

IQAC AUDIT

AUG - 2021

Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING
HOSUR
IQAC AUDIT
MINUTES OF MEETING

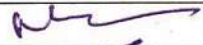
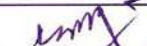


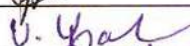
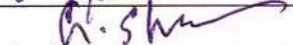
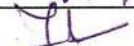
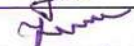


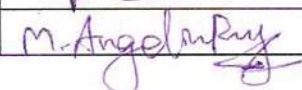
02/08/21

The IQAC Academic and Administrative Audit related meeting is convened today by the Principal along with all HODs to keep the records up to date and to get ready for the Audit that will commence from the 3rd week of August 2021. All the HODs have agreed to get ready for the audit and extend their full support and co-operation.

The points discussed in the meeting are as follows:

1. The attendance register log book, academic calendar, faculty notes and other particulars pertaining to academic side should be kept ready for the audit.
2. The procedures and requirements for the audit should be kept up to date and produced the auditor on demand without any loss of time.
3. HOD and Principal's authentication should be obtained on all the records.
4. Trend charts, continual improvement program, action plan should be updated and kept ready for the audit.
5. The records pertaining to departmental meetings and minutes of the meeting have to be updated.
6. Result analysis the same has to be prepared year wise, semester wise, subject wise, department wise and faculty wise for the audit.
7. The improvement made in the department on the basis of complaints, suggestions and student's feedback has to be kept ready for the audit.
8. Action taken on indiscipline activities of the students should be updated and kept ready for the audit.
9. Motivation of the staff and student records has to be prepared and kept ready for audit.
10. Housing keeping register should be updated and kept ready for the audit.
11. Training need identification of staff, faculty profile records have to be updated and kept ready for the audit.
12. CAPA report if any should be prepared and kept ready for the audit.

13. Internal communication circular records have to be filed and kept ready for the audit.
14. Backup data for the records in computers has to be maintained.
15. Syllabus completion review, method of selection of question paper, previous year university examination question paper has to be updated and kept ready for the audit.
16. List of formats in the department has to be kept ready for the audit.
17. Infrastructure requirements for the department have to be prepared and kept ready for the audit.
18. Laboratory requirement and Calibration details have to be kept ready for the audit.
19. Alumni association records have to be updated and kept ready for the audit.

S:No	Department	Name	Signature
1	S&H	DR. M. SURESH	
2	AERO	Mrs R. KARTAIKEYAN	
3	CIVIL	S. Rameshwari	
4	CSE	P. SUMATHI	
5	ECE	DR. V. VIJAYA KUMAR	
6	EEE	G. SHASIKALA	
7	IT	Dr. A. MAHESH	
8	MECH	Dr. P. RAJASEKARAN	
9	MCO	Dr. M. Sathishkumar	
10	MBA	DR. RAJESH	
11	MCA	Mrs. M. Angelin Rosy	


MR

The Co-ordinator
Internal Quality Assurance Cell
Er. Perumal Manimekalai College of Engineering
Koneripalli, Hosur - 635117


PRINCIPAL

Principal
Er. Perumal Manimekalai College of Engineering
Koneripalli, HOSUR - 635 117, Krishnagiri Dist.
Tamil Nadu, India.

E. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR

STAFF CIRCULAR

02-08-2021

This is to inform that, internal Audit for ISO will be conducted on the following dates. All the Co-ordinator are requested to keep all the records in a complete manner. Follow up audit will be taken for the same, in two days after completion of the audit.

S.No.	Date	Time	Auditor	Dept.	Sign	Auditee	Dept.	Sign
1	16-08-2021	10.00 AM	Dr.P.Rajasekaran	MECH	<i>[Signature]</i>	Prof. R. Karthikeyan Asst. Prof. Ramesh	AERO	<i>[Signature]</i>
2	16-08-2021	2.00 PM	Dr. J. Vijayakumar	PRO	<i>[Signature]</i>	Prof. R. Karthikeyan Asst. Prof. Ramashwari	CIVIL	<i>[Signature]</i>
3	17-08-2021	10.00 AM	Dr. M. Sahithullah	MR	<i>[Signature]</i>	Prof. Sumathi Dr. Shanmuga Karpagam	CSE	<i>[Signature]</i>
4	17-08-2021	2.00 PM	Asst.Prof. G. Shasikala	EEE	<i>[Signature]</i>	Dr.V.Vijayakumari Asst Prof.S Vidhya	ECE	<i>[Signature]</i>
5	18-08-2021	10.00 AM	Asst.Prof.M Dukitha	MCA	<i>[Signature]</i>	Asst Prof. G. Shasikala Asst.Prof. Meenakumari	EEE	<i>[Signature]</i>
6	18-08-2021	2.00 PM	Prof. R. Karthikeyan	AERO	<i>[Signature]</i>	Prof. M. Sahithullah Asst. Prof. Suresh Kumar	MCO	<i>[Signature]</i>
7	19-08-2021	10.00 AM	Prof. P.Sumathi	CSE	<i>[Signature]</i>	Dr.P. Rajasekaran Asst. Prof. Udayakumar	MECH	<i>[Signature]</i>
8	19-08-2021	2.00 PM	Prof. G. Shasikala	EEE	<i>[Signature]</i>	Dr. Magesh Asst. Prof. Richard	IT	<i>[Signature]</i>
9	20-08-2021	10.00 AM	Prof. R. Karthikeyan	AERO	<i>[Signature]</i>	Dr. Rajesh Asst. Prof. Sangee Rani	MBA	<i>[Signature]</i>
10	20-08-2021	2.00 PM	Dr. M. Sahithullah	MR	<i>[Signature]</i>	Prof. M Angelin Rosy Asst. Prof. Dukitha	MCA	<i>[Signature]</i>
11	21-08-2021	10.00 AM	Prof. P.Sumathi	CSE	<i>[Signature]</i>	Dr. Suresh Dr. Selvi	S & H	<i>[Signature]</i>
12	21-08-2021	2.00 PM	Dr.P.Rajasekaran	MECH	<i>[Signature]</i>	Mr. M C Yeshwanth	LIB	<i>[Signature]</i>
13	23-08-2021	10.00 AM	Asst.Prof. Dukitha	MCA	<i>[Signature]</i>	Mr. Kailash	MESS	<i>[Signature]</i>

14	23-08-2021	2.00 PM	Dr. J. Vijayakumar	PRO	<i>J.V</i>	Mrs. Valli	Maint.	<i>K-Valli</i>
15	24-08-2021	10.00 AM	Prof. G. Shasikala	EEE	<i>G. J</i>	Mr. Uma shankar	Logistics	<i>Uma</i>
16	24-08-2021	2.00 PM	Asst.Prof. Dukitha	MCA	<i>M.D</i>	Mrs. Padma	Purch.	<i>Padma</i>
17	25-08-2021	10.00 AM	Dr. M. Sahithullah	MR	<i>M.S</i>	The Secretary	Top Mgt	-
18	25-08-2021	2.00 PM	Prof. R. Karthikeyan	AERO	<i>R.K</i>	Dr. M. Sahithullah	MR	<i>M.S</i>
19	26-08-2021	10.00 AM	Dr. J. Vijayakumar	PRO	<i>J.V</i>	Mrs. Latha	CG & C	<i>Latha</i>
20	26-08-2021	2.00 PM	Prof. P. Sumathi	CSE	<i>P.S</i>	Dr. R. Rajesh	TRG	<i>Rajesh</i>

s.c.it
Principal
 Er. Perimal Manimekalai College of Engineering
 Kuvempudi, HOSUR - 635 117, Krishnagiri Dist.
 Tamil Nadu, India.

Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR
Internal Audit Summary

Institution	Department	Date	Audit Findings				Remarks
			NC	OBS	SUG	Findings Pending (NC & OBS)	
	Engineering : Academics		40	-	-	NIL	

Institution	Department	Date	Audit Findings				Remarks	
			NC	OBS	SUG	Findings Pending (NC & OBS)		
Engineering	AERO	16-08-2021	2	-	-	NIL	-	-
	CIVIL		2	-	-	NIL	-	-
	CSE	17-08-2021	2	-	-	NIL	-	-
	ECE		2	-	-	NIL	-	-
	EEE	18-08-2021	2	-	-	NIL	-	-
	MCO		2	-	-	NIL	-	-
	MECH	19-08-2021	2	-	-	NIL	-	-
	IT		2	-	-	NIL	-	-
	MBA	20-08-2021	2	-	-	NIL	-	-
	MCA		2	-	-	NIL	-	-
	Science & Humanities	21-08-2021	2	-	-	NIL	-	-

Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR
Internal Audit Summary

Institution	Department	Date	Audit Findings				Findings Pending (NC & OBS)	Remarks	
			NC	OBS	SUG				
Engineering	Top Management	-	-	-	-	NIL	-	-	
	Mgt. Representative	25-08-2021	2	-	-	NIL	-	-	
	Library (Engg, MBA)	21-08-2021	2	-	-	NIL	-	-	
	Purchase	24-08-2021	2	-	-	NIL	-	-	
	Training & Development	26-08-2021	2	-	-	NIL	-	-	
	Recruitment Cell	27-08-2021	2	-	-	NIL	-	-	
	Counselling & Admission	26-08-2021	2	-	-	NIL	-	-	
	Maintanance	23-08-2021	2	-	-	NIL	-	-	
	Mess	23-08-2021	2	-	-	NIL	-	-	
	Logistics	24-08-2021	2	-	-	NIL	-	-	

Doc:C / RD 06

APPROVED BY:

YEAR (2020 - 2021)

FUNCTION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Top Management								*				
Mgt. Representative								*				
Engineering: Academics								*				
Library (Engg, MBA)								*				
Purchase								*				
Training & Development								*				
Recruitment Cell								*				
Counselling & Admission								*				
Lab & Workshop								*				
Maintanance								*				
Mess								*				
Logistics								*				
Hostel & Canteen								*				

Whole Cycle of audit will be covered atleast once in six months

Institution wise activities are covered as the frequency

Counselling & Admission	Covered atleast once in Six months
Lab & Workshops	All labs and workshops of all institutions are covered atleast once in a year
Syllabus Planning and Execution	All Departments like Mechanical, Computer Science, MBA will get covered once in a year

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**ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST**

Name of the Auditee: *Mr. R. Kartikayan.*

Mr. R. Ramesh

Name of the Auditor: *Dr. P. Rajasekaran*

Function: *Aero / ENGG*

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceduces / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.	✓	
20	Motivation of the staffs / Students and support provided by HOD's	✓	
21	Training need identification for the staffs by the departmental HOD's	✓	
22	Faculty profile - compliance to regularly requirements to be checked.	✓	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	✓	
24	Internal communication records like circulars.	✓	
25	Incase if records are maintained in computers, backup of data to be ensured.	✓	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	✓	
27	Method of selection of question papers(unit test and midterm tests)	✓	
28	Preservation of previous year university exam question papers.	✓	
29	List of formats used in the department and is that controlled.	✓	
30	Review of infrastructure requirements within the department at defined intervals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	✓	
31	Housekeeping maintain with in the departments.	✓	
LABORATORY			
32	Identification of equipments	✓	
33	Calibration of equipments. (Internal / external calibration records)	✓	
34	Preventive maintenance of equipments where appropriate.	✓	
35	Adequate no.of Fire Extinguishers in the area.	✓	
36	First aid kits stuffed with necessary Antidotes	✓	
37	Safety gears provided for the students operating equipments.	✓	
38	Start and shot down instruction where appropriate.	✓	
39	Sign boards in the laboratory.	✓	
40	Display of quality policy.	✓	
41	List of consumables used in the laboratory and maintainance of sufficient stock.	✓	
42	Non conforming materials to be identified quarantined.	✓	
43	Horizontal deployment initiatives.	✓	
44	Change made in the system considereing improvements / improving process performance.	✓	
45	Relevant process charts can be displayed in the laboratory.	✓	

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: *PMC TECH* Department: *Aero / ENG G*

Auditor: *Dr. P. Rajalakshmi*

Description of sample chosen (Year / Semester / Paper / Unit):

Date: *16.8.2021*

S.No.	Description of Audit Finding	Category	Std C ref
1.	<i>Faculty profile not Evidenced</i>	<i>NC</i>	
	<i>Ref: Panner sewan</i>		
2.	<i>Students feedback on faculty</i>		
	<i>Bar chart yet to update</i>	<i>NC</i>	
	<i>Ref: II year</i>		

NON CONFORMITY REPORT

Report No:

Function: *Acad / ENGLU*

Date: *16.8.2021*

Auditor: *Dr. P. Rajalekshmi*

Auditee: *Mr. R. Kartikeyan*
Mr. R. Ramesh

NON CONFORMANCE

<i>Faculty Profile not Evidenced</i>	
AUDITOR: <i>P. Rajalekshmi</i>	Std Clause / Doc. Ref:
	<i>P. Rajalekshmi</i> AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	<i>Profile available in the form of soft copy and yet to print</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Printed profile documented in the profile file</i>	<i>HOD</i>	<i>18.8.21</i>	<i>Closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Faculty profile should be updated immediately after joining the department</i>	<i>HOD</i>	<i>18.8.21</i>	<i>Closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified.
18/8/21

NON CONFORMITY REPORT

Report No:

Function: Aero / ENGLU

Date: 16.8.2021

Auditor: Dr. P. Rajalekaran

Auditee: Mr. R. Karthikeyan
Mr. R. Ramesh

NON CONFORMANCE

<p style="font-size: 1.2em;">Student feedback on faculty bar chart yet to be update.</p> <p style="font-size: 1.5em; margin-left: 20px;"><i>[Signature]</i></p>	<p style="text-align: right;">A. Prasad AUDITEE</p>
AUDITOR:	Std Clause / Doc. Ref:

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Student feedback form collected and bar chart also made but not documented.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Immediately action to be taken to class document the students feedback	Advisor	18.8.2021	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Here after, students feedback done on line	Advisor	18.8.2021	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

FORM: QSF 02

Version No:1.0

Issue Date

Verified
by
18/8/21

ODD (CIVIL)

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: S. RAMESHWARI / M. BALAMURULAN / ARESHMA

Name of the Auditor: DR. J. VIJAYA KUMAR

Function: CIVIL / ENGG

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awareness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.		✓
20	Motivation of the staffs / Students and support provided by HOD's		✓
21	Training need identification for the staffs by the departmental HOD's		✓
22	Faculty profile - compliance to regularly requirements to be checked.		✓
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.		✓
24	Internal communication records like circulars.		✓
25	Incase if records are maintained in computers, backup of data to be ensured.		✓
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by		✓
27	Method of selection of question papers(unit test and midterm tests)		✓
28	Preservation of previous year university exam question papers.		✓
29	List of formats used in the department and is that controlled.		✓
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		✓
31	Housekeeping maintain with in the departments.		✓
LABORATORY			
32	Identification of equipments		✓
33	Calibration of equipments. (Internal / external calibration records)		✓
34	Preventive maintenance of equipments where appropriate.		✓
35	Adequate no.of Fire Extinguishers in the area.		✓
36	First aid kits stuffed with necessary Antidotes		✓
37	Safety gears provided for the students operating equipments.		✓
38	Start and shot down instruction where appropriate.		✓
39	Sign boards in the laboratory.		✓
40	Display of quality policy.		✓
41	List of consumables used in the laboratory and maintenance of sufficient stock.		✓
42	Non conforming materials to be identified quarantined.		✓
43	Horizontal deployment initiatives		✓
44	Change made in the system considereing improvements / improving process performance.		✓
45	Relevant process charts can be displayed in the laboratory.		✓

C. R. S.
Signature of the Auditee

J. M.
Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC TECH Department: CIVIL / ENUGA

Auditor: Dr. J. VIJAYAKUMAR

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 16.08.2021

S.No.	Description of Audit Finding	Category	Std C ref
1.	Lab manual not evidence Reference: water & wastewater analysis ^{lab}	NC	4.2.1
2.	Lesson Plan not evidence. Reference: structural design & drawing	NC	4.2.1

NON CONFORMITY REPORT

Report No:



Function: CIVIL/ENUG

Date: 16.8.2021

Auditor: Dr. J. VISAYAKUMAR.

Auditee: S. RAMESHWAR
M. BALAMURUGAN

NON CONFORMANCE

Lab manual not evidence.		
AUDITOR: 	4.2.1 Std Clause / Doc. Ref:	AUDITEE: 

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	lab manual in the form of softcopy

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	lab manual handcopy prepared in format and authenticated by HOD and Principal	Thangamathi	18.8.21	closed

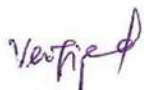
PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	lab manual preparation in hand copy should be submitted before the commencement of semester.			

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :


on 18/8/21

NON CONFORMITY REPORT

Report No:

Function: CIVIL/ENUG

Date: 16.8.21

Auditor: Dr. J. VIJAYAKUMAR

Auditee: S. RAMESHWAR

M. BALAMURUGAN

NON CONFORMANCE

Lesson Plan not evidence		
AUDITOR: J.V.	4.2.1 Std Clause / Doc. Ref:	AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	Lesson Plan in the form of soft copy

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Hand copy of lesson plan stapled in log book.	Reshma	18.8.21	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Lesson Plan should be updated & documented before the commencement of semester.			

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified.
on
18/8/21

- ODD (CSE)

ASAP MANAGEMENT CONSULTANTS (P) LTD

AUDIT CHECKLIST

Name of the Auditee: **PROF. SUMATHI**
Mrs. P. Anket Pamila Suba, AP/CSE
Dr. N. Shanmuga Karagan AP/CSE

Name of the Auditor: **Dr. M. Sakithullah**

Function: CSE/EWH

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	✓	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	NC	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's		
22	Faculty profile - compliance to regularly requirements to be checked.		
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.		
24	Internal communication records like circulars.		
25	Incase if records are maintained in computers, backup of data to be ensured.		
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by		
27	Method of selection of question papers(unit test and midterm tests)		
28	Preservation of previous year university exam question papers.		
29	List of formats used in the department and is that controlled.		
30	Review of Infrastructure requirements within the department at defined Internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		
31	Housekeeping maintain with in the departments.		
LABORATORY			
32	Identification of equipments		
33	Calibration of equipments. (Internal / external calibration records)		
34	Preventive maintenance of equipments where appropriate.		
35	Adequate no.of Fire Extinguishers in the area.		
36	First aid kits stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.		
38	Start and shot down instruction where appropriate.		
39	Sign boards in the laboratory.		
40	Display of quality policy.		
41	List of consumables used in the laboratory and maintainance of sufficient stock.		
42	Non conforming materials to be identified quarantined.		
43	Horizontal deployment initiatives.		
44	Change made in the system considereing improvements / improving process performance.		
45	Relevant process charts can be displayed in the laboratory.		

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC TECH Department: CSE / ECE / EEE

Auditor: Prof. m. Sathishkumar

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 17/8/21

S.No.	Description of Audit Finding	Category	Std C ref
1	Unit Test Answer Key Not Evidence Reference: II year - Communication Engg	MC	4.2.1
2	Lab manual Not Evidence Ref: OOAD Lab Video Not updated	MC	4.2.1

NON CONFORMITY REPORT

Report No:

Function: CSE/EUW



Date: 17/8/21

Auditor: Dr. M. Saikhullah

Auditee:
 Prof. S. N. Patil
 Mrs. Anket Pamila Shukla AP/CSE
 Dr. N. Shriya Karpagam AP/CSE

NON CONFORMANCE

Unit Test Answer key not Evident
 Ref: II year Subject Answer key - Communication Engineering

AUDITOR:  **Std Clause / Doc. Ref:** **AUDITEE** 

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Answer key not updated as the hand copy collected as a soft copy.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Collected a Handcopy of Answer keys and documented with the Signature of faculty and HOD	Ms. Deepa	18/8/21	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Answer key to be submitted along the Question paper submission	Ms. Deepa	18/8/21	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

NON CONFORMITY REPORT

Report No:

Function: CSE/Engg

Date: 17/8/21

Auditor: Dr. M. Sathikulah

Auditee:

Prof. Sumathi
Mrs. P. Anlet Permalai Shukri
AP/CSE
Dr. M. Sharmya ICaipayam AP/CSE

NON CONFORMANCE

<p>Lab Manual not Evidence Ref: OOAD Lab video not updated.</p>	<p>2.2.1 Std Clause / Doc. Ref:</p>
<p>AUDITOR: </p>	<p> AUDITEE</p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Lab Manual is in the form of soft copy

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Lab Manual is submitted in the form of Hardcopy with faulted and signed signature.	Mr. Yoganath	18/8/21	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Lab Manual should be submitted in the form of Hardcopy before the commencement of Semester.	Mr. Yoganath	18/8/21	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
on
19/8/21

**ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST**

Aug / 21

Name of the Auditee: *Dr. V. Vijayakumari*
Dr. A. Kavitha / VIDHYA
Name of the Auditor: *Prof. G. Sasihala*

Function: *ECE / ENGL*

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	✓	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awareness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	NC	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.	✓	
20	Motivation of the staffs / Students and support provided by HOD's	✓	
21	Training need identification for the staffs by the departmental HOD's	✓	
22	Faculty profile - compliance to regularly requirements to be checked.	✓	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	✓	
24	Internal communication records like circulars.	✓	
25	Incase if records are maintained in computers, backup of data to be ensured.	✓	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	✓	
27	Method of selection of question papers(unit test and midterm tests)	✓	
28	Preservation of previous year university exam question papers.	✓	
29	List of formats used in the department and is that controlled.	✓	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	✓	
31	Housekeeping maintain with in the departments.	✓	
LABORATORY			
32	Identification of equipments	✓	
33	Calibration of equipments. (Internal / external calibration records)	✓	
34	Preventive maintenance of equipments where appropriate.	✓	
35	Adequate no.of Fire Extinguishers in the area.	✓	
36	First aid kits stuffed with necessary Antidotes	✓	
37	Safety gears provided for the students operating equipments.	✓	
38	Start and shot down instruction where appropriate.	✓	
39	Sign boards in the laboratory.	✓	
40	Display of quality policy.	✓	
41	List of consumables used in the laboratory and maintanance of sufficient stock.	✓	
42	Non conforming materials to be identified quarantined.	✓	
43	Horizontal deployment initiatives.	✓	
44	Change made in the system considereing improvements / improving process performance.	✓	
45	Relevant process charts can be displayed in the laboratory.	✓	

P. V. Ghat
Signature of the Auditee

A. S. K.
Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution:

Department: ECE / Engg

Auditor: prof. C. Sasihala

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 14-2-21

S.No.	Description of Audit Finding	Category	Std C ref
1.	student Profile not updated - 2nd year.	NC	4.2.3
2.	Bloome's Taxonomy was not allowed in Q.P		

NON CONFORMITY REPORT

Report No:

Function: ECE/Engg

Date: 17.8.21



Auditor: Prof. G. Sasi kala

Auditee: Dr. V. Vijayakumari

Dr. A. Kavitha

Mrs. VIDUYA

NON CONFORMANCE

Student Profile not updated - 2nd year		
AUDITOR: 	4.2.1 Std Clause / Doc. Ref:	 AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1	Internal Entry student details was not received completely.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Students details are collected and updated.	HOD	24.8.21	closed.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Students details for profile are collected in the beginning and filled updated	HOD	24.8.21	closed.

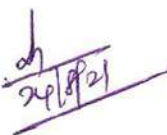
Resource Requirements if any

: Nil

Effectiveness of the corrective action taken

: Verified

Verified by and closed on

: Verified 
24/8/21

NON CONFORMITY REPORT

Report No:

Function: ECE/Engg

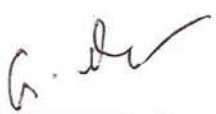

Date: 17.8.21

Auditor: prof. G. Sasikala

Auditee: Dr. V. Vijayakumar

Dr. A. Kavitha

NON CONFORMANCE

Bloom's Taxonomy was not followed in Q.P		
AUDITOR: 	4.2.1	AUDITEE: 
	Std Clause / Doc. Ref:	

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1	Questions are not asked in a format.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Questions were asked as per the format	HOD	24.8.21	closed.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Q.P will be formed with the Bloom's taxonomy in the initial	HOD	24.8.21	closed.

Resource Requirements if any

: Nil

Effectiveness of the corrective action taken

: Verified

Verified by and closed on

: Verified


24/8/21

**ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST**

Aug / 21

Name of the Auditee: Mas. G. Chasphala
Mas. S. Meenakumari

Name of the Auditor: Mas. M. Dukitha
ASSISTANT PROFESSOR.

Function: FEE / ENGG.

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceduces / department manual		
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's	/	
21	Training need identification for the staffs by the departmental HOD's	/	
22	Faculty profile - compliance to regularly requirements to be checked.	/	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	/	
24	Internal communication records like circulars.	/	
25	Incase if records are maintained in computers, backup of data to be ensured.	/	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	/	
27	Method of selection of question papers(unit test and midterm tests)	/	
28	Preservation of previous year university exam question papers.	/	
29	List of formats used in the department and is that controlled.	/	
30	Review of infrastructure requirements within the department at defined intervals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of shelves in the department.	/	
31	Housekeeping maintain with in the departments.	/	
LABORATORY			
32	Identification of equipments	/	
33	Calibration of equipments. (Internal / external calibration records)	/	
34	Preventive maintenance of equipments where appropriate.	/	
35	Adequate no. of Fire Extinguishers in the area.	/	
36	First aid kits stuffed with necessary Antidotes	/	
37	Safety gears provided for the students operating equipments.	/	
38	Start and shut down instruction where appropriate.	/	
39	Sign boards in the laboratory.	/	
40	Display of quality policy.	/	
41	List of consumables used in the laboratory and maintenance of sufficient stock.	/	
42	Non conforming materials to be identified and quarantined.	/	
43	Horizontal deployment initiatives.	/	
44	Change made in the system considering improvements / improving process performance.	/	
45	Relevant process charts can be displayed in the laboratory.	/	

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC TECH

Department: EEE / ENGG

Auditor: MAS. M. DUKHTA

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 18.8.21

S.No.	Description of Audit Finding	Category	Std C ref
1.	student profile not updated (Reference III year)	N.C	6.2
2.	Tutorial Hours not Capturing lesson plan.	NC	6.4.1

NON CONFORMITY REPORT

Report No:

Function: EEE/ENGG

Date: 18.8.21

Auditor: Mrs. M. Dohitha

Auditee: Mrs. G. Shailkala
Mrs. S. Meenakumari

NON CONFORMANCE

student Profile not updated (Ref. III year).

AUDITOR: HPDK

4.2.2
Std Clause / Doc. Ref:

[Signature]
AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	Available in soft copy not documented.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Informed to update profile in time.			
2.	Informed to take printout and documented in time.	Mrs. Geetha Kumari	Immediate	Closed.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Continuous followup of updation and same documented.	Mrs. Senthil Kumari	23.8.21	Closed.

Resource Requirements if any

: Nil.

Effectiveness of the corrective action taken

:

Verified by and closed on

: Verified.

[Signature]
23/8/21

NON CONFORMITY REPORT

Report No:

Function: EEE / ENIG

Date: 18.8.21

Auditor: Mrs. M. Dakitha

Auditee: Mrs. G. Shasthala

Mrs. S. Meenakumari

NON CONFORMANCE

<p style="font-size: 1.2em;">Tutorial Hours not Capturing lesson plan.</p>
<div style="width: 30%;"> <p>AUDITOR: M. Durr</p> </div> <div style="width: 30%; text-align: center;"> <p>4.2.2 Std Clause / Doc. Ref:</p> </div> <div style="width: 30%; text-align: right;"> <p>AUDITEE</p> </div>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	Tutorial Hours handled but not documented.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Informed to update and documented in time.	L. Maheswari	23.8.21	closed.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Planning of tutorial hours in lesson plan to be executed & documented	L. Maheswari	23.8.21	closed.

Resource Requirements if any

: Nil

Effectiveness of the corrective action taken

:

Verified by and closed on

: Verified: dh
20/8/21

**ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST**

Name of the Auditee: Dr. V. SAHITHULLAH. Mr. N. MANIVEL

Name of the Auditor: Prof. KARHIKEYAN

Function: MCO/ENGINEER

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	✓	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	NC	

19	Review of disciplinary actions taken against the staffs.	✓	
20	Motivation of the staffs / Students and support provided by HOD's	✓	
21	Training need identification for the staffs by the departmental HOD's	✓	
22	Faculty profile - compliance to regularly requirements to be checked.	✓	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	✓	
24	Internal communication records like circulars.	✓	
25	Incase if records are maintained in computers, backup of data to be ensured.	✓	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	✓	
27	Method of selection of question papers(unit test and midterm tests)	✓	
28	Preservation of previous year university exam question papers.	✓	
29	List of formats used in the department and is that controlled.	✓	
30	Review of infrastructure requirements within the department at defined Internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	✓	
31	Housekeeping maintain with in the departments.	✓	
LABORATORY			
32	Identification of equipments	✓	
33	Callbration of equipments. (Internal / external calibration records)	✓	
34	Preventive maintenance of equipments where appropriate.	✓	
35	Adequate no.of Fire Extinguishers In the area.	✓	
36	First aid kits stuffed with necessary Antidotes	✓	
37	Safety gears provided for the students operating equipments.	✓	
38	Start and shot down instruction where appropriate.	✓	
39	Sign boards in the laboratory.	✓	
40	Display of quality policy.	✓	
41	List of consumables used in the laboratory and maintanance of sufficient stock.	✓	
42	Non conforming materials to be identified quarantined.	✓	
43	Horizontal deployment initiatives.	✓	
44	Change made in the system considereing improvements / improving process performance.	✓	
45	Relevant process charts can be displayed in the laboratory.	✓	

Signature of the Auditee

2. N. Meera

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC TECH Department: MCD/ENGG

Auditor: Prof. R. Karthikeyan

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 18/8/2021

S.No.	Description of Audit Finding	Category	Std C ref
1.	Unit Test - 7 Answer Key not evidence (Ref: Digital Electronics)	N.C.	H.2.1
2.	Student sign missing opted Elective List [Ref: Robotics]	N.C.	H.2.1

NON CONFORMITY REPORT

Report No:

Function: MCO/ENGI 6

Date: 18/8/2021

Auditor: *Prof. R. Karthikeyan*

Auditee: *M. Sahithullah*
Mr. N. Manivel

NON CONFORMANCE

AUDITOR: <i>[Signature]</i>	Unit test - I Answer key not Evidenced Reb. Digital Electronics 4.2.1 Std Clause / Doc. Ref:	AUDITEE: <i>[Signature]</i>
-----------------------------	---	-----------------------------

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	<i>Answer key prepared in the form of soft copy.</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Hard copy of Answer key documented in the proper file</i>	<i>DDPKS</i>	<i>20.8.21</i>	<i>closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>At the time of submission of UP-T OP Answerkey to be submitted in hand copy</i>	<i>DDPKS</i>	<i>20.8.21</i>	<i>closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
[Signature]
20/8/21

NON CONFORMITY REPORT

Report No:

Function: M/W/ENGL

Date: 18/8/21

Auditor: Prof. R. Keothlikayan

Auditee: Dr. M. Sahithulab
Mr. N. Manivel

NON CONFORMANCE

Student sign missing in opted Elective list [Ref: Robotics]		
AUDITOR: <i>nr</i>	4.2.1 Std Clause / Doc. Ref:	<i>[Signature]</i> AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Student gave preference in the subject but forgot to put signature.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Students and advised to put signature immediately	N. Manivel	immediate	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	At the time of getting students preference signature to be obtained	Manivel	immediate	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

FORM: QSF 02

Version No:1.0

Issue Date

Verified
[Signature]
18/8/21

**ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST**

ODD (MECH)

Name of the Auditee: Dr. P. BASA SELARAN HOD/MECH

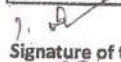
Mr. K. JOSE KUMARA AP/MECH

Name of the Auditor: Mrs. P. SUMATHI AP


Function: MECH/ENH

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceduures / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's	✓	
21	Training need identification for the staffs by the departmental HOD's	✓	
22	Faculty profile - compliance to regularly requirements to be checked.	✓	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	✓	
24	Internal communication records like circulars.	✓	
25	Incase if records are maintained in computers, backup of data to be ensured.	✓	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	✓	
27	Method of selection of question papers(unit test and midterm tests)	✓	
28	Preservation of previous year university exam question papers.	✓	
29	List of formats used in the department and is that controlled.	✓	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	✓	
31	Housekeeping maintain with in the departments.	✓	
LABORATORY			
32	Identification of equipments	✓	
33	Calibration of equipments. (Internal / external calibration records)	✓	
34	Preventive maintenance of equipments where appropriate.	✓	
35	Adequate no.of Fire Extinguishers in the area.	✓	
36	First aid kits stuffed with necessary Antidotes	✓	
37	Safety gears provided for the students operating equipments.	✓	
38	Start and shot down instruction where appropriate.	✓	
39	Sign boards in the laboratory.	✓	
40	Display of quality policy.	✓	
41	List of consumables used in the laboratory and maintanance of sufficient stock.	✓	
42	Non conforming materials to be identified quarantined.	✓	
43	Horizontal deployment initiatives.	✓	
44	Change made in the system considereing improvements / improving process performance.	✓	
45	Belevant process charts can be displayed in the laboratory.	✓	

1. 
Signature of the Auditee

2. 


Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: Pmc TECH

Department: MECH / EWH

Auditor: Mrs. SUMATHI, AP

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 19/8/21.

S.No.	Description of Audit Finding	Category	Std C ref
1.	Assignment marks missing in log book - [DME]	NC	4.2.1
2.	Student sign missing in opted Elève list - [Robotics]	NC	4.2.11

NON CONFORMITY REPORT

Report No:


Function:

Date: 19/8/21

Auditor: Mrs P. Sumathi PP

Auditee: D. P. RAJASHEKARAN

NON CONFORMANCE

 AUDITOR:	Assignment made made missing in log book 11-year - Design of machine Element	Std Clause / Doc. Ref: AUDITEE:
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ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Student submitted the assignment but it was not corrected.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Assignment made are entered in the log book	Thirumagan S	Immediately	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Assignment must be corrected within in 2 days and marks entered in log book	Thirumagan S	Immediately	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
 by
25/8/21

NON CONFORMITY REPORT

Report No:

Function:

Date: 19/8/21

Auditor: Mrs. P. SUMATHI AP

Auditee: Dr. P. R. ASASEELARAN

NON CONFORMANCE

<p style="font-size: 1.2em;">Shelent sign missing in opted E-leave list.</p> <p style="font-size: 1.2em;">- Robotics.</p>	<p style="text-align: right;">AUDITEE</p>
AUDITOR:	Std Clause / Doc. Ref: AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Due to absent on the day of shelent the
	sign missing in opted E-leave list.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	work in two days the files has	M. A. Sakthivel	19/8/21	Closed
	been completed.			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Shelent sign get in opted	M. A. Sakthivel	19/8/21	Closed
	E-leave list			

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

21/8/21

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

August-21

Name of the Auditee: Dr. A. Mahesh, Mrs. M. Manjuresha AP
M.B. PICHARAO AP/IT

Name of the Auditor: Mrs. G. Shasikala AP/EEE

Function: IT/Engg

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awareness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's	✓	
21	Training need identification for the staffs by the departmental HOD's	✓	
22	Faculty profile - compliance to regularly requirements to be checked.	✓	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	✓	
24	Internal communication records like circulars.	✓	
25	Incase if records are maintained in computers, backup of data to be ensured.	✓	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	✓	
27	Method of selection of question papers(unit test and midterm tests)	✓	
28	Preservation of previous year university exam question papers.	✓	
29	List of formats used in the department and is that controlled.	✓	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	✓	
31	Housekeeping maintain with in the departments.	✓	
LABORATORY			
32	Identification of equipments	✓	
33	Calibration of equipments. (Internal / external calibration records)	✓	
34	Preventive maintenance of equipments where appropriate.	✓	
35	Adequate no.of Fire Extinguishers in the area.	✓	
36	First aid kits stuffed with necessary Antidotes	✓	
37	Safety gears provided for the students operating equipments.	✓	
38	Start and shot down instruction where appropriate.	✓	
39	Sign boards in the laboratory.	✓	
40	Display of quality policy.	✓	
41	List of consumables used in the laboratory and maintainance of sufficient stock.	✓	
42	Non conforming materials to be identified quarantined.	✓	
43	Horizontal deployment initiatives.	✓	
44	Change made in the system considering improvements / improving process performance.	✓	
45	Relevant process charts can be displayed in the laboratory.	✓	

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC Tech Department: IT/Engg

Auditor: Mrs. G. Shashi Kala
AP/EEE

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 21/08/21

S.No.	Description of Audit Finding	Category	Std C ref
1.	Competency Matrix Not Evidence Ref (20-21) odd Sem.	NC	4.6.2
2.	unit test - 1 Answer Key Ref (Algebra & Number Theory) III / 36	NC	4.6.2

NON CONFORMITY REPORT

Report No:

Function: *IT/Engg*

Date: *21/08/21*

Auditor: *Mrs. G. Shasikala AP/EEE*

Auditee: *Dr. A. Madesh*

Mrs. M. Manjurekha

NON CONFORMANCE

<i>Competency Matrix not evidenced,</i>
<div style="width: 30%;"> <p>AUDITOR: <i>R. KM</i></p> </div> <div style="width: 30%; text-align: center;"> <p><i>H.Q. 1.</i></p> <p>Std Clause / Doc. Ref:</p> </div> <div style="width: 30%; text-align: right;"> <p>AUDITEE: <i>[Signature]</i></p> </div>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	<i>Competency Matrix was available in the form of soft copy</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Hard copy of competency matrix was available with faculty and HOD sign.</i>	<i>Faculty</i>	<i>immediate</i>	<i>closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Competency matrix should be submitted at proper time further</i>	<i>Faculty</i>	<i>immediate</i>	<i>closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified by
[Signature]
23/8/21

NON CONFORMITY REPORT

Report No:

Function: *IT/engg*

Date: *21/08/21*

Auditor: *MYS. G. Shasikala AP/EEE*

Auditee:

NON CONFORMANCE

<p style="font-size: 1.2em;">Unit test - I Answer key was not Submitted Key (Algebra and Number theory)</p>	
AUDITOR: <i>A. [Signature]</i>	Std Clause / Doc. Ref: <i>H.2.1</i>
AUDITEE:	

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	<i>Answer key was available in the form of</i>
	<i>Soft copy.</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Hard copy of answer key was available with faculty and HOD sign.</i>	<i>Faculty</i>	<i>immediate</i>	<i>closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Answer key should be submitted at the time of question paper submission</i>	<i>faculty</i>	<i>immediate</i>	<i>closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
sh
23/8/21

Aug/21

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: Prof. Rajesh
Prof. Sangeerani

Name of the Auditor: Prof. R. Harthikayan

Function: MBA

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	NC	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.	✓	
20	Motivation of the staffs / Students and support provided by HOD's	✓	
21	Training need identification for the staffs by the departmental HOD's	✓	
22	Faculty profile - compliance to regularly requirements to be checked.	✓	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	✓	
24	Internal communication records like circulars.	✓	
25	Incase if records are maintained in computers, backup of data to be ensured.	✓	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	✓	
27	Method of selection of question papers(unit test and midterm tests)	✓	
28	Preservation of previous year university exam question papers.	✓	
29	List of formats used in the department and is that controlled.	✓	
30	Review of infrastructure requirements within the department at defined intervals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	✓	
31	Housekeeping maintain with in the departments.	✓	
LABORATORY			
32	Identification of equipments	✓	
33	Calibration of equipments. (Internal / external calibration records)	✓	
34	Preventive maintenance of equipments where appropriate.	✓	
35	Adequate no.of Fire Extinguishers in the area.	✓	
36	First aid kits stuffed with necessary Antidotes	✓	
37	Safety gears provided for the students operating equipments.	✓	
38	Start and shut down instruction where appropriate.	✓	
39	Sign boards in the laboratory.	✓	
40	Display of quality policy.	✓	
41	List of consumables used in the laboratory and maintenance of sufficient stock.	✓	
42	Non conforming materials to be identified quarantined.	✓	
43	Horizontal deployment initiatives.	✓	
44	Change made in the system considering improvements / improving process performance.	✓	
45	Relevant process charts can be displayed in the laboratory.	✓	

Signature of the Auditee

Signature of the Auditor

Aug/21

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: prof. Rajesh
prof. sanjgeerani

Name of the Auditor: prof. R. Karthikeyan

Function: MBA

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awareness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	NC	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

AUDIT OBSERVATION SHEET

Institution: PMCTECH Department: MBA

Auditor: Prof. R. Karthikeyan

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 28.8.21

S.No.	Description of Audit Finding	Category	Std C ref
01.	student profile - not updated		
	Ref: (II year MBA university results)	NC	4-2
02.	class Attendance - monthly attendance % not evidenced		
	Ref (II MBA monthly Attendance)	NC	4.2.

AUDIT OBSERVATION SHEET

Institution: PMCTECH Department: MBA

Auditor: Prof. R. Karthikeyan

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 28.8.21

S.No.	Description of Audit Finding	Category	Std C ref
01.	student profile - not updated		
	Ref: (II year MBA university results) NC		4-2
02.	class Attendance - monthly attendance % not evidenced		
	Ref (II MBA monthly Attendance) NC		4.2.

NON CONFORMITY REPORT

Report No:

Function: MBA

Date: 28.8.21

Auditor: Prof. R. Karthikeyan

Auditee:
Prof. Rajesh
Prof. Sangeerani

NON CONFORMANCE

<p style="font-size: 1.2em;">student profile not updated Ref (II year MBA - university Results)</p>	<p style="text-align: center;">4.2.1 Std Clause / Doc. Ref:</p> <p style="text-align: right;">AUDITEE</p>
AUDITOR:	

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	student profile available in the form of hard copy yet university result need to be updated.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	university Results updated in the prescribed format	Sangeerani	24/8/21	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It was advised to update the university results at the time of results published	Sangeerani	24/8/21	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
on
28/8/21

NON CONFORMITY REPORT

Report No:

Function:

Date: 20.8.21

Auditor: Prof. Karthikeyan

Auditee:
Prof. Rajesh
Prof. Sangeerani

NON CONFORMANCE

class Attendance monthly Attendance not evidenced by (11 year MBA monthly Attendance)	H.2.1 Std Clause / Doc. Ref:
AUDITOR: <i>[Signature]</i>	AUDITEE: <i>[Signature]</i>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	In class Attendance register, working day share updated but attendance is not in the proper format.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	monthly Attendance is was updated in the attendance register	Rajesh	24/8/21	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Advised to calculate the attendance & update in register in the last working day of every month	Rajesh	24/8/21	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified by
[Signature]
24/8/21

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: *Mrs. M. Angelin Rosy AP/MCA*
Mrs. M. Dukiths AP/MCA

Name of the Auditor: *Dr. M. Sathish AP/MCA*

Function: *MCA/ENG*

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual	/	
2	Show me your regulatory requirements and status of compliance	/	
3	Show me your list of records	/	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	/	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	/	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	/	
8	Check whether record has the record name and record code in the front page.	/	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	/	
10	Trend charts on objectives and process measures.	/	
11	Action plan for the objectives.	/	
12	Continual improvement program.	/	
13	Check for the departmental review meetings	/	
14	Check the awareness level on roles and responsibility.	/	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	/	
16	Check for the improvements made in the department in the passed one year	/	
17	Analysis on student / feedback from (Parameter wise analysis)	/	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	/	

19	Review of disciplinary actions taken against the staffs.	/	
20	Motivation of the staffs / Students and support provided by HOD's	/	
21	Training need identification for the staffs by the departmental HOD's	/	
22	Faculty profile - compliance to regularly requirements to be checked.	/	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	/	
24	Internal communication records like circulars.	/	
25	Incase if records are maintained in computers, backup of data to be ensured.	/	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	/	
27	Method of selection of question papers(unit test and midterm tests)	/	
28	Preservation of previous year university exam question papers.	/	
29	List of formats used in the department and is that controlled.	/	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	/	
31	Housekeeping maintain with In the departments.	/	
LABORATORY			
32	Identification of equipments	/	
33	Calibration of equipments. (Internal / external calibration records)	/	
34	Preventive maintenance of equipments where appropriate.	/	
35	Adequate no.of Fire Extinguishers in the area.	/	
36	First aid kits stuffed with necessary Antidotes	/	
37	Safety gears provided for the students operating equipments.	/	
38	Start and shot down instruction where appropriate.	/	
39	Sign boards in the laboratory.	/	
40	Display of quality policy.	/	
41	List of consumables used in the laboratory and maintainance of sufficient stock.	/	
42	Non conforming materials to be identified quarantined.	/	
43	Horizontal deployment initiatives.	/	
44	Change made in the system considereing improvements / improving process performance.	/	
45	Relevant process charts can be displayed in the laboratory.	/	

M. Angalimay
Signature of the Auditee
M. A.

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: *pmcfech*

Department: *mca/ECS*

Auditor: *Dr. m. Sshithu .1/96*

Description of sample chosen (Year / Semester / Paper / Unit):

Date: *20/8/21*

S.No.	Description of Audit Finding	Category	Std C ref
1	<i>course information sheet yet to be updated in course file</i>	<i>NC</i>	<i>4.6.2</i>
	<i>Ref: mobile computing</i>		
2	<i>Elective list not updated</i>	<i>NC</i>	<i>4.6.2</i>

NON CONFORMITY REPORT

Report No:

Function:

Date: 20/8/21

Auditor: Mrs. S. Schifholz

Auditee:
Mrs. M. Angelin
Rasy
Mrs. M. Dukitha

NON CONFORMANCE

<p>Course information sheet to be updated</p> <p style="margin-left: 200px;">4.2.1</p>
<div style="width: 30%;"> <p>AUDITOR: </p> </div> <div style="width: 40%; text-align: center;"> <p>Std Clause / Doc. Ref:</p> </div> <div style="width: 20%; text-align: right;"> <p> AUDITEE</p> </div>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	mapping not completed

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	mapping information sheet	Mrs Angelin	30/8/21	
	was completed	Rasy		closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	prepare the information sheet previously	Mrs Rasy	30/8/21	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

30/8/21

NON CONFORMITY REPORT

Report No:

Function: *mea/ESS*

Date: *20/8/21*

Auditor: *Dr. M. S. H. Haulle h*

Auditee:

*mrs. Anselin
Pasy*

NON CONFORMANCE

<p><i>Elective list not updated.</i></p>	<p><i>4.2.1</i></p>
<p>AUDITOR: <i>[Signature]</i></p>	<p>Std Clause / Doc. Ref: <i>4.2.1</i></p>
<p>AUDITEE: <i>[Signature]</i></p>	

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	<i>Students are not come to college due to Lockdown</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Elective list updated</i>	<i>mrs. m Dukitha</i>	<i>25/8/21</i>	<i>closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>starting of semester we collect the elective list</i>	<i>mrs Dukitha</i>	<i>25/8/21</i>	

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

*Verified
on
25/8/21*

Aug - 21

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: Dr. M. Suresh,
Mrs. Priya
Name of the Auditor: Prof. Sumathi

Function:

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual	/	
2	Show me your regulatory requirements and status of compliance	/	
3	Show me your list of records	/	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	/	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	/	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	/	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	/	
8	Check whether record has the record name and record code in the front page.	/	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	/	
10	Trend charts on objectives and process measures.	/	
11	Action plan for the objectives.	/	
12	Continual improvement program.	/	
13	Check for the departmental review meetings	/	
14	Check the awareness level on roles and responsibility.	/	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	NC	
16	Check for the improvements made in the department in the passed one year	/	
17	Analysis on student / feedback from (Parameter wise analysis)	/	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	/	

19	Review of disciplinary actions taken against the staffs.		✓
20	Motivation of the staffs / Students and support provided by HOD's		✓
21	Training need identification for the staffs by the departmental HOD's		✓
22	Faculty profile - compliance to regularly requirements to be checked.		✓
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.		✓
24	Internal communication records like circulars.		✓
25	Incase if records are maintained in computers, backup of data to be ensured.		✓
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by		✓
27	Method of selection of question papers(unit test and midterm tests)		✓
28	Preservation of previous year university exam question papers.		✓
29	List of formats used in the department and is that controlled.		✓
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		✓
31	Housekeeping maintain with in the departments.		✓
LABORATORY			
32	Identification of equipments		✓
33	Calibration of equipments. (Internal / external calibration records)		✓
34	Preventive maintenance of equipments where appropriate.		✓
35	Adequate no.of Fire Extinguishers in the area.		✓
36	First aid kits stuffed with necessary Antidotes		✓
37	Safety gears provided for the students operating equipments.		✓
38	Start and shot down instruction where appropriate.		✓
39	Sign boards in the laboratory.		✓
40	Display of quality policy.		✓
41	List of consumables used in the laboratory and maintanance of sufficient stock.		✓
42	Non conforming materials to be identified quarantined.		✓
43	Horizontal deployment initiatives		✓
44	Change made in the system considereing improvements / improving process performance.		✓
45	Relevant process charts can be displayed in the laboratory.		✓

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: *PMC TECH*

Department: *S & H*

Auditor: *Pro. Sumathi*

Description of sample chosen (Year / Semester / Paper / Unit):

Date: *21-8-2021*

S.No.	Description of Audit Finding	Category	Std C ref
<i>1</i>	<i>Nominal roll not updated</i>	<i>NC</i>	<i>4.2.1</i>
	<i>Ref [I-II]</i>		
<i>2</i>	<i>Answers key not evidenced</i>	<i>NC</i>	<i>4.2.1</i>
	<i>Ref (I-Mco & Mech)</i>		

NON CONFORMITY REPORT

Report No:

Function: S&H / Engrg.

Date: 21.8.2021

Auditor: Prof. Sumanthi

Auditee: Dr. M. Suresh

Mrs: Pragna

NON CONFORMANCE

<p>Nominal roll not updated Pub [1-25]</p>
<div style="width: 30%;"> <p>AUDITOR: </p> </div> <div style="width: 30%; text-align: center;"> <p>4.2.1 Std Clause / Doc. Ref:</p> </div> <div style="width: 30%; text-align: right;"> <p> AUDITEE</p> </div>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Nominal roll available in the form of soft copy yet need to print

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of. Compt.
	Printed copy of nominal roll filed faculty in the corresponding class advisers	faculty	Immediately	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of. Compt.
	Faculties are advised to update the nominal roll after university results	faculty	Immediately	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

FORM: QSF 02

Version No:1.0

Issue Date

: -
: Verified
:
23/8/21

NON CONFORMITY REPORT

Report No:

Function: SFH / Engg

Date: 21/8/2021

Auditor: Prof. Sumanthi

Auditee: Dr. M. Suresh
Miss. Priya

NON CONFORMANCE

Answers key not Evidenced Ref [2 - MCO & Mech]		
AUDITOR:	Std Clause / Doc. Ref: 4.2.1	AUDITEE:

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Answers key prepared in the form of soft copy

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Hard copy of answers key documented in the proper file	faculty	Immediately	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	At the time of submission of question Paper answers key in hardcopy	faculty	Immediately	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

FORM: QSF 02

Version No:1.0

Issue Date

Verified

 22/8/21

AUDIT OBSERVATION SHEET

August - 21

Institution: PMC Tech

Department: Recruitment

Auditor: Dr. P. Rajesekar

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 27/08/21

S.No.	Description of Audit Finding	Category	Std C ref
1.	Faculty training need analysis was not updated	NC	H.2.3
2.	Faculty recruitment list was not enclosed.	NC	H.2.3

NON CONFORMITY REPORT

Report No:

Function:

Date: 27/08/21

Auditee: Dr. M. Suresh

Auditor: Dr. P. Rajasekaran.

NON CONFORMANCE

<p><i>JK</i> AUDITOR:</p>	<p>Faculty training need analysis was not updated</p> <p>H.6.2</p> <p>Std Clause / Doc. Ref:</p>	<p><i>Nh</i> AUDITEE</p>
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ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	It has not been updated at the time of internal auditing

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It has been updated and recorded.	HR	01/09/21	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	periodically it will be updated	HR	01/09/21	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
1/9/21

NON CONFORMANCE REPORT

Report No:

Function:

Date: 27/08/21

Auditor: Dr. P. Rajasekaran.

Auditee: Dr. M. Sush.

NON CONFORMANCE

<p>Faculty recruitment list was not enclosed</p>	
<p>AUDITOR: </p>	<p>Std Clause / Doc. Ref:</p>
	<p>AUDITEE: </p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Recruitment process was going on at the time of auditing

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	After the completion of recruitment process all the files have been recorded	HR	01/09/21	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	In future, it will be corrected	HR	01/09/21	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

1/9/21

AUDIT OBSERVATION SHEET

Institution: PMC Tech Department: Mess

Auditor: Mrs. Dukitha

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 23.8.21

S.No.	Description of Audit Finding	Category	Std C ref
1.	Wastes are not disposed properly. Ref: Wastes are thrown at the back bridge of boys hostel and not disposed daily	NC	6.4
2.	Rooms are not maintained clearly. Ref: Rooms of the girls hostel are not cleaned properly	NC	6.4

NON CONFORMITY REPORT

Report No:

Function: Mess & hostel

Date: 23.8.21

Auditor: Mrs. Dukitha

Auditee: Mr. Kailash

NON CONFORMANCE

Rooms are not maintained cleanly.
 Ref: Rooms of the girls hostel are not cleaned properly.

AUDITOR: M.D. 4.2.3 Kailash
Std Clause / Doc. Ref: AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	Boys students are not maintaining rooms neatly.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Will be notified and certified and advised students to maintain the rooms.	Mr. Kailash	Imm	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Periodically rooms will be checked and maintained.	Mr. Kailash	Imm	closed

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Issue Date

: closed

Verified by
 sh
 24/8/21

NON CONFORMITY REPORT

Report No:

Function: Mess & hostel

Date: 23.5.21

Auditor: Mrs. Dukitha

Auditee: Mr. Kailash

NON CONFORMANCE

Wastes are not disposed properly. Pref: Wastes are thrown at the back side of boys hostel and not disposed daily.	4.2.3 Std Clause / Doc. Ref:	K. Kailash AUDITEE
AUDITOR: M. Dukitha		

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	House keeping person leave on that day.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Alternative manpower to the assigned for disposal	Mr. Kailash	23/5/21	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	House keeping chart to be maintained for disposal and regularly monitor	Mr. Kailash	23/5/21	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

verified & closed 24/5/21

AUDIT OBSERVATION SHEET

Aug / 21

Institution: pmctech Department: TRG

Auditor: Prof. sumathi

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 26/8/21

S.No.	Description of Audit Finding	Category	Std C ref
1.	Feedback was collected but not evaluated	NC	8.4
2.	Improvement track for faculty development program after completion was not updated.	NC	8.4

NON CONFORMITY REPORT

Report No:

Function: TRG

Date: 26/8/21

Auditor: prof. sumathi

Auditee:
prof. Rajesh
PNR. Riaz

NON CONFORMANCE

<p>Feedback was collected but not evaluated</p>	
<p>AUDITOR: </p>	<p align="center">8.4 Std Clause / Doc. Ref:</p>
	<p align="right">AUDITEE: </p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1	since there are frequent changes in the portfolio allocation, the work could not be completed in time.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	now it has been collected & evaluated	Rajesh	26/8/21	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	In future, all these works will be completed on time.	Rajesh	26/8/21	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

29/8/21

NON CONFORMITY REPORT

Report No:

Function: TRG

Date: 26.8.21

Auditor: Prof. Sushathi

Auditee:
Prof. Rajesh
Mr. Riaz

NON CONFORMANCE

<p>Improvement tracks for FDP after completion was not updated.</p>	<p><i>ph</i> AUDITEE</p>
<p>AUDITOR: <i>[Signature]</i></p>	<p>8.4 Std Clause / Doc. Ref:</p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Due to absence of concern in charge file has not been updated.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	By deputing other faculty the file has been completed.	Riaz	28.8.21	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	In future, such mistakes will not happen	Riaz	28.8.21	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
[Signature]
28/8/21

AUDIT OBSERVATION SHEET

Aug-21

Institution: Pmc Tech Department: CG & C

Auditor: Dr. J. Vijayakumar

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 26-08-2021

S.No.	Description of Audit Finding	Category	Std C ref
1.	Applications were not arranged according to department	Nc	4.2.3
2.	certificate details were not completely filled	Nc	4.2.3

NON CONFORMITY REPORT

Report No:

Function: *CA&C*

Date: *26-08-21*

Auditor: *Dr. J. Vijayakumar*

Auditee: *Mrs. Latha*

NON CONFORMANCE

<p align="center"><i>Applications were not arranged according to the department</i></p>	<p align="center"><i>A. Latha</i> AUDITEE</p>
<p>AUDITOR: <i>J. M</i></p>	<p>Std Clause / Doc. Ref:</p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	<i>Complete details from students were not obtained during their admission.</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	<i>All the details from the students were collected immediately and arranged</i>	<i>Dr. Selvi</i>	<i>26/08/21</i>	<i>Incomple</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	<i>During the initial stages itself details from the students are obtained</i>	<i>selvi</i>	<i>26/08/21</i>	<i>closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified on 28/08/21

NON CONFORMITY REPORT

Report No:

Function: *Ch & E*

Date: *26-8-21*

Auditor: *Dr. J. vijayakumar*

Auditee: *Mrs. Latha*

NON CONFORMANCE

<p align="center"><i>certificate details were not completely filled</i></p>	
<p>AUDITOR: <i>J. M</i></p>	<p>Std Clause / Doc. Ref:</p>
	<p><i>Latha</i> AUDITEE</p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	<i>details were not entered properly when obtained by the certificates</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Separate staff should maintain this details</i>	<i>Latha</i>	<i>Imme</i>	<i>closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>separate staff should be allotted for this work</i>	<i>Mrs. Latha</i>	<i>Imme</i>	<i>closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified on 28/8/21

AUDIT OBSERVATION SHEET

Institution: PMCTech

Department: MPE / Engg.

Auditor: Dr. H. Subithra

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 25.8.21

S.No.	Description of Audit Finding	Category	Std C ref
1.	Standard clause / documents reference for few reports are not identified properly & maintained.	IVc	4.2

NON CONFORMITY REPORT

Report No:

Function: MA/Ergy

Date: 25.8.21

Auditor: Prof. R. Kasthikayen

Auditee: Dr. M. Sahithullah

NON CONFORMANCE

<p>Standard clauses / documents reference for few reports are not properly identified & maintained.</p>		
<p>AUDITOR: <i>WR</i></p>	<p>Std Clause / Doc. Ref: 4.2</p>	<p>AUDITEE: <i>h</i></p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	Few internal auditors not been internal by monitoring of student clause

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Internal auditors meeting has conducted and informed properly.	VP	28.8.21	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Properly monitored the auditors & files	VP	28.8.21	Closed

Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

: Verified

Verified by and closed on

: *h*
28/8/21

NON CONFORMITY REPORT

Report No:

Function:

Date:

Auditor:

Auditee:

NON CONFORMANCE

AUDITOR:	Std Clause / Doc. Ref:	AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

AUDIT OBSERVATION SHEET

August - 21

Institution: PMC Tech

Department: purchase.

Auditor: Asst. Prof
Dukitha

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 24/08/21

S.No.	Description of Audit Finding	Category	Std C ref
1.	Industrial automation lab equipment		
	bills not available.	NC	A.2.3
	Ref: Mechatronics bidle for instru-		
	ment purchased for odd sem		
	not found		

NON CONFORMITY REPORT

Report No:

Function: *purchase*

Date: *24/08/21*

Auditor: *Asst prof. Duktha*

Auditee: *Mrs. padma*

NON CONFORMANCE

Industrial automation lab equipment bills are not available

A.2.3

AUDITOR: *M. Dh*

Std Clause / Doc. Ref:

Archer
AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	<i>It was misplaced with other files</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>It was identified and kept in proper file</i>	<i>Mrs. padma</i>	<i>28/8/21</i>	<i>Closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>In future, bills will be maintained properly</i>	<i>Mrs. padma</i>	<i>28/8/21</i>	<i>Closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
28/8/21

NON CONFORMITY REPORT

Report No:

Function:

Date:

Auditee:

Auditor:

NON CONFORMANCE

AUDITOR:	Std Clause / Doc. Ref:	AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

AUDIT OBSERVATION SHEET

Institution: PMC TECH Department: Maintenance

Auditor: J. Vijayakumar

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 23.8.21

S.No.	Description of Audit Finding	Category	Std C ref
1.	<u>Class room is not swept properly</u> <u>Ref: III JT</u>	<u>NC</u>	<u>A.2.1</u>
2.	<u>Labs are covered not cleaned properly</u>	<u>NC</u>	<u>A.2.1</u>

NON CONFORMITY REPORT

Report No:

Function:

Date: 23.8.21

Auditor: Mr. J. Vijayakumar

Auditee: Mrs. Valli

NON CONFORMANCE

<p style="font-size: 1.2em; text-align: center;">The class rooms benches was not cleaned properly.</p>	<p align="right"> AUDITEE </p>
AUDITOR:	4.2.1 Std Clause / Doc. Ref:

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	The workess have done the work sloowly, so the class room gets improper cleaning

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	The workess are advised for good cleaning	Mrs Valli	Immediate	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	In future it will be corrected	Mrs Valli	Immediate	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified

NON CONFORMITY REPORT

Report No:

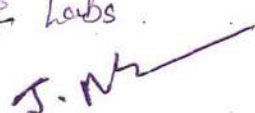

Function: *Maintenance*

Date: *23.8.21*

Auditor: *J. Vijayakumar*

Auditee: *Mos. Valli*

NON CONFORMANCE

<p style="font-size: 1.2em;"><i>They are not labware cleaned properly in the class & labs.</i></p>	 AUDITOR:
<p><i>4.2.1</i> Std Clause / Doc. Ref:</p>	 AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	<i>When the sweepers come into the lab, students are doing practical, so they could not cleaned all the things.</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	<i>The workess are advised & given proper instruction to come on free time of lab</i>	<i>Mos. Valli</i>	<i>immediatly</i>	<i>closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	<i>The workess will adap all the things properly</i>	<i>Mos. Valli</i>	<i>immediatly</i>	<i>closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified


AUDIT OBSERVATION SHEET

Institution: *PME Tech*

Department: *Logistics*

Auditor: *Prof. G. Shashikala*

Description of sample chosen (Year / Semester / Paper / Unit):

Date: *24.8.21*

S.No.	Description of Audit Finding	Category	Std C ref
1.	Few students photos are missing for bus application. ie) 2 photos from IT department	NC	4.2.3
2.	Route map (or) directions of routes is not found. ie) Route map from PME Tech to zuzuvadi is missing	NC	4.2.3

NON CONFORMITY REPORT

Report No:

Function: *Logistics*

Date: *24.8.21*

Auditor: *Prof. G. Shasikala*

Auditee: *Mr. Umashankar*

NON CONFORMANCE

Photos of few students are missing in the bus application form.

AUDITOR: *H. W.*

4.2.3

Std Clause / Doc. Ref:

U. S.
AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
<i>1.</i>	<i>These students were absent on the date of photo collection for the bus application.</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
<i>1.</i>	<i>Applications are distributed & received that applications from these.</i>	<i>Umashankar</i>	<i>20/08/21</i>	<i>Closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
<i>1.</i>	<i>Bus applications are checked twice the year to avoid such problems</i>	<i>U. S.</i>	<i>20/08/21</i>	<i>Closed</i>

Resource Requirements if any

: *NIL*

Effectiveness of the corrective action taken

: *Verified*

Verified by and closed on

: *H. W.*
28/11/21

NON CONFORMITY REPORT

Report No:

Function: *logistics*

Date: *24.8.21*

Auditor: *Prof. G. Shasikala*

Auditee: *M.S. Chankar*

NON CONFORMANCE

<p style="font-size: 1.2em;">Route map (or) direction of bus route from PME Tech to Zuzuradi is missing.</p>	
AUDITOR:	<i>A.M.</i> Std Clause / Doc. Ref: <i>4.2.3</i>
AUDITEE:	

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1	<i>The routes are still under modification.</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	<i>Displayed the route map correctly</i>	<i>Uma Shankar</i>	<i>31.8.21</i>	<i>Closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	<i>Routes & directions of bus routes will be finalised at the initial stage itself</i>	<i>Uma Shankar</i>	<i>31.8.21</i>	<i>Closed</i>

Resource Requirements if any

: *Nil*

Effectiveness of the corrective action taken

: *Verified*

Verified by and closed on

:
31/8/21

AUDIT OBSERVATION SHEET

Institution: Pmc Tech Department: Library

Auditor: Dr. P. Rajasekaran

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 21.8.21

S.No.	Description of Audit Finding	Category	Std C ref
1.	Books are shuffled and are not in the original sections. Ref: Electronics circuits - I books is kept in the mathematical sections.	NC	4.2.3
2	Fire collection not properly maintained. Ref: Collection of fire arrangement is not properly maintained.	NC	4.2.3

NON CONFORMITY REPORT

Report No:

Function: Lib/Ergg

Date: 21.8.21

Auditor: Dr. P. Rajasekaran

Auditee: Mr. Yashwanth

NON CONFORMANCE

Books are shuffled and not in their original section
 Ref: Digital electronics book is kept in mathematical section

AUDITOR: *[Signature]* 4.2.3 *[Signature]*
 Std Clause / Doc. Ref: AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	After students book submission should proper in the section.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It was noticed by the numbers & released properly.	librarian	31/8/21	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It will be corrected in future	librarian	31/8/21	Done

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

verified by *[Signature]*
21/8/21

NON CONFORMITY REPORT

Report No:

Function: Lib/Engg.

Date: 21.8.21

Auditor: Dr. P. Rajasekaran

Auditee: Mr. Yaswanth

NON CONFORMANCE

fine collection not properly maintained.
Prof: Closing of account details of the outgoing students not properly maintained.

AUDITOR: *[Signature]* 4.2.3
Std Clause / Doc. Ref: *[Signature]* AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	It proper time settlement of fine amount to the office.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	It has been corrected by closing of account on the daily basis.	Librarian	26/8/21	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Amount was settled in daily basis and obtained from the office	Librarian	26/8/21	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified *[Signature]* 26/8/21

IQAC AUDIT

JAN - 2022

Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING
HOSUR
IQAC AUDIT
MINUTES OF MEETING

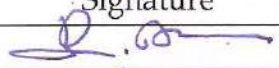

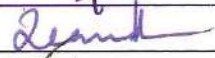

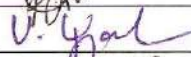
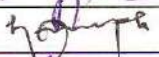

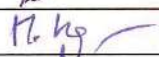


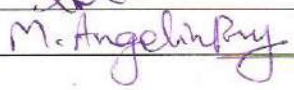
20/12/21

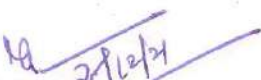
The IQAC Academic and Administrative Audit related meeting is convened today by the Principal along with all HODs to keep the records up to date and to get ready for the Audit that will commence from the First week of January 2022. All the HODs have agreed to get ready for the audit and extend their full support and co-operation.

The points discussed in the meeting are as follows:

1. The attendance register log book, academic calendar, faculty notes and other particulars pertaining to academic side should be kept ready for the audit.
2. The procedures and requirements for the audit should be kept up to date and produced the auditor on demand without any loss of time.
3. HOD and Principal's authentication should be obtained on all the records.
4. Trend charts, continual improvement program, action plan should be updated and kept ready for the audit.
5. The records pertaining to departmental meetings and minutes of the meeting have to be updated.
6. Result analysis the same has to be prepared year wise, semester wise, subject wise, department wise and faculty wise for the audit.
7. The improvement made in the department on the basis of complaints, suggestions and student's feedback has to be kept ready for the audit.
8. Action taken on indiscipline activities of the students should be updated and kept ready for the audit.
9. Motivation of the staff and student records has to be prepared and kept ready for audit.
10. Housing keeping register should be updated and kept ready for the audit.
11. Training need identification of staff, faculty profile records have to be updated and kept ready for the audit.
12. CAPA report if any should be prepared and kept ready for the audit.

13. Internal communication circular records have to be filed and kept ready for the audit.
14. Backup data for the records in computers has to be maintained.
15. Syllabus completion review, method of selection of question paper, previous year university examination question paper has to be updated and kept ready for the audit.
16. List of formats in the department has to be kept ready for the audit.
17. Infrastructure requirements for the department have to be prepared and kept ready for the audit.
18. Laboratory requirement and Calibration details have to be kept ready for the audit.
19. Alumni association records have to be updated and kept ready for the audit.

S.No	Department	Name	Signature
1	S&H	Dr. SP. Prabhakaran	
2	AERO	Mr. R. KARTHIKEYAN	
3	CIVIL	Dr. D. LEELAKSHMI	
4	CSE	P. SUMATHI	
5	ECE	Dr. U. UJAYALA KUMARI	
6	EEE	Dr. K. KALAI SELVAN	
7	IT	Dr. D. RAMYADRAJ	
8	MECH	Dr. M. RAJAGOBAL	
9	MCO	Dr. M. Sahithulch.	
10	MBA	Dr. P. MOHANRAJ	
11	MCA	M. Angelin Rosy	


MR

The Co-ordinator

Internal Quality Assurance Cell

Er. Perumal Manimekalai College of Engineering
Koneripalli, Hosur - 635117


PRINCIPAL

Principal

Er. Perumal Manimekalai College of Engineering
Koneripalli, HOSUR - 635 117, Krishnagiri Dist.
Tamil Nadu, India.

Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR

STAFF CIRCULAR

20-12-2021

This is to inform that, internal Audit for ISO will be conducted on the following dates. All the Co-ordinator are requested to keep all the records in a complete manner. Follow up audit will be taken for the same, in two days after completion of the audit.

S.No.	Date	Time	Auditor	Dept.	Sign	Auditee	Dept.	Sign
1	08-01-2022	10.00 AM	Dr.P.Rajasekaran	MECH	<i>[Signature]</i>	Prof. R. Karthikeyan Asst. Prof. Ramesh	AERO	<i>[Signature]</i>
2	08-01-2022	2.00 PM	Dr. J. Vijayakumar	PRO	<i>[Signature]</i>	Dr. Zea Lakshmi Asst. Prof. Ramashwari	CIVIL	<i>[Signature]</i>
3	07-01-2022	10.00 AM	Dr. M. Sahithullah	MR	<i>[Signature]</i>	Prof. Sumathi Dr. Shanmuga Karpagam	CSE	<i>[Signature]</i>
4	07-01-2022	2.00 PM	Asst.Prof. G. Shasikala	EEE	<i>[Signature]</i>	Dr.V.Vijayakumari Asst Prof.S Vidhya	ECE	<i>[Signature]</i>
5	10-01-2022	10.00 AM	Asst.Prof.M Dukitha	MCA	<i>[Signature]</i>	Dr. K. Kalaiselvan Asst.Prof. Meenakumari	EEE	<i>[Signature]</i>
6	10-01-2022	2.00 PM	Prof. R. Karthikeyan	AERO	<i>[Signature]</i>	Prof. M. Sahithullah Asst. Prof. Suresh Kumar	MCO	<i>[Signature]</i>
7	11-01-2022	10.00 AM	Prof. P.Sumathi	CSE	<i>[Signature]</i>	Dr.M. Rajagopal Asst. Prof. Udayakumar	MECH	<i>[Signature]</i>
8	11-01-2022	2.00 PM	Prof. G. Shasikala	EEE	<i>[Signature]</i>	Dr. Ramya Doori Asst. Prof. Richard	IT	<i>[Signature]</i>
9	12-01-2022	10.00 AM	Prof. R. Karthikeyan	AERO	<i>[Signature]</i>	Dr. Mohanraj Asst. Prof. Sangee Rani	MBA	<i>[Signature]</i>
10	12-01-2022	2.00 PM	Dr. M. Sahithullah	MR	<i>[Signature]</i>	Prof. M Angelin Rosy Asst. Prof. Dukitha	MCA	<i>[Signature]</i>
11	19-01-2022	10.00 AM	Prof. P.Sumathi	CSE	<i>[Signature]</i>	Dr.S.P. Prabhakaran Dr. Selvi	S & H	<i>[Signature]</i>
12	19-01-2022	2.00 PM	Dr.P.Rajasekaran	MECH	<i>[Signature]</i>	Mr. M C Yeshwanth	LIB	<i>[Signature]</i>
13	20-01-2022	10.00 AM	Asst.Prof. Dukitha	MCA	<i>[Signature]</i>	Mr. Kailash	MESS	<i>[Signature]</i>

14	20-01-2022	2.00 PM	Dr. J. Vijayakumar	PRO	<i>S. Mr</i>	Mrs. Valli	Maint.	<i>K. Valli</i>
15	21-01-2022	10.00 AM	Prof. G. Shasikala	EEE	<i>G. K</i>	Mr. Uma shankar	Logistics	<i>Uma</i>
16	21-01-2022	2.00 PM	Asst.Prof. Dukitha	MCA	<i>M. D</i>	Mrs. Padma	Purch.	<i>Padma</i>
17	22-01-2022	10.00 AM	Dr. M. Sahithullah	MR	<i>M. S</i>	The Secretary	Top Mgt	<i>M. S</i>
18	22-01-2022	2.00 PM	Prof. R. Karthikeyan	AERO	<i>R. K</i>	Dr. M. Sahithullah	MR	<i>M. S</i>
19	24-01-2022	10.00 AM	Dr. J. Vijayakumar	PRO	<i>J. V</i>	Mrs. Latha	CG & C	<i>Latha</i>
20	24-01-2022	2.00 PM	Prof. P. Sumathi	CSE	<i>P. S</i>	Dr. R. Rajesh	TRG	<i>R. Rajesh</i>

S. Cit
Principal
National Institute of Technology
Dalli, HOSUR - 635 117, Karnataka Dist.
Tamil Nadu, India.

Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR
Internal Audit Summary

Institution	Department	Date	Audit Findings				Remarks
			NC	OBS	SUG	Findings Pending (NC & OBS)	
	Engineering : Academics		42	-	-	NIL	

Institution	Department	Date	Audit Findings				Remarks	
			NC	OBS	SUG	Findings Pending (NC & OBS)		
Engineering	Engineering : Academics							
	AERO	08-01-2022	2	-	-	NIL	-	-
	CIVIL		2	-	-	NIL	-	-
	CSE	07-01-2022	2	-	-	NIL	-	-
	ECE		4	-	-	NIL	-	-
	EEE	10-01-2022	2	-	-	NIL	-	-
	MCO		2	-	-	NIL	-	-
	MECH	11-01-2022	2	-	-	NIL	-	-
	IT		2	-	-	NIL	-	-
	MBA	12-01-2022	2	-	-	NIL	-	-
	MCA		2	-	-	NIL	-	-
Science & Humanities	19-01-2022	2	-	-	NIL	-	-	

Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR
Internal Audit Summary

Institution	Department	Date	Audit Findings				Findings Pending (NC & OBS)	Remarks	
			NC	OBS	SUG				
Engineering	Top Management	-	-	-	-	NIL	-	-	
	Mgt. Representative	22-01-2022	2	-	-	NIL	-	-	
	Library (Engg, MBA)	19-01-2022	2	-	-	NIL	-	-	
	Purchase	21-01-2022	2	-	-	NIL	-	-	
	Training & Development	24-01-2022	2	-	-	NIL	-	-	
	Recruitment Cell	25-01-2022	2	-	-	NIL	-	-	
	Counselling & Admission	24-01-2022	2	-	-	NIL	-	-	
	Maintanance	20-01-2022	2	-	-	NIL	-	-	
	Mess	20-01-2022	2	-	-	NIL	-	-	
	Logistics	21-01-2022	2	-	-	NIL	-	-	

		PROCESS MANUAL							Issue No 1.1		Page 1 of 2	
		TITLE: ANNUAL AUDIT PLAN										
Doc:C / RD 06		APPROVED BY:									31-01-2022	
		YEAR (2020 - 2021)										
FUNCTION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Top Management	*											
Mgt. Representative	*											
Engineering: Academics	*											
Library (Engg, MBA)	*											
Purchase	*											
Training & Development	*											
Recruitment Cell	*											
Counselling & Admission	*											
Lab & Workshop	*											
Maintanance	*											
Mess	*											
Logistics	*											
Hostel & Canteen	*											

Whole Cycle of audit will be covered atleast once in six months

Institution wise activities are covered as the frequency

Counselling & Admission	Covered atleast once in Six months
Lab & Workshops	All labs and workshops of all institutions are covered atleast once in a year
Syllabus Planning and Execution	All Departments like Mechanical, Computer Science, MBA will get covered once in a year

**ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST**

Name of the Auditee: *Prof. R. Kavitha Rayan
Mr. R. Ramesh*

Name of the Auditor: *Dr. M. Sahithullah*

Function: *Asst (ENGLISH)*

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	✓	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	NC	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.	✓	
20	Motivation of the staffs / Students and support provided by HOD's	✓	
21	Training need identification for the staffs by the departmental HOD's	✓	
22	Faculty profile - compliance to regularly requirements to be checked.	✓	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	✓	
24	Internal communication records like circulars.	✓	
25	Incase If records are maintained in computers, backup of data to be ensured.	✓	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	✓	
27	Method of selection of question papers(unit test and midterm tests)	✓	
28	Preservation of previous year university exam question papers.	✓	
29	List of formats used in the department and is that controlled.	✓	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	✓	
31	Housekeeping maintain with in the departments.	✓	
LABORATORY			
32	Identification of equipments	✓	
33	Calibration of equipments. (Internal / external calibration records)	✓	
34	Preventive maintenance of equipments where appropriate.	✓	
35	Adequate no.of Fire Extinguishers in the area.	✓	
36	First aid kits stuffed with necessary Antidotes	✓	
37	Safety gears provided for the students operating equipments.	✓	
38	Start and shot down instruction where appropriate.	✓	
39	Sign boards in the laboratory.	✓	
40	Display of quality policy.	✓	
41	List of consumables used in the laboratory and maintanance of sufficient stock.	✓	
42	Non conforming materials to be identified quarantined.	✓	
43	Horizontal deployment initiatives.	✓	
44	Change made in the system considereing improvements / improving process performance.	✓	
45	Relevant process charts can be displayed in the laboratory.	✓	

P. P. D. S.
Signature of the Auditee

[Signature]
Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC FECH Department: AERO / ENGIN

Auditor: Prof. M. Sahithulkar

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 8.1.2022

S.No.	Description of Audit Finding	Category	Std C ref
1.	Unit Test Answer Key not evidence [Reb: II year Subject Answer. (Keys: Fluid Mechanics & Machines)	NC	
2.	Lab Manual not evidence. Reb: Thermodynamics ^{Lab} videos not update	NC	

NON CONFORMITY REPORT

Report No:

Function: Aero/ENGIN

Date: 8/1/2022

Auditor: Prob. M. Sahithulob.

Auditee: Mr. Kartikeyan
Mrs. R. Ramesh.

NON CONFORMANCE

<p>AUDITOR:</p>	<p>Unit Test Answer key not evidence. June 2022 Sub: II year Subject Answer keys [Fluid Mechanics & Machinery]</p>	<p>Pr. RAMESH AUDITEE</p>
	<p>Std Clause / Doc. Ref:</p>	

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	Answer key not updated as the Hand copy collected as a soft copy.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	collected as Hand copy of Answer keys and documented with the signature of Auditor & ITDD	M. PUGAZHANI	10.1.2022	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Answer key to be submitted during the Question Paper Submission	M. PUGAZHANI	10.1.2022	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

verified by
[Signature]
 10/1/22

NON CONFORMITY REPORT

Report No:

Function:

Date: 08/1/2022

Auditor: Prof. M. Sahithullah.

Auditee: R. Kartli Keyan
R. Ramekh.

NON CONFORMANCE

<p>Lab manual not Evidence. Refer: Thermodynamics Lab video not updated.</p>
<p>AUDITOR: D.P. RAJASRIAN Std Clause / Doc. Ref: R. RAMEKH AUDITEE</p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	Lab Manual is in the form of soft copy.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
2.	Lab manual is submitted in the form of Hand copy with faculty and HOD signature	R. Ramekh	10/1/2022	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Lab Manual should be submitted in the form of Hand copy the concerned faculty	R. Ramekh	10/1/2022	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

FORM: QSF 02

Version No:1.0

Issue Date

Verified by
R. Ramekh
10/1/22

ASAP MANAGEMENT CONSULTANTS (P) LTD

AUDIT CHECKLIST

Dr. ZEA LAKSHMI

Name of the Auditee: S. RAMESHWARI / S. RESHMA.

Name of the Auditor: Dr. J. VIJAYAKUMAR.

Function: CIVIL/ENGINEER.

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceduces / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	✓	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	NC	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the Improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.	✓	
20	Motivation of the staffs / Students and support provided by HOD's	✓	
21	Training need identification for the staffs by the departmental HOD's	✓	
22	Faculty profile - compliance to regularly requirements to be checked.	✓	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	✓	
24	Internal communication records like circulars.	✓	
25	Incase if records are maintained in computers, backup of data to be ensured.	✓	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	✓	
27	Method of selection of question papers(unit test and midterm tests)	✓	
28	Preservation of previous year university exam question papers.	✓	
29	List of formats used in the department and is that controlled.	✓	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	✓	
31	Housekeeping maintain with in the departments.	✓	
LABORATORY			
32	Identification of equipments	✓	
33	Calibration of equipments. (Internal / external calibration records)	✓	
34	Preventive maintenance of equipments where appropriate.	✓	
35	Adequate no.of Fire Extinguishers in the area.	✓	
36	First aid kits stuffed with necessary Antidotes	✓	
37	Safety gears provided for the students operating equipments.	✓	
38	Start and shot down instruction where appropriate.	✓	
39	Sign boards in the laboratory.	✓	
40	Display of quality policy.	✓	
41	List of consumables used in the laboratory and maintanance of sufficient stock.	✓	
42	Non conforming materials to be identified quarantined.	✓	
43	Horizontal deployment initiatives.	✓	
44	Change made in the system considereing improvements / improving process performance.	✓	
45	Relevant process charts can be displayed in the laboratory.	✓	

1. Leonard
2. S. R. S.
Signature of the Auditee

S. K.
Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMCTECH Department: CIVIL/ENVY

Auditor: Dr. J. VIJAYAKUMAR

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 08.01.2022.

S.No.	Description of Audit Finding	Category	Std C ref
1.	student feed back not evidence Reference : II nd Civil	NC	4.2.1
2.	Content beyond syllabus not updated in course file	NC	4.2.1

NON CONFORMITY REPORT

Report No:

Function: CIVIL/ENUG

Date: 08.01.2022.

Auditor: Dr. J. VIJAYAKUMAR

Auditee: S. RAMESHWAR /
S. RESHMA.

NON CONFORMANCE

Student feedback not evidence.	
AUDITOR: J.M	4.2.1 Std Clause / Doc. Ref:
	AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Students feedback form collected but not documented.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Immediate action to be taken	HOD	12.1.22	closed
	to document the feedback.			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Student feedback should submit on time.			

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

FORM: QSF 02

Version No:1.0

Issue Date

Verified
by
13/1/22

NON CONFORMITY REPORT

Report No:

Function: CIVIL/ENGG

Date: 08.01.2022

Auditor: Dr. J. VIJAYA KUMAR.

Auditee: S. RAMSITWARI/
S. RESHMA.

NON CONFORMANCE

Content beyond syllabus not updated in course file.		
AUDITOR: J.V.K.	7.2.1 Std Clause / Doc. Ref:	AUDITEE: S.R.

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Content beyond syllabus conducted but not documented.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Content beyond syllabus documented.	HOD	12.2.22	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Content beyond syllabus documented.	HOD	12.2.22	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified by
12/1/22

ASAP MANAGEMENT CONSULTANTS (P) LTD

EVEN C CSE).

AUDIT CHECKLIST

Name of the Auditee: ~~Miss Anket Parikh Joshi~~ Prof. Sumathi
Dr. N. Sharmaji Karpagam

Name of the Auditor: Dr. M. Sridharan

Function: CSE / SVH.

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awareness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's		
22	Faculty profile - compliance to regularly requirements to be checked.		
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.		
24	Internal communication records like circulars.		
25	Incase if records are maintained in computers, backup of data to be ensured.		
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by		
27	Method of selection of question papers(unit test and midterm tests)		
28	Preservation of previous year university exam question papers.		
29	List of formats used in the department and is that controlled.		
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		
31	Housekeeping maintain with in the departments.		
LABORATORY			
32	Identification of equipments		
33	Calibration of equipments. (Internal / external calibration records)		
34	Preventive maintenance of equipments where appropriate.		
35	Adequate no.of Fire Extinguishers in the area.		
36	First aid kits stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.		
38	Start and shot down instruction where appropriate.		
39	Sign boards in the laboratory.		
40	Display of quality policy.		
41	List of consumables used in the laboratory and maintainance of sufficient stock.		
42	Non conforming materials to be identified quarantined.		
43	Horizontal deployment initiatives.		
44	Change made in the system considereing improvements / improving process performance.		
45	Relevant process charts can be displayed in the laboratory.		

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: pnc TECH

Department: CSE/ENH4

Auditor: Dr. M. Sahithullah

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 7/1/22.

S.No.	Description of Audit Finding	Category	Std C ref
1.	Faculty Profile Not Evidenced. Ref : E. Samkash Icum	NC	4.2.1
2.	student feedback on faculty, bochart yet to update Ref : II yes	NC	4.2.1

NON CONFORMITY REPORT

Report No:

Function:

Date: 7/1/22

Auditor: Dr. M. Sadiq Hullah

Auditee:

~~Prof. Arlet Rajula Shukri~~
Prof. Sumathi
Dr. N. Shamyar Kerpojam

NON CONFORMANCE

<p style="font-size: 1.2em;">Faulty Profile not Evidenced.</p>	<p>Prof. Sumathi</p>
<p>AUDITOR: </p>	<p>Std Clause / Doc. Ref: AUDITEE</p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Profile available in the form of soft copy and yet to print.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Printed profile documented in the profile file	HOD	11/1/22	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Faulty profile should be updated immediately after doing the document	HOD	24/1/22	

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified

24/1/22

NON CONFORMITY REPORT

Report No:

Function: CSE/ENH

Date: 7/1/22

Auditor: Dr. m. Sahidullah

Auditee:

~~Mrs. Anil Ramiya Shree,~~
Prof. Sumathi
Dr. N. Sharmaya Leasingyam

NON CONFORMANCE

<p>Students feedback on faculty box chart yet to be update</p>	<p>Prof. Sumathi</p>
<p>AUDITOR: </p>	<p>Std Clause / Doc. Ref: AUDITEE</p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Students feedback form collected and boxchart also made but not documented

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Immediate action to be taken to document the student feedback	clay	24.1.22	closed
		Advise		

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Here after students feedback documented on file	clay	24.1.22	closed
		Advise		

Resource Requirements If any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified by

24/1/22

Feb/22

**ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST**

Name of the Auditee: Mas. V. Vijayakumari
Mas. S. Vidhya

Name of the Auditor: Mas. M. Dukitha
ASSISTANT PROFESSOR.

Function: FCE / ENGG

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceduces / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's	✓	
21	Training need identification for the staffs by the departmental HOD's	✓	
22	Faculty profile - compliance to regularly requirements to be checked.	✓	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	✓	
24	Internal communication records like circulars.	✓	
25	Incase if records are maintained in computers, backup of data to be ensured.	✓	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	✓	
27	Method of selection of question papers(unit test and midterm tests)	✓	
28	Preservation of previous year university exam question papers.	✓	
29	List of formats used in the department and is that controlled.	✓	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	✓	
31	Housekeeping maintain with in the departments.	✓	
LABORATORY			
32	Identification of equipments		
33	Callbration of equipments. (Internal / external calibration records)	✓	
34	Preventive maintenance of equipments where appropriate.	✓	
35	Adequate no.of Fire Extinguishers in the area.	✓	
36	First aid kits stuffed with necessary Antidotes	✓	
37	Safety gears provided for the students operating equipments.	✓	
38	Start and shot down instruction where appropriate.	✓	
39	Sign boards in the laboratory.	✓	
40	Display of quality policy.	✓	
41	List of consumables used in the laboratory and maintainance of sufficient stock.	✓	
42	Non conforming materials to be identified quarantined.	✓	
43	Horizontal deployment initiatives.	✓	
44	Change made in the system considereing improvements / improving process performance.	✓	
45	Relevant process charts can be displayed in the laboratory.	✓	

1. V. V. V.
2. V. V. V.
Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC TECH

Department: ECE / ENCG

Auditor: Mrs. M. Dohitha

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 7.1.22

S.No.	Description of Audit Finding	Category	Std C ref
1.	Student Feedback on Faculty	NC	4.2.3
	not evidenced.		
2.	Deviations in Lab lesson plan	NC	4.2.2

NON CONFORMITY REPORT

Report No:

Function: ECF/Engg

Date: 7.1.22

Auditor: Mrs. M. Duktha

Auditee: Mrs. V. Vijayakumari
Mrs. S. Vidhya

NON CONFORMANCE

student Feedback on Faculty not evidenced.

AUDITOR: M. Duktha

4.2-1
Std Clause / Doc. Ref:

S. Vidhya
AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1	Soft Copy of student Feedback under progress.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Informed to Complete student feedback program in time.	HOD	Immediate	closed.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Handcopy to be documented per Semester in time	HOD	11.1.22	closed.

Resource Requirements if any : Nil

Effectiveness of the corrective action taken :

Verified by and closed on : Verified. 

NON CONFORMITY REPORT

Report No:

Function: ECE/ ENGG

Date: 11-1-22

Auditor: Mrs. M. Duketha

Auditee: Mrs. V. Vijayakumari
Mrs. S. Valhya

NON CONFORMANCE

Deviations in Lab Lesson plan.
(Reference - Electrical Machines - II).
4.2.1

AUDITOR: M. DUKETHA Std Clause / Doc. Ref: S. VALHYA
AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	Completion of 2 (or) 3 experiments in one lab class.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Informed to conduct one experiment per lab class	Mrs. Duketha	11-1-22	closed.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	To execute lab experiments as per lesson plan.	Mrs. Duketha	11-1-22	closed.

Resource Requirements if any : NIL

Effectiveness of the corrective action taken :

Verified by and closed on : verified. 11/1/22

**ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST**

Feb / 22

Name of the Auditee: Mrs. G. Chaitanya D. Kalaiseivari
Mrs. S. Meenakumari

Name of the Auditor: Mrs. M. Dukitha
ASSISTANT PROFESSOR.

Function: EEE / ENE-91

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	No	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.	✓	
20	Motivation of the staffs / Students and support provided by HOD's	✓	
21	Training need identification for the staffs by the departmental HOD's	✓	
22	Faculty profile - compliance to regularly requirements to be checked.	✓	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	✓	
24	Internal communication records like circulars.	✓	
25	Incase if records are maintained in computers, backup of data to be ensured.	✓	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	✓	
27	Method of selection of question papers(unit test and midterm tests)	✓	
28	Preservation of previous year university exam question papers.	✓	
29	List of formats used in the department and is that controlled.	✓	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	✓	
31	Housekeeping maintain with in the departments.	✓	
LABORATORY			
32	Identification of equipments	✓	
33	Calibration of equipments. (Internal / external calibration records)	✓	
34	Preventive maintenance of equipments where appropriate.	✓	
35	Adequate no.of Fire Extinguishers in the area.	✓	
36	First aid kits stuffed with necessary Antidotes	✓	
37	Safety gears provided for the students operating equipments.	✓	
38	Start and shot down instruction where appropriate.	✓	
39	Sign boards in the laboratory.	✓	
40	Display of quality policy.	✓	
41	List of consumables used in the laboratory and maintainance of sufficient stock.	✓	
42	Non conforming materials to be identified quarantined.	✓	
43	Horizontal deployment initiatives.	✓	
44	Change made in the system considereing improvements / improving process performance.	✓	
45	Relevant process charts can be displayed in the laboratory.	✓	

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC TECH. Department: EEE ENGG.

Auditor: M. M. M. Dakiffa

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 10.1.22

S.No.	Description of Audit Finding	Category	Std C ref
1.	Student feedback on faculty not Evidenced.	NC	4.2.3
2.	Deviations in lab lesson plan	NC	4.2.2

NON CONFORMITY REPORT

Report No:

Function: EEE/ENGG

Date: 10.1.22

Auditor: Mrs. M. Duhitha.

Auditee: ~~Mrs. G. Shagikata~~
D6. Kalaiseivan
Mrs. S. Meenakumari

NON CONFORMANCE

<p>Student Feedback on Faculty not Evidenced.</p>		
4.2-1		
AUDITOR: M. DUHITHA	Std Clause / Doc. Ref:	AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	Soft copy of student feedback under progress.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Informed to Complete student feedback progress in time.	HOD	Immediate	closed.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Hard Copy to be documented per Semester in time.	HOD	12.1.22	closed.

Resource Requirements if any

: Nil

Effectiveness of the corrective action taken

:

Verified by and closed on

: Verified 10/1/22

NON CONFORMITY REPORT

Report No:

Function: EEE/ENGG

Date: 10.1.22

Auditor: Mrs. M. Duhitha

Auditee: Mrs. G. Shanthika
Dr. Kalaiselvan
Mrs. S. Meenakshamma

NON CONFORMANCE

<p>Deviations in Lab Lesson plan. Reference - Electrical Machines - II).</p>
AUDITOR: M. DUKITHA Std Clause / Doc. Ref: ^{A.2.1}
AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	Completion of 2 or 3 experiments in one lab class.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Informed to conduct one experiment per lab class.	Mrs. Devan	12.1.22	closed.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Do not execute lab experiments as per Lesson plan.	Mrs. Devan	12.1.22	closed.

Resource Requirements if any

: Nil.

Effectiveness of the corrective action taken

:

Verified by and closed on

: Verified.

12/1/22

**ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST**

EVEN (MECH)
FEB/22

Name of the Auditee: DY. M. RASAWOPAL HOD/MECH

MR. K. UDAIKUMAR AP/MECH

Name of the Auditor: MRS. P. SUMATHI AP

Function: MECH / ENGR

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	✓	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's	✓	
21	Training need Identification for the staffs by the departmental HOD's	✓	
22	Faculty profile - compliance to regularly requirements to be checked.	✓	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	✓	
24	Internal communication records like circulars.	✓	
25	Incase if records are maintained in computers, backup of data to be ensured.	✓	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	✓	
27	Method of selection of question papers(unit test and midterm tests)	✓	
28	Preservation of previous year university exam question papers.	✓	
29	List of formats used in the department and is that controlled.	✓	
30	Review of infrastructure requirements within the department at defined intervals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	✓	
31	Housekeeping maintain with in the departments.	✓	
LABORATORY			
32	Identification of equipments	✓	
33	Calibration of equipments. (Internal / external calibration records)	✓	
34	Preventive maintenance of equipments where appropriate.	✓	
35	Adequate no.of Fire Extinguishers in the area.	✓	
36	First aid kits stuffed with necessary Antidotes	✓	
37	Safety gears provided for the students operating equipments.	✓	
38	Start and shut down instruction where appropriate.	✓	
39	Sign boards in the laboratory.	✓	
40	Display of quality policy.	✓	
41	List of consumables used in the laboratory and maintenance of sufficient stock.	✓	
42	Non conforming materials to be identified quarantined.	✓	
43	Horizontal deployment initiatives	✓	
44	Change made in the system considering improvements / improving process performance.	✓	
45	Relevant process charts can be displayed in the laboratory.	✓	

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: Pmc TECH

Department: MECH / ENGG

Auditor: Mrs. P. SOMATHI

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 11/11/22

S.No.	Description of Audit Finding	Category	Std C ref
1	Unit test -1 Answer key not Evidence (Ref: Design of Transmission Systems)	NC	4.2.1
2	Student sign missing opted Albhe dist [Ref: EDP]	NC	4.2.1

NON CONFORMITY REPORT

Report No:


Function: MECH/ ENNH

Date: 11/11/22

Auditee: Mrs. P. SUMATHI

Auditor: Dr. M. RASAHOPAL

NON CONFORMANCE

 AUDITOR:	Unit test -1 Answer key Not Evidenced Ref: Design of Transmission System. 1.2.1 Std Clause / Doc. Ref:	Dr. M. RASAHOPAL AUDITEE
---	---	-----------------------------

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Answer key Prepared in the form of soft copy

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Hard copy of Answer key documented in the proper file	K. Rajitha kumar	25/11/22	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	At the time of submission of UT-1 QP Answer key to be submitted in hard copy	K. Rajitha kumar	25/11/22	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

*Verified.
of
25/11/22*

NON CONFORMITY REPORT

Report No:

Function: MECA / ENH

Date: 11/11/22

Auditor: Mrs. S. P. Sumathi

Auditee: Dr. M. RAJAKOPAL

NON CONFORMANCE

<p>Student sign missing in opted Elective list. [EDP]</p>
<div style="width: 30%;"> <p>AUDITOR: P. SUMATHI</p> </div> <div style="width: 30%; text-align: center;"> <p>h. 2.1 Std Clause / Doc. Ref:</p> </div> <div style="width: 30%; text-align: right;"> <p>Dr. M. RAJAKOPAL AUDITEE</p> </div>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Student gave preference in the subject but forgot to put signature

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Student and advised to put signature immediately	m.murug	Immediately	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	At the time of getting student preference signature to be obtained	m.murug	Immediately	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified.

12/1/22

**ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST**

Name of the Auditee: *Dr. M. Sahithullab*
Nr. N. Malivel.

Name of the Auditor: *Prof. R. KARTHIKEYAN.*

Function: *MCO / ENGG*

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceduces / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	<i>NC</i>	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's	✓	
21	Training need identification for the staffs by the departmental HOD's	✓	
22	Faculty profile - compliance to regularly requirements to be checked.	✓	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	✓	
24	Internal communication records like circulars.	✓	
25	Incase if records are maintained in computers, backup of data to be ensured.	✓	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	✓	
27	Method of selection of question papers(unit test and midterm tests)	✓	
28	Preservation of previous year university exam question papers.	✓	
29	List of formats used in the department and is that controlled.	✓	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	✓	
31	Housekeeping maintain with in the departments.	✓	
	LABORATORY	✓	
32	Identification of equipments	✓	
33	Calibration of equipments. (Internal / external calibration records)	✓	
34	Preventive maintenance of equipments where appropriate.	✓	
35	Adequate no.of Fire Extinguishers in the area.	✓	
36	First aid kits stuffed with necessary Antidotes	✓	
37	Safety gears provided for the students operating equipments.	✓	
38	Start and shot down instruction where appropriate.	✓	
39	Sign boards in the laboratory.	✓	
40	Display of quality policy.	✓	
41	List of consumables used in the laboratory and maintanance of sufficient stock.	✓	
42	Non conforming materials to be identified quarantined.	✓	
43	Horizontal deployment initiatives	✓	
44	Change made in the system considereing improvements / improving process performance.	✓	
45	Relevant process charts can be displayed in the laboratory.	✓	

1. *[Signature]*
Signature of the Auditee

2. N. *[Signature]*

[Signature]
Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC TECH Department: MCO/ENGG

Auditor: Prof. Karthikeyan

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 10.1.2022

S.No.	Description of Audit Finding	Category	Std C ref
1.	Assignment Name missing in Log book [Ref: (Amgt). Advanced Manufacturing Technology]	NC.	
2.	Student sign missing in opted Elective List [Ref: IV year]	NC.	

NON CONFORMITY REPORT

Report No:

Function: MCO/ENGL

Date: 10/1/2022

Auditor: Prof. R. Karthikeyan

Auditee: Dr. M. Sahithula
Mr. N. Manivel

NON CONFORMANCE

Assignment Name missing in Log Book IV year MCO	
AUDITOR: <i>[Signature]</i>	Std Clause / Doc. Ref:
	M. N. MANIVEL AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Student submitted the assignment but it was NOT corrected

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Assignment Name are entered in the log book.	K. Suresh Kumar	11.1.22	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Assignment must be corrected within 1 days and Name must be entered in log book.	K. Suresh Kumar	11.1.22	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
[Signature]
11/1/22

NON CONFORMITY REPORT

Report No:

Function: MCO/EN667

Date: 10.1.2022.

Auditor: Prof. R. Karthikeyan.

Auditee: Dr. M. Sahithulkh
Mr. N. Manivel.

NON CONFORMANCE

<p style="font-size: 1.2em;">Students sign missing in opted Elective list IV year MCO.</p>	
AUDITOR:	Std Clause / Doc. Ref:
	AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Due to absent on the day of students the sign missing in opted Elective list.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of. Compt.
	With in 1 days the files has been completed	E-Prakash	11.1.22	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of. Compt.
	student sign get in opted Elective list	E-Prakash	11.1.22	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified

11/1/22

ASAP MANAGEMENT CONSULTANTS (P) LTD

AUDIT CHECKLIST

February - 22

Dr. P. RAMYA DOORANI HOD/IT

Name of the Auditee: Dr. A. Mahesh, Mrs. Selvarani, AP.

Name of the Auditor: Mrs. G. Shasikala AP/EEE

Function: IT/Engg

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceduces / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	✓	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.		✓
20	Motivation of the staffs / Students and support provided by HOD's		✓
21	Training need identification for the staffs by the departmental HOD's		✓
22	Faculty profile - compliance to regularly requirements to be checked.		✓
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.		✓
24	Internal communication records like circulars.		✓
25	Incase if records are maintained in computers, backup of data to be ensured.		✓
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by		✓
27	Method of selection of question papers(unit test and midterm tests)		✓
28	Preservation of previous year university exam question papers.		✓
29	List of formats used in the department and is that controlled.		✓
30	Review of infrastructure requirements within the department at defined intervals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of subboards in the department.		✓
31	Housekeeping maintain with in the departments.		✓
LABORATORY			
32	Identification of equipments		✓
33	Calibration of equipments. (Internal / external calibration records)		✓
34	Preventive maintenance of equipments where appropriate.		✓
35	Adequate no. of Fire Extinguishers in the area.		✓
36	First aid kits stuffed with necessary Antidotes		✓
37	Safety gears provided for the students operating equipments.		✓
38	Start and shot down instruction where appropriate.		✓
39	Sign boards in the laboratory.		✓
40	Display of quality policy.		✓
41	List of consumables used in the laboratory and maintenance of sufficient stock.		✓
42	Non conforming materials to be identified quarantined.		✓
43	Horizontal deployment initiatives.		✓
44	Change made in the system considering improvements / improving process performance.		✓
45	Relevant process charts can be displayed in the laboratory.		✓

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC Tech. Department: IT/Engg

Auditor: Mrs. G. Shasikala
AP

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 11/01/22

S.No.	Description of Audit Finding	Category	Std C ref
1.	It - I Answer key is not evidence Ref (Environmental Science) II / 36.	NC	H.6.2
2.	Log book not Authenticated by principal Ref (Mobile Computing) III / 36.	NC	H.6.2

NON CONFORMITY REPORT

Report No:

Function: IT/Engg

Date: 11/1/22
 Auditee: Dr. P. Ananya Das
Dr. A. Mahesh

Auditor: Mrs. G. Shasikala Ap

Mrs. Selvarani

NON CONFORMANCE

<p style="font-size: 1.2em;">log book not authenticated by principal. Ref. mobile computing.</p>	<p style="text-align: right;">Dr. A. MAHESH</p>
AUDITOR: <u>G. Sh</u>	Std Clause / Doc. Ref: <u>H.6.2</u> AUDITEE:

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	log book is not authenticated by principal as
	concern faculty is absent on the duty

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	log book authenticated by			
	principal.	faculty	immediate	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	log books should be authenticated	faculty	immediate	closed
	by principal on every forday			

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified.
12/1/22

NON CONFORMITY REPORT

Report No:

Function: IT/Engg

Date: 11/1/22

Auditor: Mrs. G. Shasikala AP

Auditee: Dr. A. Mahesh
Dr. P. Ananya Datta
Mrs. Selvarani

NON CONFORMANCE

IT-I Answer key not submitted at that time. Ref (Environmental science)		
AUDITOR: G. M.	H. B. 2 Std Clause / Doc. Ref:	Dr. A. Mahesh AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Answer key was available in the form of soft copy.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Hard copy of answer key was available with faculty and HOD sign.	Faculty	immediate	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Answer key should be submitted at the time of question paper submission	Faculty	immediate	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

FORM: QSF 02

Version No:1.0

Issue Date

Verified
12/1/22

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Feb/22.

Name of the Auditee: Prof. Rajesh

Name of the Auditor: Prof. Sangeerani

Prof. Kavthrikeyan

Function: MBA

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual	✓	
2	Show me your regulatory requirements and status of compliance	✓	
3	Show me your list of records	✓	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	✓	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	✓	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	✓	
8	Check whether record has the record name and record code in the front page.	✓	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	✓	
10	Trend charts on objectives and process measures.	✓	
11	Action plan for the objectives.	✓	
12	Continual improvement program.	✓	
13	Check for the departmental review meetings	✓	
14	Check the awareness level on roles and responsibility.	✓	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	NC	
16	Check for the improvements made in the department in the passed one year	✓	
17	Analysis on student / feedback from (Parameter wise analysis)	✓	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	✓	

19	Review of disciplinary actions taken against the staffs.		✓
20	Motivation of the staffs / Students and support provided by HOD's		✓
21	Training need identification for the staffs by the departmental HOD's		✓
22	Faculty profile - compliance to regularly requirements to be checked.		✓
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.		✓
24	Internal communication records like circulars.		✓
25	Incase if records are maintained in computers, backup of data to be ensured.		✓
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by		✓
27	Method of selection of question papers(unit test and midterm tests)		✓
28	Preservation of previous year university exam question papers.		✓
29	List of formats used in the department and is that controlled.		✓
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		✓
31	Housekeeping maintain with in the departments.		✓
LABORATORY			
32	Identification of equipments		✓
33	Calibration of equipments. (Internal / external calibration records)		✓
34	Preventive maintenance of equipments where appropriate.		✓
35	Adequate no.of Fire Extinguishers in the area.		✓
36	First aid kits stuffed with necessary Antidotes		✓
37	Safety gears provided for the students operating equipments.		✓
38	Start and shot down instruction where appropriate.		✓
39	Sign boards in the laboratory.		✓
40	Display of quality policy.		✓
41	List of consumables used in the laboratory and maintainance of sufficient stock.		✓
42	Non conforming materials to be identified quarantined.		✓
43	Horizontal deployment initiatives.		✓
44	Change made in the system considereing improvements / improving process performance.		✓
45	Relevant process charts can be displayed in the laboratory.		✓

[Signature]
Signature of the Auditee

[Signature]
Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC Tech Department: MBA

Auditor: Prof. R. Karthikeyan
Date: 12/1/22

Description of sample chosen (Year / Semester / Paper / Unit):

S.No.	Description of Audit Finding	Category	Std C ref
01.	Student profile - not updated		
	Ref: [I year MBA university Results] NC		A.2
02.	Class Attendance - Monthly Attendance % not evidenced		
	Ref (I MBA monthly Attendance)	NC	A.2

NON CONFORMITY REPORT

Report No:

Function: MBA

Date: 12/1/22

Auditor: Prof. R. Karthikeyan

Auditee:
Prof. Rajesh
Prof. Sangeerani

NON CONFORMANCE

<p>Student profile not updated. Ref. CU year MBA - university Results).</p>	<p>4.2</p>
<p>AUDITOR: <i>[Signature]</i></p>	<p>Std Clause / Doc. Ref:</p>
<p><i>[Signature]</i> AUDITEE</p>	

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	student profile available in the form of hard copy yet university result need to be updated.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	university results updated in the prescribed format	Rajesh	21/1/22	closed.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It was advised to update the university Results	Rajesh	21/1/22	closed.

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified.
[Signature]
21/1/22

NON CONFORMITY REPORT

Report No:

Function:

Date: 12/1/22

Auditor:

Prof. R. Karthikeyan

Auditee:

Prof. Rajesh
Prof. Sangeetani

NON CONFORMANCE

<p>class Attendance - monthly Attendance % not evidenced by (I) year MSA monthly Attendance</p>
<p>AUDITOR: <i>[Signature]</i> Std Clause / Doc. Ref: 4.6.2 AUDITEE: <i>[Signature]</i></p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	In class Attendance Register, working days are updated but attendance % is not in the proper format

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	monthly attendance % was updated in the attendance register.	Rajesh	21/1/22	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Advised to calculate the attendance % & update in register in the last working day of every month	Rajesh	21/1/22	

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

: Verified
: 21/1/22

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Feb 22

Name of the Auditee: Mrs. M. Anselina Roy AD/MCA
Mrs. M. Dukitha AD/MCA

Name of the Auditor: Dr. M. Sathish Babu


Function: MCA / ENSS

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceduces / department manual	/	
2	Show me your regulatory requirements and status of compliance	/	
3	Show me your list of records	/	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	/	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	/	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	/	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	/	
8	Check whether record has the record name and record code in the front page.	/	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	/	
10	Trend charts on objectives and process measures.	/	
11	Action plan for the objectives.	/	
12	Continual improvement program.	/	
13	Check for the departmental review meetings	/	
14	Check the awareness level on roles and responsibility.	/	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	/	
16	Check for the improvements made in the department in the passed one year	/	
17	Analysis on student / feedback from (Parameter wise analysis)	/	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	NC	

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's	/	
21	Training need identification for the staffs by the departmental HOD's	/	
22	Faculty profile - compliance to regularly requirements to be checked.	/	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	/	
24	Internal communication records like circulars.	/	
25	Incase if records are maintained in computers, backup of data to be ensured.	/	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	/	
27	Method of selection of question papers(unit test and midterm tests)	/	
28	Preservation of previous year university exam question papers.	/	
29	List of formats used in the department and is that controlled.	/	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	/	
31	Housekeeping maintain with in the departments.	/	
LABORATORY			
32	Identification of equipments	/	
33	Calibration of equipments. (Internal / external calibration records)	/	
34	Preventive maintenance of equipments where appropriate.	/	
35	Adequate no. of Fire Extinguishers in the area.	/	
36	First aid kits stuffed with necessary Antidotes	/	
37	Safety gears provided for the students operating equipments.	/	
38	Start and shot down instruction where appropriate.	/	
39	Sign boards in the laboratory.	/	
40	Display of quality policy.	/	
41	List of consumables used in the laboratory and maintanance of sufficient stock.	/	
42	Non conforming materials to be identified quarantined.	/	
43	Horizontal deployment initiatives.	/	
44	Change made in the system considereing improvements / improving process performance.	/	
45	Relevant process charts can be displayed in the laboratory.	/	

M. Angelis By
Signature of the Auditee

M. Dh.


Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: *PCC Tech* Department: *MC9/Engg*

Auditor: *Dr. M. Sashi Thulasi*

Description of sample chosen (Year / Semester / Paper / Unit):

Date: *20/1/22*

S.No.	Description of Audit Finding	Category	Std C ref
1.	Student Feedback on Faculty	NC	4.6.2
	not updated		
2.	Reviewer details Not		
	updated	NC	4.6.2

NON CONFORMITY REPORT

Report No:

Function: *mla/ESS*

Date: *20/1/22*

Auditor: *Dr. M. Schifhullsb*

Auditee: *mrs. m. Rasy*
mrs. m. DukiMa

NON CONFORMANCE

<p><i>student Feed back on faculty not updated</i></p> <p style="text-align: center;"><i>4.6.2</i></p>	<p><i>N. DUKUMA</i> AUDITEE</p>
<p>AUDITOR: <i>[Signature]</i></p>	<p>Std Clause / Doc. Ref:</p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	<i>Due to lockdown cannot able to collect feedback from student</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Feed back on faculty completed</i>	<i>ms. angki</i>	<i>27/1/22</i>	
		<i>Rasy</i>		<i>Closef</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Feed back on faculty collect in time</i>			

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

FORM: QSF 02

Version No:1.0

Issue Date

Verified
[Signature]
20/1/22

NON CONFORMITY REPORT

Report No:

Function: *meal/ESS*

Date: *20/1/22*

Auditor: *Mr. M. S. Hithulkh*

Auditee:
Ms. M. Mandelina Pasy
Ms. M. Dukiha

NON CONFORMANCE

<i>Reviewer details not updated</i>		
AUDITOR: <i>[Signature]</i>	4.6.2 Std Clause / Doc. Ref:	<i>[Signature]</i> AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	<i>Reviewer not specify the details</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Reviewer details updated</i>	<i>Ms. M.</i>		
		<i>Dukiha</i>	<i>27/1/22</i>	<i>closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Reviewer details updated</i>			
	<i>immediately</i>			

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified.
[Signature]
29/1/22

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Feb 22

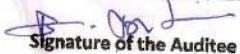
Name of the Auditee: Dr. M. Swathi
Mrs. P. Jaya
Dr. S. P. PRABHAKARAN HOD / SGT

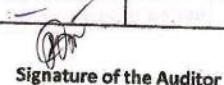
Name of the Auditor: prof. Sumathi

Function:

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceduces / department manual	/	
2	Show me your regulatory requirements and status of compliance	/	
3	Show me your list of records	/	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	/	
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge..... is not evident.	/	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	/	
8	Check whether record has the record name and record code in the front page.	/	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	/	
10	Trend charts on objectives and process measures.	/	
11	Action plan for the objectives.	/	
12	Continual improvement program.	/	
13	Check for the departmental review meetings	/	
14	Check the awareness level on roles and responsibility.	/	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	/	
16	Check for the improvements made in the department in the passed one year	/	
17	Analysis on student / feedback from (Parameter wise analysis)	/	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	/	

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's	/	
21	Training need identification for the staffs by the departmental HOD's	/	
22	Faculty profile - compliance to regularly requirements to be checked.	/	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	/	
24	Internal communication records like circulars.	/	
25	Incase if records are maintained in computers, backup of data to be ensured.	/	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	/	
27	Method of selection of question papers(unit test and midterm tests)	/	
28	Preservation of previous year university exam question papers.	/	
29	List of formats used in the department and is that controlled.	/	
30	Review of infrastructure requirements within the department at defined intervals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	/	
31	Housekeeping maintain with in the departments.	/	
LABORATORY			
32	Identification of equipments	/	
33	Calibration of equipments. (Internal / external calibration records)	/	
34	Preventive maintenance of equipments where appropriate.	/	
35	Adequate no.of Fire Extinguishers in the area.	/	
36	First aid kits stuffed with necessary Antidotes	/	
37	Safety gears provided for the students operating equipments.	/	
38	Start and shot down instruction where appropriate.	/	
39	Sign boards in the laboratory.	/	
40	Display of quality policy.	/	
41	List of consumables used in the laboratory and maintainance of sufficient stock.	/	
42	Non conforming materials to be identified quarantined.	/	
43	Horizontal deployment Initiatives.	/	
44	Change made in the system considereing improvements / improving process performance.	/	
45	Relevant process charts can be displayed in the laboratory.	/	


Signature of the Auditee


Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PmcTech

Department: S&H

Auditor: Prof. Sumathi

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 19-01-2022

S.No.	Description of Audit Finding	Category	Std C ref
1.	Time Table- Faculty sign not authenticated Ref [T (ISE)]	Wc	4.2
2.	Lesson plan tutorial hours not mentioned Ref : [I - Mechanical Maths]	Nc	4.2

NON CONFORMITY REPORT



Report No:

Function: S&H / Engg

Date: 19-01-2022
 Dr. S. P. PRABHAKARAN
 Auditee: Dr. M. Swesh
 Mrs. Sriya

Auditor: Prof. Sumathi

NON CONFORMANCE

 AUDITOR:	Faculty Sign not in time table. (Ref. 9 th 555 dyp)	 AUDITEE
Std Clause / Doc. Ref:		

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Time Table available in the prescribed format but there is no authentication [faculty]

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Faculty authentication is not in the prescribed format.	Dr. M. Swesh	Immediate	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Advised to corresponding advisor to get authenticated from faculty	Dr. M. Swesh	Immediate	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
 by
29/1/22

NON CONFORMITY REPORT

Report No:

Function: *SAH/engg*

Date: *19/01/22*

Auditor: *prof. sumathi*

Auditee: *Dr. M. Swesh.
Mrs. S. Priya.*

NON CONFORMANCE

AUDITOR: <i>[Signature]</i>	<p><i>Lesson plan tutorial hours not mentioned Ref - I - Mechanical Engineering</i></p>	AUDITEE: <i>[Signature]</i>
Std Clause / Doc. Ref:		

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	<i>Lesson plan evidenced in the prescribed file but tutorial hours not mentioned</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Tutorial hours added in the lesson plan with the planned hours</i>	<i>Dr. Swesh</i>	<i>22/01/22</i>	<i>closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Advised to faculty to add tutorial hours at the time of planning the lesson plan</i>	<i>Dr. Swesh</i>	<i>22/01/22</i>	<i>closed</i>

Resource Requirements if any

: *Nil*

Effectiveness of the corrective action taken

: *verified*

Verified by and closed on

: *[Signature]
20/1/22*

Feb-22

AUDIT OBSERVATION SHEET

Institution: *pmtcech*

Department: *ca&c*

Auditor: *Dr. J. Vijayakumar*

Description of sample chosen (Year / Semester / Paper / Unit):

Date: *24-01-22*

S.No.	Description of Audit Finding	Category	Std C ref
1.	<i>Few applications were incomplete & few were misplaced</i>	<i>Nc</i>	<i>4.2.3</i>
2.	<i>The obtained certificate details were found to be incomplete</i>	<i>Nc</i>	<i>4.2.3</i>

NON CONFORMITY REPORT

Report No:

Function: *Ch & c*

Date: *24-01-2022*

Auditor: *Dr. J. Vijayakumar*

Auditee: *Mrs. Latha*

NON CONFORMANCE

<i>Few applications were incomplete & few were misplaced.</i>	
AUDITOR: <i>J.M</i>	Std Clause / Doc. Ref:
	AUDITEE: <i>Latha</i>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	<i>Details were not completely filled by the students at the time of admissions & few students applications are not found.</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	<i>Students details are collected & filled immediately</i>	<i>Dr. Selvi</i>	<i>Imme</i>	<i>closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	<i>Complete details are filled & obtained at the initial stage itself</i>	<i>Dr. Selvi</i>	<i>Imme</i>	<i>closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
28/1/22

NON CONFORMITY REPORT

Report No:

Function: *Cade*

Date: *24-01-22*

Auditor: *Dr. J. Vijay Kumar*

Auditee: *Mrs. Latha*

NON CONFORMANCE

<p><i>Obtained certificate details were found to be incomplete.</i></p> <p><i>JVK</i></p>	<p align="right"><i>Latha</i> AUDITEE</p>
AUDITOR:	Std Clause / Doc. Ref:

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	<i>Some details in the certificate were not entered by the students at the initial stage.</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	<i>separate staff is allocated and the details are updated</i>	<i>Dr. Selvi</i>	<i>Imme</i>	<i>closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	<i>separate staff will be allotted for this updation</i>	<i>Dr. Selvi</i>	<i>Imme</i>	<i>closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
28/1/22

AUDIT OBSERVATION SHEET

Feb/22

Institution: pmc Tech Department: TR61

Auditor: Prof. Dukitha

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 24/1/22

S.No.	Description of Audit Finding	Category	Std C ref
1.	consolidate feedback for the soft skill training programme not found.	NC	A-2.3
2.	course material for this training is not found.	NC	A-2.3

NON CONFORMITY REPORT

Report No:

Function:

Date: 24/1/22

Auditor: Prof. Dukitha

Auditee:

Prof. Rajesh
Mr. Riaz

NON CONFORMANCE

consolidated feedback form for softskill training not found.


AUDITOR:

4-2-3
Std Clause / Doc. Ref:


AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	misplaced with other files

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Identified & keep it in the separate file.	training member	immediate	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	separate file was maintained & keep safely.	training member	immediate	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
RA
24/1/22

NON CONFORMITY REPORT

Report No:

Function:

Date: 24/1/22

Auditor: Prof. Dukitha

Auditee: Prof. Rajesh
Mr. Diaz

NON CONFORMANCE

<p>course material for the soft skill training programme is not found.</p>	<p>4.6.2 Std Clause / Doc. Ref:</p>
<p>AUDITOR: </p>	<p> AUDITEE</p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	not collected the material from training persons.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	collected & maintained in a separate file.	training member	20/1/22 date	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	carefully maintained the course material for training	training member	20/1/22 date	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
of
24/1/22

Feb 22

AUDIT OBSERVATION SHEET

Institution: pmcTech.

Department: Logistics

Auditor: G. Shanikula.

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 21-01-22

S.No.	Description of Audit Finding	Category	Std C ref
1.	In logistics frequently used parts are under inspection that should be categorized as accepts & rejects	NC	6.0
2.	Preventive maintenance records not for the following vehicles:	NC	4.2
	TN 47 F 4793		
	TN 70 Q 9149		

NON CONFORMITY REPORT

Report No:

Function: *Engineering*

Date: *21-01-22*

Auditor: *Prof. A-shasikala.*

Auditee: *Mr. Umashanka*

NON CONFORMANCE

In logistics most frequently used parts are under inspection that should be categorized as accept & rejects.

AUDITOR: *A. Sh*

Std Clause / Doc. Ref:

Um
AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
<i>1.</i>	<i>Due to shortage of machines item has not been inspected.</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
<i>1.</i>	<i>Immediate action is taken and categorized as accept & rejects.</i>	<i>Uma shanka</i>	<i>21/01/22</i>	<i>Item closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
<i>1.</i>	<i>These will be prevented in future.</i>	<i>Uma shanka</i>	<i>21/01/22</i>	<i>closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

FORM: QSF 02

Version No:1.0

Issue Date

Verified
21/01/22

NON CONFORMITY REPORT

Report No:

Function: *Logistics*

Date: *21-01-22*

Auditor: *Prof. A. Shantikola*

Auditee: *Mr. Uma shanka*

NON CONFORMANCE

<p style="text-align: center;">Maintenance records of the following vehicles <i>TN 47 F 4793 & TN 70 Q 9149</i> are not maintained.</p>
<p>AUDITOR: <i>A. Sh</i> AUDITEE: <i>Uma</i></p> <p style="text-align: center;">Std Clause / Doc. Ref:</p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	<i>Due to the replacement of maintenance record for the above vehicles at the time of audit</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	<i>Maintenance record has maintained properly & submitted correctly for auditing</i>	<i>Uma shanka</i>	<i>Imme</i>	<i>closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	<i>Separate person is allocated for the maintenance of record</i>	<i>Uma shanka</i>	<i>Imme</i>	<i>closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

FORM: QSF 02

Version No:1.0

Issue Date

Verified
by
28/1/22

Feb-22

AUDIT OBSERVATION SHEETInstitution: pmctech Department: LibraryAuditor: Dr. p. Rajasekaran

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 19-01-22

S.No.	Description of Audit Finding	Category	Std C ref
1.	Books are shuffled and are not in the original sections.		
	Ret: Digital electronics books kept in the mathematical sections	NC	4.2.3
2.	Fine collection not properly maintained		
	Ret: Collection of fine amount is not properly maintained	NC	4.2.3

NON CONFORMITY REPORT

Report No:

Function:

Date: 19-01-22

Auditor: Dr. P. Rajarekaran

Auditee: Mr. Yeshwanth

NON CONFORMANCE

Books are shuffled and not in their original section. After Ref: Digital electronics	book is kept in mathematical section.
AUDITOR:	Std Clause / Doc. Ref:
_____ AUDITEE	

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	After students book submit should paper in the section.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It was noticed by the number and arranged properly	librarian	28/1/22	Used

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It will be corrected in future	lib	28/1/22	Used

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
 at
28/1/22

NON CONFORMITY REPORT

Report No:

Function: Lib/Buys

Date: 19-01-22

Auditor: Dr. P. Rajasekaran.

Auditee: Mr. Y. S. S. S. S.

NON CONFORMANCE

File collection not properly maintained
 Ret: Closing of account details of the outgoing students not properly maintained.

AUDITOR: *[Signature]* Std Clause / Doc. Ref: *[Blank]* AUDITEE: *[Signature]*

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	It proper time settlement of fine amount to the office.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It has been corrected by closing of amount on the daily basis	Lib	Imm	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Amount was settled in daily basis and online from the office	Lib	Imm	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

[Signature]
 28/1/22

AUDIT OBSERVATION SHEET

Institution: PMCTech

Department: Mess

Auditor: Ms. Dinkitha

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 20-1-22

S.No.	Description of Audit Finding	Category	Std C ref
1.	Solid wastes & liquid wastes are not disposed properly.	NC	6.4
	Ref: Solid wastes & liquid wastes are found here and there during break times in mess.		
2.	Hostel rooms not cleaned regularly.	NC	6.4
	Ref: Girls hostel rooms not cleaned in the morning due to servants delay.		

NON CONFORMANCE REPORT

Report No:

Function: Mess

Date: 20.1.22

Auditor: Mrs. Dubitha

Auditee: Mr. Kaibab

NON CONFORMANCE

<p>Liquid wastes are not disposed properly. Ref: Wastes are found here and these during breakfasts in mess.</p>	8.4 Std Clause / Doc. Ref: Kaibab AUDITEE
---	---

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	This problem was due to separate dustbins for solid & liquid wastes.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	It has been corrected for separate dustbins solid & liquid wastes.	Mr. Kaibab	24.1.22	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	To avoid the problem frequently checking for same.	Mrs. Kaibab	24.1.22	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified.
 closed 28/1/22

NON CONFORMITY REPORT

Report No:

Function: Hostel / Engg.

Date: 20.1.22

Auditor: Ms. Dukitha

Auditee: Ms. Kairash

NON CONFORMANCE

Ref:	Girls hostel rooms are not cleaned properly. Girls hostel rooms not cleaned in the morning due to servant delay.	Kairash AUDITEE
AUDITOR: M. A.	Std Clause / Doc. Ref:	

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	This problem was due to shortage of manpower.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	It has been corrected by appointing few more employees.	Ms. Kairash	24.1.22	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Periodical checking was carried out to prevent this problem.	Ms. Kairash	24.1.22	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
 Closed 20/1/22

Feb 22

AUDIT OBSERVATION SHEET

Institution: PMCTech. Department: Maintenance.

Auditor: J. Vijay Kumar

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 20-01-2022

S.No.	Description of Audit Finding	Category	Std C ref
1.	Class room is not swept properly Ref: iij - Mech	No	b.4
2.	Labs are covered not cleaned properly	No	b.4

NON CONFORMITY REPORT

Report No:

Function: Maintenance

Date: 20-01-22

Auditor: Mr. J. Vijayakumar.

Auditee: Mrs. Valli

NON CONFORMANCE

<p style="font-size: 1.2em;">The class room benches was not cleaned properly.</p> <p style="font-size: 1.5em; color: blue;">J.M</p>	<p>AUDITEE</p> <p style="font-size: 0.8em;">K. Valli</p>
AUDITOR:	Std Clause / Doc. Ref:

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	The workers have done the work very slowly so, the class room seem improper cleaning.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	The workers are advised for good cleaning	Ms. Valli	24/1/22	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	if future it will be corrected	Ms. Valli	24/1/22	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
[Signature]
 23/1/22

NON CONFORMITY REPORT

Report No:

Function:

Date: 20-01-2022

Auditor: J. Vijayakumar

Auditee: Mrs. Valli

NON CONFORMANCE

They are not cobweb cleaned properly in the class & labs

AUDITOR: J.M. K. Valli

Std Clause / Doc. Ref: AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	When the sweeper come into the lab student have doing practical. So they could not cleaned all the things.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	The workers are advised and given proper instruction to come on free time of lab	Mrs. Valli	imm	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	The workers will mop all the things properly	Mrs. Valli	imm	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified on 28/1/22

AUDIT OBSERVATION SHEET

February-22

Institution: PMC Tech Department: Recruitment Cell Auditor: Dr. p. Rajasekaran

Description of sample chosen (Year / Semester / Paper / Unit): Date: 25/01/22

S.No.	Description of Audit Finding	Category	Std C ref
1.	Consolidated report on faculty performance assessment are not documented properly	NC	H.2
i.e	performance assessment of the newly selected staff for the academic year 2019-2020	NC	H.2

NON CONFORMITY REPORT

Report No:

Function: Recruitment Date: 25/01/22

Auditor: Dr. P. Rajasekaran

Cell Auditee: Dr. M. Suresh

NON CONFORMANCE

Consolidated report on faculty performance assessment are not documented properly for the newly selected staff for academic year 2021-2022

AUDITOR:

Std Clause / Doc. Ref:

M. Suresh
AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	It has been made only at the end of the each year

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Preponed and secured one in a semester	Dr. Suresh	28/01/22	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	properly maintained at future	Dr. Suresh	28/01/22	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified.
28/1/22

NON CONFORMITY REPORT

Report No:

Function:

Date:

Auditor:

Auditee:

NON CONFORMANCE

AUDITOR:	Std Clause / Doc. Ref:	AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Feb 22

AUDIT OBSERVATION SHEET

Institution: *pme Tech*

Department: *MR*

Auditor: *Prof. R. Kattikeyan*

Description of sample chosen (Year / Semester / Paper / Unit):

Date: *22-01-22*

S.No.	Description of Audit Finding	Category	Std C ref
1.	Department Objectives has to be reviewed periodically to achieve the targets	NC	5.3.

NON CONFORMITY REPORT

Report No:


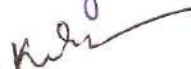
Function: MR. Engg

Date: 22-01-22

Auditor: Prof. R. Kautrikeyan.

Auditee: P#OP#A.
Sahithullah.

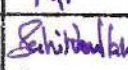
NON CONFORMANCE

<p align="center">Departments objectives has to be reviewed periodically to achieve the targets.</p>	 AUDITEE
AUDITOR: 	Std Clause / Doc. Ref:

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	Review meeting was not conducted periodically.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Review meeting conducted on every semester end and the objectives & targets are revised	M. 	Imme	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Meeting is arranged on proper time interval	Sahithullah	Imme	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :


 22/1/22.

NON CONFORMITY REPORT

Report No:

Function:

Date:

Auditee:

Auditor:

NON CONFORMANCE

AUDITOR:	Std Clause / Doc. Ref:	AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

AUDIT OBSERVATION SHEET

February-22

Institution: PMC Tech Department: Purchase.

Auditor: Asst. prof
Dukitha

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 01/01/22.

S.No.	Description of Audit Finding	Category	Std C ref
1.	Microprocessor lab bills are not available.		
	Ref: VI Microsystem bills for instrument purchased for even Sem not found	NC	Atid.3

NON CONFORMITY REPORT

Report No:

Function:

Date: 21/01/22

Auditor: Asst. Prof. Dakitha

Auditee: Mrs. padma

NON CONFORMANCE

Microprocessor lab bills are not available.
Ref: Instruments from vi microsystems.

AUDITOR: M. Dh H.2.3 Padma
Std Clause / Doc. Ref: AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Forgetting to collect bills from.
	ECE staffs.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It was identified and kept in file.	Mrs. padma	24/01/22	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	In future such problems will be prevented	Mrs. padma	24/01/22	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified by
M. Dh
24/1/22

NON CONFORMITY REPORT

Report No:

Function:

Date:

Auditee:

Auditor:

NON CONFORMANCE

AUDITOR:	Std Clause / Doc. Ref:	AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :