of information

The Certification Body shall be notified by the client without delay of all changes that may impact on the management system's capability to continue to fulfill the requirements of the relevant standard now and in the future.

These matters include major changes regarding:

- legal, commercial, organizational status or ownership
- organization and management (e.g. key managerial, decision-making or technical staff)
- change of address and sites
- scope of operations under the certified management system

### 3. Due dates

The due date (last day of the certification audit) must be considered for the planning of any additional audit. The respective due dates should be coordinated with the lead auditor.

### 4. Confidentiality

The Certification Body will treat all received documented information related to the certification process as strictly confidential.

Copies to:

- Members of the audit team
- Certification body
- Client



# Audit Report

## Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: 4153454377

Client no.: 65323-01

Client: Toc H Institute of Science & Technology



Management Service

Clause no.	Process	Findings		Results of root cause analysis* (to be completed by client in case of NC and MiN )	Intended correction and corrective action (CA)* (incl. due dates and responsible) (to be completed by client)	Evaluation of CA (to be completed by auditor)		
		Description (to be completed by auditor)	Type NC/MiN			Date	Effectiv e (E) / Accept ed (A)**	Evidence provided (only for NC findings)***
		<b>Requirement</b> (if not covered by clause number): <b>Finding:</b> <b>Supporting audit evidence:</b>			<b>Immediate solution for the correction of the finding:</b> <b>Corrective Action to eliminate the cause:</b>			
8.6	Teaching & Examination	<b>Finding:</b> Process of Handling non confirming products or services not effective in one of the sample verified  <b>Supporting audit evidence:</b> MBA, 2 <sup>nd</sup> Yesr, T5, [Sub – Entrepreneurship, Code: 51] followed by 1st Internal Examination on 30.12.19, Slow Learner[s] not identified though there were 7 students scored >50% of total marks and its Cause analysis as well as appropriate remedial measures [Actions] not evidenced.	MiN	<b>Root cause analysis:</b> Usually we are identifying slow learners.Data missing for that particular subject only	<b>Correction:</b> Identified the slow and fast learners after IA for that particular subject  <b>Responsibility:</b> Faculty in charge <b>Target date:</b> 28/8/2020  <b>Corrective Action:</b> HOD and ISO coordinator will verify the documentation of course file each and every faculty in person (Not in random process)  <b>Responsibility:</b> ISO coordinator <b>Target date:</b> Aug 2021		A	

# Audit Report

## Annex 1: Action List including opportunities for improvement and positive aspects

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Management Service

Clause no.	Process	Findings		Action for optimization <i>(optional for client to fill out)</i>		
		Description <i>(to be completed by auditor)</i>	Type <i>I/P</i>	Action	Responsible	Date
		<b>Finding:</b>				
10.2	Teaching & Examination [Non-Conformity & Corrective Action]	<b>Finding:</b> Slow Learner identification system and remedial classes conducting however [Timely] Remedial measures for Slow Learners and monitoring the effectiveness of Remedial measures may be introduced.	I			
8.5.1	Teaching & Examination	Course Outcome and Program Outcome been defined however mapping of each Modules to COs, POs may be established for all subjects, in Course Plan [for earlier regulation] and to be communicated periodically to the students	I			
7.1.3	IT	Adequate IT infrastructure/tools however automating of supporting process may be initiated through add on modules in ERP [Like IT & Electrical maintenance, Campus upkeeping, etc]	I			
5.1.2	Customer Focus	<b>Finding:</b> NAAC Accreditation, NBA Re Accreditation Introduction of New Programs [UG and PG] Industry Association and International collaboration Industry Funded Project, Good Placement level, Strategy Plan for Autonomous status and Management School.	P	--	--	--

## Audit Report

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Management Service

#### General

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Given this, during the next internal audits carried out at the sites concerned, the management representative of the central office must verify on site the effectiveness/acceptance of the corrective actions taken to address **Nonconformities**, **Minor nonconformities** and **Opportunities for improvement**, if any.

The results must be recorded and submitted to the TMS auditor at the next audit to ensure the auditor can verify the effectiveness of the corrective actions initiated.

## Audit Report

### Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: 4153454377

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Management Service

#### Guideline for Corrective Actions Acceptance

**Objective:** The purpose of this section is to provide a consistent set of criteria for the development, acceptance and implementation of corrective action responses. These guidelines apply to all standards on the basis of the ISO 17021 (i.e. QMS, EMS, AMS, ENMS ). They are intended for TÜV-SÜD auditors and audited organizations to help them understand how nonconformities should be addressed.

##### **1. Was correction to eliminate existing finding completed?**

Describe corrections for NC and MiN taken under “Intended correction and corrective action”.

e.g.: Completed missing internal audits; Conducted supplier evaluations; Segregated nonconforming material, etc.

Provide evidence that actions were planned, taken and are effective.

##### **2. Have the appropriate root causes been identified?** Consider the following:

- what caused the actual nonconformity (for NC and MiN) (occurrence of systematic failure)?
- what allowed the problem to occur without being detected internally?
- which part of the organization’s processes failed to address this issue or is the organization lacking a specific process, method, etc.?
- is the nonconformity also applicable/found in other sites (in case of multi-site and sampling certification)?

The cause shall not be a repeat or a rewording of the nonconformity statement nor of the objective evidence.

e.g.: apply the 5-Why method for root cause analysis

##### **3. Has a corrective action been determined for each identified root cause?** Each root cause must have at least one identified corrective action that eliminates / addresses the specific cause(s) and prevents recurrence of the nonconformity.

In the case of multi-sites and sampling certification, verify if the corrective action can be applied in other sites as well.

##### **4. Has appropriate evidence been provided to verify that actions taken have been implemented and are effective?**

It is the responsibility of the organization to provide evidence of internal verification of the corrective action(s), or a plan to do so. The Lead Auditor will provide due dates for submitting evidence of implementation. This could vary depending on the circumstances and standards involved.

## Audit team conclusion

Is a re-audit needed?

☐ Yes

☒ No

### Comments:

System requirements are effectively implemented, No Major non Conformances

### Type and number of audit findings

	Major nonconformities	Minor nonconformities	Opportunities for improvement	Positive aspects
Total number	0	0	1	2

Standard elements with findings are listed in the action list (NC Management).

The audit findings are based on the audit evidence collected during the audit and available to the certification body.

### Audit summary

Refer to level of maturity of the MS, commitment of top management, guaranteeing the continuous compliance with the legal and other requirements , application of performance indicators, continual improvement, meeting of objectives and targets, competence of personnel, effectiveness of internal audits and management reviews, environmental performance, etc.

Top Management Commitment towards the management system is Good.  
Objectives are effectively monitored, Positive Trend. Students feedback is good.  
New courses added - Safety & Fire Engineering & Electrical & Computer engineering.  
MoU Signoff - Department of Computer Science and Engineering has signed an MoU with UREKA Education Group, UK in September 2021.  
Department of Computer Science and Engineering has signed an MoU with Federal Academy for Cyber Education in 2021  
Department of Computer Science and Engineering has signed an MoU with Technolodge Kakkoor, Piravom in the year 2016 which is renewed in the year 2021.  
Toc H Young Indian (Yi) unit donated Fumigation machines, mask, gloves, and other related medicines to Government Hospital Mulanthuruthy, as support during this pandemic time.  
Overall Students feedback on teaching, infrastructure and resources is about 87%  
Internal Audit & MRM Conducted as per defined frequency, Internal Audit & MRM frequency Once in 6 Months, Last Internal Audit date: 16.08.2021 to 18.08.2021, Last MRM date: 09.09.2021



Auditor's name

Arasakumar Palanisamy

date

Auditor's signature

Arasakumar Palanisamy

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06.10.2021

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Management Service

# AUDIT REPORT

Organization name	Toc H Institute of Science & Technology
Standard(s)	ISO 9001:2015
Order No.	4153454377
Audit start date	2021-10-06
Audit end date	2021-10-06
Audit type	11. Surveillance Audit (Extraord. Event (IAF))
Certification type	Single
Client number	65323-01
Organization's audit representative	Anju
Certificate No.	99 100 13888
Result	<div><input type="checkbox"/> Certificate release recommended</div> <div><input checked="" type="checkbox"/> Maintenance of certificate recommended</div> <div><input type="checkbox"/> Non-Conformities were identified and closed by re-audit on site</div> <div><input type="checkbox"/> Non-Conformities were identified and closed by resubmitted documentation</div> <div><input type="checkbox"/> Suspension of certificate recommended</div> <div><input type="checkbox"/> Withdrawal of certificate recommended</div> <div><input type="checkbox"/> Certification process terminated</div>



**Enclosed documents:**

Action list  
Audit plan



## Audit conclusion

During the audit it was checked how the documented management system was established, implemented and improved at the different areas of the organization.

The audit covered relevant processes / areas of the organization in order to obtain an overall picture of the degree of management system implementation. Although performed to reasonable depth, not every detail of the complete Management System could be checked.

The processes and their associated areas of the organization were checked in accordance with the pre-agreed audit plan, audit program and process analysis.

### Verification of previous audit nonconformities

The audit team evaluated the corrective action taken for the nonconformities/ areas of concern from the previous audit.

In the case of RA / Re-Certification audits, the audit team considered the audit reports for the last two audits in the audit planning / performance of the audits and in particular checked the nonconformities / areas of concerns.

The corrective actions were found to be:

Effectively Implemented?	Yes
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### Comments:

Effectiveness of corrective action implementation verified for Clause no 8.7, Found Effective.
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Did the organization use the CB certification mark? (Controlling the use of certification documents, statements and marks)	Used; acceptable
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### Comments:

Using in college catalogue, verified and found correct.
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Audit Team	
Function	Name
Lead Auditor	Arasakumar Palanisamy
Technical Expert	Jegatheesan Kalirajan

**Changes since last audit:**

- ☐ No changes since last audit
- ☐ Significant change of scope
- ☐ Increase/decrease in number of employees
- ☐ Management System / documented information
- ☐ deviations from the audit plan
- ☐ significant issues impacting the audit program
- ☐ audit objectives or audit criteria
- ☒ Others

**Auditor to enter comments below for any changes identified above:**

Remote audit through microsoft teams meeting, Links provided by TUV SUD Auditors,
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Date of next regularly scheduled audit	15.07.2022
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## Nonconformities

All audit results gathered by the audit team during the audit (certification audit, special audit, change audit, recertification audit, re-audit, surveillance audit) shall be listed in the table below.

No.	1	Standard:	ISO 9001		Type:	
Site:	65323-01 Toc H Institute of Science & Technology, India - 682313 Ernakulam, Kerala, Arakkunnam P.O.,					
Clause no.		Process / area:				
Audit results: (filled out by auditor)	Finding:	Nil				
	Evidence:					
Action: (filled out by organization)						
Correction: (immediate)						
	when ?		who ?			
Root cause: (Why did the nonconformity occur; no repetition of the finding)						
Corrective: (action to avoid repetition of root cause)						
	when ?		who ?			
Auditor's decision of correction and corrective action: (filled out by auditor)						
Correction:	Date:		Effective (E) / Accepted (A)		Evidence of implement ation:	



Corrective:	Date:		Effective (E) / Accepted (A)		Evidence of implement ation:	
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- Note 1: Corrections / immediate actions (C) are a rapid solution to close the finding of nonconformity (NC) or (MiN)
- Note 2: Root cause analysis is mandatory for major nonconformities (NC) and minor nonconformities (MiN)
- Note 3: Corrective actions (CA) serve to eliminate the root cause (RC) and not the finding
- Note 4: In the case of major nonconformities (NC) the effectiveness (E) of the corrective action (CA) has to be confirmed.  
In the case of a minor nonconformity (MiN), corrective actions have to be accepted (A).
- Note 5: In the case of major nonconformities (NC), the effectiveness of the corrective action (CA) shall be verified during a re-audit.

## Opportunities for improvement and positive aspects

No.	Standard	Clause no.	Type	Area / Process	Statement
1	65323-01 Toc H Institute of Science & Technology, India - 682313 Ernakulam, Kerala, Arakkunnam P.O.,				
	ISO 9001	5.1.1 (9K)	P	Top management	Top Management Commitment towards the management system is Good. Internal Audit & MRM Conducted as per defined frequency, Objectives are effectively monitored.
2	65323-01 Toc H Institute of Science & Technology, India - 682313 Ernakulam, Kerala, Arakkunnam P.O.,				
	ISO 9001	5.1.1 (9K) 5.1.2 (9K)	P	Top management	New courses added - Safety & Fire Engineering & Electrical & Computer engineering. Students feedback is good. MoU Signoff - Department of Computer Science and Engineering has signed an MoU with UREKA Education Group,UK in September 2021. Department of Computer Science and Engineering has signed an MoU with Federal Academy for Cyber Education in 2021 Department of Computer Science and Engineering has signed an MoU with Technolodge Kakkoor, Piravom in the year 2016 which is renewed in the year 2021. Toc H Young Indian (Yi) unit donated Fumigation machines, mask, gloves, and other related medicines to Government Hospital Mulanthuruthy, as support during this pandemic time. Overall Students feedback on teaching, infrastructure and resources is about 87%
3	65323-01 Toc H Institute of Science & Technology, India - 682313 Ernakulam, Kerala, Arakkunnam P.O.,				
	ISO 9001	8.5.1 (9K)	I	Teaching & Examination	Safety & Fire engineering programme specific outcome defined, It may be included more output measures.



№	Standard	Clause no.	Type	Area / Process	Statement



Management Service

# AUDIT REPORT

Organization name	Toc H Institute of Science & Technology
Standard(s)	ISO 9001:2015
Order No.	4153454377
Audit start date	2022-12-12
Audit end date	2022-12-12
Audit type	12. Surveillance Audit
Certification type	Single
Client number	65323-01
Organization's audit representative	Anju
Certificate No.	99 100 13888
Result	<div><input type="checkbox"/> Certificate release recommended</div> <div><input checked="" type="checkbox"/> Maintenance of certificate recommended</div> <div><input type="checkbox"/> Non-Conformities were identified and closed by re-audit on site</div> <div><input type="checkbox"/> Non-Conformities were identified and closed by resubmitted documentation</div> <div><input type="checkbox"/> Suspension of certificate recommended</div> <div><input type="checkbox"/> Withdrawal of certificate recommended</div> <div><input type="checkbox"/> Certification process terminated</div>



**Enclosed documents:**

Action list  
Audit plan



Audit Team	
Function	Name
Lead Auditor	Sivasubramanian Vairaperumal
Auditor	K. Sundaresan

**Changes since last audit:**

☒ No changes since last audit

Date of next regularly scheduled audit	2023-12-09
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## Audit conclusion

During the audit it was checked how the documented management system was established, implemented and improved at the different areas of the organization.

The audit covered relevant processes / areas of the organization in order to obtain an overall picture of the degree of management system implementation. Although performed to reasonable depth, not every detail of the complete Management System could be checked.

The processes and their associated areas of the organization were checked in accordance with the pre-agreed audit plan, audit program and process analysis.

### Verification of previous audit nonconformities

The audit team evaluated the corrective action taken for the nonconformities/ areas of concern from the previous audit.

In the case of RA / Re-Certification audits, the audit team considered the audit reports for the last two audits in the audit planning / performance of the audits and in particular checked the nonconformities / areas of concerns.

The corrective actions were found to be:

Effectively Implemented?	Not applicable (no existing MiN or NC)
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### Comments:

No NC raised in the previous audits
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Did the organization use the CB certification mark? (Controlling the use of certification documents, statements and marks)	Used; acceptable
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### Comments:

Used on catalogues
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## Audit team conclusion

Is a re-audit needed?

☐ Yes

☒ No

### Comments:

No Major NC raised requiring a reaudit

### Type and number of audit findings

	Major nonconformities	Minor nonconformities	Opportunities for improvement	Positive aspects
Total number	0	0	0	1

Standard elements with findings are listed in the action list (NC Management).

The audit findings are based on the audit evidence collected during the audit and available to the certification body.

### Audit summary

Refer to level of maturity of the MS, commitment of top management, guaranteeing the continuous compliance with the legal and other requirements, application of performance indicators, continual improvement, meeting of objectives and targets, competence of personnel, effectiveness of internal audits and management reviews, environmental performance, etc.

The Top management is committed and shown excellent leadership in the continual improvements of the Institutes. Legal compliances are met. Various parameters are monitored and controlled for effective and efficient management of systems. Internal audits and MRM are conducted as per plan. Last Audit conducted during 18,19,20th Oct'22 with Minor NCs of 40 and all closed by 3-11-22. MRM Last conducted on 4-11-22. Objectives are monitored (21-22); 1.Placement %, Target-90%, Actual-89.5%. 2.pass % University, Target- 60%, Actual- 61.5%.

Auditor's name

Sivasubramanian Vairaperumal

date

Auditor's signature

Sivasubramanian Vairaperumal

2022-12-12



Management Service

# AUDIT REPORT

Organization name	Toc H Institute of Science & Technology
Standard(s)	ISO 9001:2015
Order No.	4153860796
Audit start date	2023-09-29
Audit end date	2023-09-29
Audit type	6. Repeat-Audit
Certification type	Single
Client number	65323-01
Organization's audit representative	Anju
Certificate No.	99 100 13888
Result	<div><input checked="" type="checkbox"/> Certificate release recommended</div> <div><input type="checkbox"/> Maintenance of certificate recommended</div> <div><input type="checkbox"/> Non-Conformities were identified and closed by re-audit on site</div> <div><input type="checkbox"/> Non-Conformities were identified and closed by resubmitted documentation</div> <div><input type="checkbox"/> Suspension of certificate recommended</div> <div><input type="checkbox"/> Withdrawal of certificate recommended</div> <div><input type="checkbox"/> Certification process terminated</div>



**Enclosed documents:**

Action list  
Audit plan

Audit Team	
Function	Name
Lead Auditor	Sendur Kumar Chinnasamy
Auditor	Karthikeyan Murugesan
Auditor	Selvakumar Maruthachalam
Technical Expert	Saravana Krishnan

**Changes since last audit:**

☒ No changes since last audit

Date of next regularly scheduled audit	31-07-2024
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## Audit conclusion

During the audit it was checked how the documented management system was established, implemented and improved at the different areas of the organization.

The audit covered relevant processes / areas of the organization in order to obtain an overall picture of the degree of management system implementation. Although performed to reasonable depth, not every detail of the complete Management System could be checked.

The processes and their associated areas of the organization were checked in accordance with the pre-agreed audit plan, audit program and process analysis.

### Verification of previous audit nonconformities

The audit team evaluated the corrective action taken for the nonconformities/ areas of concern from the previous audit.

In the case of RA / Re-Certification audits, the audit team considered the audit reports for the last two audits in the audit planning / performance of the audits and in particular checked the nonconformities / areas of concerns.

The corrective actions were found to be:

Effectively Implemented?	No (MiN or NC necessary)
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### Comments:

Last year Audit there is no NC verified
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Did the organization use the CB certification mark? (Controlling the use of certification documents, statements and marks)	Used; acceptable
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### Comments:

Used in Brouchures,Letter pads
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## Audit team conclusion

Is a re-audit needed?

☐ Yes

☒ No

### Comments:

There is no Major NC which requires Re-audit

### Type and number of audit findings

	Major nonconformities	Minor nonconformities	Opportunities for improvement	Positive aspects
Total number	0	1	0	1

Standard elements with findings are listed in the action list (NC Management).

The audit findings are based on the audit evidence collected during the audit and available to the certification body.

### Audit summary

Refer to level of maturity of the MS, commitment of top management, guaranteeing the continuous compliance with the legal and other requirements , application of performance indicators, continual improvement, meeting of objectives and targets, competence of personnel, effectiveness of internal audits and management reviews, environmental performance, etc.

Management commitment evidenced through actions taken for objectives, Continual improvements, Quality policy is communicated in the organisation.  
Internal audits conducted once in 6 months as per plan. Last audit conducted on 18.07.2023 to 20.07.2023 . 0NCs& 49 observations Observed & closed.  
Management reviews conducted once in 6 months as per plan. Last MRM conducted on 14.08.2023  
For Customer focus we have done resource addition of increased 1 buses to improve transportation for students.

Auditor's name

Sendur Kumar Chinnasamy

date

Auditor's signature

Sendur Kumar Chinnasamy

29.09.2023





## Nonconformities

All audit results gathered by the audit team during the audit (certification audit, special audit, change audit, recertification audit, re-audit, surveillance audit) shall be listed in the table below.

No.	1	Standard:	ISO 9001	Type:	MIN
Site:	65323-01 Toc H Institute of Science & Technology, India - 682313 Ernakulam, Kerala, Arakkunnam P.O.,				
Clause no.	8.5.1 (9K)	Process / area:	Inprocess Control		
Audit results: (filled out by auditor)	Finding:	The process of Mentoring for the one of the slow learner was not evidenced in the MBA departments.			
	Evidence:	Student Name : Sharin saji ,Reg No:Toc 21MBA49,Subject Name:Performance Management ,Facilty :Nusrin ,First internal Marks - 8/30,Mentoring is not evidenced for the above slow performer.			
Action: (filled out by organization)					
Correction: (immediate)	Faculty address the weak students and discuss on important topics and they are advised to submit assignments on important topic. The scanned copy of an assignment thus submitted by Sharon Shaji, for Performance Management is attached for your pesural. The remedial assignment submitted by Sharon Shaji for Business analytics is also attached for your reference. the students parents were informed of his low class performance				
	when ?	2023-05-02	who ?	HOD Incharge	
Root cause: (Why did the nonconformity occur; no repetition of the finding)	Though the Guest facutly Ms. Nasrin , conducted discussions with Sharon , the remedial assignments could not be shown. The same has been attached now .				
Corrective: (action to avoid repetition of root cause)	Will ensure that all such remedial measures be filled in the course file for a subjects.				
	when ?	2023-05-03	who ?	HOD Incharge	



Auditor's decision of correction and corrective action: (filled out by auditor)						
Correction:	Date:	2023-05-02	Effective (E) / Accepted (A)	A	Evidence of implement ation:	Effectiveness will be verified during Next Audit
Corrective:	Date:	2023-05-02	Effective (E) / Accepted (A)	A	Evidence of implement ation:	Effectiveness will be verified during Next Audit

- Note 1: Corrections / immediate actions (C) are a rapid solution to close the finding of nonconformity (NC) or (MiN)
- Note 2: Root cause analysis is mandatory for major nonconformities (NC) and minor nonconformities (MiN)
- Note 3: Corrective actions (CA) serve to eliminate the root cause (RC) and not the finding
- Note 4: In the case of major nonconformities (NC) the effectiveness (E) of the corrective action (CA) has to be confirmed.  
In the case of a minor nonconformity (MiN), corrective actions have to be accepted (A).
- Note 5: In the case of major nonconformities (NC), the effectiveness of the corrective action (CA) shall be verified during a re-audit.

## Opportunities for improvement and positive aspects

ö Z	Standard	Clause no.	Type	Area / Process	Statement
1	65323-01 Toc H Institute of Science & Technology, India - 682313 Ernakulam, Kerala, Arakkunnam P.O.,				
	ISO 9001	5.1.2 (9K) 7.1.1 (9K)	P	Customer Foucs & Resources General	Students & Parents Feedback is good from Institutions & Admission level is good compared to last year . Placement is good is around 4% increased in Last Year . Resources Addition 1 Buses increased in transportation as per interested parties requirements.