IQAC ACADEMIC AND ADMINISTRATIVE AUDIT FEBRUARY 2020

Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING

HOSUR IQAC AUDIT MINUTES OF MEETING

01/02/20

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 Second week of February 2020. 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.

Sl.	Department	Signature
1	Aeronautical Engg	Kar.
2	Civil Engineering	N
3	Computer science Engineering	OBuhi
4	Electronics & communication Engg	V. Yal
5	Electrical & Electronics Engineering	2/12/20
6	Information Technology	Harpo
7	Mechanical Engineering	Angilaro
. 8	Mechatronics Engineering	1/2/20
9	Science & Humanities	Q to
10	MBA	COON
11	MCA	M. Angelinkry

MR 1/2/200

PRINCIPAL PRINCIPAL

Principal
Penumal Manimakahi Callan

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

		PROCESS	MANUAL						Issue	No 1.1	Page	1 of 2
		TITLE: AN	NUAL AUD	IT PLAN								
Doc:C / RD 06		APPROVE	D BY:								2/11,	/2019
						YEAR (20	020 - 2021)	1-0-6				-
FUNCTION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
Top Management		*		-20								
Mgt. Representative		*						*. *				
Engineering: Academics		*										
Library (Engg, MBA)		*										Tunnal of a
Purchase		*										
Training & Development		*										
Recruitment Cell		*									2-10-10-	
Counselling & Admission		*										
Lab & Workshop		*										
Maintanance		*										
Mess		*							7,5 "			
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

Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR

STAFF CIRCULAR

1/2/2020

This is to inform that, internal Audit for ISO will be conducted on the follwing 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	10 E-1- 2020	10.00 434	Du D Daissalvanan	MECH		Prof. R. Karthikeyan	AERO	rol
1	10-Feb-2020	10:00 AM	Dr.P.Rajasekaran	MECH	Harp	Asst. Prof. Ramesh	AERO	Par-
2	10-Feb-2020	2:00 PM	Dr. J. Vijayakumar	PRO	O NATO	Asst. Prof. Rameshwari	CIVIL	Que
	10-1-60-2020	2.00 1 101	Di. J. Vijayakumai	TRO	Mesol	Asst. Prof. Jeevitha	CIVIL	Ro gras
3	11-Feb-2020	10:00 AM	Prof. M. Sahithullah	MR	~ /	Asst Prof.Antlet pamila suhi	CSE	all whi
	11 1 00 2020	10.00 11111	110111111111111111111111111111111111111	1111	Wilv	Asst. Prof. R.Sadhana	COL	A
4	11-Feb-2020	2:00 PM	Asst.Prof. G. Shasikala	EEE	9	Dr.V.Vijayakumari	ECE	Vigal
					1/2	Asst Prof.S Vidhya		Vide
5	12-Feb-2020	10:00 AM	Asst.Prof.M Dukitha	MCA	M. Dh	Asst.Prof. G. Shasikala	EEE	8/12
				,		Asst.Prof. Meenakumari		Mun
6	12-Feb-2020	2:00 PM	Prof. R. Karthikeyan	·CIVIL	LIKE	Prof. M. Sahithullah	мсо	All 112
					0	Asst. Prof. N.Selva Kumar		det
7	13-Feb-2020	10.00 AM	Asst.Prof. G. Shasikala	EEE	100 m	Dr.P.Rajasekaran	MECH	Juno
					110	Asst. Prof. Balaji		Baly
8	13-Feb-2020	2:00 PM	Prof. G. Shasikala	EEE	8	Prof. Mahesh	IT	The
-	-				2/12	Asst. Prof. selvarani		ahm
9	14-Feb-2020	10:00 AM	Prof. R. Karthikeyan	CIVIL	VXX	Prof. R.Rajesh	MBA	000
					ON V	Asst. Prof. Raja		dia
10	14-Feb-2020	2:00 PM	Prof. M. Sahithullah	MR	allin	Prof. M Angelin Rosy	MCA	M. Agolinky
11	15 E-b 2020	10-00 434	Des CM Cakishallah	110 000	m la	Asst. Prof. Dukitha	CAIL	M. M.
11	15-Feb-2020	10:00 AM	Prof. M. Sahithullah	MR ESE-	100 SIV	Dr.M.Suresh	S&H	ah
12	15-Feb-2020	2:00 PM	Dr.P.Rajasekaran	MECH	Augusto	Mr. M C Yeshwanth	LIB	tail
13	17-Feb-2020	10:00 AM	Asst.Prof. Dukitha	MCA	M. Dh	Mr. Kailash	MESS	PJa
14	17-Feb-2020	2:00 PM	Dr. J. Vijayakumar	PRO.	0	Mrs. Valli	Maint.	K. Valle
15	18-Feb-2020	10:00 AM	Prof. G. Shasikala	EEE	20	Mr.Uma shankar	Logistics	3 made
16	18-Feb-2020	2:00 PM	Asst.Prof. Dukitha	MCA	M. Dh	Mrs.Padma	Purch.	Ru
17	19-Feb-2020	10.00 AM	Prof. M. Sahithullah	MR	10/11~	The Secretary	Top Mgt	
18	19-Feb-2020	2:00 PM	Prof. R. Karthikeyan	CIVIL	XXX	Prof. M. Sahithullah	MR	9
19	20-Feb-2020	10.00 AM	Dr. J. Vijayakumar	PRO	According	Mrs.Latha	CG & C	2
20	20-Feb-2020	2:00 PM	Prof. R. Karthikeyan	es _E	confr	Asst. Prof. Rajesh	TRG	MAN MAN
				CIVIL	-1	Mr Riaz		REC

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 Internal Audit Summary

Institution	Department	Date	NC	OBS	SUG	Findings Pending (NC & OBS)	Remarks
	Engineering: Academics	11.02.2019	22	_	_	NIL	

	Department						
Institution	Engineering: Academics	Date	NC	OBS	SUG	Findings Pending (NC & OBS)	Remarks
	CSE	11-Feb-20	2	-	-	NIL	
	ECE	11-Feb-20	2	_	_	NIL	
	Mechanical	13-Feb-20	2	_		NIL	
	MCO	12-Feb-20	2	2	~_	NIL	
	Civil	10-Feb-20	2	_	_	NIL	
Engineering	Aeronautical	10-Feb-20	2	_	-	NIL	
	EEE	12-Feb-20	2	-	_	NIL	
	IT	13-Feb-20	2	_	_	NIL	
	MBA	14-Feb-20	2	_	_	NIL	
	MCA	14-Feb-20	2	_	_	NIL	
	Science & Humanities	15-Feb-20	2		_	NIL	A CONTRACTOR

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

Institution	Department	Date	NC	OBS	SUG	Findings Pending (NC & OBS)	Rei	marks
	Top Management	_	_	_	_	NIL		
)	Mgt. Representative	19-Feb-20	1	_	_	NIL		
	Library (Engg, MBA)	15-Feb-20	2	-	_	NIL		
	Purchase	18-Feb-20	1	_	·	NIL		
Enginossing	Training & Development	20-Feb-20	2	_	_	NIL		
Engineering	Recruitment Cell	21-Feb-20	2	-	_	NIL		-
	Counselling & Admission	20-Feb-20	2	_	_	NIL		
	Maintanance	17-Feb-20	2	-	_	NIL		
	Mess	17-Feb-20	2	_	_	NIL		
	Logistics	18-Feb-20	2	_	_	NIL		

Name of the Auditee Mr. R. KARTHIKEY AN MIR. RAMESH .

Name of the Auditor: Dr. P. RAJASEKARAN.

Function: AERONAUTICAL ENGG,

S.No.	Description be ensured. no as per the plan. Completion of courses as per the time frame recommended by	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	./	and the second
2	Show me your regulatory requirements and status of compliance		
3	Show me your list of records		30 3041 02
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	nohura Type alla 81	reivaiti esbive 85
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	so store
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	n senglu No nobic	32 Identif
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's		20 colla- 24 Proven
8	Check whether record has the record name and record code in the front page.		Control of the
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	An see a see a see	ST Servery
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)	N	
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.		2
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's	A complete	it entite smal
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.	tag garage cudito	lame of the Au
24	Internal communication records like circulars.	1	
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	1	The state of the s
27	Method of selection of question papers(unit test and midterm tests)	1	
28	Preservation of previous year university exam question papers.		VECENTIAL TOTAL CONTRACTOR OF THE PERSON OF
29	List of formats used in the department and is that controlled.		worte 6
	Povious of infrastructure and is that controlled.	210391 10 1 / DOY 901	WOITE - N
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.		A be pri
31	Housekeeping maintain with in the departments.	Carat Harrista	d.
	LABORATORY		Pares.
32	Identification of equipments	aldre vilveb edov, it	moult
33	Calibration of equipments. (Internal / external calibration records)	and to Annadisate	faset)
34	Preventive maintenance of equipments where appropriate.		rdoH
35	Adequate no.of Fire Extinguishers in the area.	- 14 La Sandinda	S Creck
36	First aid kids stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.	etess on ISO, quality i	Haway 5
38	Start and shot down instruction where appropriate.	Some on of chica	instT 01
39	Sign boards in the laboratory.	Han for the blooste	Action
40	Display of quality policy.	and despression American	12 Conti
41	List of consumables used in the laboratory and maintanance of sufficient stock.	fr the de \temental	23 Check
12	Non conforming materials to be identified quarantined.	Lavel Names of	M Chack
13	Horizontal deployment initiatives.	on data \subsans	LIS Analy
Hartanillo evaluation of	Change made in the system considereing improvements / improving process performance.	in omny Om ortani	16 Chack
14	Total Be made in the system considerand improvements /		

Institution: PMCTECH Department: AERO / ENGG.

Auditor: Dr. P. RAJASEKARAN

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

Date: 10 2.20.

S.No.	Description of Audit Finding	Category	Std C ref
1,	Master Logbook is nor Authenhiated		
	by Principal.	NC	4.2.1
	by Principal. Ref: III rdyr.		
2.	Weaker List is not prepared for		
	Internal Test-I.	NC	4.2.1
	Ref: Mechanics of Machines.		
	· · · · · · · · · · · · · · · · · · ·		:
	65		
			1

FORM: QSF 02

Version No: 1.0

Report No:

Function: AERO/ENGS

Date: 10. 2. 20

Auditee: MY.R. KARTHICEYON

Mr. R. Ramesh.

Auditor: DY. P. RAJASEKARAN

NON CONFORMANCE

Master Logbook is nor Authenticated by principal

ROOT CAUSE

S.No.				Poten	tial Root Ca	use fo	or the Non-Conformance	
١,	As	class	Advisor	was	engaged	in	Placement activities.	
Militario andone e como								

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.	
	class Advisor was advised to get	elass	14.2.20	closed	
	Sign from principal property by	Advisor			

PREVENTIVE ACTION:

.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	class Advisors are Instructed to get principal	class	17.2.20	don
	sign in Master Logbook at the end of every weeks			

Resource Requirements if any

Effectiveness of the corrective action taken

· Veped on the

Verified by and closed on

FORM: QSF 02

Version No:1.0

Report No:

Function: Aero ENGG

Date: 10.02 .20

Auditor: DY . P. RAJASEKARAN .

.Auditee: Mr. R.KARTHIKEY AN

MY.R-RAMES H

NON CONFORMANCE

Weaker list is not Prepared for Internal test-I.

Std Clause / Doc. Ref:

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance									
	Due to	lhi	Cond	luction	of	Retast,	preparation	q	The	weaker's
	list	ma	y	get	de	layed.				in community of minister, desired term, we reduce a quality dependent of terms and place.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Faculty was Instructed to make weaker's	Pughalend;	14,2,20	closed
- De Minemon - 110 - Lingua	list as bused on Internal Test-I masks.			7
			•	

PREVENTIVE ACTION:

S.No.		Respon.	1	Sts.of Compt.
	faculties are advised to make weakers list only	Mr.M.	17.2.20	clased
	based on test manus.	- gracenes		

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

: NIC : Verped of

FORM: QSF 02

Version No:1.0

Name of the Auditee: Mas. P. Anlet Pamila Suhi, AP/cse Name of the Auditor: Prof. M. Sahidhullah

Function: CSE/Engg

S.No.	Description The plant Completion of courses as per the time frame recommended by	Condition (Satisfactory / Not)	Auditor
1	Show me your department related proceducres / department manual	Van Van andres	ne vet se
2	Show me your regulatory requirements and status of compliance	V	No best per
3	Show me your list of records	V	
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	E. Returnance Guden	miden sebhel DE sk. 42
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC 8 8 8 8 8	segoti) 18
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	manu Voe to noizes	itrati SE
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	man Vinsianium svis	PE /
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.		37 Safety
10	Trend charts on objectives and process measures.	MULTINE CONC.	
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	V	T
21	Training need identification for the staffs by the departmental HOD's	9 41	
22	Faculty profile - compliance to regularly requirements to be checked.		A ant to ser
23	CAPA reports in case of any problem observed in the		A mile to a
24	CAPA reports in case of any problem observed in the departments and corrective actions initiated. Internal communication records like circulars.	4	AN ARM TO SEE
25	Incase if records are maintained in computers had	1	
26	Review of syllabus completion as per the plan Completic formation of data to be ensured.		
27	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by Method of selection of question papers/unit test and mild.	V	
28	Method of selection of question papers (unit test and midterm tests) Preservation of previous year university exam question papers.	many jes mine em	
29	List of formats used in the department of the de	1 1/10 / 12/1 11/07 31/7	PIONE P
	List of formats used in the department and is that controlled.	HUNG TO THE WORLD SEE	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not the department. Review of infrastructure requirements within the department at defined internals and provision of the same is not the department.	n n n n n n n n n n n n n n n n n n n	varive as
31	Housekeeping maintain with in the departments.	e record and ack auc	io Pili
			Walsa I
32	Identification of equipments	Returned topological	10 mg
33	Calibration of equipments (Interval /	1	(hour)
34	Calibration of equipments. (Internal / external calibration records) Preventive maintenance of equipments where appropriate.	7	mad2i
35	Adequate no. of Fire Extinguishers in the area.		race)
36	First aid kids stuffed with necessary Antidotes	1	S Chock
37	Safety gears provided for the	college fixture year	
38	Safety gears provided for the students operating equipments.	1	
39	Start and shot down instruction where appropriate. Sign boards in the laboratory.	sendingido no shecibles	ro Trans
40	Display of quality policy.	a plan for the off the	Di Actio
41	List of consumable		IZ L Centi
42	List of consumables used in the laboratory and maintanance of sufficient stock.	De Marcaga De 1913 VIII V	13 Check
43	tracerials to be identified guarantined	but semplows at 18	sa (Chad
44	Horizontal deployment initiatives.	an Visari establish as In	AsnAj 82
	Change made in the system considereing improvements / improving process performance.	of the Images Voc	SE Check
73	Relevant process charts can be displayed in the laboratory.	- V	dendi Tr

Institution: PMcTech

Department: CSE/Eng.,

Auditor: Prof. M. Sahilfulla Date: 11/02/2020

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

S.No.	Description of Audit Finding	Category	Std C ref
1	Class Committee Meeting not Evidence Reference: II Year	Ne	4.0.1
	Reference: IT Year		
2	Reviewer details for Poroject need	Ne	4.2.1
3	Reference: TV Years		
			3

FORM: QSF 02

Version No: 1.0

Function: CSE/Engy

Date: 11/02/2020

Auditee: Mrs. P. Arlet Emila suhi Appl

Mors. Sadhana, AP/cse

Issue Date

Report No:

FORM: QSF 02

NON CONFORMANCE

Auditor: Prof. M. Sahitullah

	Class Committee Meeting not evid	ence		
	Class Committee Meeting not evid Reference: II year			
AUDIT	4.2.1			Bech
MODIT	OR: Std Clause / Doc. Ref:			AUDITE
ROOT CA	AUSE			
S.No.	Potential Root Cause for the Non-Con	formance		
	Class Comittee Meeting organised. Bu	t not	b grown	202 /1
	downerted.		5	9
CORRECT	TION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	class Committee meeting peroperly			
	class Committee meeting paropeely documented and authenticated with the	class inchazy	13/02/20	closed
	Signature of Faculty and HOD.			
PREVENT	VE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	class Committee meetings documents to be			
	documented on the Same day of class Comits	Class inches	13/02/20	closed.
Resource R	equirements if any : NI			
Effectivene	ss of the corrective action taken :	h -		
Verified by	and closed on . Verice	, "		

Version No:1.0

Report I	No: Function:	Date:	11/02/2	o2n
Auditor:	Pout M. Sahithullah NFORMANCE	Audite	e: ? Anlet B Sadha	imila Su
	Reviewer details for Poroject need Reference: IV years 4.2.	太为	the well-territory duby the same special particular designs.	
ROOT CAL			metidigilana e multiphy hau dry tipetiy maekilanabi	AUDITE
S.No.	Potential Root Cause for the Non-Cor	nformance		
	Peroject serien Conducted. But ser	iewia c	letails	
	Peroject serien Conducted. But sur not updated.	MASA, Milley des registiqui des reliado de la masa que al la c	de Principle (Service - Nacional Audior y Montal Constitution of Audior Annual Constitution of Audior Annual Co	
ORRECTI	ON / CORRECTIVE ACTION:		ne dinandra na militara na para da na paga d	general eta golia arte pien darriga de caraça de caraça.
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Reviewer details updated and			
	documented with Signature of Foculty and HoD	GoH.	13/2/20	dosed
EVENTIV	E ACTION:	1		
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

: Verged of

HOD

FORM: QSF 02

Version No:1.0

Reviewer details to be be updated at

Project Periew

Issue Date

13/02/20 closed

Compt.

Name of the Auditee: Dr. V. Vijuyakumen.
Mrs. S. Vidhya
Name of the Auditor: prof. a. Shariketa.

S.No.	Description To use as par the plan. Completion of courses as per the time frame recommended by	Condition (Satisfactory / Not)	Auditor
1	Show me your department related proceducres / department manual	varifies of old flour	28 (2000)
2	Show me your regulatory requirements and status of compliance	day in Country of 1	23 [List c
3	Show me your list of records	a service of the serv	Junit -
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	nt. Pererate Caudes	abive us 5 s/fil
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	was NC anique	goot NE
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	ferrion of evalues	32 Ident
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	ulve maintejance of	24 Preve
8	Check whether record has the record name and record code in the front page.		eselS 88
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	a your shiring energy	87 Sales
10	Trend charts on objectives and process measures.	/	45
11	Action plan for the objectives.	UZETONI J. HERIOLOGIA	3 2 2 2 2
12	Continual improvement program.		14-15 03
13	Check for the departmental review meetings	III Discon per l'incompany	3 444 4 50
14	Check the awareness level on roles and responsibility.	Talarias animosis	- A-38 - 5A:
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		- FA
16	Check for the improvements made in the department in the passed one year	BERTEIN HERE	See See
17	Analysis on student / feedback from (Parameter wise analysis)	MID BUILD TO STATE OF THE PARTY.	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	9.	

19	and the staffs.	ALL AND SHIP VALUE		
20	Motivation of the staffs / Students and support provided by HOD's			
21	Training need identification for the staffs by the departmental HOD's	The state of the s	1 V A management	Linda his live o
22	Faculty profile - compliance to regularly requirements to be checked.	a distribution	1	
23	CAPA reports in case of any problem observed in the departments and corn Internal communication records like size to the departments and corn	1 4 10	La canada	ame of the A
24	Internal communication records like circulars.	rective actions initiated.	~	
25	Incase if records are maintained in computers, backup of data to be ensure			
26	Review of syllabus completion as per the plan. Completion of courses as pe	id.	~	10 10
27	Method of selection of question papers(unit test and midterm tests)	er the time frame recommended by	~	
28	Preservation of previous year university exam question papers.	ien Erelsted proceductos / demartigant manu	minar Villamina	
29	List of formats used in the department and is that controlled.	by requirements and status of compliance		William S
	Review of infractive to the department and is that controlled.	20 20		00 6
30	Review of infrastructure requirements within the department at defined intevident. Reference: student answers sheets/ projects/ records are stored in the department.	ternals and provision of the same is not the floor due to lack of supboards in	de ave simood vari dim middle besuba	a ad
31	Housekeeping maintain with in the departments.	au lites to produce/Subject allotment sheet	stae bne record and ask	7723
	LABORATORY			
32	Identification of equipments	(6) established in terms capabilities (Cl	A day growners and and and	and it
33	Calibration of equipments. (Internal / external calibration records)	THEOREM SOIL CO. LONG SERVICES		nod 3
34	Preventive maintenance of equipments where appropriate.	dde as sunweigns one Amerikanamen	V	GORI II
35	Adequate no. of Fire Extinguishers in the area.			and R
36	First aid kids stuffed with necessary Antidotes	Tank in augo oxoses one senser uneser		
37	Safety gears provided for the students operating equipments.	lity bolicy, process messures and obliced un-	ISU A SI NO ESSA	(87.6)
38	Start and shot down instruction where appropriate.	200	declarité on ablanto	even't Di
39	Sign boards in the laboratory.	O. D. Morecuret	at Vada nov anda la	alta Martin
40	Display of quality policy.	300	m Vavengmi Israel	12 Cont
41	List of consumables used in the laboratory and maintanance of sufficient stoo	The same supplies the same sup	V	- 14134 - 63
42	Non conforming materials to be identified quarantined.	ck.		16 Char
43	Horizontal deployment initiatives.		1 20000000000	dend 35
44	Change made in the system considerating land	TSDSY SERVE TO SERVE	1	4-67 30
45	Change made in the system considereing improvements / improving process Relevant process charts can be displayed in the laboratory.	performance.	/	Acces 1
	The laboratory.	The Aratia status resources at the		2367-2547

Institution:

Department: ECE

Auditor: Prot. G. Saskal

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

Date: 11-02-20

S.No.	Description of Audit Finding	Category	Std C ref
1	Marteriogbook not updated - 3rd year	NC	4.2.3
2	Marteriogbook not updated - 3rd year Project dobairs not updated - 4th year		
B)			
			1

FORM: QSF 02

Version No: 1.0

Report No:	Function: ECE/Ergg	Date: 11. 02.20
Auditor: Prof. G. Sas: Kal	۵.	Auditee: Dr. 1. ViJayakumo
NON CONFORMANCE		0
Masterlog book r	ust updated - III - Years	

AUDITOR:

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

V. Gal

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance				
1	make book was not with faculty name				
(Strates products					

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	master tog book was updated	Hop	17,000	

PREVENTIVE ACTION:

S.No.		Respon.	T.Date	Sts.of Compt.
\	monster job peak man asking to neglete	HOP	17-02-20	Chard

Resource Requirements if any

· lila:

Effectiveness of the corrective action taken

· Veritied

Verified by and closed on

: 472

FORM: QSF 02

Version No:1.0

Report No:

Function: ECE/Ergg

Date: 11-02-20

Auditee: Dr. V. V. Jayakun Mrs. S. V. dhya

Auditor: Prof. Gr. Sasikala

NON CONFORMANCE

Project dotails not updated - IN thy year.

Std Clause / Doc. Ref:

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance			
1 Students project batchwas not conformal.				
3				

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
\	students postert batch uses finalized and	Hop	17-02-20	01000
of the State on the State of th				

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	students project betch and details were asked to tendine in the beginne of these	HOD	17-02-20	C1050d.

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Name of the Auditee: S. RAMESHWARI / JEEVITHA.

Name of the Auditor: pr. J. VIJAYAKUMAR.

Function: CIVIL / ENGG.

S.No.	Description Show me your denartment related procedures / description		Auditor comments
1	Show me your department related proceducres / department manual	avieuro la colita	7.8 (Preser
2	Show me your regulatory requirements and status of compliance	a seli el Canalização	to sall 25
3	Show me your list of records	Vanadal Inc	entrast!
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	. Reforence student	sebiver 108 eb sdb
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	Au Vien saless	ingwald 15
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	NC OFF	Hinetil SE
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	ive maintenande of	asvoril AS
8	Check whether record has the record name and record code in the front page.		- roda - 85
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	A val Mabiyong ayan	yasisz XE
10	Trend charts on objectives and process measures.	V .	150
11	Action plan for the objectives.		
12	Continual improvement program.		
13	Check for the departmental review meetings	W.	70.000
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		200
17	Analysis on student / feedback from (Parameter wise analysis)		man all the
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.		10
20	Motivation of the staffs / Students and support provided by HOD's	· V	
21	Training need identification for the staffs by the departmental HOD's	V	s and the most
22	Faculty profile - compliance to regularly requirements to be checked.		- 0
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	V V og stoffs	oA srit to sin
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		- 1003x
27	Method of selection of question papers(unit test and midterm tests)	V.	
28	Preservation of previous year university exam question papers.	me vous de voeren	WEIGHT A
29	List of formats used in the department and is that controlled.	THE VOULTE WAY	WORK A
	Review of infrastructure requirements within the	nover Vall 1909 en	VI 0.00 G
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not the department. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in	arose are store stroed with the	4 be pro
31	Housekeeping maintain with in the departments.		s List on
	LABORATORY		
32	Identification of equipments	A CONTROL OF THE PARTY OF THE P	- A - 0 1
33	Calibration of equipments. (Internal / external calibration records)	V	
34	Preventive maintenance of equipments where appropriate.		rapel -
35	Adequate no.of Fire Extinguishers in the area.	V	- Ann 25 0
6	First aid kids stuffed with necessary Antidotes	V	
7	Safety gears provided for the students operating equipments.	ress on ISO Juelity	a lawera
8	Start and shot down instruction where appropriate.	V	heart ar
9	Sign boards in the laboratory.		noits A tr
0	Display of quality policy.		T2 Continu
1		U	Sandal ER
2	List of consumables used in the laboratory and maintanance of sufficient stock. Non conforming materials to be identified quarantined.		Annual Character
3	Horizontal deployment initiatives.		pulcus) 37
Walderson Company			danda as
5	Change made in the system considereing improvements / improving process performance. Relevant process charts can be displayed in the laboratory.		Inches A 1 Th
	trial is can be displayed in the laboratory.		witnessed or way

Institution: PMC TECH Department: CIVAL / ENGG.

Auditor: Dr. J. VIJAYA KUM

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

Date: 10-2.2020

S.No.	Description of Audit Finding	Category	Std C ref
1.	Student feedback not evidence	NC	4.2.1
	Reference: Indicini		
2.	Student Project foriew details not	NC	4.2.1
	evidence.		
	Reference: Final year civil		
			-
			1

FORM: QSF 02

Version No: 1.0

Student feedback form not evidence.

Function: CIVIL/ENGQ.

Date: 10.2.2020

Auditee: S. RANESHWAR

JEEVITHA

OOT CAL	DSE			
S.No.	Potential Root Cause for the Non-C	onformance		
	Students feedback form collected	but he	A	
	documented.			dintary estations wealth, the payments
			and the second s	
ODDECT	ON / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	
		Respon.	T.Date	Comp
	ACTION DESCRIPTION			Comp
	ACTION DESCRIPTION. Immediate action to be taken to			Sts.or Comp
S.No.	ACTION DESCRIPTION. Immediate action to be taken to			Comp
S.No.	ACTION DESCRIPTION Transcollage aution to be taken to document the feedbaye.			Comp

FORM: QSF 02

on time.

Effectiveness of the corrective action taken

Resource Requirements if any

Verified by and closed on

Report No:

NON CONFORMANCE

Auditor: Pr. J. VIJAYAKUNAR

Version No:1.0

: NIC : Vaped of

Report No:

. Function: CIVIL/ ENGG

Date: 10.2.2020

Auditee: S. Ramoshway

Jeentha.

Auditor: Dr. J. VIJAYAKUMAR,

NON CONFORMANCE

Student project soview details not evidence.

AUDITEE

ROOT CAUSE

S.No.		Po	Potential Root Cause for the Non-Conformance		Conformance		
	project	renew	conducted	but	not	documented,	
						The state of the s	
NGPAND, tryansky press - passander							

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Review dotails documented quith	HOD	12.2.20	class.
	Signature. of HOD, and faculty.			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Review details to be documented	HD.	12.2.20	(loved
	on the same day of soview conducted.			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Name of the Auditee: Mrs. G. SHASIKALA

Mrs. S. MEENAKUMARI

Name of the Auditor: Mrs. M. DUKITHA

ASSISTANT PROFESSOR

Function: EEE | ENGG

Auditor	Condition (Satisfactory /	ined in computers, backup of data to be ensured. on as per the plan. Completion of courses as per tire alors frame recommended by	No.
USASSE Y.P.	Not)	Show me your department related proceducres / department manual	1
88919] 85		Show me your regulatory requirements and status of compliance	2
29 HSt o	formats of the their	Show me your list of records	3
Revie 30 evide	of infrant Vous as	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	4
ised) (House	NC NC	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	5
Briefat St	hismon to holiso	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	6
23 Calla	-esmannyay-	Check whether record has the record legibility and signature at appropriate places for review and approval by	7
	to so while man b	Check whether record has the record name and record code in the front page.	3
36 Flore	~)
	tanel lugivorq eme	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	0
- Sec. Sec.	5	Trend charts on objectives and process measures.	
100	AND DESCRIPTION OF THE PROPERTY.	Action plan for the objectives.	1
	9	Continual improvement program.	2
	9	Check for the departmental review meetings	3
	9	Check the awareness level on roles and responsibility.	1
		Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, for the	5
	1	the improvements made in the department in the passed one year	
100 M	7	Analysis on student / feedback from (Parameter wise analysis)	
	N	Review of suggestions / complaints received in the feedback forms and additional	
	7	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	5 5M	had suit to sen
22	Faculty profile - compliance to regularly requirements to be checked.	4.271A	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	1011 M. M.	bitA of the And
24	Internal communication records like circulars.	1515501	
25	Incase if records are maintained in computers, backup of data to be ensured.	4	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	7	1600
27	Method of selection of question papers(unit test and midterm tests)	1	
28	Preservation of previous year university exam question papers.	7	(UCARO)
29	List of formats used in the department and is that controlled.	Alone Charlott	A MACHRE
	Review of infrastructure requirements within the d	10/61/10 /	NI ORIGINAL W
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.	unid within min. II unid within min. II record within esk aug	de prod
31	Housekeeping maintain with in the departments.	7	-
	LABORATORY (ordered season) sertificiages armed all membres and	must pay your by	100.00
32	Identification of equipments	87	floence
33	Calibration of equipments. (Internal / external calibration records)	7	Checko
34	Preventive maintenance of equipments where appropriate.		\$'00H
35	Adequate no. of Fire Extinguishers in the area.	9	8 Checkin
36	First aid kids stuffed with necessary Antidotes	9	
37	Safety gears provided for the students operating equipments.	Autority and sass	12.20
38	Start and shot down instruction where appropriate.	7	EmerT DI
39	Sign boards in the laboratory.	iradido Sono nel	11 Action
10	Display of quality policy.	y and la	32 Continu
1	List of consumables used in the laboratory and maintanance of sufficient stock.	7	A3 Checks
2	Non conforming materials to be identified quarantined.	14001 M 218VVS 28	24 Check 6
3	Horizontal deployment initiatives.	no di Malab na	ievianA ar
4	Change made in the system considereing improvements / improving process performance.	7	16 Check 6
5	Relevant process charts can be displayed in the laboratory.	Sheet Malayta 70	indenA Tt

Institution: PMCTECH

Department: EEE | ENGG

Auditor: Mrs. M. DUKITHA

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

Date: 12.02.2020

S.No.	Description of Audit Finding	Category	Std C ref
1.	Student profile not updated.	® Nc	6.2
	(Reference ill Year)		
4 mar 10			
2.	Tutorial Hours not capturing		
à	lesson plan	NC	6.4.1
			:
			-
			ı

FORM: QSF 02

Version No: 1.0

Report No:

Function: EEE/ENGG

Date: 12. 02. 2020

Auditee: Mrs. G. SHASIKAL

Mrs. S. MEENAKUM

Auditor: Mrs. M. DUKITHA

NON CONFORMANCE

Student profile not updated (Ref: 11) Year).

AUDITOR:

Std Clause / Doc. Ref:

AUDITE

ROOT CAUSE

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Informed to update profile in time			
2.	Intormed to take printout and			
	documented in time.	Mr. Senthill kwany	Immediate	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	continuous follow up of updation			
	and leave des - 1-1		12,2,20	Crosed

Resource Requirements if any

: N11

Effectiveness of the corrective action taken

Verified by and closed on

: verisied . Hy

FORM: QSF 02

Version No:1.0

Report No:

Function: EEE/ENGG

Date: 12.02.2020

Auditee: Mrs. G. SHASIKALA

MOS. S. MEENAKUMAR

Auditor: Mrs. M. DUKITHA

NON CONFORMANCE

Tutorial Hours not capturing lesson plan.

AUDITOR:

Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance					
1.	Tutorial	hour	handled	but not	documented	
					and a set of the set o	

CORRECTION / CORRECTIVE ACTION:

		T.Date	Compt.
1. Informed to update and			
documented in time.	L-Makeavan	13.02.20	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Planning of tutorial hours in			
	lesson plan to be enecuted & documente	1. Mahenoan	13.02.20	Closed

Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

Verified by and closed on

verified of

FORM: QSF 02

Version No:1.0

Name of the Auditee: Dr. M. SAHITHULLAH, Mr. N. SELVAKUMAR.

	the Auditor: Png. R. KARTHIKEYAN	Function: MCO/	ENGIG
S.No.	ned in comparers; backup of data to be ensured. On as per the plan. Completion of courses as our the time frame recommended by	Condition (Satisfactory /	Auditor
1	Show me your department related proceducres / department manual	Not)	comments
2	Show me your regulatory requirements and status of compliance	vation of Avious	28 C Presen
3	Show me your list of records	All alamas	to ##3 Es.
4		1	nsivaR1
	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	Maria Maria Maria	sebhrer Da
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic		als aris
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	all a fund to notice	anabli se
8	Check whether record has the record name and record code in the front page.	the maintel.	
	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.		s tas[2] 1 83
10	Trend charts on objectives and process measures.	Mong many	
11	Action plan for the objectives.		
	Continual improvement program.		0.5
13	Check for the departmental and the control of the c		Angelia Co.
14	Check for the departmental review meetings		
15	Check the awareness level on roles and responsibility.		773
16	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		
The state of the s	the department in the passed one was	1	
-	Analysis on student / feedback from (Parameter wise analysis) Review of suggestions / complaints received in the feedback forms and action taken against the same		

-				
19	Review of disciplinary actions	aken against the second		
20	Motivation of the staffs / Stude	ents and support provided by HOD's	1	
21	Training need identification for	the staffs by the departmental HOD's	1	
22	Faculty profile - compliance to	regularly requirements to be checked.	M.M.	lame of the Awdit
23	CAPA reports in case of any pro	blem observed in the description	NC	
24	Internal communication record		a sha	Mittel A sett to sens.
25	The state of the s	S like Circulars		
26	Review of syllabus completion	d in computers, backup of data to be ensured.		
27	Method of selection of question	as per the plan. Completion of courses as per the time frame recommended by		
28				
29	Preservation of previous year un	ersity exam question papers.	/ /	
USE IT	List of formats used in the depart	tment and is that controlled.		
30	evident Reference and deliver	ments within the department at defined internals and provision of the same is not		
	the department.	wers sheets/ projects/ records are stored in the floor due to lack of supboards in	er o com midthe from the	ub via ad
31	Housekooning	and to later of suppoards in		v or a trial
	Housekeeping maintain with in t	he departments.		8
32	In the	LABORATORY		10000
33	Identification of equipments		voice clarity, subje	Ruency
34	Calibration of equipments. (Inter	nal / external calibration records)		Check of
	revenue maintenance of equip	ments where appropriate		s,80H
35	Adequate no. of Fire Extinguisher	in the area		8 Interior
36	First aid kids stuffed with necessa	ry Antidotes	1	
37	Safety gears provided for the stud	ents operating equipment	whileup on no see	BIOWA
38	Start and snot down instruction w	here appropriate.		10 Trend dr
39	Sign boards in the laboratory.			all Action
40	Display of quality policy.		an impre Agreemi in	12 Continue
41	List of consumables used in the la	poratory and maintanance of sufficient stock.	Sab add a	t3 Check fo
42	S materials to be 10	entified quarantined		2.0 Check V
43	Horizontal deployment initiatives	July others, and tromycook askering and a significant and a signif	na il Visabella na	device a 200
44	Horizontal deployment initiatives	ereing improvements / immedia	A SHIP NO	15 (Analysis

Institution: PMC FECH Department: MCO/ENGG

Auditor: Ind. R. Karthikeya

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

Date: (2/2/2020.

S.No.	Description of Audit Finding	Category	Std C ref
1.	Training Need analysis not updated	NC	4.6.2
	Rob. (Mr. C. Khadler)		
2	Marten Log BIDE NOT wordsted.	N·C.	4.6.2
	Marter Log Brok Not applated. (Res. Mr. C. Khader)		
3			
			1 /

FORM: QSF 02

Version No: 1.0

Report No:	Function	on: McO/Engg	Date: /2/2/2020
Auditor: Png. R. Kard	hikoyan		Auditee: Dr.M. Sohithul Mr.N. Selva Kun
gillian may a mantan in stage (stage of the particular community and the state about the construction of the data frequency of the stage of the stag	neid anall	ms not up	ateria esta o i proper se se manure un un arconomica en resonant a constitución de la compansión a atempo contenta contenta de la constitución de
	Ret (Mr. C. Khe	der).	

A.2.2 Std Clause / Doc. Ref:

AUDITE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance							
	Training	was	provided	208	Mr.C.K	haoler	but	the
			not					

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
	The analysis Report was usale.			
- magafilesjällsvildissessem en oli (i) Fill Sagen e	in hand copy and documented in	ckhader	14:2. 20	close
	proper file			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.	
	The analysis is to be done after the	C Khaolex	14.2.20	close	
	sompleted Training revised				

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Report No:

Function: Neo/Engg

Date: /2/2/2020

Auditor: Pro J. R. Karthi Koyan.

Auditee: Dr.M. Sahi thulk

Mr. N. Selvakum

NON CONFORMANCE

Master Log book not updated.

(Ret Mr. C. Kheder)

Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
and agreement to the same of t	Hour cluving updel Enamination are not
3	updated.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Hours are updated and authenticology			
	Ese class a-lie	crkhader	1A:2:20	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	At the end of class hours the Log brok	c-Khades	14.2.20	closed
	to be updated and cuthenticated by			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

Version No:1.0

Issue Date

· Verjed of

FORM: QSF 02

Name of the Auditee: Dr. P. RAJASEKARAN HOD/MECH, Mr. R. BALAJI AP/MECH

Name of the Auditor: Mrs. P. SUMATHI, AP, Mrs. Sasikala HOP/EEE

Function: MECH / ENGG

S.No.	Description Descr	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	V	28 (2005)
2	Show me your regulatory requirements and status of compliance	7	to self 25
3	Show me your list of records	V	referred in
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	Share retrievalus d	estive Ga ob offi
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	gauch til
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	region to neites	Friedl SE
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	Two main was	neveral as
8	Check whether record has the record name and record code in the front page.	7	Service 25
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	and the Samuel of the last	Salesty
10	Trend charts on objectives and process measures.	vi	
11	Action plan for the objectives.	n	10 10 10 10 10 10 10 10 10 10 10 10 10 1
12	Continual improvement program.	Paradios valinos a	
13	Check for the departmental review meetings	7	
14	Check the awareness level on roles and responsibility.	5	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	5	
16	Check for the improvements made in the department in the passed one year	5	34
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	5	

19	and the staffs.	Mean Treat
20	Motivation of the staffs / Students and support provided by HOD's	
21	Training need identification for the staffs by the departmental HOD's	4 Jan ODA MAGONINA AND D. P. O SMALL MAGONINA
22	Faculty profile - compliance to regularly requirements to be checked.	We control to the con
23	CAPA reports in case of any problem observed in the departments and corrective	amend the Address May P S years A P A C 1
24	Internal communication records like circulars.	actions initiated.
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 t	Bestries Description
27	Method of selection of question papers(unit test and midterm tests)	ime frame recommended by
28	Preservation of previous year university exam question papers.	disum men un gepartment related proceducres / department
29	List of formats used in the department and is that controlled.	2 show the your regulatory a quirements and status of complian
	Review of infractructure and is that controlled.	a movement of the your manner
30	Review of infrastructure requirements within the department at defined internals evident. Reference: student answers sheets/ projects/ records are stored in the fitthe department.	oor due to lack of supboards in
31	Housekeeping maintain with in the departments.	List one record and ask auditee to produce(Subject allotment a
	LABORATORY	(Statute Automate)
32	Identification of equipments	dilideges armen in the manus assessment in terms capability
33	Calibration of equipments. (Internal / external calibration records)	2/19/20/20 19/19/20 20 20 20 20 20 20 20 20 20 20 20 20 2
34	Preventive maintenance of equipments where appropriate.	s shows and signatures and signature and sig
35	Adequate no.of Fire Extinguishers in the area.	
36	First aid kids stuffed with necessary Antidotes	S PCRECH WINGING FACOLO CO CONTROL AND FECOLO CODE IN
37	Safety gears provided for the students operating equipments.	A cawere was on 150, quality p they, process measures and ablant
38	Start and shot down instruction where appropriate.	10 Committee of the state of th
39	Sign boards in the laboratory.	Service of a self-year and profess A TR
40	Display of quality policy.	23 (Crustian a) temperatura and a
41		
42	List of consumables used in the laboratory and maintanance of sufficient stock. Non conforming materials to be identified quarantined.	
43	Horizontal deployment initiatives.	A STATE OF THE STA
44		ACCUSA MARCHINE CONTROL STREET
45	Change made in the system considereing improvements / improving process perfor Relevant process charts can be displayed in the laboratory.	mance.
	and displayed in the laboratory.	Control of the second s

Institution: PMCTECH

Department: MECH/ENGG

Auditor: Mrs. P. SUMATHI, AF

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

Date: 13.02.2020

S.No.	Description of Audit Finding	Category	Std C ref
1.	Answer key Not Evidenced.	NC	
	Reference: III MECH'A' DTS		
	No ferror the control of the control		A
2.	Principal Sign Not getting in Log Book. Reference: III MECH ENTOMOBILE ENTIN	NC	
	Reference: III MECH ANTOMOBILE ENHY		
9			
		-	
			3

FORM: QSF 02

Version No: 1.0

Report I	Function: MECH/ ENGG Date: 13.2.2020
Auditor:	MYS. P. SOMATHI, AP, MYS. SASSIKALA HOD/BEE Auditee: Dr. P. RAJASEKARA. MY. R. BALAJI
NON CO	NFORMANCE
Am	ver key Not Evidence.
III m	MECH A -DTS
AUDITO	(A.O.)
ROOT CAU	SE
S.No.	Potential Root Cause for the Non-Conformance
	Answer key pereparred in the form of Soft copy
	and the second s

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
o Armenio Arbitala de La Depley de entre de la constante de la	Island copy of Arriver ky.	k. Regirth	Inmidely	closed
	downenteel in the proper file			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
The district of the same of particular advances.	At the fire of Submission of	k-Parists	Invidady	doed
	UTI, ap answer Key to be Submitted in the			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

: Veyed the

Report N		: 13.02.2020
Auditor:	Audi P. SUMATHI, Mrs. SASIKALA HOD/EEE	Mn . R. BALASI
NON CO	ONFORMANCE	
	ipal Sign Not getting in Log Book.	mit general de met de met de met de mensen de met de
111-	- MECH A - AUTOMOBILE	,
8	4.2.2.	Tru
AUDITO	OR: Std Clause / Doc. Ref:	AUDITEE
ROOT CAL	AUSE	
S.No.	Potential Root Cause for the Non-Conforman	ce
	Due to Absorbe of concern faulty or	rouster by book
	and Induvidal log book is not authentical	led by

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Log book is authorticented by	Pomunusay	Immidelly	closed
	Principal			

PREVENTIVE ACTION:

.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Log book should be authenticated	Produsan	Imudel	closed
	by Principal on easy week.			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

: Verget of

Version No:1.0 **Issue Date**

Name of the Auditee: Da. A. Mahesh, Mas Selvarani, AP

Name of the Auditor: M9B. G. Shasikala AP/EEE

Function: TT/Emgg

S.No.	Description On se par the plan. Completion of courses as per the time frame recommended by	Condition (Satisfactory / Not)	Auditor
1	Show me your department related proceducres / department manual	warming Amines	energi 85
2	Show me your regulatory requirements and status of compliance	arte at be / atempto)	te tail - es
3	Show me your list of records		on Local 20.
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	metaute toy and a	30 levides
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC NC	sauoti IE
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	ruemgives to notice	Itme# SE
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	tive maintenance of	revers RE
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.	trant be krong excel	S7 Sates
10	Trend charts on objectives and process measures.	Ar Jani Ny jo sune b	
11	Action plan for the objectives.	07610001 - 1 m chm	100
12	Continual improvement program.	A COURSE OF SHARE AS	
13	Check for the departmental review meetings	III OBCH REIZ	
14	Check the awareness level on roles and responsibility.		- EU
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		HORELEN AND AND
16	Check for the improvements made in the department in the passed one year		
17	Analysis on student / feedback from (Parameter wise analysis)	The statement of	
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.		7 9
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's	M. D. A. Santib	and of the Ag
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.		A A A I TO SITE
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.	and a second	
29	List of formats used in the department and is that controlled.	/	
		and the state of t	03.000
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.	duced winio min. si	riq ad
31	it and another threat short and another threat threat the short and the		List or
21	Housekeeping maintain with in the departments.	The state of the s	- Control
	LABORATORY (ording) sasto) astrilles que annes mi inemasore de	and the state of t	
32	Identification of equipments	aldus vonsb solov .	GRB41IT
33	Calibration of equipments. (Internal / external calibration records)	nos backer you to the	10863 e
34	Preventive maintenance of equipments where appropriate.		a com
35	Adequate no.of Fire Extinguishers in the area.		Reck Check
36	First aid kids stuffed with necessary Antidotes	velibulo 1/21 co cost	STOWN ST
37	Safety gears provided for the students operating equipments.		
38	Start and shot down instruction where appropriate.	marts on o lectives	Buestl Of
39	Sign boards in the laboratory.	sian for the bhiactio	ADCOAL XA
40	Display of quality policy.	al large sye to the	14 Continu
41	List of consumables used in the laboratory and maintanance of sufficient stock.	ar the departments	1.3 Check t
42	Non conforming materials to be identified quarantined.	level Manerative of	Le (Cueck
43	Horizontal deployment initiatives	on data- or salt and	15 Analysi
44	Change made in the system considereing improvements / improving process performance.	of the Improvencent	1 ADDRESS 1
45	Relevant process charts can be displayed in the laboratory.	the seal Vandania mr.	inviscos II

Institution: PMC Tech Department: IT/Engg

Auditor: Mas. G. Shasikah Date: 13/2/2020

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

S.No.	Description of Audit Finding	Category	Std C ref
1.	It - 1 Answer Koy is not evidence	NC	4.6.2
	Ref (Environmental science)		
	11/36		
2.	209 book not Authenticated by Principal Ref (mobile computed)		
2	Principal Ref (mobile compute)	NC	4.6.2
	TIT /36		
			-
4			2

FORM: QSF 02

Version No: 1.0

Report No:

Function: IT/Engg Date: 13/2/20
Auditee: Da. A. Mahesh

Mas. Selvaviani

Auditor: M98. Gr. Shasikala AP

NON CONFORMANCE

Log book. How authenticated by Principal.

Ref. notice computing

ROOT CAUSE

S.No. Potential Root Cause for the Non-Conformance				S.No.	al Root Cause for the Non-Conformance
	tog book	is not	authenfilated by principal as.		
	tonceen		is absent on the duty		

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	log book authenticated by			
	principal.	faculty	Immedia Co	elose

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	log boots. Should be authenticated	faculty	annodiate	closed
	by principal on every triday.			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

· Verped July Version No:1.0

Report No:	Functi	ion: IT lenge.	Date:	3/2/20
Auditor: Mac	21		Auditee: D	. A. Hahes
NON CONFORMAN	1. Shasikala Ap		Mrs. S	selvacanio.
TT T April	on kery not so	1 - 1-1 - 0 : 004	11 4 12	men vertrette stade det det en de verde på videlande produkt verd, videlande verd
71 MIDI	the bely 1704 Sc	eb m. Med	that or	ne
	Recy (
9	Rey (Enderon mo	erAal science	e).	

S.No. Potential Root Cause for the Non-Conformance							
	Answei	keey	was	arailabre	in the	400m	8
		lopy					- 6/

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Hourd copy of answer tog was			
	available with faculty and HOD.	faculty	immocla	closes
	sign.			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
the Manager (see the service of seasons become about	Answer kery should be submitted	. faculty	mmediate	· closed
	at the time of Question Papar Submission	972		

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Issue Date

: Vepied off

Name of the Auditee: Mrs. Valle

Name of the Auditor: Dr Vijayalvemas

Function: Maintnance / Emg.

S.No.	Description of data to be enquested in the parties of a table of a	Condition (Satisfactory /	Auditor
1	Show me your department related proceducres / department manual	Not)	comments
2	Show me your regulatory requirements and status of compliance		184919 / 8T
3	Show me your list of records	and of seasons	organia ex
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	e of influency are estated	Rayisa 86 Jaylda
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic	Assembuse	ab add
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and		Bengky II
7	Check whether record has the record legibility and signature at appropriate places for review and approval by	non Mipo to notico	
	Check whether record has the record name and record code in the front page.	lo es Vaesmism evis	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.		N Kaiti AE
10	Trend charts on objectives and process measures.	trong provides to the	
11	Action plan for the objectives.	Lister By Comment	
12	Continual improvement program.	ONE TO VEH SIVE UP SIVE	
13	Check for the departmental review meetings	7	
14	Check the awareness level on roles and responsibility.		
15	Analysis on data- result analysis (Subject of	V	
16	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		
	Check for the improvements made in the department in the passed one year Analysis on student / feedback from (Parameter wise analysis)		
.8 R	eview of suggestions / complaints received by		
- 1.	eview 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	V	
21	Training need identification for the staffs by the departmental HOD's		marter Marte No. an
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.		of the A idito
24	Internal communication records like circulars.		
25	Incase if records are maintained in computers, backup of data to be		
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.	manth Co.	Sto Morto
29	List of formats used in the department and is that controlled.	TYTOLE VITUO	Sin Works
	Review of infrastructure requirements with it at	MODES I VELLED	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not the department. Review of infrastructure requirements within the department at defined internals and provision of the same is not the department.	ed which min. ti	d be produce
31	Housekeeping maintain with in the departments.	cord and ask ag	5 List or or ro
	LABORATORY	NC	
32	Identification of equipments	A PLANTING THE WAY	0
33	Calibration of equipments. (Internal / external calibration records)	- V	A STATE OF THE STA
34	Preventive maintenance of equipments where appropriate.		KOOH!
35	Adequate no. of Fire Extinguishers in the area.		i desert e
36	First aid kids stuffed with necessary Antidotes	V	NA NAME OF
37	Safety gears provided for the students operating equipments.	on ISO, quality	284 D1899A
38	Start and shot down instruction where appropriate.		and holost 0.1
39	Sign boards in the laboratory.		al- acital El
40	Display of quality policy.		Termina CI
41	List of consumables used in the laboratory		a whorld it
42	List of consumables used in the laboratory and maintanance of sufficient stock. Non conforming materials to be identified quarantined.		70 20020
43	Horizontal deployment initiatives.	1	Stridens A. 21
44	Change made in the system consideration		a Joseph 31
45	Change made in the system considereing improvements / improving process performance.		Indeed S
-	Relevant process charts can be displayed in the laboratory.	0	O BELLEURY

Institution: PMc TECh. Department: Nauhbance.

Auditor: J. v ? Jayakumar.

Description of sample chosen (Year / Semester / Paper / Unit): Date: 17. 2.20

S.No.	Description of Audit Finding	Category	Std C ref
	class room ?s not smopt proporty Ref! III Noch	No	6.4
	Labs are cobrob not cleaned properly.	Ne	b. A.
32			
			1

FORM: QSF 02

Version No: 1.0

Report No:

Function: Maintenante.

Date: 17.2.20

Auditor: Mr. J. Vijayakumar

Auditee: Mrs , valli .

NON CONFORMANCE

The class rooms benches clean was not cleaned

proporty.

AUDITOR:

Std Clause / Doc. Ref:

6. Nam

ROOT CAUSE

S.No.		Potential Root Cause for the Non-Conformance
1.	The worker	& have done the work very slowly
MON-referente paradomoro regoneta		188 room 800m improver cleaning.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
١.	The morkers are advised for	Ns valli	18/2/20	closed
	good cleaning.			

PREVENTIVE ACTION:

T.Date	Sts.of Compt.
10/2/20	closed
1	0/2/20

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

· Vegred Spels

Version No:1.0

Repor	t	No:	
-------	---	-----	--

Function:

Date: 17.2.26

Auditee: Mrs. valli

Auditor: J. Vijayakumas.

NON CONFORMANCE

They are not cobrob cleaned properly us the

class god labs.

AUDITOR:

Std Clause / Doc. Ref:

AUDITE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	Whon the smooper come white the lab students are
Material de la constant de la consta	along practical. So they could not reloaned all the
Scholarus or deliminately of the	Things.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	The merkers are advised and	Mrs.	imm	closed
	given proper instruction to come on	<u> </u>		
	from time of lab-			

PREVENTIVE ACTION:

ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
The morkers will beep all the things	valli	imm	closse
-		The morkers will bep all the things valli	The morkers will beop all the things valle imm

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

: Version No:1.0

Name of the Auditee: Dr. M. Swesh

Name of the Auditor: Dr. P. Raya se kara

Function: Recruitment

S.No.	Description Descr	Condition (Satisfactory /	Auditor
1	Show me your department related proceducres / department manual	Not)	comments
2	Show me your regulatory requirements and status of compliance	sic auxivera to colem	eagers Bt
3	Show me your list of records	folmats used in their	to Mill CS
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	en enstagaterrini lo Paburz carrenda i	(Bayles 30 [evides
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	insmhile Burnisinisen piliper le	stradži pavoži Iž
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.		Family CE
7	Check whether record has the record legibility and signature at appropriate places for review and approval by		- 01-01 F 00-01
8	Check whether record has the record name and record code in the front page.	to polignomism swin	\$V07%
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.		2203 35
10	Trend charts on objectives and process measures.	(a ya) belawong zise (
11	Action plan for the objectives.		
12	Continual improvement program.	DESTRUCTOR OF THE COMPANY	
13	Check for the departmental review meetings	- goog yanaay nay	
14	Check the awareness level on roles and responsibility.	Al Dalan Calvagamus p	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	2 Else essaya graffic en es	
16	Check for the improvements made in the department in the passed one year		
17	Analysis on student / feedback from (Parameter wise analysis)	WULLYE BILL OF BERNEY OF	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

19	actions taken against	the staffs.	and the same of the same	
20	Motivation of the staffs / Students and supp	Port provided by HOD's		-
21	Training need identification for the staffs by	the departmental HODI-	1-1-1-1-1	A SE code for more
22	Faculty profile - compliance to regularly requ	uirements to be checked		
23	CAPA reports in case of any problem observ	ed in the departments and corrective actions initiated.	The sale Accessed	had one to sur
24	Internal communication records like circular	s.		
25	Incase if records are maintained in computer	rs hackup of data to I		
26	Review of syllabus completion as per the pla	n. Completion of courses as per the time frame recommended by		10000
27	Method of selection of question papers(unit	test and middle with a service time frame recommended by		
28	Preservation of previous year university examples	m quest:	11501715501	Townsel
29	List of formats used in the department and is	that controlled	i vootslugst park s	1 10000
30	Review of infrastructure requirements within	the department at defined internals and provision of the same is not projects/ records are stored in the floor due to lack of supboards in	in your list of record in records are spored todaid within min, the	to acres a
31	Housekeeping maintain with in the departme	ents.	Bud see bas broom	re tall
		LABORATORY	Commence Annual Commence Commence	annua D
32	Identification of equipments	ments all and parting towned watch assumes and some in mannes as and	da walan ah asisu	mremile
33	Calibration of equipments. (Internal / external	al calibration records	a med barrane and forth	drapt's
34	Preventive maintenance of equipments when	e appropriete		e'GOH!
35	Adequate no.of Fire Extinguishers in the area.	e appropriate.		2.00
36	First aid kids stuffed with necessary Antidotes	9 800 100 11 901 10 9000 0 19090 one sensit o to		
37	Safety gears provided for the students operat	allow, process moccures and obligation of the destroy of the same	ess on ISO, quality s	STOWAL
38	Start and shot down instruction where appropriate	mig equipments.	said to side no vried	2.1 Trender
39	Sign boards in the laboratory.	Tidle.	adt-aide adt vat mele	11 Acdon
40	Display of quality policy.		o in this restauranti in	rolaneO Cr
41	List of consumables used in the laboratory and		Interest travels artists	randol Er
42	Non conforming materials to be identified qua	maintanance of sufficient stock.	Laurel Sale Vistamien Ind	3.6 Chardet
43	Horizontal deployment initiatives.	rantinea.	and these vertainmen	15 Angles
44		Extract these resulting and and make the same of the s	enterpolycomic man	16 Charle
45	Change made in the system considereing impro Relevant process charts can be displayed in the	ovements / Improving process performance.	sibnal's trainers and	indianal St
-	the displayed in the	aboratory.		

Institution: PMC Tech Department: Recruitment cell Auditor: Dr. P. Ray as elan

Description of sample chosen (Year / Semester / Paper / Unit): Date: 21 2 20

S.No.	Description of Audit Finding	Category	Std C ref
1	Consoledated report on faculty		
	performance assessment are not	NC	4.2
	downested properly		
	J J U .		
<u>e</u> .e	Respondere arresuent of the ready selected staff for the academic	NC	4.2
Š.			
	Year 2019 - 2000		
			-

FORM: QSF 02

Version No: 1.0

	Report	No: Function: Revuelment Date: 21/2/20 Cell Auditee: O. W. S.
	Auditor	Dr. P. Rajusekaran Cell Auditee: Dr. M. Sures
	NON CO	DNFORMANCE
	Coa anes selecte Autoro	wolldaled report on forculty performance ment are not dominated properly for the resoly ed statt for acaderise year 2008, 2000
li.		Std Clause / Doc. Ref: AUDITEE
F	ROOT CAU	USE
-	S.No.	Potential Root Cause for the Non-Conformance
-	1	It has been made only at the end of the

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
	Prepard and recurred once in a	Or Suresh	24/2/20	closed
	Cenistr			

PREVENTIVE ACTION:

Report No:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Properly naintained at fulure	Dec	24/2/20	Closed

Resource Requirements if any

Effectiveness of the corrective action taken

: NIC : verified

Verified by and closed on

FORM: QSF 02

Version No:1.0

Name of the Auditor: Prof. R. Karthikeyaa

S.No.			
	on as per the plan. Completion of courses as per the ame recommended by	Condition (Satisfactory /	Auditor
1	Show me your department related proceducres / department manual	Not)	comments
2	Show the your regulatory requirements and status of compliance	y anelysig to collay	28 (Prese
3	Show me your list of records	formets used in the	to teld 25
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	y of infracteuriums as	elvest es
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic	daritment.	the de
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and	w manusm amees	penoni re
7	Check whether record has the record legibility and signature at appropriate places for review and approval by	cation of equipmen	32 (dentil
8	Check whether record has the record name and record code in the front page.	tive maintenance o	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy. Trend charts on objectives and achieve the policy.	Aniska Brilly Yosum eas	e taviti de
10	Trend charts on objectives and process measures.	gears provided for t	
11	Action plan for the objectives.	Utrain awer sens la	1000 95
12	Continual improvement program.	25-100 s15 s12 /s co mg	00
13	Check for the departmental review meetings	A A STREET ASSESSED.	oligotetti osa
4	Check the awareness level on roles and responsibility.	Beeld Termorporate	10 3003
5	Analysis on data- result analysis (Subject with	SEPTEMBER BROWNING	
6	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise) Analysis on student (feedby 16)	ini anomyangan mi	47 10 17 10 10
	Analysis on student / feedback from (Parameter wise analysis)	1923/1 ⁴ 9133 111 2 3 3 4 3 1	
8 F	Review of suggestions / complaints received in the feedback forms and action taken against the same	SECOND COMPANY	

19	Review of disciplinary actions taken against the sta	affs.		P
20	Motivation of the staffs / Students and support pro	ovided by HOD's		1
21	Training need identification for the staffs by the de	Partmental HOD's	A - 1. 9 - 20	a meladic ner s
22	Faculty profile - compliance to regularly requireme	ents to be shocked		
23	CAPA reports in case of any problem observed in the	he departments and corrections	Ron Mond	n A salt to sm
24	Internal communication records like circulars.	actions initiated.		
25	Incase if records are maintained in computers, bac	kup of data to be encured		
26	Review of syllabus completion as per the plan. Con	appletion of courses as per the time frame recommended by		- LUNGE
27	Method of selection of question papers(unit test ar	ad midterm testal		
28	Preservation of previous year university exam ques	tica paper	ne in a repartmen	
29	List of formats used in the department and is that of	ontrolled	yroldfugat tuoy ac	NORC -
30	Review of infrastructure requirements within the	epartment at defined internals and provision of the same is not cts/ records are stored in the floor due to lack of supboards in	on your list of recovered to the control of the con	ng ed be pri
31	Housekeeping maintain with in the departments.	tree to produce(Subject alformant shaet action plan, Attendence	e record and ask eu	10 RM
		RATORY	100000	
32	Identification of equipments	and the description of the control of the second of the control of	e volce clarity, eutst	oneu? d
33	Calibration of equipments. (Internal / external calib	ration records)	and Bacana part forting	Cheek
34	Preventive maintenance of equipments where appr	Opriate		a'gon
35	Adequate no.of Fire Extinguishers in the area.	opriote.	and becomes resistantly	S Check
36	First aid kids stuffed with necessary Antidotes	ASSEM THE RESERVE OF THE STATE		
37	Safety gears provided for the students operating equ	linmants	ness on ISO, quality	STEWA .
38	Start and shot down instruction where appropriate.	apricits.	inarts on objectives	brest 01
39	Sign boards in the laboratory.		plan for the oblecti	-11 Action
40	Display of quality policy.		us the answerpert less	12 Contin
41	List of consumables used in the laboratory and main	anance of sufficient steels	or the department	13 Check
42	Non conforming materials to be identified quarantin	ed.	he awareness level	2A Cneck
43	Horizontal deployment initiatives.	Looke agentsess sere were veer wise, television to	as Muzer-ersb no a	15 Analys
44	Change made in the system considereing improveme	ents / improving pressure /	er the improvener	15 Chack
45	Relevant process charts can be displayed in the labor	mis / improving process performance.		wdeeph Tr

Institution: PMcTech

Department: MR

Auditor: Prof. R. Karthike Date: 19/2/20

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

S.No.	Description of Audit Finding	Category	Std C ref
1	Department Objectives has to be reviewed periodically to achieve the targets.		
	reviewed periodically to achieve the	NC	5.3
	færgets.		
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FORM: QSF 02

Version No: 1.0

Report	Function: MR - Eng. Date: 19/2/20
Auditor:	Prof. R. karthi keyan NFORMANCE Function: MR - Eng. Date: 19/2/20 Auditee: Prof. M. Sali Hullah
Representative and the second second second	Departments objectives has to be reviewed lecally to achiève the targets. Std Clause / Doc. Ref: AUDIT
ROOT CAL	DSE .
S.No.	Potential Root Cause for the Non-Conformance
1	Review meeting was not conducted periodecally
3	

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Review meeting conducted on every	M. Salithin	hundle	- clou
	semester end and the objectives so tagets are reviewed.	-lleh		

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Heeting is arranged on proper this	H. latt	luneda	- 0
	uteral.	-ullah	· aledia	e Clace

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

: NIL : Værified. : Værid fil

FORM: QSF 02

Version No:1.0

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

Name of the Auditor: Mr. M. Sahithullah, AP/MCO

Function: McA/ Enga

S.No.	Description not completion of courses as per the time frame recommended by	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual		neast DF
2	Show me your regulatory requirements and status of compliance		Lo Paul Co es
3	Show me your list of records	BUT UP DESTI SECUENCE	SU JOHA I ST. SER.
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	e Between x stude	polyon III.
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	peopleg mintain w	S1 House
6.	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	cation of Sulpmen	32 Identif
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	de sonsaistalem avid	an lowers
8	Check whether record has the record name and record code in the front page.	Taka Bira jesem se	Lydra III
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	regression of the bare of the bare	35 Fine al
10	Trend charts on objectives and process measures.	W Date NWO Davide to	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11	Action plan for the objectives.	CALIFORNIA SINS IN COM	0.0
12	Continual improvement program.		
13	Check for the departmental review meetings		TO THE PARTY OF
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)		10.1901/
16	Check for the improvements made in the department in the passed one year		10 100
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	21-	

19	Review of disciplinary actions t	aken against the staffs.			1
20	Motivation of the staffs / Stude	ents and support provided by HOD's			
21	Training need identification for	the staffs by the departmental HOD's	M. SM wast	ben self to	SOTE
22	Faculty profile - compliance to	regularly requirements to be checked.	M. 81/1		
23	CAPA reports in case of any pro	blem observed in the departments and corrective actions initiated.	2. McMinos	baA adf to	SMIE
24	Internal communication record	s like circulars.	/		
25		d 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		10	FILE
27	Method of selection of question	papers(unit test and midterm tests)		-	
28	Preservation of previous year u	riversity exam question papers.	nominally) tunica	THE WASTE	
29	List of formats used in the depa	remont and is that controlled	Azotejna znokej	n wunz	
	Review of infrastructure	talical strat controlled.	e your list of recor	74 WOHE	-
30	evident. Reference: student ans the department.	ements within the department at defined internals and provision of the same is not wers sheets/ projects/ records are stored in the floor due to lack of supboards in	s records are store uccel wi\in min. t	pad aq	D.
31	Housekeeping maintain with in	the departments.	record and ask au	sko feli	3
		LABORATORY	(23,010,000,000,000,000,000,000,000,000,00		
32	Identification of equipments	LABORATORY (Januarian capabilities) (Class control, press in Inames 2020, 2011)	into risiq primosi ra	Jones of E	9
33		rnal / external calibration records)		Joseph .	
34	Preventive maintenance of equi	mai / external calibration records)	/	s'GOH	
35	Adequate no. of Fire Extinguishe	in the second se		design.	9
36	First aid kids stuffed with necess	in the area. Legion most suit in elece terces and amon a necessary	/		
37	Safety sears provided for the	ary Antidotes	ess on so, quality	Stewar	4
38	Safety gears provided for the stu- Start and shot down instruction	idents operating equipments.		hnosT	01
39	Sign boards in the laboratory.	where appropriate.	territor and and make	noithA	EE
40	Display of quality policy.		s trama (smalls	Continu	ST
41			Charles	Charles	21
42	Non conforming materials to be	aboratory and maintanance of sufficient stock.		Charles	6.7
43	Non conforming materials to be in Horizontal deployment initiatives	gentified quarantined.	as diamen / als pa	Taulana I	27
44				7 doed?	3.6
45	Relevant process shorts and the	dereing improvements / improving process performance.	hand I to from you	Javdson B.	57
	Relevant process charts can be di	splayed in the laboratory.	,	and special	

Institution: PMC Tech Department: MCA / Engg

Auditor: Mr.M. Sahithullal

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

Date: 14.02.2020

S.No.	Description of Audit Finding	Category	Std C ref
1	Student Feedback on Faculty	NC	4.6.2
	not applated.		
2.	Reviewer details not	ne	4-6-2
è	updated		
			:
			1

FORM: QSF 02

Version No: 1.0

Report No:

NON CONFORMANCE

Auditor: Mr.M. Sanithullah

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Function: MCA/Engg

Date: 14.02.2020

Auditee: Mrs. M. Angelin

AUDITO	OR: Std Clause / Doc. Ref:			M. AUDITI
ROOT CA	USE			PRODUCTION OF THE SECTION OF THE SEC
S.No.	Potential Root Cause for the Non-Co	nformance		ан шишилгөөн амагара фэг цөөхад
der Marie Constantino	Due to lottestoura can not	able	2 to	
	colled feedback from	storal	enk	
			The second second second second	
ORRECT	ION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
	0 0	1	200 200	Closer
	teed back on taculty.	M. Angel	11 2012	1606
Ministra Mila Acti-dystry front a substitution of the substitution	feed back on faculty.	M. Angel Ross	11 20142	Clese
	completed	M. Angel Ross		Clese
	reed back on taculty. completed VE ACTION:	M. Angel Ross		
		Respon.	T.Date	Sts.of Compt.
REVENTI	VE ACTION:		-	Sts.of

Version No:1.0

· Veried of

Report No:

NON CONFORMANCE

Verified by and closed on

FORM: QSF 02

Auditor: Mr.M Sahithullah

Function: McA/Engg Date: 14.02.2020

Auditee: Mrs. M. Angelin

Mrs. M. Dukitke

· Verped A

Issue Date

AUDITO	OR: Std Clause / Doc. Ref:			MA
ROOT CA	USE			7,001
S.No.	Potential Root Cause for the Non-Co	nformance)	PVIPILIS E E EXTERNADA EN APERICA EN EN
Note that the second section is a second	Reviewer not specify +		oloteu'	
8			enderferen (on Epistere - de Essaño de corporato planto (one.	
ORRECT	ION / CORRECTIVE ACTION:	and an early a serving to the cupy of the first or early send		
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.o
	Reviewer details updated.		. 20-2.	20.Cla
		Dakith	2	-
REVENTIV	/E ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
	Reviewer details applated immediately			
	imma die bale			

Version No:1.0

Name of the Auditee: Porof Rajesh
Name of the Auditor: Porof Kwithi Kayein

Function: MBA

S.No.	Description Value and the public production	Condition (Satisfactory /	Auditor
1	Show me your department related proceducres / department manual	Not)	Comments
2	Show me your regulatory requirements and status of compliance	4	182919
3	Show me your list of records	N	Ito asia
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		ISSNER
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	All was the formation of the same of the s	enters enter
, 6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	NC	32 lidentif
7	Check whether record has the record legibility and signature at appropriate places for review and approval by		CONTROL OF
. 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.		Enders 3E
10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.	N	THE STATE OF
12	Continual improvement program.		
13	Check for the departmental review meetings		
14	Check the awareness level on roles and responsibility.	N	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	0	
16	Check for the improvements made in the department in the passed one year	NC	
17	Analysis on student / feedback from (Parameter wise analysis)	1	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	1	
	the reedback forms and action taken against the same	1	

19	Review of disciplinary actions taken against the staffs.	. Property of Statement Commence
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.	The second secon
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	er de chempus
24	Internal communication records like circulars.	PROBLEM OF THE PROPERTY OF THE
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	1 1
27	Method of selection of question papers(unit test and midterm tests)	1
28	Preservation of previous year university exam question papers.	
29	List of formats used in the department and is that controlled.	11
	Review of infrastructure requirements with it.	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not the department. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in	Pent of actines interes and province to a section due to
31	Housekeeping maintain with in the departments.	
	LABORATORY	A
32	Identification of equipments 52 Identification of equipments	A
33	Calibration of equipments. (Internal / external calibration records)	
34	Preventive maintenance of equipments where appropriate,	Tradition (15)
35	Adequate no.of Fire Extinguishers in the area.	
36	First aid kids stuffed with necessary Antidotes	. 1
37	Safety gears provided for the students operating equipments.	
38	Start and shot down instruction where appropriate.	
39	Sign boards in the laboratory.	11
40	Display of marks the	
41	List of consumables used in the laboratory of th	A reason was a second
42	List of consumables used in the laboratory and maintanance of sufficient stock. Non conforming materials to be identified quarantined.	in o barranene oupo
43	Horizontal deployment initiatives.	
MINISTERNA CONTRACTOR OF THE PARTY NAMED IN	Change made in the system considereing improvements / improving process performance.	
44	the system considering improvements / improving process	
44	Relevant process charts can be displayed in the laboratory.	

Institution: PMC TECH Department: MBA

Porof. R. Karthikeyen Date: 14/2/20

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

S.No.	Description of Audit Finding	Category	Std C ref
ol.	Student profile - not undated Ref: [II Year MBA-University oresu	ts] NC	. 4.2
02	Class Attendance - Monthly Attendance 1- not evidenced		
3/	Ref CR-MBA Monthly attendance) NC	4.2
			1

FORM: QSF 02

Version No: 1.0

Function: MBA

Parof. Rajesh Parof. Rajesh

Issue Date

Report No:

FORM: QSF 02

NON CONFORMANCE

Auditor: Porof. R. Korthikeyan

St	udent perofile not updated			
Ref	udent perofile not updated CI Year MBA - Whiseverity ores	ults)		
AUDIT	4.2.		(
ROOT C	AUSE	and the second s	The second second	Addite
S.No.	Potential Root Cause for the Non-Co	nformance		
	Student perofile available.	in th	re fre	rm of
	be undated.	result	neco	Lto
CORRECT	TION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	university rosellts andated			
	in the prescribed format	Renu	21/2/20	cluse
PREVENT	IVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
•	It was advised to update the			
Resource R	It was advised to update the University results at the time of equirements if any	Reny	21/2/20	clased
	ss of the corrective action taken :			
Verified by	and closed on . Ve-Me a	July		

Version No:1.0

Report	No: Function: MBA		4/2/20	
NON C	ONFORMANCE E	rof.	Rajer	
CJ	idenced by CI-year MBA me	ndane	e %;	not
AUDIT	OR: Std Clause / Doc. Ref:	0		AUBITEE
ROOT CA	NUSE		a diliga da mada mendia pengana mangangkan sa dangga palaman	ar o yer agr a ja Gestle
S.No.	Potential Root Cause for the Non-Con	formance		
	In class attendance Rejector, we	eerkin	e days	1190
	supdated but attendance 1. i	s no	et is	υ.
3	the peroper format.			
CORRECT	TION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Monthly attendance & was			
	applated in the attendance			
	Register	Raja	21/2/20	closed
PREVENT	IVE ACTION:	U		
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Advised to saturate the attendance			
Resource R	and undate in register in the act working day of every month	Raja	21/2/20	clased
	ss of the corrective action taken :	k		
FORM: QSF	on the second on	2102	Issue Date	

Name of the Auditee: MYS Madma

Name of the Auditor: Asst prof. Dukithe

Function: Purchase,

	and the second s		intero
S.No.	Description Descr	Condition (Satisfactory / Not)	Auditor
1	Show me your department related proceducres / department manual	The state of the s	0.000 P 80
2	Show me your regulatory requirements and status of compliance		
3	Show me your list of records	17.09.05583-0.76.15.16.1	21 36521
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	netherbest students in A. A.	resumBla volume 20
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	seping maintain wit	sanok - II
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	cation of equipment	Kirtebil 55
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	lo engrataismosis	Se Praver
8	Check whether record has the record name and record code in the front page.	la cincel solle recom ext	DJISON I
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	tenet bablyong on a	# 4 - 424 88 15 15 15 15 15 15 15
10	Trend charts on objectives and process measures.	March Bulletin	Track - Ob-
11	Action plan for the objectives.	NOTE OF THE PROPERTY OF THE	
12	Continual improvement program.		
13	Check for the departmental review meetings	AL POLICE CONTRACTOR	
14	Check the awareness level on roles and responsibility.	V ALCOHOLOGICA MATERIAL PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION	
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	The state of the s	

19	Review of disciplinary actions t	aken against the staffs.		
20	Motivation of the staffs / Stude	ents and support provided by HOD's		
21	Training need identification for	the staffs by the departmental HOD's	LOS CONTRACTOR	the A existing arms
22	Faculty profile - compliance to	regularly requirements to be checked.		
23	CAPA reports in case of any pro	oblem observed in the departments and corrective actions initiated.	perty in the mas	bia ad loso
24	Internal communication record	s like circulars.		
25	Incase if records are maintained	d in computers, backup of data to be consuld		
26	Review of syllabus completion :	as per the plan. Completion of courses as per the time frame recommended by		1001
27	Method of selection of question	papers(unit test and midterm tests)		
28	Preservation of previous year u	riversity exam question papers.	tnamusees sumen	100100
29	List of formats used in the depa	rtment and is that controlled	a your regulatory a	No Events
30	Review of infrastructure require	ements within the department at defined internals and provision of the same is not wers sheets/ projects/ records are stored in the floor due to lack of supboards in	e your list or record records are stores uced within min. si	borg od
31	Housekeeping maintain with in	the departments.	record and ask add	S ISTALL S
		LABORATORY		1200
32	Identification of equipments	THE REAL PORTS OF THE PROPERTY	status udireti spirov	yedeuff 3
33	Calibration of equipments. (Inte	rnal / external calibration records)	- Alexander	o deserta
34	Preventive maintenance of equi	pments where appropriate.		8/00H
35	Adequate no. of Fire Extinguisher	rs in the area.		S Charles
36	First aid kids stuffed with necess	ary Antidotes		
37	Safety gears provided for the stu	dents operating equipments.	ess on ISO, quality.	9154/8
38	Start and shot down instruction	where appropriate.	sarts on oblactives	brishT 0.5
39	Sign boards in the laboratory.		des for the obligation	II Action
40	Display of quality policy.		ua toemenonomi la	da Conthe
41	List of consumables used in the la	aboratory and maintanance of sufficient stock.	or the denortments	23 Check is
42	Non conforming materials to be i	dentified quarantined.	local sameness se	14 Checks
43	Horizontal deployment initiatives	feelwise was faculty wise department wise faculty wise)	na data- result an	15 Aralysi
44	Change made in the system consi	dereing improvements / improving process performance.	or the Imeravance	16 Check f
	The state of the s	splayed in the laboratory.		

AUDIT OBSERVATION SHEET

Institution: Puc Tech Department: Purchau.

Auditor: Asst Day.
Dukithe.
Date: [8/2/20

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

S.No.	Description of Audit Finding	Category	Std C ref
	Microprocesor lab bills are not		
	available		
	Ry: Vi Microsystem bills for	NC	A. 2.3
	Enstrument Pyrchared for even		
	sem not found		
			*
			1

FORM: QSF 02

Version No: 1.0

Function:

AUDITE ROOT CA	R: Std Clause / Doc. Ref:		hadin allaquin ann am lithe a marind de la chair a de la c	#cdh.
S.No.	Potential Root Cause for the Non-Co	onformance	•	
	forgotten to collect bills fro			
No.	FCF Mayor			
CORRECTI	ON / CORRECTIVE ACTION:		elankup digami manamuni salagan kun lasah kengé sagih dan ungunya	
		7	-	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	1.
S.No.		Mrs.	-	Comp
S.No.	ACTION DESCRIPTION It was identified and tept in file			Comp
	It was identified and tept	Mrs.	-	Comp
	It was identified and tept in file	Mrs.	-	Sts.of Compt

FORM: QSF 02

Resource Requirements if any

Verified by and closed on

Effectiveness of the corrective action taken

Report No:

NON CONFORMANCE

Auditor: Asst. Prof. Durithe

Version No:1.0

Issue Date

Date: 18.20 Auditee: Mrs. Padma

Report No:	Function:	Date:	o.	
Auditor:		.Awaite	C.	
NON CONFORMA	ANCE			
				Western America (Street, America) and America (Street, America)
		4		
AUDITOR:	Std Clause / Doc. Ref:			
ROOT CAUSE				AUDI
S.No.	Potential Root Cause for the N	Von-Conformance		-

			der aus ett av en ett und geste de geste gegen geben geste de geste geste geben geste geste geste geste geste de l'Antonio Carrillo d'Aggert au somme geste ban.	
CORRECTION / CO	RRECTIVE ACTION:		The second secon	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.c
				1
REVENTIVE ACTIO	N:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of
source Requiremen	ts if any :			
ectiveness of the co	prrective action taken :			
ified by and closed	on :			

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: Mr. Latha

Name of the Auditor: Prof. J. Vyayalenna

Function: CG & C

S.No.	thed in computers, backup of data to be ensured. On possible of pourses as per the time frame recommended by	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	Notj	GUISSAL) SAN
2	Show me your regulatory requirements and status of compliance	A SHOWSHIP TO COME	BERRY BAR
3	Show me your list of records	at ni beau siscolot	10 3883 63
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	a de l'infrastructura la	reliveR setilvel 06
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	respirit maintains I	12 miles
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	y smolups to noints	32 Identi
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	i in managari Nga najadakan avit	24 Prayer
8	Check whether record has the record name and record code in the front page.		ne ne
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	Manufacture shift	35 Fost at
10	Trend charts on objectives and process measures.	177 1 1000 3 100 2	
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.	1	
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	actions t	aken against the staffs		
20	Motivation of the staffs / Stude	ents and support provided by HOD's		T
21	Training need identification for	the staffs by the departmental HOD's	1 4	1
22	Faculty profile - compliance to	regularly requirements to be checked.	L VAN ESS ESSENTE	a A safato ami
23	CAPA reports in case of any pro	them observed in the description of the description	72 C. America	2 -4 2 3 2 000
24	Internal communication records	oblem observed in the departments and corrective actions initiated.		At Sin 10 dilli
25	Incase if records are maintained	in computers, backup of data to be ensured.		
26	Review of syllabus completion a	os per the plan Completic		2000
27	Method of selection of question	per the plan. Completion of courses as per the time frame recommended by papers(unit test and midterm tests)		
28	Preservation of previous year un	Marcialulli (est and midtores toota)	race years year are	
29	List of formats used in the dense	wersity exam question papers.	violaturas sugy sm	0.00
	List of formats used in the depar	tment and is that controlled.	eren fo (All tuoy and	
30	evident. Reference: student answithe department.	ments within the department at defined internals and provision of the same is not wers sheets/ projects/ records are stored in the floor due to lack of supboards in	rer records ere stor duced within min.	A be pro
31	Housekeeping maintain with in t		e record and sak at	to trill
			(csaum yahazari (sa	moles .
32	Identification of equipments	LABORATORY (AMADE AND ADDITIONAL AND	torney (then) be a	10102
33	Calibration of equipments (Inter-	anabaya ana a sa a sa a sa a sa a sa a sa a	A voice clady out	หลุยห
34	Preventive maintenance of and	nal / external calibration records)	d hones seed to the	history
35	Preventive maintenance of equip	ments where appropriate.	- 1	(GOH)
36	Adequate no. of Fire Extinguishers	in the area.	al laces porturbe	Inorth 8
37	First aid kids stuffed with necessa	ry Antidotes	531 per 1991	
38	Start and shot down in the stud	ents operating equipments.	MEDIA COCK HO CO.	TOWN.
39	Start and shot down instruction w	here appropriate.	diarts on objection	10 Trend
40	Sign boards in the laboratory.		alan for the obler	11 Action
41	Display of quality policy.		all Improvement	12 Conti
42	Non-consumables used in the la	poratory and maintanance of sufficient stock.	for the departmen	13 Check
43	materials to be id	entified quarantined	the awareness law	2.4 (Check
-	Horizontal deployment initiatives.	and electronic above to the control of the control	tiuser-stab no de	15 Analy
45	change made in the system consid	lereing improvements / improving process performance.	the the Improveda	il.6 Check
13	Relevant process charts can be disp	played in the laboratory	ail on student / fan	Accept to the same

AUDIT OBSERVATION SHEET

Institution: PMc Tech Department: CG&C

Auditor: Dr. J. Vý ayakumas Date: 20/2/20

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

S.No.	Description of Audit Finding	Category	Std C ref
1	Few applications were inomplete &		
1	Few applications were inomplete &	Nc	4.2.3
2	The obtained certificate details were found to be incomplete.	NC	A. 2.3
	were gound to be champlete.		
45/			
			·
		*	

FORM: QSF 02

Version No: 1.0

Report No):	Function: CG & C	Date: 22 2 20
Auditor:	Or J. Výayak	illuar	Date: 22/2/20 Auditee: Mr. Latha
NON CON	FORMANCE		
Jew	applications	were incomplete &	few coere ruspaces
AUDITOR:	* Participation of the second	Std Clause / Doc. Ref:	AUDITEE
ROOT CAUS	E		
S.No.	F	otential Root Cause for the Non-Co	

S.No.	Potential Root Cause for the Non-Conformance	
1 Détails were not completely gilled by of students at the fine of advission an	Details were not completely filled by the	
	students at the frame of adminion and few	
3	students applications are hot found.	

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	students details are collected es filled	0, 619	1 000	- 0 - 1
	carrediately.		· ·	Cola

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION		T.Date	Sts.of Compt.
1	Complete détails are filled & obtain	d o	1 10	
	at the intial stage trely.	Ch Selvi	Munda	t close

Resource Requirements if any

Effectiveness of the corrective action taken

: Nu : ver fied. : Ant

Verified by and closed on

FORM: QSF 02

Version No:1.0

Repor	ranction: CASC	Date:	22/2/2 e: Klrs.	0
Audito	ONFORMANCE Jayakumas	Audite	e: Klrs.	fatha
Separate de la constitución de l	No financial resource and the second			
crea	details conjulet.	ere de	- band	to be
AUDIT	h.h.2.			AUDITE
ROOT C	AUSE		Period de la companya	70471 5 bs
S.No.	Potential Root Cause for the Non-Cor	nformance		
1	Some details in the certificale	were	not a	entered
- Marine and the second	by the students at the witia	Stag	LC .	
3		U		L.
CORRECT	TION / CORRECTIVE ACTION:	rate and the second state of the second state of the second second second second second second second second se	er Sterr miller en stellen in der er er en geleich de verby	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dr. self	Innedial	Closed
	they details are updated.			
PREVENTI	VE ACTION:			nacement resources and planting and appropriate
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Seperat. Statt indl be alloted for this appealion	De Selvi	lunedia	
Resource Re	equirements if any : NIC		The second secon	

FORM: QSF 02

Verified by and closed on

Effectiveness of the corrective action taken

Report No:

Version No:1.0

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: Mr Kailash

Name of the Auditor: Asst prog. Dukithe

Function: Mess / Engineering

S.No.	Description showing and data to be ensured as portion of sources as per tine tions managed each managed by	Condition (Satisfactory /	Auditor
1	Show me your department related proceducres / department manual	Not)	comments
2	Show me your regulatory requirements and status of compliance	want of pro make	128 (Prese
3	Show me your list of records	Only Cues placeson	io.delda - 1887
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	or instruction to a	nivotil moiva të
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	in Camerania	the displayed in the di
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.		Property Str
7	Check whether record has the record legibility and signature at appropriate places for review and approval by		
8	Check whether record has the record name and record code in the front page.	New maintenance of	every St.
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	V	ate Bless
10	Trend charts on objectives and process measures.	to no Shivong angel	
11	Action plan for the objectives.	V	
12	Continual improvement program.	DE DESCRIPTION OF	
13	Check for the departmental review meetings		
14	Check the awareness level on roles and responsibility.		
15	Analysis on data- result analysis (6.1)		
16	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	SHELL SHEET, COLUMN TO THE	
17	the department in the passed are very		
18	Analysis on student / feedback from (Parameter wise analysis) Review of suggestions / complaints received in the feedback forms and action taken against the same	THE PLANT OF THE PARTY OF THE P	
	suggestions / complaints received in the feedback forms and action taken against the		

19	Review of disciplinary actions taken agains	t the staffs.		
20	Motivation of the staffs / Students and sup	port provided by HOD's		
21	Training need identification for the staffs b	the departmental HODIs	- V - V	out the the
22	Faculty profile - compliance to regularly rec	ulirements to be about		
23	CAPA reports in case of any problem observ	ved in the departments and corrective actions initiated.	tion / / north	Maria Para
24	Internal communication records like circula	re departments and corrective actions initiated.	S	
25	Incase if records are maintained in compute			
26	Review of syllabus completion as per the pl	an. Completion of courses as per the time frame recommended by		10285
27	Method of selection of question papers(uni	t tost and wide courses as per the time frame recommended by	V	
28	Preservation of previous year university exa	test and midterm tests)	M911 V (1911) 11 2 3 3 3	THE STATE OF THE S
29	List of formats used in the department and	m question papers.	TYNOU PRETTUCTOR	100000
	Review of infractment and	s that controlled.	1003/10 181 100/2001	Section 1
30	evident. Reference: student answers sheets the department.	in the department at defined internals and provision of the same is not / projects/ records are stored in the floor due to lack of supboards in		ong ad
31	Housekeeping maintain with in the departm	ents.	ensourd and ask age	The second
		LABORATORY	NC	Serve (I
32	Identification of equipments	CH assessment in revas capabilities (Class control, prese) Molling	navanay yarah salar salar salar	romeulti
33	Calibration of equipments. (Internal / extern	al calibration records	V	doord
34	Preventive maintenance of equipments whe	re appropriet	V	s'dON
35	Adequate no.of Fire Extinguishers in the area	re appropriate.	V	S Charles
36	First aid kids stuffed with necessary Antidote	- 198ed men aux in abox o total due amen dice.	V	
37	Safety gears provided for the students opera	p licy, process measures and obligables a service of the process measures are processed in the process of the p	vest on (80, cheller	STEWA C
38	Start and shot down instruction where appro	ang equipments.	and value on etter	in Trend
39	Sign boards in the laboratory.	priate.	a. Valentinet nek	Action
40	Display of quality policy.		V	12 Continu
41	List of consumables used in the laboratory ar		V	13 LCharles
42	Non conforming materials to be identified qu	a maintanance of sufficient stock.	V	3.6 Checks
43	Horizontal deployment initiatives.	arantined.	Van etab no	levisna) 22
44	Change made in the system considers in a	See wise, real wise, actoriment wise, recutly to	V	1.6 Check t
15	Change made in the system considereing imp Relevant process charts can be displayed in the	rovements / improving process performance.	V	r/anal Sr
	reprocess charts can be displayed in the	ne laboratory.		A CONTRACTOR OF THE PARTY OF TH

AUDIT OBSERVATION SHEET

Institution: PMC Tech

Department: Moss

Auditor: Mrs. Dukitha

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

Date: & 8. 9 . 20.

S.No.	Description of Audit Finding	Category	Std C ref
١,	mastes are not desposed properly.		
	By mashes are thrown at the	No	6.4
	box boolgo of boys bostol and		
	bot 188 posed daily.		
2.	Rooms are not marktained clously.	Ne	b.A
	Rol: Rooms of the gards hostel		
	are not cloaned properly.		
		1	
			*
			1.

FORM: QSF 02

Version No: 1.0

Report No:

Function: Noss and

Date: 28. 9-26

Auditor: M8. Dukitha

hosbel

Auditee: Mr. Kailash.

NON CONFORMANCE

Rooms are not moustained deaply.

Ref: Rooms of the girls hosted are not cleaned.

propagly.

M. M.

AUDITOR:

Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
t	mill be noticed and nochigied and	Mr. Kallash	imm	closed
	adviced Students to marktain			
	the moons.			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
٠١.	portodically more will be obocked	Mr. Kallgeb	innedect	Closed
	and markagion.			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

: closed of

FORM: QSF 02

Version No:1.0

bostal

Report No:

Function: Mass and

Date: 28.9.00

Auditor: My8. Dukitha.

Auditee: Mr. kallash

NON	CONFORMAL	VCE
a martin a M	SAME OF STATE OF STAT	Till Backline

mashes are not disposed properly. Ref: mastes are thrown at the back side of boys hostel and not disposed daily. Std Clause / Doc. Ref: **AUDITEE**

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1,	House keeping parson loave on that day.
5	

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
t.	Alternative manpower to be	Kaeloub	immedial	elesod
	arrowaged for disposal			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
١.	House Kooping chart to marstained	Mr. Kaulash	immediate	closed
	for disposal and regularly mostering			

Version No:1.0

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

: Verged & closed &

EVEN

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

Name of the Auditor: Prof. Arlet Parula Suli

Function: TRG

S.No.	oed in computers, backup of data to be ensured. On as per the plant Completion of courses as per the time frame recommended by	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	n avolvana to police	23 Prese
2	Show me your regulatory requirements and status of compliance	All of been premit	to tall 92
3	Show me your list of records	a and the state of the t	relivanti
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	h References studies	AD strike de de
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	resping maintain w	ssoel të
.6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	a inclupe to notice	32 13esel
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	the maintenance of	eyar9 AÉ
8	Check whether record has the record name and record code in the front page.		in restrict 62
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	han behivord ries	yielsk 18
10	Trend charts on objectives and process measures.	AN SIN KWISE KUME I	No. of State
11	Action plan for the objectives.	SIL COST NOT SUSTE	
12	Continual improvement program.	No. 13 long Wattern St.	V DOWN SEE
13	Check for the departmental review meetings	THE SER CONTRACTOR	
14	Check the awareness level on roles and responsibility.	1883 15720 39120 101	CAP TOTAL
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	TOTAL STATE STATE OF A STATE OF	
17	Analysis on student / feedback from (Parameter wise analysis)	THE ENGINEERING	
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	OF THE STREET	area of the same
22	Faculty profile - compliance to regularly requirements to be checked.	V.	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	Was In a growth	ame or the Am
24	Internal communication records like circulars.	V V	
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		- unio
27	Method of selection of question papers(unit test and midterm tests)		
28	Preservation of previous year university exam question papers.	n prismaris dan ana ana	BYDERC S
29	List of formats used in the department and is that controlled.	A MOURINGER THOY SIL	wulle 4
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.	the your list of records or response are stored a duced within rein, the e her and and sele aug to	ng pd List on
31	Housekeeping maintain with in the departments.	(count famous see	i i i i i i i i i i i i i i i i i i i
	LABORATORY CONTROL (Clare Control of Clare Control of C	Hamilton Steam to a	- Baccar
32	Identification of equipments	, voice chritu entita	amoutt 0
33	Calibration of equipments. (Internal / external calibration records)	and become verification	Check
34	Preventive maintenance of equipments where appropriate.		KODS
35	Adequate no. of Fire Extinguishers in the area.	Land beaver sadtoris	strado B
36	First aid kids stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.	da Agranb (ost uo sess	BESTER
38	Start and shot down instruction where appropriate.	harts on objectives a	beent 01
39	Sign boards in the laboratory.	sian for the oblective	11 Action
40	Display of quality policy.	long inempyorgmi ls	12 Continu
41	List of consumables used in the laboratory and maintanance of sufficient stock.	or the departmental a	13 Check
42	Non conforming materials to be identified quarantined.	ne awaraneus loval as	14 Check
43	Horizontal deployment initiatives.	dans duser estab no	15 Analys
44	Change made in the system considereing improvements / improving process performance.	or the Improvements	1.6 Check
45	Relevant process charts can be displayed in the laboratory.	adhael Vendantz ne	evienA TI

AUDIT OBSERVATION SHEET

Institution: PMc Teel Department: TR G

Auditor: Prof Arlel Parula Suhi Date: 20/02/20

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

S.No.	Description of Audit Finding	Category	Std C ref
1	Consolidate feedback for the soft	214	A
	shall training programme not sound	NC	4.2.3
, com to			
2	Course material dos this training is	NC	1.2.3
§.	not dound.		
	V		
)	
has been strong on the sand			
			1
			,

FORM: QSF 02

Version No: 1.0

	Report	No:	Fu	unction: TRG	Date: &	20/2/20
	-	onformance			Audited	20/2/20 Prof Rajesh/ Mr. Rigaz
	not (Consolidated found.	Jeedback	dorn for	segts till	traveng
	AUDITO	OR:		4.23. Clause / Doc. Ref:		AUDITEE
Γ	S.No.					
	1	Mable 1	The state of the s	ot Cause for the N	on-Conformance	
1	THE RESIDENCE OF THE PERSON NAMED IN	Placed	with or	Thee giles		

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
-	Ildestiglied & leep it in the seper	at Training	Imade	closed

PREVENTIVE ACTION:

.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Seperate file was reactained a	Training	1 101	closed
:	best sodel	nesen Ber	in course	Closec

Resource Requirements if any

Effectiveness of the corrective action taken

: NIC : Veri fied : hotz

Verified by and closed on

FORM: QSF 02

Version No:1.0

Report	No: Function: TRG	Date:	20/1/	1_
Audito	r: Prof Arlet Parula Suhi	Audite	20/2/: e: Prof. 1 Mr. R	Rajesh
The Buddle at the same	- Contract of the Contract of		Mr. K	ya2
pho	Course releval for the soft of graneme is not found.	leall l	rainei	7
AUDIT	OR: Std Clause / Doc. Ref:			AUDITES
ROOT C	AUSE		teretaging ang mentaging mentaging di dipengganggang	AOUTEE
S.No.	Potential Root Cause for the Non-Co	nformance		
1	Dot collected the material	france	trainer	
	besons.)		
3		dentered in the place was a registral private a reliable distribution and design and des	de l'inscription de l'établique de service de les services de la service de	
CORRECT	TION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Collected and maritained in	Thameig	la. A	t closed
	a seperate dele.	hender		. Clared
PREVENTI	VE ACTION:			
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1,	Carefully maintained the	Plaining	landia	closed
Resource R	equirements if any	1		Administrative Admini
Effectivenes	ss of the corrective action taken : Ve	ified.		
Verified by	and closed on :	0	,	
FORM: QSF	02 Version No:1.0		A Issue Date	

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

Name of the Auditor: Prof. G. Shankala

Function: dogistics.

S.No.	Description On se per the plan. Completion of courses as per the time frame recommended by	Condition (Satisfactory / Not)	Auditor
1	Show me your department related proceducres / department manual	NOU	The second second
2	Show me your regulatory requirements and status of compliance	Watterfactor called	Benefit Bar
3	Show me your list of records	Notice asset to the state of	Po 3233 225
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	r of Initiastructure VA C. Reference: starign	reiveA realve 06 c
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	w cintalom gaiges	sessi 11
-6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	cation of equipment	tinetal sé
7	Check whether record has the record legibility and signature at appropriate places for review and approval by	in agreement of the	NOVEMBER 1
8	Check whether record has the record name and record code in the front page.	M. AS BREWOOD OF	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	La La Bara de la	windows SE
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	107 200 200 200 200	
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)		7.0
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

19	Review of disciplinary actions t	aken against the staffs				
20	Motivation of the staffs / Stude	ents and support provided by HOD's		T		
21	Training need identification for	the staffs by the departmental HOD's	A LA	210/1		
22	Faculty profile - compliance to	regularly requirements to be checked.		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
23	CAPA reports in case of any pro	hlem observed in the d	A 1 9	n a cole la cons		
24	Internal communication record	oblem observed in the departments and corrective actions initiated.		B 5-4 0 03 3-0 (31112		
25	Incase if records are maintained	dir computer by the second sec				
26	Review of syllabus completion :	Incase if records are maintained in computers, backup of data to be ensured. 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	- discipling discipling	papersunit test and midterm tests	znamžysojeki suov sa	WORK &		
29	Preservation of previous year un	refersity exam question papers.	n woodsluses succeed	World		
	List of formats used in the depart	rtment and is that controlled.	Phosy to 381 AGOV BR	West F		
30	evident. Reference: student ans the department.	ments within the department at defined internals and provision of the same is not wers sheets/ projects/ records are stored in the floor due to lack of supboards in	ar records are sported depert within min. th	ng sd .		
31	Housekeeping maintain with in t	the departments.	hus des bas baces aud	10 163		
	1	LABORATORY	(89%OF to wood fac			
32	Identification of equipments	K.e assessment in terms capabilities (Class control, presented	mrioning passon in the	- a 8 7		
33	Calibration of equipments, (Inter	nal / external calibration records)				
34	Preventive maintenance of equip	ments where any series		Manual Comment		
35	Adequate no.of Fire Extinguisher	s in the area		6 (20)		
36	First aid kids stuffed with necessar	and the area.		S (Charle		
37	Safety gears provided for the stud	Antidotes	tess on ISO, quality-	signati e		
38	Start and shot down instruction v	there are the second se				
39	Sign boards in the laboratory.	viere appropriate.	Service of Street	ppart or		
40	Display of quality policy.		ME AND AND THE PROPERTY OF THE PARTY OF THE	noma is		
41		· ·		sereco) sa		
42	Non conforming materials to be id	boratory and maintanance of sufficient stock.	or the department	ROBBERT ELL		
43	Horizontal deployment initiatives	entified quarantined.	Lavel standars via at 1	A (Check		
44	Change made in the system	Leafe to the converse way, Year wise, department wise, faculty wisel	and the source of a base of	aylanA 21		
-	Relevant process charts can be dis	dereing improvements / improving process performance.	H STO (BUTCHES) OF THE	3.5 Check		
	process charts can be dis	played in the laboratory.	than I trabute no di			

AUDIT OBSERVATION SHEET

Institution: PMc Ecch. Department: Log98 Hics

Auditor: G. Sbasikala

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

Date: 18.2.20

S.No.	Description of Audit Finding	Category	Std C ref
1.	In logistics frequently used parts are		
	under Pospection. Hat should be	Ne	6.0
	Catogorised as accepts and rejects		
2.	preventure mantaince rounds not		
38	for the following.		
	Vehicles		
	TN47 8948	NC	4.2
	TNZ P 1145		
			1

FORM: QSF 02

Version No: 1.0

Auditor	: Prof. G. Shasi kala	Function: Engineering	Date: 18. Auditee: Mr. Una G	
San and an interesting of the last	PNFORMANCE			
Injeed Referts	In logistics mos	t frequently used	parte are as accepte	under
AUDITO		Std Clause / Doc. Ref:		Sumal
ROOT CAL	USE			
S.No.	Poter	ntial Root Cause for the Non-Co	onformance	
1	The state of the s	e of machines the		been
	uspected.	V	de une galante en	

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
1	Innediate action is taken and	Una	humolial	CONTRACTOR OF THE PARTY OF THE
	catégorised as accepte à réjerte	Sharkar		Cles

PREVENTIVE ACTION:

Report No:

S.No.		А	CTION	DESCRIPTION		Respon.	T.Date	Sts.of Compt.
(There	will	be	prevented	in fules	Le Charles	Innedia	-
				1	V	1		Crosec

Resource Requirements if any

: 1111

Effectiveness of the corrective action taken

: Verigied

Verified by and closed on

:

FORM: QSF 02

Version No:1.0

Report No:	Function: dogs	Date: 18.2.20
Auditor: Prof. G. C	Shasikala	Mr. UmaSharkar
NON CONFORMANCE		Will Omagnarkar
Maintainer	a seconds of the	dollowing reducles THE are art maintained
TNHY C	WAS & TNOW HETT	THE are Vant maintained
F	4793 70 8 9149	1.
AUDITOR:	Std Clause / Doc. Ref:	AUDITE
ROOT CAUSE		AUDITE
SNo	Park and the later and the lat	

S.No.	Potential Root Cause for the Non-Conformance
1	Due to the replacement of maintainerce second of
	the above reducte at the time of audit.

CORRECTION / CORRECTIVE ACTION:

proceedible-frie compare recommendates hall and control of the con				T.Date	Compt
aintainence rece	ord has	maintained	Vara Cha. bas	lava a ded	10
operly and sub	smilted	correctly of	CR.		College
-	laintainence rece operly and sub	Jærly and submitted	cartainence record has maintained	Jarry and submitted correctly for	laintainence record has maintained Una Charles Immedit

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Seperate person is allocated for the	Charles	larendent	closed
	mantainerce frecord.			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

: NIL : Verified. : DML

FORM: QSF 02

Version No:1.0

EVEN

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: Mr . Yeshwanth

Name of the Auditor: Dr. P. Raj ine karen

Function: Library / Eng.

S.No.	Description beautiful to be ensured as per the plan. Completion of courses as per the time trains recommended by	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	vanoi Valorina	28 Prece
2	Show me your regulatory requirements and status of compliance		20 to 11 000
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	NC	elatre DE
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	he nightiern uniques	PERCENT DE
, 6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	nempupe to nonex	32 [kdenti
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	armena op	SA Preven
8	Check whether record has the record name and record code in the front page.		2 1
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	, V	ytota2 Se
10	Trend charts on objectives and process measures.	United in the late of the late	
11	Action plan for the objectives.	osenoce grant dans	The Control of
12	Continual improvement program.		0.5
13	Check for the departmental review meetings		
14	Check the awareness level on roles and responsibility.		53
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		20,000
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	·V	Total Control
21	Training need identification for the staffs by the departmental HOD's		in a made to a men
22	Faculty profile - compliance to regularly requirements to be checked.	V	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	MAD V Consider	as A sviz to omi
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	~	
27	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by Method of selection of question papers(unit test and midterm tests)	~	
28	Preservation of previous year university exam question papers.	Manager Value of	1 1010 3
29	List of formats used in the description papers.	More Contraction	and a
	List of formats used in the department and is that controlled.	1038111/1/1291/181	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not the department.	luccel within min. t	and a
31	Housekeeping maintain with in the departments.		S List of
		V	
32	Identification of equipments	Way and Aspeny year	10.00
33		1	program
34	Calibration of equipments. (Internal / external calibration records)		Manual L.
35	Preventive maintenance of equipments where appropriate.		EGGR
36	Adequate no. of Fire Extinguishers in the area.		8 Check
37	First aid kids stuffed with necessary Antidotes	relis on ISO, Vijality	
38	Safety gears provided for the students operating equipments.		
39	Start and shot down instruction where appropriate.	navistis ido no atrent	anayri 01
40	Sign boards in the laboratory.	plan for the select	13 Action
_	Display of quality policy.	m in Vaccongral las	XZ Contin
41	List of consumables used in the laboratory and maintanance of sufficient stock.	or the depot most	13 Check
42	toniorning materials to be identified quarantined.	ne awarencia lese	M. / Chack
43	Horizontal deployment initiatives.	ns tilem esteb no s	25 Analys
44	Change made in the system considereing improvements / improving process performance.	or the improvement	1.5 Chack
45	Relevant process charts can be displayed in the laboratory.	head white no	eylsaAl XX:

AUDIT OBSERVATION SHEET

Institution: PMC Tech Department: L9 brany

Auditor Rajasekaren. f

Description of sample chosen (Year / Semester / Paper / Unit): Date: 15.2.20

S.No.	Description of Audit Finding	Category	Std C ref
01.	Books are Shuffled and are not for		
	the enginer sessions.		
	Rof Digital elastronics brok is		
***************************************	Kept un the mathematical sections	NC	4.2.3
52.	Fine collection not proporty		
	mastained.		
	Rief! collection of fine amount		
	P8 not proparly markbained.	NC	A.2.3
,			

FORM: QSF 02

Version No: 1.0

Report No:	Function	n: Date:
	•	

Auditor: Dr. p. Rajasekaran.

Date: 15. 2. 20

Auditee: Mr. ye shwas th.

NON CONFORMANCE

Books owne 8 huffed and not up their original Section.

Section.

Ref: Digital electronics book up teapt in mathematical Section.

AUDITOR:

Std Clause / Doc. Ref: A. 2. 3

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Abor Students hook Submit should proper up the Section.
\$ ·	

CORRECTION / CORRECTIVE ACTION:

ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
16 was noticed by the Dembors			
and arranged proposty.	19 brazi		Closed
The state of the s	11 was noticed by the numbers	11 was noticed by the numbers	and arranged proporty. Ithrani

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
derlated in manufacturing management	It will be consocted up future.	libration		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

· Versed of

Report No:

Function: Libley.

Date: 15.2.20

Auditor: Dr. p. Rajasekaran

Auditee: Mr. yoshwanth,

NON CONFORMANCE

And collection not properly manstached.

Rop: closing of account details of the outgoine students

not property maintained.

AUDITOR:

Std Clause / Doc. Ref: 4.2.3

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	16 proper teno solutionent of bise amount
	to the office.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It has been corrected by	Lib.	imm	Closed
	closing of amount on the			
	daily bases.			

PREVENTIVE ACTION:

.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	amount was sollied in daily	Léb	immy	Closed
	bases and obbase from the office.			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Issue Date

· Vegud Jah

IQAC ACADEMIC & ADMINISTRATIVE AUDIT SEPTEMBER - 2020

Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING

HOSUR IQAC AUDIT

MINUTES OF MEETING

01/09/20

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 Second week of September 2020. 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.

SI.	Department	Signature
1	Aeronautical Engg	VXX
2	Civil Engineering	
3	Computer science Engineering	(SPS uhi
4	Electronics & communication Engg	Vilfal
5	Electrical & Electronics Engineering	219/20
6	Information Technology	Thirties
7	Mechanical Engineering	Jungan
8	Mechatronics Engineering	M Jelm
9	Science & Humanities	Si
10	MBA	Chra
11	MCA	M. Angelin Ry

Internal Quanty Assurance Cell

Er. Perumal Manimekalai College of Engineering
Koneripalli, Hosur - 535117

PRINCIPAL 11912020

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

Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR

STAFF CIRCULAR

1/4/2020

This is to inform that, internal Audit for ISO will be conducted on the follwing 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	Dont	01
1	21-Sep-20	10:00 AM	Dr.P.Rajasekaran		1/	Prof. R. Karthikeyan	Dept	Sign
	1	201001111	Di.i	.MECH	chy	Asst. Prof. Ramesh	AERO	o de la companya della companya della companya de la companya della companya dell
2	21-Sep-20	2:00 PM	Prof. J. Vijayakumar	S&H	0 3	Asst. Prof. Rameshwari		Kanh
			, sayakanar	S&H	12000	Asst. Prof.M Balamurugan	CIVIL	Br.
3	22-Sep-20	10:00 AM	Prof. M. Sahithullah	EEE		Prof. Anlet Pamila Suhi		CADO 0
				200	M	Dr. N. Shanmuga karpagam	CSE	NSV orfocom
4	22-Sep-20	2:00 PM	Asst.Prof. G. Shasikala	EEE	8	Dr.V.Vijayakumari	-	Vil
						Dr.A.Kavitha	ECE	the state of
5	23-Sep-20	10:00 AM	Asst.Prof. M Dukitha	MCA	M. Dh	Asst.Prof. G. Shasikala	EFF	879
		42			10112	Asst.Prof. Meenakumari	EEE	
6	23-Sep-20	2:00 PM	Prof. R. Karthikeyan	CIVIL	3 Link	Prof. M. Sahithullah	MCO	12/19
					W /	Asst. Prof. Manivel	IVICO	Marrel
7	24-Sep-20	10.00 AM	Asst Prof.Sumathi	CSE	Bon	Dr.P.Rajasekaran	MECH	Jung
					7	Asst. Prof. Balaji	MECH	Petri
8	24-Sep-20	2:00 PM	Prof. G. Shasikala	EEE		Prof. Mahesh	IT	the
9	25.0				119	Asst. Prof. M.Manjurekha		Mague
9	25-Sep-20	10:00 AM	Prof. R. Karthikeyan	CIVIL	XXX	Dr.R.Rajesh	MBA	000
10	25-Sep-20	2.00 72.4				Asst. Prof.Sangee rani		Seyn
10	25-5ep-20	2:00 PM	Prof. M. Sahithullah	MR	101	Prof. Angelin Rosy Asst. Prof. Dukitha	MCA	M. Angelinkry
11	26-Sep-20	10:00 AM	A-+1P- 60		. 11.	Dr.M.Suresh		M. Da
	20 Ocp-20	10.00 AW	Asst Prof.Sumathi	CSE	mms	Asst. Prof.Priya	S&H	2
12	26-Sep-20	2:00 PM	Dr.P.Rajasekaran	MECH	20.00			100
			,	WIECII	the	Mr. Yeshwanth	LIB	me 1
13	28-Sep-20	10:00 AM	Asst.Prof. Dukitha	MCA	M.Dh	Mr. Kailash	MESS	Pos
14	28-Sep-20	2:00 PM	Prof. J. Vijayakumar	S&H	Ger 1	Mrs. Valli	Maint.	E. Vall
15	29-Sep-20	10:00 AM	Prof. G. Shasikala	EEE	19	Mr.Uma shankar	Logistics	Quality
16	29-Sep-20	2:00 PM	Asst.Prof. Dukitha		01	Mrs.Padma	Purch.	BI-
7	30-Sep-20	10.00 AM	Prof. M. Sahithullah		~	The Secretary	Top Mgt	Pen -
8	30-Sep-20	2:00 PM	Prof. R. Karthikeyan	CIVIL	2009	rof. M. Sahithullah		.00 /
9	1-Oct-20	10.00 AM	Prof. J. Vijayakumar	S&H (Irs.Latha	MR	100/119.
					4		CG & C	8
0	1-Oct-20	2:00 PM	Asst Prof.Sumathi	CSE	an P	r.Rajesh	TRG -	0000
					M	Ir.Riyaz	ING	8

MR) . The Co-ordinator

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

S. CITG12020 (PRINCIPAL). Principal

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

			MANUAL						Issue	No 1.1	Page	1 of 2
			INUAL AUD	IT PLAN								
Doc:C / RD 06		APPROVE	D BY:				N/a				15/07	//2019
	YEAR (2020- 2021)											
FUNCTION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
Top Management							*					
Mgt. Representative							*					
Engineering: Academics							*					
Library (Engg, MBA)							*					
Purchase							*					
Training & Development				•			*					
Recruitment Cell							*					
Counselling & Admission							*					
Lab & Workshop							*					
Maintanance							*					
Vless							*			1		
ogistics							*					
lostel & 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

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

Institution							
	Department	Date	NC	OBS	SUG	Findings Pending (NC & OBS)	Remarks
	Engineering: Academics	15.07.2019	22	_	_	NIL	

Institution	Department							
	Engineering: Academics	Date	NC	OBS	SUG	Findings Pending (NC & OBS)	Remarl	ks
	CSE	22-Sep-20	2	_	_	NIL	7.00	
	ECE	22-Sep-20	2	_	_	NIL	4-13-No. 13-14-15	
	Mechanical	24-Sep-20	2	_	_	NIL		
	MCO	23-Sep-20	2	_	-	NIL		
	Civil	21-Sep-20	2	_		NIL		
Engineering	Aeronautical	21-Sep-20	2	_	_	NIL		
	EEE	23-Sep-20	2	_	_	NIL		
	IT	24-Sep-20	2	-	_	NIL		
	MBA	25-Sep-20	2	_	_	NIL		
	MCA	25-Sep-20	2	_	-	NIL		
	Science & Humanities	26-Sep-20	2	_	_	NIL		

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

Y							
Institution	Department	Date	NC	OBS	SUG	Findings Pending (NC & OBS)	Remarks
	Top Management	-	_	-	_	NIL	
	Mgt. Representative	30-Sep-20	1	_	_	NIL	
	Library (Engg, MBA)	26-Sep-20	2	_	_	NIL	
	Purchase	29-Sep-20	. 1	_	_	NIL	
Engineering	Training & Development	1-Oct-20	-2	_	_	NIL	-
Engineering	Recruitment Cell	2-Oct-20	2	_		NIL	Marie de la companya del companya de la companya de la companya del companya de la companya de l
	Counselling & Admission	1-Oct-20	2	_	_	NIL	
	Maintanance	28-Sep-20	2	_	_	NIL	
	Mess	28-Sep-20	2	_	_	NIL	744.7
	Logistics	29-Sep-20	2	_	_	NIL	

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: Mrs. G. SHASIKALA

MOS. S. MEENAKUMARI

Name of the Auditor: Mrs. M. DUKITHA
ASSISTANT PROFES.

Function: EFF/ FN/GO

S.No.	Description Note that plan. Completion of courses as partition and partition of courses as partition and partition of courses as partition and partition of courses as partit	Condition (Satisfactory / Not)	Auditor
2	Show me your department related proceducres / department manual	1100	NEXT SERVICE SERVICES
3	Show me your regulatory requirements and status of compliance		Best Hill Bridge
3	Show me your list of records	well - 1 236m w	o rate ex
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	material section of the section of t	ebive#] OE
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC STATE	hans most 15
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	cation of comen	restil SE
7	Check whether record has the record legibility and signature at appropriate places for review and approval by		anes ss
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.	7	nergi Zac
10	Trend charts on objectives and process measures.	7	
11	Action plan for the objectives.		50
12	Continual improvement program.	DIE SUCCESSION OF SUCCESSION	- AP
13	Check for the departmental	3	
14	Check for the departmental review meetings	5	
-	Check the awareness level on roles and responsibility.	SECTION AND ADDRESS OF	
16	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	7	- 4 - 6
The contract of the last own	The department in the passed one was	7	
18	Analysis on student / feedback from (Parameter wise analysis)	5	
	Review of suggestions / complaints received in the feedback forms and action taken against the same		

19	Review of disciplinary actions tal	ken against the staffs		y*
20	Motivation of the staffs / Studer	nts and support provided by HOD's	1 7	T
21	Training need identification for t	the staffs by the departmental HOD's	7	
22	Faculty profile - compliance to re	egularly requirements to be checked.	2	A self to ser
23	CAPA reports in case of any prob	dem change in the checked.	2	
24	Internal communication records	blem observed in the departments and corrective actions initiated.	2000	ABIA PATROSER
25	7	in computers, backup of data to be ensured.	7	
26	Review of syllabus completion as	n computers, backup of data to be ensured.	2	
27	Method of selection of question	papers/unit test and middle		
28			<u></u>	
29	Preservation of previous year unit	versity exam question papers.	<u> </u>	
	List of formats used in the departs	ment and is that controlled.	7	11 14 54 65
30	Review of infrastructure requirem	nents within the department at defined internals and provision of the same is not	5	CTY DISCOURSE TO THE
	the department.	the floor due to lack of supboards in		ib no ed
31	Housekeeping maintain with in the	e departments.		sto trial
			~	
32	Identification of equipments	LABORATORY (Authors 2862) as (Silidents arriver at the manage as a second	Maring photolog	1
33	Calibration of equipments. (Internal	al / out and 1918 and 1918	Library Michael Street	ANTENAN
34	Preventive maintenance of equipm	al / external calibration records)	5	Addressed .
35	Adequate no.of Fire Extinguishers i	tents where appropriate.		SCICHI
36	First aid kids stuffed with necessary	in the area.	9	8 Charles
37	Safety gears provided for the study	y Antidotes	<u></u>	
38	Safety gears provided for the stude	ints operating equipments.	7	100000
39	Start and shot down instruction wh Sign boards in the laboratory.	iere appropriate.	~	brevi 01
40	Display of quality policy.		A Toronto	11 Action
41	List of consumables and the			talino2 st
42	Non conformi	oratory and maintanance of sufficient stock.	7	13 Checkf
-	The strate in the ide	ntified quarantined.		34 Ohedin
44	Horizontal deployment initiatives.	and state of the second state of the second		lavienA = 84
45	Change made in the system consider	ereing improvements / improving process performance.		1.6 Check f
+5	Relevant process charts can be displ	ayed in the laboratory.	S. Santaga	inviena Tr.
			V	\

Institution: PMCTECH Department: EEE/ENGG Auditor: Mrs. N. DUKS Hoe

Description of sample chosen (Year / Semester / Paper / Unit): Date: 23.09.2020

S.No.	Description of Audit Finding	Category	Std C ref
1.	Student feedback on faculty		
	not evidenced.	NC	4.2.3
0	Deviations in Lab Lesson plan.	A / c	1. 4. 0
2.	Deviacions in the Lesson plan.	NC	4.2.2
3			
			1

FORM: QSF 02

Version No: 1.0

Report No:

Function: EEE/ENGG

Date: 23.09.20

Auditee: Mrs. G. SHASIKALA

MYS. S. MEENAKUMARI

Auditor: Mrs. M. DUKITHA

NON CONFORMANCE

Student feedback on faculty not evidenced.

AUDITOR: Oh

4.2.)
Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1,	Sott Copy of Student teedback under progress
3	

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Informed to Complete student			ACTION OF THE PROPERTY OF THE
	teedback progless in time.	HOD	Immeliate	Mored

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Hard copy to be documented			
	per Semester in time.	HOD	23.09.20	Crosed.

Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

Verified by and closed on

: verified. ok

Issue Date

FORM: QSF 02

Version No:1.0

Report No:

Function: EEE/ENGG Date: 23.09.2020

Auditor: Mrs. M. DUKITHA

Auditee: Mrs. G. SHASIKALA Mrs. S. MEENAKUMARI

NON CONFORMANCE

Deviations in Lab lesson plan.

(Reference - Electrical Machines-12).

AUDITOR:

Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance					
1.	Completion	07	2 (or) 3	enperiments	in	one
	Lab Class.		and the second s		and a state of the state of the second publication	************************

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Informed to Conduct one			
	experiment per lab class.	Mr. Devaraj	25,09,20	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	To execute Lab experiments			
Digit Annahassa salah salah salah salah	as per Lesson plan.	Mr. Devaraj	25.09.20	Closea

Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

Verified by and closed on

: verified on

FORM: QSF 02 Version No:1.0

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

Name of the Auditee: Mors. P. Anlet Pamila Suhi, AP/CSE Dr. N. Shunmuga learpogam, AP/CSE Name of the Auditor: Prof. M. Sahithullah

Function: CSE/Egg..

S.No.	Description On at per the plan. Completion of courses as per the time name recommended by	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	wation to reviews wa	28 (Prese)
2	Show me your regulatory requirements and status of compliance	formats used in the	to fall (85)
3	Show me your list of records	aventurasital lar	raismus
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	References student	estrive Ot. ob aris
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	Rin riese a priore	11 House
-6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	NC	navesta SE
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	the mainkenance of	S4 Prave
8	Check whether record has the record name and record code in the front page.	/	J. 12:191 / 8E
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	107 101 100 Ved 101 2190	SV Safety
10	Trend charts on objectives and process measures.	STATE OF THE STATE OF	
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)		III SAFEE SA
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	NC.	

19	Review of disciplinary actions	taken against the staffs		4
20	Motivation of the staffs / Stud	ents and support provided by HOD's		T
21	Training need identification for	r the staffs by the departmental HOD's	A P 1381	
22	Faculty profile - compliance to	regularly requirements to be checked.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B A 503 to 5ms
23	CAPA reports in case of any pro	oblem observed in the state of the checked.	at a marine	1 13 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
24	Internal communication record	oblem observed in the departments and corrective actions initiated.		100000000000000000000000000000000000000
25	Incase if records are maintained	d in computers, backup of data to be ensured.		
26	Review of syllabus completion	as por the plan. Computers, backup of data to be ensured.		100000
27	Method of selection of average	as per the plan. Completion of courses as per the time frame recommended by		
28	1	Parcisium (est and midtores tools)	Committee Committee	10.6
29	list of formats used in the	riversity exam question papers.	1 VIVIBID 201 3009 E	
	List of formats used in the depa	rtment and is that controlled.		
30	evident. Reference: student ans the department.	ements within the department at defined internals and provision of the same is not swers sheets/ projects/ records are stored in the floor due to lack of supboards in	antota etii alotoajii in id urim etitsisv beajii	ong ad
31	Housekeeping maintain with in	the departments.	bas les bris triaces i	so tell
		LABORATORY		
32	Identification of equipments	The state of the s	Aldus, which dalov.	presself 9
33	Calibration of equipments. (Inter	rnal / external calibration records)	Land Service and Social	Charte
34	Preventive maintenance of equip	pments where appropriate	(8,00H
35	Adequate no.of Fire Extinguisher	in the area	Constitution of the Asset	Vando 9
36	First aid kids stuffed with necess	ary Antidotes		233830
37	Safety gears provided for the stu	dents operating on it.	yrisig, Oli no see	BIOWA
38	Start and shot down instruction v	where appropriate	andtanten en atant	how the first
39	Sign boards in the laboratory.	incre appropriate.	discount of the last	andres S . Ex
40	Display of quality policy.			antimon Ex
41	List of consumables used in the la	aboratory and maintanance of sufficient stock.		NAME OF THE PERSON OF THE PERS
42	Non conforming materials to be in	contilled and maintanance of sufficient stock.	L. I. L.	TANDAN TAN
43	Horizontal deployment initiatives	entified quarantined.		mana ar
44	Change made in the system consi	dereing improvements / improving process performance.	38 33 53 5 3 5 3 5 3 5 3	ROYALINA SA
45	and by stelli collsi	splayed in the laboratory.	TEMBROOK SHIT TO	DESCRIPTION OF

Institution: PMc Tech

Department: CSE/Egg.

Auditor: Prof. M. Sahithullah
Date: 22/09/2020

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

S.No.	Description of Audit Finding	Category	Std C ref
0	unit Test Answers key not evidence	Ne	4. 9. 2
	Reference: Il year Subject Anguse koys (Communication Engineering)		
(2)	Lab manual not evidence	Ne	4.6.1
	Reference: OOAD Lab video not uplated		
3			
			, ,
		L	1

FORM: QSF 02

Version No: 1.0

Report	No: Function:	SE/Engg.	Date:	22/09/	2020
	" Prof. M. Sahittullah		Audit Mrs.	ee: P. Arlet I . Shurming	Panila Sur
NON CO	PNFORMANCE		Dorge	. Shurmey	kor Paga
	Unit Test Answer ken Reference: Il year Subje R: Std Clause / Do	t not evi	idence.	mme site	tia
AUDITO	R: Std Clause / Do	c. Ref:		Engineering) OBe
ROOT CAL					AUDII
S.No.	Potential Root Cause	or the Non-Cor	nformance		
1	Answer key not updated a			-	ected
3	as a Soft Copy	maligo aggentiam andre alla minimi esperale si mont alla principale delle productione			
RRECTIO	ON / CORRECTIVE ACTION:			Programmen managamen pagamen (nagahan meneri	and the second second second
S.No.	ACTION DESCRIPTION		Respon.	T.Date	Sts.of
1	Collected as 1102 1 Com				Compt

PREVENTIVE ACTION:

Report No:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
***************************************	Answer key to be Sumitted during the	mos Deepik	24/20/	
	Question Paper Submission	1 Degre	29/09/20	Close

with the

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Issue Date

Mag. Deepik

· Function: CSE/Engg

Date: 22/09/2020

Mrs. P. Anlet Panila Suhi Apples

Dr. N. Shumuga lear pagam

Issue Date

Auditee:

Report No:

FORM: QSF 02

Auditor: Prof. M. Sahithullah

NON CONFORMANCE

	Las Manual not evidence			
	Las Manual not evidence Reference: OOAD Las Video not updo	ated.		
AUDITO	R: Std Clause / Doc. Ref:		Q	Buhi
ROOT CAL	USE	7		
S.No.	Potential Root Cause for the Non-Con	formance		
0	Lab Manual is in the form of sof			
3				
CORRECTIO	ON / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Lab Manual is submitted in the form			
	of wat con the During	en spend	24/09/20	Closed
PREVENTIV	E ACTION:			
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Lab Manual Should be submitted in the form			
Resource Req	Hord Copy before the Commercement of semester !	mr. Yogensk	24/09/20	Closed
Effectiveness	of the corrective action taken :	1		
Verified by an	ed closed on : Verjied	ok 24	5	

Version No:1.0

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: Mr. R. KARTHIKEYAN / Mr. R. RAMESH.

Name of the Auditor: DY. P. RAJASEKARAN.

S.No.	Description Description Completion of courses as per the time frame recommended by	Condition (Satisfactory /	Auditor
1	Show me your department related proceducres / department manual	Not)	Tataanal 7.3
2	Show me your regulatory requirements and status of compliance	wayo kao ta natav	94949 = 85
3	Show me your list of records	formats us Vin the	2S Mat of
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	e of infrag	rative# sative: 0E
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC an arrigan	St. House
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	namejeza ja nolma	32 identii
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	m out for the mould	- Siles FE
8	Check whether record has the record name and record code in the front page.	580 x 3 2 1 1 10 0 11 2 4	35
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	A validation of the same of th	36 First al
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.		and the state of t
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	1	
16	Check for the improvements made in the department in the passed one year	~	
17	Analysis on student / feedback from (Parameter wise analysis)		THE CONTRACT OF THE PARTY OF TH
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

19	- The staffs actions taken against the staffs	The second secon	
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's	1 0 0	A solder by some
22	raculty profile - compliance to regularly requirements to be shocked		
23	CAPA reports in case of any problem observed in the departments and severally	MAGAZAZATAR A TO TACAKARAN	And to se
24	Tecords like circulars.		
25	Incase if records are maintained in computers, backup of data to be		
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recomme		10/7
27	Method of selection of question papers (unit test and midterm tests)	ended by	
28	Preservation of previous year university exam question papers.	with some and the processing the sone and	este - a
29	List of formats used in the department and is that controlled.	ere your text along the guinements and	votte is
	Review of infrastructure	REPORT NEW WOOD OWN	(0.6 c) to
30	Review of infrastructure requirements within the department at defined internals and provision of the evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of such the department.	ne same is not upboards in	a vene be p
31	Housekeeping maintain with in the departments.		5 List o
	LABORATORY		
32	Identification of equipments	General South Mind of Statement	10 0
33	Calibration of equipments. (Internal / external calibration records)		1910
34	Preventive maintenance of equipments where appropriate.		8001
35	Adequate no. of Fire Extinguishers in the area.		
36	First aid kids stuffed with necessary Antidotes	Then become	Kalo B
37	Safety gears provided for the students operating equipments.	re less on 15 N uality a blow, process a	owal o s
38	Start and shot down instruction where appropriate.		
39	Sign boards in the laboratory.		1917 / 1161
40	Display of quality policy.	V	STAN EX
-			Mod (27
42	List of consumables used in the laboratory and maintanance of sufficient stock.	Calb odi id	13 (Choi
43	Non conforming materials to be identified quarantined.	Jacob Manager St.	ieria) - Mar
Marine Statement and Statement	Horizontal deployment initiatives.	was in the same of	ana Bit
45	Change made in the system considereing improvements / improving process performance.		15 Che
13	Relevant process charts can be displayed in the laboratory.	and the second of the second o	

Institution: PMC TECH

Department: AERO /ENGG.

Auditor: DY P. RAJASEKARAN

Description of sample chosen (Year / Semester / Paper / Unit): Date: 21 - 09 - 20

S.No.	Description of Audit Finding	Category	Std C ref
1.	Faculty Posfile not Evidenced.	NC	4.00
	Ref: Santhash. 8.		
2,	students feedback on faculty, barchar	NC.	4-6-2.1
	yet to update.		
	Ref; D year		
è			
			j .

FORM: QSF 02

Version No: 1.0

Report No:	Function: AERO/ENGA,	Date: 21.09.20 ·
Auditor: Dr. P. Rajovsekaran.	•	Auditee: Mr.R. Karlfikeyom/ Mr.R. Ramesh.

St. 2.00 St. 41	MARIE I	200 400 100 10	40 45 4	ARRESTO, TO A
NON	SE SE PROJ	D-1 42-31	A 20 EN	May 15
24 - 3 E	A 1 PM	2 0 6 8 8 8	OF SUPPLE	40.5

Faculty profile not Exidenced. Std Clause / Doc. Ref:

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	HOD	25.9.20	closed.
	the Profile file.			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
nddrefall de de monero de de admisso e como anes	Faculty Profile should be updated	Hen	26.9.20	
	imediatly after forming the department.			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Issue Date

· verfied, ok. of

wehnt tan:	lo:	N	rt	Repo	
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Function: AERO/ENGG.

Date: 21.09.20.

Auditee: Mr. R. Kanthikeyam)

Mr. R. Ramosh,

NON CONFORMANCE

Auditor: Dr. P. Rajasckarom.

Students feedback on family bar chart yet to be update

Std Clause / Doc. Ref:

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Students feedback form collected and barchart als
	made. But not documented.

CORRECTION / CORRECTIVE ACTION:

S.No.		Respon.		Sts.of Compt.
	Immediale action to be taken to document	class	10 4 20	closed
	The Students feedback.	Advisos.	23.7.40	-

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Hose after, students foodback documented	class	25 6.90	
	on time.	Advisor	25.9.20	Closed

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

: verfied on of

Issue Date

Version No:1.0

ODD (CEVIL)

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: S. RAMESHWARE / - M. BALAMURUGAN. OUT INTEREST AND AUDITED AUDITED AND AUDITED AUDITED AND AUDITED AUDITED AUDITED AND AUDITED AND AUDITED AND AUDITED AUDITED AND AUDITED AUDITED AUDITED AUDITED AUDITED AUDITED AUDITED AUDITE

Name of the Auditor: Dr. J. VIJAYAKUMAR.

Function: CIVIL | ENGG.

S.No.	Description On as par the plan. Completion of courses as per the time manual bay.	Condition (Satisfactory / Not)	Auditor
	Show me your department related proceducres / department manual		2018/01/2018/2018
2	Show me your regulatory requirements and status of compliance	MADRINA COMPANY	929831 8.55
3	Show me your list of records	and of the assume	to still 22
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	Education of the state of the s	miyañ miswel Co
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	shedi swoki Z£
6,	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	TVC .	Stoods SE
7	Check whether record has the record legibility and signature at appropriate places for review and approval by	1	<u> </u>
8.	Check whether record has the record name and record code in the front page.		TOTAL TEST
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.	Jawa q assa	
11	Action plan for the objectives.	1	
12	Continual improvement program.		
13	Check for the departmental review meetings		
14	Check the awareness level on roles and responsibility.	1	
15	Analysis on data- result analysis (Subject 1)		
16	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	ter many garden had	
17	improvements made in the department in the passed one year		
18	Analysis on student / feedback from (Parameter wise analysis)		
	Review of suggestions / complaints received in the feedback forms and action taken against the same		

19	Review of disciplinary actions t	aken against the staffs.		4.50
20	Motivation of the staffs / Stude	ents and support provided by HOD's		
21	Training need identification for	the staffs by the departmental HOD's		
22	raculty profile - compliance to	regularly requirements to be checked	1	
23	CAPA reports in case of any pro	oblem observed in the departments and corrective actions initiated.	No not	and of the And
24	Internal communication records	s like circulars.	~	
25	Incase if records are maintained	d in computers, backup of data to be	1	
26	Review of syllabus completion :	as per the plan. Completion of courses as per the time frame recommended by		10000
27	Method of selection of question	papers(unit test and midterm tests)		
28	Preservation of previous year un	riversity evan question near tests)	Remain Ashabas	n wone
29	List of formats used in the depart	rement and is that controlled	le yours Matory	n wong
	Review of infrastructure require	menta vial in a controlled.	interforell may or	n want e
30	evident. Reference: student ans the department.	ements within the department at defined internals and provision of the same is not wers sheets/ projects/ records are stored in the floor due to lack of supboards in	And a second of the second of	a pa
31	Housekeeping maintain with in t	the departments.	es also brill brosen	HEO 2013
		LABORATORY		
32	Identification of equipments	Water assusament in pervas depablishes (Class control, press) deuter	MOTING YARRING TO A	Arrent C
33	Calibration of equipments. (Inte	rnal / external calibration records)		
34	Preventive maintenance of equip	oments where appropriate	5	r'dotti
35	Adequate no.of Fire Extinguisher	s in the area		January 0
36	First aid kids stuffed with necessa	ary Antidotes		
37	Safety gears provided for the stud	dents operating coult	ess on ISO, VIORO	SIDWAL C
38	Start and shot down instruction v	where appropriate	1	bowT - Ol
39	Sign boards in the laboratory.	and appropriate.	state for the Asians	molecular DF
40	Display of quality policy.		a to Lawrence last	niting? Cr
41		boratory and maintanance of sufficient stock.		strandS FT
42	Non conforming materials to be id	centified guarantiant of sufficient stock.		dead3 A4
43	Horizontal deployment initiatives	entineu quarantineg.	a di Sana a tahan na d	aviemA 28
44	Change made in the system consi	deroing immunes it is		duado as
45	Relevant process charts can be dis	dereing improvements / improving process performance.	J	Indianal St
	The state of the case of the case	played in the laboratory.		WASHING AT

Institution: PMC TECH Department: CIVIL / ENGG.

Auditor: Dr. J. VIJAYAKOMAR

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

Date: 21.9.2020

S.No.	Description of Audit Finding	Category	Std C ref
1.	Lob manual not evidence	WC	4.2.1
	Reference: waste vaste water analysis Lab.		
2.	Lesson plan not evidence.	NC.	4.2.4
	Reference: Structural design & drawing.		
3/			
-			
			,
			, , ,

FORM: QSF 02

Version No: 1.0

Report No: Auditor: pr. J. VAJAYAK	Function: CIVIL/ENGG.	9.2020 S. RAMESHWAY
NON CONFORMANCE		M.BAZAMURUGA
Lab manual	not evidence.	
AUDITOR:	4 · 2 · Std Clause / Doc. Ref:	AUDITEE

ROOT CAUSE

9
and the second

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Lab manual hardcopy prepared in format and authoriticated by	Perumal	23.9.20	closed.
	HOD and principal,			
		the time destruction of the time time to the time time time time time time time tim		-

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Lab manual preparation & hard copy			
	Should be submitted before the commonement of somestee.			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Issue Date

· verped or

Report No:

Function: CINFL/ ENGIG

Date: 21.9.2020

Auditee: S. RAMESHWARL

Auditor: pr.J. VIJAYA KUMAR.

NON CONFORMANCE

M. BALAMURUGAN

Lesson plan not enidence.

AUDITOR:

AUDITEE

ROOT CAUSE

Potential Root Cause for the Non-Conformance		
Lesson plan	in the form of St	itt.copy
	Lesson plan	Lesson plan in the form of St

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
1.	Hard copy of lesson plan stapled in	Jeen tha.	23.9.20.	Closed
	Logbook.			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Lasson plan should be			
	updated & downarted before the commonement of Semoster.			

Version No:1.0

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: Dr. P. RASASEKARAN HOP/MECH, Mr. R. BALAJI PR/MECH

Name of the Auditor: MAS. ANLET PAMILA SUHI APPESE, Mrs. P. SOMATHI AP

Function: MECH | ENDIS

S.No.	ined is computers, backup of data to be ensured. On as per the plan. Completion of courses as per the trains recommended by	Condition (Satisfactory / Not)	Auditor
1	Show me your department related proceducres / department manual		TRANSPORT TO PERSON
2	Show me your regulatory requirements and status of compliance	N	52019
3	Show me your list of records		10.3831 105
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	Separation of the separate of	elvolit ebivo 08
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	sepott 18
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	necoding to notice	izmojni) SE
7	Check whether record has the record legibility and signature at appropriate places for review and approval by	Man on a main	38 (russ.) 34 Prove
8	Check whether record has the record name and record code in the front page.		3E
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.		nderFil AS January TS
10	Trend charts on objectives and process measures.	7	
11	Action plan for the objectives.	N	
12	Continual improvement program.	~ \ \	- AS
13	Check for the departmental review meetings		
14	Check the awareness level on roles and responsibility.	5	
15	Analysis on data- result analysis (Subject with	5	
16	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	~	
17	Check for the improvements made in the department in the passed one year Analysis on student / feedback from (Parameter wise analysis)		
18	Review of suggestions / complaints were in the suggestions / complaints were in the suggestions / complaints were in the suggestions of suggestions / complaints were in the suggestions of suggestions / complaints were in the suggestion of suggestion of suggestions / complaints were in the suggestion of suggestion of suggestions / complaints were in the suggestion of suggestions / complaints were in the suggestion of suggestions / complaints were in the suggestion of sugges	5	
	Review of suggestions / complaints received in the feedback forms and action taken against the same	10	

19	Review of disciplinary actions tal	ken against the staffs.		
20	Motivation of the staffs / Studen	ts and support provided by HOD's		
21	Training need identification for t	he staffs by the departmental HOD's	a trans	Me of the Au
22	Faculty profile - compliance to re	gularly requirements to be checked	No.	
23	CAPA reports in case of any prob	lem observed in the departments and corrective actions initiated.	last and matte	A entriceme
24	Internal communication records	like circulars.		
25	Incase if records are maintained i	n 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 uni	versity exam question papers	Prompteepa Teny Sa	
29	List of formats used in the depart	ment and is that controlled.	TAT NAME AND A PARTY	
30	Review of infrastructure requirem	nents within the department at defined internals and provision of the same is not ers sheets/ projects/ records are stored in the floor due to lack of supboards in	ne your mage record en record and one sala. the energy will bin sala. the e-record and ask and	Mg ad
31	Housekeeping maintain with in th	e departments.	bus ass and property	souler 5
		LABORATORY	market - Name	
32	Identification of equipments	January and a series of the se	s Voice charles subta	acauli (
33	Calibration of equipments. (Intern	al / external calibration records)	seed Supper rectieds	stomato
34	Preventive maintenance of equip	ments where appropriate.		*'CDH
35	Adequate no.of Fire Extinguishers	in the area.	and bear wardedu	S Chack
36	First aid kids stuffed with necessar	y Antidotes		
37	Safety gears provided for the stud	ents operating equipments	Assumption of the same	C LEGISLAN N
38	Start and shot down instruction w	here appropriate.	narts on objections	LD Teend
39	Sign boards in the laboratory.		steen for the obtains	LI Action
40	Display of quality policy.		the transport and less	nitrool SE
41	List of consumables used in the lab	oratory and maintanance of sufficient stock.	or the departmental	Jan Check
42	Non conforming materials to be ide	entified quarantined.	level segnerous or	Apad3 At 1
43	Horizontal deployment initiatives.	Main / Subtant and a contract of some read wase, department when faculty wise)	ana theen-etab no	eylanA či
44		ereing improvements / improving process performance.	for the improvement	Să Chock
45	Relevant process charts can be disp	hand a mile of the process performance.	All and A bundances of the All	aylanA Ti

Report I	Vo:		Function: MECH/ENGG Date: 24.09.2						
	NFORMANC		A SUHI	, MYS. S.	vmATH),	AP	Audite		RASASEKAPA BALASI
S	udents	Sign	C	9 10	opted	Eleki	ve List		
AUDITO	YEAR J R:	MECI		4·2· Std Clause	,				AUDITEE
ROOT CAL	JSE							Profileschenschad (Schauserbalgerbenzung)	and the state of t
S.No.			Potenti	al Root Cau	se for the	Non-Cor	nformance		
	Pue d	to out	Sort	on de	doy	9.	Studen	to, The	
					eletive	0			

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	with in two days the dites has	mr.R.Babyi	Innidely	closed
	been completed.			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
nakhari sa ba'nasan da sa sa sa sa sa sa sa	Students sign get in opted	Mr. R. Beldy;	Inmidialts	dosed
	eletive 4st.			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Issue Date

· Verpud on on

Institution: PMCTECH

Department: MECH | ENGG

Auditor: Mrs. ANLETPAMILA SUHI Mrs. SUMATHI AP

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

Date: 24.09.20

S.No.	Description of Audit Finding	Category	Std C ref
1	Assignment Mark Missing in Log Book	NC	4.2.1
	Reference: PPE IV MECH'B'		
2.	Solublents sign missing in opted	NC	4.2.1
	Eletive List. Reference: 14-YEAR		
- 3	Reference: N-YEAR		
		1	<u> </u>

FORM: QSF 02

Version No: 1.0

Report No:

Function: MECH/ ENGL

Date: 24.09.2020

Auditor: MATS. ANLETPAMILLA SUHL MYS. SUM ATHI, AP

Auditee: D. P. RAJASEKARA

MY. R. BALAJI

NON CONFORMANCE

Assignment Mark Missing in Log Book.

IN- YEAR MECH B'

AUDITOR:

Std Clause / Doc. Ref:

AUDITER

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance					
	Students submir	Hed Dle	asignment	but it was		
	not brieded.		en e			

CORRECTION / CORRECTIVE ACTION:

		T.Date	Compt.
ent marks one entered	Mr. Vonkat	Inmelal	rlosed
ng book			
fede	hos book		

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Assignment must be corrected	Mora. Verlay	Innidely	eless

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

· Verped ox &

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

ODD [MCD]

Name of the Auditee: DY . M . SAHTHULLAH , MY . N . MANIVEL

Name of the Auditor: Prog. KARTHIKE YAN

Function: MCO/ £NG161

.No.	Description On as per the plan. Completion of courses as per the time frame recommended by	Condition (Satisfactory / Not)	Auditor comments
	proceducres / department manual		maren 91 85
2 Show me your regulatory requirem	nents and status of compliance		ha est A PE
3 Show me your list of records		<u> </u>	Lucation 1
Whether records are stored and pr be produced within min. time. Sho	reserved properly up to its retention time. Records should not be dumped should uld look neat		ministral DE
List one record and ask auditee to calendar, faculty notes)	produce(Subject allotment sheet, action plan, Attendance, Log book, academic	wed Alem ghiques	paudil II
Records of faculty performance ass fluency, voice clarity, subject know	sessment in terms capabilities (Class control, presentation, communication and redge is not evident.	cation of on ignisen	33 Merm
7 Check whether record has the reco	rd legibility and signature at appropriate places for review and approval by	to eases / man soft	33 Colfa 34 Proves
8 Check whether record has the reco	rd name and record code in the front page.		25
9 Awereness on ISO, quality policy, p	process measures and objectives. Contribution of the staffs to achieve the policy.	g vos Mong engag	37 Safety
10 Trend charts on objectives and prod	cess measures.	0	- 60
11 Action plan for the objectives.			10 v 30 v 00
12 Continual improvement program.			and the State of t
13 Check for the departmental review	meetings		40
14 Check the awareness level on roles			
15 Analysis on data- result analysis (Su	bject 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	n (Parameter wise analysis)		
	received in the feedback forms and action taken against the same	NC NC	

20	Review of disciplinary actions taken against the staffs.	1	T	
21	Motivation of the staffs / Students and support provided by HOD's	1	-	
-	Training need identification for the staffs by the departmental HOD's	N. M.	by A ord to	O SITE
22	Faculty profile - compliance to regularly requirements to be checked.	Rose Did . KA		Art Service
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	N . Sal	24 24 24 15 15	O tottone
24	internal communication records like circulars,	1		
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.			
	Review of infrastructure requirements within the department at defined in	\sim		
30	evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	inced wit Namin. if	be project	A
31	Housekeeping maintain with in the departments.	bus its bas brooms	List one	
32	LABORATORY (Section 2 and 1) and the section of the	autorisis phospilica	400009	-
	Identification of equipments	A 31.7V	pelauti	
33	Calibration of equipments. (Internal / external calibration records)	7	/ Checky	
34	Preventive maintenance of equipments where appropriate.		s, down	
35	Adequate no. of Fire Extinguishers in the area.	and by July worktory	Check	8
36	First aid kids stuffed with necessary Antidotes			
37	Safety gears provided for the students operating equipments.	The state of the s		
38	Start and shot down instruction where appropriate.	national de stren	a briest	ox
	Sign boards in the laboratory.	wimaldo Anot mak	Action	II
	Display of quality policy.	an fact Argail le	Continu	1.2
41	List of consumables used in the laboratory and maintanance of sufficient stock.	or the den transital	Check	EX
42	Non conforming materials to be identified quarantined.	Lavel Snaraws at	Check	2.4
43	Horizontal deployment initiatives.	and the A-atab ad	iaylanA	15
	Change made in the system considereing improvements / improving process performance.	ingress of the leader	Check f	38
45	Relevant process charts can be displayed in the laboratory.		HavlenAl	-

Institution: PMC FECH Department: MCO/ENGIG

Auditor: Pn3. R. Karthikeyas

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

Date: 23/9/20

S.No.	Description of Audit Finding	Category	Std C ref
1.	Unit set - I Answer Key not	NC.	4-2-
	endeme (Reg: Digital Electronics)		
2.	Student sign running opted	NC.	4.2.1
	Student sign runing opted Elective Lit [Res: Robertin]		
8			
			1
			3

FORM: QSF 02

Version No: 1.0

Report No: Auditor: Prof. R. Karthi keyan NON CONFORMANCE		Function: MCO/ENGIG	Date: 23/9/20
			Auditee: Dr. M. Sahi thull Mr. N. Manivel
	Unit test -I	Amwer key not	Evidenced.

Res: Digital Electronis
4.2.

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance					
	Answer key Prepared in the Zermot Soft					
	COPS .					

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
William William Depuganton Des	Hard copy of Answer key.			
	documented in the paper sile.	Rovatlu	25.9.20	: Wilel

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
Treatment and a second a second and a second a second and	At the time of Subnission of.	Rojathi	25.9.20-	closed
	UT-I OP ANswer Key to be submitted			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Issue Date

· Verfied on song

Report No:

Function: Mco/Engg

Date: 23/9/20

Auditee: Dr. M. Sahi thulbb Mr. N. Marivel

Auditor: Prof. Mr. R. Kartlickeyan

NON CONFORMANCE

Student sign mirring en opted Flective List [Reb. Robotics]

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Student gave Preference is the Subject but
	forgot to put signature.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	espon. T.Date	Sts.of Compt.
	Students and advised to put			
	Signature inneoligitely	Khadher Innediate	Cluted	

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	At the time of getting students	Khader In	Innedialy	Cloted
	Preservence Signature & Se oftained			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Issue Date

: Verped on any

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

Name of the Auditee: Pr. V. ViJayakuman Dr. A. Karitha.

Name of the Auditor: Prof. G. Sasikala.

Function: ECE/Engg

S.No.	Description Volument and of each to college of the part and and a second of the part and a seco		Auditor comments	
1	Show me your department related proceducres / department manual	was various formations	azer§	
2	Show me your regulatory requirements and status of compliance	BALL MALESTAN	0.38TQ	
3	Show me your list of records		-plyski	
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	genut American 2 Instrum	evides (the de	
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	gw i Zamamqoa	esus/A J.S.	
) 6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.		Himolal S2	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's		gayanti at	
8	Check whether record has the record name and record code in the front page.		le devidi de la	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.		37 Safety	
10	Trend charts on objectives and process measures.			
11	Action plan for the objectives.			
12	Continual improvement program.	Canon california		
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	V		
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.	9	Mary Mary Service Annual
20	Motivation of the staffs / Students and support provided by HOD's	ey mod	
21	Training need identification for the staffs by the departmental HOD's		R SHOT BEST
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.	OLL TO SECURITY OF THE SECURIT	Party in their
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	The second second	Charles Inchies
27	Method of selection of question papers(unit test and midterm tests)		
28	Preservation of previous year university exam question papers.	The second secon	
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.	and the lines in the control of the	lais we a process
31	Housekeeping maintain with in the departments.	(Party - Prillians - 100)	
	LABORATORY	(8)(10)(10)(1) y +443,0042 (347 63	
32	Identification of equipments	AND CHILD DESIGNATION OF	GAS ARE
33	Calibration of equipments. (Internal / external calibration records)		State of the state
34	Preventive maintenance of equipments where appropriate.		PERCENT.
35	Adequate no.of Fire Extinguishers in the area.	V	GUTY 8
36	First aid kids stuffed with necessary Antidotes	V	
The Personal Property lies, Name of Street, Post of Street, Po			
37	Safety gears provided for the students operating equipments.		
37	Safety gears provided for the students operating equipments. Start and shot down instruction where appropriate.	V	timit — th
-	Start and shot down instruction where appropriate.		tilserri — 6 il- solozari — El-
38 39	Start and shot down instruction where appropriate. Sign boards in the laboratory.		
38 39 40	Start and shot down instruction where appropriate. Sign boards in the laboratory. Display of quality policy.	and the state of the state of	
38 39 40 41	Start and shot down instruction where appropriate. Sign boards in the laboratory. Display of quality policy. List of consumables used in the laboratory and maintanance of sufficient stock.		
38	Start and shot down instruction where appropriate. Sign boards in the laboratory. Display of quality policy. List of consumables used in the laboratory and maintanance of sufficient stock. Non conforming materials to be identified quarantined.		NINGT OF STATES
38 39 40 41 42	Start and shot down instruction where appropriate. Sign boards in the laboratory. Display of quality policy. List of consumables used in the laboratory and maintanance of sufficient stock.		

Institution:

Department: ECE/Engg

Auditor: Prot. Gr. Sasikala

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

Date: - 22, 9-20

S.No.	Description of Audit Finding	Category	Std C ref
1	Student Profile not updated and year	NC	4.2.3
2	Bloom's Taxonamy was not to howed in a p		
3			
			,

FORM: QSF 02

Version No: 1.0

De	100.0	and.	5.0	-
10 C	: N	PF &	1.4	0:

Function: ECE/Engg

Date: 22.09.20

Auditor: Prof. G. Sexkele

Auditee: Dr. V. V. Tayakungi Dr. A. Kantla

NON CONFORMANCE

Student Brothe not updated - and year.

AUDITOR:

Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1	Lateral entry student data; is was not received. Completen
personal de la companya de la compan	

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	students dotains are collected and	HOD	29.9.20	Class
- This is a second of				
	The state of the s			

PREVENTIVE ACTION:

S.No.		Respon.	1	Sts.of Compt.
	in the beginning and fined updated	HOD	29.9.20	
		PROBLEM ATTENDATION AND AN ARTHUR AND AN ARTHUR AND AN ARTHUR AND ARTHUR AND ARTHUR AND ARTHUR AND ARTHUR AND A		

Resource Requirements if any

1:10:

Effectiveness of the corrective action taken

· veriliel

Verified by and closed on

· Vertica

Issue Date

FORM: QSF 02

Version No:1.0

Report No:

Function: ECE/Ergg

Date: 22.09.20

Auditor: Prof. G. Sasikela.

Auditee: Dr. V. Vijayakurasi Dr. A. Karitha

NON CONFORMANCE

Bloom's Toxonamy was not followed in Q.P.

AUDITOR:

Std Clause / Doc. Ref:

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance					
1	Onestians	286	not	asked	in a domest.	
			T VI de 1 de Christol de paración (Christol			
Š.		An-Marapagagaga Aurumgan	-			

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	1	T.Date	Sts.of Compt.
1	eventures are asked as per the format	HOD	29-9-20	Clarg

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	tescent in the inter bloom's	HOD	29-9-20	close

Resource Requirements if any

Effectiveness of the corrective action taken

: Veritied or &

Verified by and closed on

FORM: QSF 02

Version No:1.0

odd(IT)

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: D91. A. Mahesh, Mass. M. Manjurekha AP

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

Function: TT/Engg

S.No.	Description of data to be ensured. Note: The plan. Completion of courses as per the time recommended by	Condition (Satisfactory /	Auditor
1	Show me your department related proceducres / department manual	Not)	comments
2	Show me your regulatory requirements and status of compliance	A to refer	28 Prese
3	Show me your list of records	WEST HELD OF THE SERVE	o yaki es
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		Revie 30 jevide
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	the o
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.		Section 28
7	Check whether record has the record legibility and signature at appropriate places for review and approval by		- SE
8	Check whether record has the record name and record code in the front page.	a sar Zasansm sv. s	SANAL WE
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.		22171 08
10	Trend charts on objectives and process measures.	a not in favored speed A	
11	Action plan for the objectives.	7	1000
12	Continual improvement program.		1000
.3	Check for the departmental review meetings		April 1
4	Check the awareness level on roles and responsibility.		
.5	Analysis on data- result analysis (Subject of		really gir
6	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise) Check for the improvements made in the day of t	/ 29	Parti Sa
THE PERSON NAMED IN	Check for the improvements made in the department in the passed one year Analysis on student / feedback from (Parameter wise analysis)		
8	Review of suggestions / complaints received in the feedback forms and action taken against the same	Delin Comment	
	against the served in the feedback forms and action taken against the serve		

19	Review of disciplinary actions taken against the staffs.	1	1
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's		and is eme
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.	1000	MA out to eme
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		A LOWE
27	Method of selection of question papers(unit test and midterm tests)		
28	Preservation of previous year university exam question papers.	MERCHE / THE COLOR	NAME OF THE PARTY
29	List of formats used in the department and is that controlled.	I MORE / I MOV SA	WORK A
		10291 10 1 NOV 91	18908121
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.	fuces of in min. th	rsq ed j
31	Housekeeping maintain with in the departments.	CONTRACTOR OF THE PARTY OF THE	2
	LABORATORY LANGUAGE PROPERTY OF THE PROPERTY O		
32	Identification of equipments	A solution of the solution	phault
33	Calibration of equipments. (Internal / external calibration records)		Checke
34	Preventive maintenance of equipments where appropriate.		s,dON
35	Adequate no.of Fire Extinguishers in the area.	Δ	S Check
36	First aid kids stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.	Auttenta (grey an again	SISWA C
38	Start and shot down instruction where appropriate.	harts On blactions	busil 01
39	Sign boards in the laboratory.	dan for a obligation	1.1 Action
40	Display of quality policy.	an toams/ romi ls	12 Continu
41	List of consumables used in the laboratory and maintanance of sufficient stock.		3.3 Checke
42	Non conforming materials to be identified quarantined.	to nwar Acci lawer	1.4 Check t
43	Horizontal deployment initiatives.	not through tels no	isytenA 2z
	Change made in the system considereing improvements / improving process performance.	or the bonomen	15 Check f
44	Change made in the system considering improvements / improving made in the system considering improvements /		

Institution: PMCTech Department: IT/Engg

Auditor: Mas G. Shasikala
Date: 24/9/20
PPIEEE

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

S.No.	Description of Audit Finding	Category	Std C ref
1.	Competency Maria Not Evidence	NC	4.6.2
	Competency Maria Not Evidence Ref (20-21) odd sem		
2.	Onit test - 1 Answerkey		
	Ref (Algebria & Number theory)	NC	4.6.2
è	III /36		
	,		

FORM: QSF 02

Version No: 1.0

Report No:

Function: IT Egg.

Date: 24 | 9 | 20

Auditor: Mrs. Gr. Shasikala API EEE

Auditee: Dr. A. Hahesh. Mrs.M. manjurekha.

NON CONFORMANCE

Competency matrix not emdenced.

ROOT CAUSE

S.No.	Potential Root Car	use for the Non-Conformance
	competency matrix w	cas available in the form
	& Soft copy.	· · · · · · · · · · · · · · · · · · ·

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Haid copy of competency matrixe	feelto	immediale	closed
PARTILINATION PROPERTY.	was available with faculty and HOD		MARCO	Manage de Language de la constantina della const
	sign.			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
artifeldit (Arminomahadasina) ing pangangan gara	competency matrix should be	faculto	: 0.	-
	Submitteel at proper time further.	tamy	immediat	Closed

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

: Vaped on of

Report No:

Function: 97/Eng. Date: 24/9/20
Auditee: pr. A. Mahosh

Auditor: Mrs. G. Shasirala AP/ EEE.

Mrs. m. Hanjure kha.

NON CONFORMANCE

unit test _ 9 Answer key was not submitted

Rey (Algebra and Number theory)

AUDITEE

ROOT CAUSE

Answer key was available in the torm	
roas available in the	
Soft copy	8

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Hard copy of answer key was	faculty	mmodial	uose
	arculable with faculty and too sign			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	this wer kery should be submitted at	faculty	immodeato	THE RESIDENCE AND ADDRESS OF THE PERSON NAMED ASSOCIATION AND ADDR
	the time of Question paper submission.	1	Madens	(10300

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

: Verfied on of

FORM: QSF 02

Version No:1.0

Name of the Auditee: Dr. M. Suresh, Mrs. Prya Name of the Auditor: Proj. Sumath

Function:

S.No.	Description Descr	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	versiven 🖍 enitse	garanti an
2	Show me your regulatory requirements and status of compliance	Retained Topical	to RE E
3	Show me your list of records	/	reiva#L
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	a Refor your studen	ebivet DC eb sd3
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	the electricy settless	DSOON IS
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	topsychule to nother	Senatu SE
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	to some Namon over	PONEO 9
8	Check whether record has the record name and record code in the front page.	Marian and Comments	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	Aryon I Covora 2145	yeersal Hills
10	Trend charts on objectives and process measures.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
11	Action plan for the objectives.	/	British and a second
12	Continual improvement program.	Carried Asserting	The second secon
13	Check for the departmental review meetings	all back / duriness	
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	actions to	aken against the staffs.		
20	Motivation of the staffs / Stude	nts and support provided by HOD's	. /	T
21	Training need identification for	the staffs by the departmental HOD's	10	to a feet and a second
22	Faculty profile - compliance to r	egularly requirements to be checked.		
23	CAPA reports in case of any proj	blem observed in the departments and corrective actions initiated.	10 30	Truck and to occup
24	Internal communication records	like circulars		
25	Incase if records are maintained	in computers, backup of data to be ensured.	1	
26	Review of syllabus completion a	s per the plan. Complete:		- COMILE
27	Method of selection of question	s per the plan. Completion of courses as per the time frame recommended by		
28	The state of the s	Mayerstunit test and midterm testal		7 2016
29	Preservation of previous year un	versity exam question papers.	violations/ supvisi	11 11 11 11 11 11
	List of formats used in the depar	tment and is that controlled.	WORK THE MINE OF	
30	evident Reference and devident	ments within the department at defined internals and provision of the same is not		
	the department	vers sheets/ projects/ records are stored in the floor due to lack of supboards in	t niga nidajw badu. t	be per d
31			na sina boo bolesari	n pil
	Housekeeping maintain with in t	ne departments.	tossumy manifes	3 1 2 2
		LABORATORY		Lance .
32	Identification of equipments	3/1908/2728	Library with the solid of the s	onauñ) d
33	Calibration of equipments. (Inter-	nal / external calibration records)	/ water	Market Check
34	Preventive maintenance of equip	ments where appropriate		2'GOH
35	Adequate no. of Fire Extinguishers	in the area.		da esta la constante de la con
36	First aid kids stuffed with necessa	ry Antidotes	/	
37	Safety gears provided for the stud	ents operating equipments	iess on ISO, quality	NOWA C
38	Start and shot down instruction w	here appropriate	and the firm on a trace	beset 03
39	Sign boards in the laboratory.	- Propriete.		coitañ 7.5
40	Display of quality policy.		a to a second large	12 Consider
41		poratory and maintanance of sufficient stock.		Section Section
42	Non conforming materials to be id	entified guessation to the state of sufficient stock.		Managar La
43	Horizontal deployment initiatives.	entineu quarantined.		Indeed 2
44	Change made in the system consider	Leading Valentians was department with Valentian		AND
15	Relevant process charts can be dis	ereing improvements / improving process performance.		I M. ESTECO L. O. L.
-	restance charts can be dis	played in the laboratory.		EMBURAL II

Institution: PMc Tech Department: S&H

Auditor: Prof. Sunatho

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

Date: 26/9/20

S.No.	Description of Audit Finding	Category	Std C ref
1.	Nominal roll not updated Ref [I-Ji]	NC	4.2.1
		NC	A. g.1
2.	Answer key not evidence d Try (I-MCO ! Mech?		
3			
			-
			3

FORM: QSF 02

Version No: 1.0

	Prof. Sunath	Audite	2619/20 e:Dr. M. Mrs. p	·Sures
AUDITO	Nominal voll not updated Ry [5-57] Std Clause / Doc. Ref:			Pox
S.No.	Potential Root Cause for the Non-Co	nformance		
	Nominal voll available in the Copy yet head to print	form	of se	y+
CORRECTI	ON / CORRECTIVE ACTION:		Name and the state of the state	bunda ah maggada ganga melakang
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts
	Printed Copy of nowind roll feled in the Correspondery Class advisor	Jocusty	Three	clo

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	faculties are advised to update	faculty	Inne	Close
	the nominal roll after university results	1 /		

Version No:1.0

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

: Verifie 1.

Function: Gath Eyy.

Report No:

Auditor: Prof. Sumath.

NON CONFORMANCE

Date: 26/9/20
Auditee: Dr M. Suren)
Mrs. Priga

	Answer key not evidenced.			
AUDIT	Answer key not evidenced Rey [I-MCO [Mech] Res. Std Clause / Doc. Ref:			Poster
ROOT C	AUSE		and a state to make the contract of the contra	South
S.No.	Potential Root Cause for the Non-Co	nformance		
	Answer key prepared in the j	Porm (of 10)	1+
			endo-halan variationale - chazara est amanicamento iun va	
CORRECT	TION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Hard Copy of anner key documented in the proper file	faculty	Inn	
	accumented in the proper fill			
PREVENTI	VE ACTION:	1		Marie control of the
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	At the time of submission of quation pager answer key in hadrany	faculty	Trimed	close
Resource Re	equirements if any :			
Effectivenes	s of the corrective action taken :			
Verified by a	and closed on :Veyer			
FORM: QSF (Issue Date	

Name of the Auditor: Dr. M. Surush

Name of the Auditor: Dr. P. Rajase Koran

Function: Recruitment

S.No.	Description The per the pian. Completion of courses as per the time trams recommended by	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	varion of previous v	IS Prese
2	Show me your regulatory requirements and status of compliance	formats used in the	to tell. PS
3	Show me your list of records	La contract acretal for y	Palvasi
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	E Reference: studen	20 évides ché de
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	seeping maintain sel	200521
6,	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	cation of equipmen	Starest SE
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	b systematrical and	evere DE
8	Check whether record has the record name and record code in the front page.	Principalis locus as	36 Steels
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	y sol bablyon area	37. Substy
10	Trend charts on objectives and process measures.	STORES NEIGHARDS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11	Action plan for the objectives.	Jamodelly 2/81-238	
12	Continual improvement program.	Lypholog Valla - 219	
13	Check for the departmental review meetings	ig court exertinate	7.4
14	Check the awareness level on roles and responsibility.	Be rates and annual	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	Ber Enough dispersion	
16	Check for the improvements made in the department in the passed one year	Ave sys meant scross	
17	Analysis on student / feedback from (Parameter wise analysis)	180, 201800 VESSON IN	A STATE OF THE STA
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	A TA TA	A A A AT	to paris
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.	PROCES DE L'ANDE	n A adi	ro accu
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			.04346
27	Method of selection of question papers (unit test and midter to the control of th			
28	Preservation of previous year university exam question papers.	asarisqos wow en	1 MONEC	
29	List of formats used in the department and is that controlled.	ne your regulatory i	WORK	
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.	nacear to mu tury ex prode e te ga tazen te fil alm rörliket besak tur van land and roccer e	10 10 10 10 10 10 10 10 10 10 10 10 10 1	*
31	Housekeeping maintain with in the departments.	(2310) Yatuzur (- 3
	LABORATORY	es contrary volumes for a		
32	Identification of equipments	aldina pile da antigo	ANGLET :	G
33	Calibration of equipments. (Internal / external calibration records)		doseda	
34	Preventive maintenance of equipments where appropriate.		2'00H	
35	Adequate no.of Fire Extinguishers in the area.	all bearing the death	Sharra	- 8
36	First aid kids stuffed with necessary Antidotes			
37	Safety gears provided for the students operating equipments.	range on 150, quantry	319WAT	
38	Start and shot down instruction where appropriate.	sevimeldo no strad	Incent	- 01
39	Sign boards in the laboratory.	Liverito edition neid	Action	15
40	Display of quality policy.	na francountries les	mino3	1.2
41	List of consumables used in the laboratory and maintanance of sufficient stock.	or the departments	Check	13
42	Non conforming materials to be identified quarantined.	Invalidade town of	Checky	- 11
43	Horizontal deployment initiatives.	na Muser attibute a	Sylena	1.5
	Change made in the system considereing improvements / improving process performance.	or the Improvement	Charcics	3.6
14	The system considereing improvements / improving process			

Institution: Pre Tech Department: Recyclitment Auditor: Dr. P. Rajarekan

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

Date: 1. 10 .20

S.No.	Description of Audit Finding	Category	Std C ref
1.	faculty training need analysis	NC	4, 2, 3
2.	Saculty recruitment list was	NC	4.2.3
ş	not enclosed,		
			1

FORM: QSF 02

Version No: 1.0

Report N Auditor:	Dr. P. Rajane Koron	Auditee: Dr. M. Suresh
NON COM	NFORMANCE	
-1	aculty training need not updated	analysis was
(not updated	
AUDITOR	Std Clause / I	Doc. Ref: AUDITEE
ROOT CAU	SE	
S.No.	Potential Root Caus	e for the Non-Conformance
	It has not been up	dated at the time

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
	It has been updated and	HR	6.10.20	Clone
in der delle sommen en er type er de desgran som	recorde d			

PREVENTIVE ACTION:

Report No:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
and the same of th	Periodically it will be	HR	6.10:30	clone
	undated			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

: closed of

Function:

faculty recruitment list was not enclosed

Date: 1.10.20

Issue Date

Auditee: Dr. M. Surers

Report No:

FORM: QSF 02

NON CONFORMANCE

Auditor: Dr. P. Rajane Kann

AUDIT	OR: Std Clause / Doc. Ref:			AUDIT
ROOT C	AUSE		n de fan de f	
S.No.	Potential Root Cause for the Non-Co	nformance	9	THE RESIDENCE OF A COMPANY OF PARTIES
	Recruitment process was go at the time of auditing.	ing e		
CORRECT	TION / CORRECTIVE ACTION:		atti kun tarun atterun kepada di kelada darun kepida kena da seri	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
	After the Congresion of	HK	6.10.10	Close
	After the Completion of recruitment process all the files have been recorde,			
PREVENTI	VE ACTION:			
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	In future it will be	HR	6.10.20	Close
esource Re	equirements if any : NIL			
	s of the corrective action taken : Veife	٥١.		

Version No:1.0

Name of the Auditee: Dr. M. Syresh

Name of the Auditor: Prof. Anlet Parile Suli

Function:

S.No.	ed in computers, beckup of data to be ensured. In as per the plan. Completion of courses as per the commence of the commence of the plan. Completion of courses as per the commence of the co	Condition (Satisfactory / Not)	Auditor
1	Show me your department related proceducres / department manual	artice of equipment	192519) 61
2	Show me your regulatory requirements and status of compliance		70 123.EL ES
3	Show me your list of records		with 6
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	nebutz 1927erek	geolys USI ebindi
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	M NC manique	31 House
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	cution of equipment	Barrelai SE
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	ive maintegnee of	38 Cather 34 Preven
8	Check whether record has the record name and record code in the front page.		75
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	ns not be word was	37. Safety
10	Trend charts on objectives and process measures.		25
11	Action plan for the objectives.		95
12	Continual improvement program.	recitor village	- 19-19 (0)
13	Check for the departmental review meetings	THE SECOND COMMENTS	- 1- e-1 (<u>f</u>)
14	Check the awareness level on roles and responsibility.		no miles of
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	mare parent	
17	Analysis on student / feedback from (Parameter wise analysis)	Was 100 and 10	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

19	Review of disciplinary actions to	aken against the staffs.		
20	Motivation of the staffs / Stude	ents and support provided by HOD's		
21	Training need identification for	the staffs by the departmental HOD's		the same distance of
22	Faculty profile - compliance to r	regularly requirements to be checked.		
23	CAPA reports in case of any pro-	blem observed in the departments and corrective actions initiated.	A / 1989	th uA arb to an
24	Internal communication records	like circulars.	/	
25	Incase if records are maintained	in computers, backup of data to be consuld		
26	Review of syllabus completion a	es per the plan. Completion of courses as per the time frame recommended by		140.cm/s-1014
27	Method of selection of question	papers(unit test and midterm tests)		
28	Preservation of previous year un	ersity eyam question neget	mammady 1012 o	m world 2
29	List of formats used in the depar	tment and is that controlled	a your Venlatory r	st work) is s
	Review of infrastructure require	Propherical All I	woss to 1 / way o	The state of the s
30	evident. Reference: student answithe department.	ments within the department at defined internals and provision of the same is not wers sheets/ projects/ records are stored in the floor due to lack of supboards in	r speciale ave stores itself al Linemia. Ei	e Sanyaj A
31	Housekeeping maintain with in t	he departments.	bae ske kna broost	S - List one
		LABORATORY	(Seson valurate)	
32	Identification of equipments	toe assessment in terms capabilities (Class control messarial control of the cont	miorisq (Million III)	9
33		rial / external calibration records)		
34	Preventive maintenance of equip	ments where any		wwws
35	Adequate no.of Fire Extinguisher	s in the area	/	
36	First aid kids stuffed with necessar	San the area.		
37	Safety gears provided for the stud	danie assurati	williamp of no ses	19194/2
38	Start and shot down instruction v	there appropriet		Lange Co.
39	Sign boards in the laboratory.	mere appropriate,		
40	Display of quality policy.		1	-
41		poratory and maintanance of sufficient stock.		1
42	Non conforming materials to be id	entified and maintanance of sufficient stock.		The second secon
43	Horizontal deployment initiatives	entined quarantined.		
44	Change made in the system consider	Caralle Manus and Caralle Manus Control of the Caralle Manus Caralle C		
45	Relevant process charts can be dis	ereing improvements / improving process performance.		
No. of Street, or other Designation of the last of the	The second second real residence and the all	played in the laboratory.	And the same and the same of the same and th	STATE OF THE PARTY

Institution: PMc Tech Department: S&H

Auditor: Prof. Anlet
Panila Suli
Date: 15/2/2020

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

S.No.	Description of Audit Finding	Category	Std C ref
1,	Time table - faculty sign not	NC	4.2
	authenticated Ry [JEEE]		
2.	Lesson plan tutorial hours not	NC	4.2
	mentioned Ry: (I - Michanical J. markonancis)		
	1		
			-

FORM: QSF 02

Version No: 1.0

Primetable faculty Sign not authenticeted

Auditor: Prog. Anlet Panila Suka

Report No:

NON CONFORMANCE

Verified by and closed on

FORM: QSF 02

Date: 15/2/2020 Auditee: Dr. M. Suresh,

Std Clause / Doc. Ref:			AUDI
SE		The second secon	
Potential Root Cause for the Non-Co	nformance		
Timetable available in the Dies	cibed	fon	not
but there is no authorication	Gau	1147)	
ON / CORRECTIVE ACTION:	andred the second and		
ACTION DESCRIPTION	Respon.	T.Date	Sts.
faculty authorication in got in			
the prescribed dormot	Dr. Suren	Tranced	clos
E ACTION:			
ACTION DESCRIPTION	Respon.	T.Date	Sts.o Comp
Advised to Corresponding advisor	Dr. Strep	Immed	close
/	1	Annual designation of the supplemental of	the same of the sa
The state of the s	Potential Root Cause for the Non-Co Timetable available in the pres but there is no authorication ON/CORRECTIVE ACTION: ACTION DESCRIPTION Lacuty authorication in got in the prescribe of format E ACTION DESCRIPTION	Potential Root Cause for the Non-Conformance Timetable available in the prescribed but there is no authorication Gale DN/CORRECTIVE ACTION: ACTION DESCRIPTION Respon. Faculty authorication in got in the prescribe of format the prescribe of the prescr	Potential Root Cause for the Non-Conformance Timetable available in the prescribed for but there is no authorication (faculty) DN/CORRECTIVE ACTION: ACTION DESCRIPTION Respon. T.Date the prescribe of format prescribe of format E ACTION: ACTION DESCRIPTION Respon. T.Date

Version No:1.0

: Verged of

Report No:

Date: 15/2/2020

Auditee: Dr. M. Suresh

Auditor: Prof. Anlet Panila Sul

NON CONFORMANCE

Lesson Plan tutorial hours not mentioned Ry: I- Mechanical Engineering.

Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Lesson plan evidenced in the prescribed file
	but totorial hours not mentioned

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Tutorial hours added in the	Dr. Syreth	17/2/22	close
	lesson plan with the planed		·	
	Lours	***************************************		-

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.		Sts.of Compt.
Marketon de en market planten grande gerei	Advised to faculty to add tutoril	Dec	12/0/0	01
	hours at the time of planing lesson plan	11.34resh	12190	C105e

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Paraf Rafeth
Name of the Auditee: Paraf : Sangi orahi
Name of the Auditor: Paraf . R. Kurthi Keyan

Function: MBA

S.No.	Description Description D	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	1	959991 - 87
2	Show me your regulatory requirements and status of compliance	1	0.2431 - 85
3	Show me your list of records	11	
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	1	abival Co.,
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	SI Mayer
6 ·	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	A To Admin	32 Itdans
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's		snent? AE
8	Check whether record has the record name and record code in the front page.	1	20
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	1	yatar ve
10	Trend charts on objectives and process measures.		1313761
11	Action plan for the objectives.		
12	Continual improvement program.		
13	Check for the departmental review meetings		TO REAL PROPERTY.
14	Check the awareness level on roles and responsibility.		DOM:
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)	1	
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.	Landy A comment of the	Sales (Gara F. 1/4)
20	Motivation of the staffs / Students and support provided by HOD's	Value and the second	510 1 100
21	Training need identification for the staffs by the departmental HOD's	STRUCTURE TO STRUCTURE	GO BUT GIRL
22	Faculty profile - compliance to regularly requirements to be checked.	be chooking.	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	eruffest send corrective so	ions in tiales
24	Internal communication records like circulars.		
25	Incase if records are maintained in computers, backup of data to be ensured.	data to be ensured.	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	A OF COMMISSION DE L'ORINA	Time 1000
27	Method of selection of question papers(unit test and midterm tests)	191411 (515)	
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.	nent at unfined interheis at our do are stored in the field	d provision and due to lack
31	Housekeeping maintain with in the departments.		
	LABORATORY		and the second second second second
32	Identification of equipments 32 identification of equipments	V. Links tone of the same	The second secon
33	Calibration of equipments. (Internal / external calibration records)		The second secon
34	Preventive maintenance of equipments where appropriate,		
35	Adequate no. of Fire Extinguishers in the area.		Power region - have
36	First aid kids stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.		
38	Start and shot down instruction where appropriate.	The second secon	
39	Sign boards in the laboratory.		
40	Display of quality policy.	The second secon	1
41	List of consumables used in the laboratory and maintanance of sufficient stock.	ne of sylicions ores.	
42	Non conforming materials to be identified quarantined.		The Armadesia Commence
43	Horizontal deployment initiatives.	1	
-	Change made in the system considereing improvements / improving process performance.		ence.

Institution: PMC TECH Department: MBA

3A Audit

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

Porof! R. Karthikeyas Date: 25/9/20

S.No.	Description of Audit Finding	Category	Std C ref
91.	Student perofile - net updated		
	Student profile-not updated Ref:[I Year MBA-University ores	itts] NC	4.2
oa.	Class Attendance - monthly		
. \$	Ref CII-MBA monthly ottendance	NC	42
		:	
			1

FORM: QSF 02

Version No: 1.0

Function:

Report No:

Date: 25/9/20

Auditor	: Poref. R. Harthikeyan Poro	profile not updated year MBA - university Rebutts) Std Clause / Doc. Ref: Potential Root Cause for the Non-Conformance ent profile available in the form of a ropy yet university rebutt need to updated RECTIVE ACTION: ACTION DESCRIPTION Respon. T. Date Compt. escrity rebutts capdated the prescribed format Reny Violan classes IN: ACTION DESCRIPTION Respon. T. Date Compt. 108 advised to update the escription of the format result published 108 or serutt published 109 or serutt published 100 or servet on taken 100 or servet on taken		
	Poref	. Sang	i oral	i
Stu		toronia in the all the base of the second		maath e Address ac actaith Aon an Laidean, agus páig agus airtean
AUDITO	4-2-1	2xun		
ROOT CA	The state of the s			AODITEE
S.No.	Potential Root Cause for the Non-Con	formance	rfelaget til stedta e prosition stå stade af för distill gilder för en ynstyrgigd	
	Student profile available à hard capy yet university oro	n dh	e feer	m of
CORRECT	TION / CORRECTIVE ACTION:		e tillsterninn regelligt regelligt freger sight der de dige.	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	
	chiresity oresetts andated			
	in the prescribed format	Renu	1/10/20	clases
PREVENT	IVE ACTION:			According consequently and quantity and quan
S.No.	ACTION DESCRIPTION	Respon.	T.Date	
affred to digital to the control of	Tit was reduised to update the			
Resource i	reprise reletts at the time requirements if any of results published	Rehy	1/10/20	clase
Effectivene	ess of the corrective action taken :	1		
Verified by	and closed on : Verped	or of		
FORM: QSI	F 02 Version No:1.0		Issue Dat	e

		NON CONFORM	IT KEPUKI	
Report I	,	Function:	Date: 25/	9/20
NON CO			Prof! Rujesh Prof: Sanji s	rani
Cla	Is attende	TI your Mi	y attendance	y. nat
AUDITO	X	Std Clause / Doc.	attendance) Ref:	AUDITEE
ROOT CAL	JSE			
S.No.	SS cathendance monthly attendance 1. not denced by CII year MBA monthly Std Clause / Doc. Ref: AUDITEE			
-	In Class	tandance	nefeter, week	inf,
\$	day shave	updated be	it attandance	2 7. 0.8
CORRECTION	ON / CORRECTIVE ACTI	on:	format	

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Monthly settendance 1. was			
	updated in the attendance	Raleth	1/10/20	Close
	orefelter			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
the transfer of the Control of the C	Advised to seleulate the attendan	re		
			1/10/20	0/080
esource F	Lest superity day of every	regent h	1 /14/20	do

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Name of the Auditee: Mrs. M. Angelin Rosy APIMCA
Mrs. M. Dulina APIMCA

Name of the Auditor: Mr. M Sahithullah, APIMCO

Function: MCA/Enga

S.No.	Description On as per tilo plan. Completion of courses as per the unite trame recommended by	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	Various Curavious	esserial 85
2	Show me your regulatory requirements and status of compliance	net of beer (Lismo)	29 Met of
3	Show me your list of records	La contract de la con	Revier
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	c Reference: stude	20 lavided (bloode
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	92008) 12
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	cation of equipment	S. Identifi
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	tive maint since	never91. 16
8	Check whether record has the record name and record code in the front page.		To twifil at
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	rear provided for t	Market 192
10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.	Manage of con-	
12	Continual improvement program.	THE HEAVY TEMPTO	
13	Check for the departmental review meetings	igaseu seemina	
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)		TO SERVED
16	Check for the improvements made in the department in the passed one year	A PARTE SON OF SURE	
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.		T	
20	Motivation of the staffs / Students and support provided by HOD's	- /	-	
21	Training need identification for the staffs by the departmental HOD's	M. 2 r/ 1	A entituer	TI.D
22	Faculty profile - compliance to regularly requirements to be checked.	M . 81M		
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	M. F / Profile	Accided to or	ma
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		100	
27	Method of selection of question papers(unit test and midterm tests)	/		
28	Preservation of previous year university exam question papers.	anathra de / same		
29	List of formats used in the department and is that controlled.	T. Common P. Com		
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.	duced vision min. Si	o testos ng së	
31	Housekeeping maintain with in the departments.	fantan kij saj tre	8	_
	LABORATORY AND	market per complete of	3	
32	Identification of equipments	A voice ciscost arista	aresulf -	. (
33	Calibration of equipments. (Internal / external calibration records)		Check	
34	Preventive maintenance of equipments where appropriate.		s'GOH	
35	Adequate no.of Fire Extinguishers in the area.	- Address	8 Check	1
36	First aid kids stuffed with necessary Antidotes			
37	Safety gears provided for the students operating equipments.	d Amena mer Lo sens	B 13W	
88	Start and shot down instruction where appropriate.	e savitsaldo o strari	0 Trand	
19	Sign boards in the laboratory.	plan fo libe oblective	L Action	
0	Display of quality policy.	in Imp vegent and	initano) i	1
1	List of consumables used in the laboratory and maintanance of sufficient stock.	James Mandall M	3. Check f	18
2	Non conforming materials to be identified quarantined.	o lovel sean / surg ar	4 Checkt	
3	Horizontal deployment initiatives.	lone fluent (asb no	(Analys)	
4	Change made in the system considereing improvements / improving process performance.	n the incovernents	E Check f	
	improving process performance.	/		

Institution: PMC Tech Department: MCA / Engg

Auditor: Mr.M. Sahithullal

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

Date: 25 - 9 - 2020

S.No.	Description of Audit Finding	Category	Std C ref
1	Course information shoot yet		
	to be updated in course	NC	4-6-2
	file		
	Ref: Mobile Computing.		
2	Elective list not updated	NC	4.6.2
natural estillacione de la presional de la colonida			
			,

FORM: QSF 02

Version No: 1.0

Report No:

NON CONFORMANCE

Verified by and closed on

FORM: QSF 02

Auditor: Mr. M. Stachithullah.

Function: MCA/Engg Date: 25-9. 2020.

Auditee: Mrs. M. Angeli
Ros

: verted or of

Issue Date

AUDITO	R: Std Clause / Doc. Ref:			AUDITE
ROOT CAL	USE .			
S.No.	Potential Root Cause for the Non-Con	formance		all annibation des green plates de la malayine
	Mapping not completed	and the second second second second second		· · · · ·
			-	
bedicinary passages				
ORRECTI	ON / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
		1		
	Mapping & Sinformation shed	Mrs.M	C-10:200	
	Mapping & Information shed was completed.	Mrs.M Angolin Rose	5-10-20	
	Mapping & Sinformation shed was completed.	Mrs-M Angolin	5-10-20	
EVENTIV	Mapping & Sinformation shedr was completed.	Mrs-M Angolin	5-10-20	
	was completed.	Mrs - M Angelin Respon.	5-10-2e	
EVENTIV 5.No.	E ACTION:	Rest		Closeo Sts.of

Version No:1.0

Report No		Function: MCP	/ Engg Date: No. Auditée	25-9.20 Nrs. M. Angeling Resi
	Mr. M. Sahith	wlah		
6	ective list	not updat	red.	
AUDITOR		4.2.) Std Clause / Doc. Re	f:	M. DL.
ROOT CAUS	SE	•		manes i matti krimin mengati di mengati gan mengati yana kelajadi mareh berraksi galeri mengati krimin di meng
S.No.	P	otential Root Cause for ti	ne Non-Conformance	
	Students	are not	come to	college
		lockdown.		
3			- control de control grant control Marines e destinos e estado productivo de transcente de control	
ORRECTIO	ON / CORRECTIVE ACTIO	N:	Control of the Contro	

PREVENTIVE ACTION:

S.No.

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Starting of semester we	Mp.	47.10.b	closed
	collect the clockie list	Dukuka		

ACTION DESCRIPTION

Elective list updated

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Issue Date

Sts.of

Compt.

27.12.20 closed

Respon.

Dulinto

· Verpied in of to.

T.Date

Name of the Auditee: Mrs . Vall?

Name of the Auditor: Dr. Vijay akumod

Function: Maintinence/Egg,

S.No.	Description Descr	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	Manager Value of Res	BEDYN HE
2	Show me your regulatory requirements and status of compliance	Contra Contraction	29 (List of
3	Show me your list of records	or any Constitution	Review
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	ti Reference dudent sartmanti	30 evider the de
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	Repling machinen	31 House
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	enant of equinant	Binotil SE
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	to an Calaban av	Asvarq Ac
8	Check whether record has the record name and record code in the front page.	V	72 12 12 W
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	to not Melaluous 2189	VALUE VE
10	Trend charts on objectives and process measures.		1000
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)	THE TOTAL STREET	
16	Check for the improvements made in the department in the passed one year	Control of the contro	
17	Analysis on student / feedback from (Parameter wise analysis)	163 637	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

19	and the staffs actions taken against the staffs		
20	Motivation of the staffs / Students and support provided by HOD's		T
21	I raining need identification for the staffs by the departmental HOD's		1
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 init	Heart Company of the property	Is a street of the Aug
24	Internal communication records like circulars.	lated.	
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 r		2072.0
27	Method of selection of question papers (unit test and midterm tests)	ecommended by	
28	Preservation of previous year university exam question papers.	me veur de agament related procedueros /	7-01 W
29	List of formats used in the department and is that controlled.	me your legs tone a quirements and status	WWW.
	Review of infrastructure regularity and is that controlled.	House of the feet and a second	
30	Review of infrastructure requirements within the department at defined internals and provisi evident. Reference: student answers sheets/ projects/ records are stored in the floor due to late the department.	on of the same is not ack of supboards in	rance à
31	Housekeeping maintain with in the departments.	e record and ask and hee to produce(Subject	S List on
		NC	
32	Identification of equipments	nes at inornesses son enturing your feet	3 9
33	Calibration of equipments. (Internal / external calibration records)	7011 St 100 2 ST 100 ST	SCHOOL
34	Preventive maintenance of equipments where appropriate.	Mar yannigst	olsod3)
35	Adequate no.of Fire Extinguishers in the area.		S COM
36	First aid kids stuffed with necessary Antidotes	at title sitted	Abertoj 8
37	Safety gears provided for the	less on ISO, wality policy, process measure	1000
38	Safety gears provided for the students operating equipments.		
39	Start and shot down instruction where appropriate.	harts on object	bnexT = 0.1
40	Sign boards in the laboratory. Display of quality policy.	Plan for the placetical	Action
41		in a from a contain le n	EZ Jones
42	List of consumables used in the laboratory and maintanance of sufficient stock.	Jacob Mil W	13 (Chack
43	real conforming materials to be identified quarantined.	DISCHARGE OF THE RESEATE WEST OF	14 Check
44	Horizontal deployment initiatives.	ton dans - Mach no li	Analys
The same or particular restricts	Change made in the system considereing improvements / improving process performance. Relevant process charts can be displayed in the laboratory.	The state of the s	35 Check
1.0	Institution process should be the		A STATE OF THE STA

Institution: PM & Tech. Department: Nount ance.

Auditor: J. v?Jayakumar.

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

Date: 28,9.20.

S.No.	Description of Audit Finding	Category	Std C ref
1.	class room Ps not swept properly	No	6 4-2-/
	Rof 1 111 1T		6 4 2 1
<u>a</u> ,	Labe are cobmob not cloaned	No	8.4.2.
	budbould		
3-			
			-
			,

FORM: QSF 02

Version No: 1.0

-						
ED)	0	M	-	and-	W 5	0:
2.0	œ.	u	E3	6 5.	136	CB7
	-	•	-			April 10

Function:

Date: 08,9.80

Auditee: Mrs. valli.

Auditor: Mr. J. Wyayakumar.

NON CONFORMANCE

The class rooms benches was not cleaned properly.

AUDITOR:

Std Clause / Doc. Ref.

AUDITE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	The morkers have done the more very slowly so, the
	class noom soon improves cleaning.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1,	the morkers are advised for good	M8 valli	imm	Upscol
	cleaning.			
				1

PREVENTIVE ACTION:

.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
١.	Is future it will be corrected.	No Valli	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

: Vegled closed of

Report No:

Function: Infoa.

Date: 28.9.20

Auditee: Mys. vall.

Auditor: J. vijayakumar

NON CONFORMANCE

They are not cobwell cleaned properly un the class

and labs.

AUDITOR:

Std Clause / Doc. Ref:

ROOT CAUSE

When the smooper come who the lab students are doing
proceeded. So they could not closued all the this

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
٤.	The markers one advised and given	Mrs Valli		closed
	proper instruction to come on face			
-	Hims of lab.			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	The norkers will be all the things	Mr Valli.		closed.
	propelly			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

19	Review of disciplinary actions t	aken against the staffs.		
20	Motivation of the staffs / Stude	ents and support provided by HOD's		
21	Training need identification for	the staffs by the departmental HOD's	Later A A	100 100 100 100
22	raculty profile - compliance to	regularly requirements to be shocked		
23	CAPA reports in case of any pro	blem observed in the departments and corrective actions initiated.	er Acres pa	miss of the Asidit
24	Internal communication record	s like circulars		
25	Incase if records are maintained	in computers backup of data to t		
26	Review of syllabus completion a	es per the plan. Completion of courses as per the time frame recommended by		-0000
27	Method of selection of question	papers(unit test and midterm tests)		
28	Preservation of previous year un	ersity evan question name	Freezing at 107	Maria
29	List of formats used in the depart	riment and is that controlled	n großelugev roog.	
30	Review of infrastructure require	ements within the department at defined internals and provision of the same is not wers sheets/ projects/ records are stored in the floor due to lack of supboards in	ryour list of racest records are stored cod within min. tie	an other
31	Housekeeping maintain with in t	the departments.	had the bus broom	. 5 List one i
		LABORATORY	Jensen Land	
32	Identification of equipments	Sealer 17.7 The season of the	Minusey youngers	Buench
33	Calibration of equipments. (Inter	mal / external calibration records)	and burning an illes	hi mari
34	Preventive maintenance of equip	ments where appropriate		a'gon!
35	Adequate no. of Fire Extinguisher	s in the area.	Longer so State	n daylal /a
36	First aid kids stuffed with necessar	ary Antidotes		
37	Safety gears provided for the student	dents operating equipments	s on ISO, quality	a la
38	Start and shot down instruction v	where appropriate	sevito ildo no etra	10. Trendyln
39	Sign boards in the laboratory.	and appropriate.	Afroldo adirrol na	At Action of
40	Display of quality policy.		no thoms yought on	XX Continue
41	List of consumables used in the la	poratory and maintanance of sufficient stock.	the departments	13. Check for
42	Non conforming materials to be id	dentified quarantined	lagalizacopycycs s	14 Check I
43	Horizontal deployment initiatives	Applies with read and the Applies are an arrangement of the second of th	on data- nexult and	Acalyst Acalyst
44	Change made in the system considereing improvements / improving process performance.		The Improvement	1 deck of
		played in the laboratory.		

Name of the Auditee: Mrs. Padma

Name of the Auditor: Asst prof. Dukithe

Function: Purchase

S.No.	Description Descr	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	evacations to raits	28 Preser
2	Show me your regulatory requirements and status of compliance	Leave of been also no	no relations
3	Show me your list of records	The second secon	mive Si
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	. Reference: sty fent utfinseyt.	30 tevider otherde
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	ceping maintain wit	SJ Nouse
·6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	sesset clups to notice	Identit 52
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	ive maintenance of	sevara PE
8	Check whether record has the record name and record code in the front page.	Lander Company	In April 3
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	de rol babiyong eres	ytolez TE
10	Trend charts on objectives and process measures.	DUTZENI NYMBO BULLI S	
11	Action plan for the objectives.	noteredel size in co s	
12	Continual improvement program.	·	V-12-12-12-12-12-12-12-12-12-12-12-12-12-
13	Check for the departmental review meetings	PER SOUL ENGERHOUSE	
14	Check the awareness level on roles and responsibility.	or ale of teat growned	197 (1987) E-2
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	British Stiff to Vicing 1919	
16	Check for the improvements made in the department in the passed one year	A Priority of British	
17	Analysis on student / feedback from (Parameter wise analysis)	CORD MERCO RESOURCE	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

Institution: PMC Tech Department: Durchase

Auditor: Asst proj.

Dukithe

Date: 29/9/20

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

S.No.	Description of Audit Finding	Category	Std C ref
1	Indutional automation lab		
-	Equipment bills not available	NC	123
	Ry: Mechations Bills for		
	Instrument purchased for		
	Odd sem not found		
3			
.,			
- Announce of the Control of the Con			

FORM: QSF 02

Version No: 1.0

Function:

Industrial automation lab equipment 5916

Report No:

NON CONFORMANCE

Auditor: Asst prof. Durith.

Date: 29/9/20
Auditee: Mys.padm.

an	re not available			
M.C. AUDIT	DR: Std Clause / Doc. Ref:			AUDITE
ROOT CA	AUSE			
S.No.	Potential Root Cause for the Non-Cor	nformance		
	It was misplaced with othi	x fil	es	
3			ada Artikan gandari 1976a - Alexador as yann erasatini baka ese	
CORRECT	TION / CORRECTIVE ACTION:	the state and the second state of the state of	in the state of th	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It was identified and kept	Mrs. Dadmi		Close
	en proper 1:10			
PREVENT	IVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	In Juture bills will be	Mrs. Dadme		Close,
	Maintaine d properly			
Resource R	equirements if any :			
	and closed on : Verfeed	4		
FORM: QSF			Issue Date	9

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

Name of the Auditor: Prop R karthikeyan

S.No.	on as per the plan. Completion of courses as par the time frame recommended by	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	a managara ta majusur	28 Pages
2	Show me your regulatory requirements and status of compliance	Land and Second of the popular	in sets &C
3	Show me your list of records	BUTT IN USUAL CONTINUE	
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	to References studies	abive 05:
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	keeping maintain va	eaoH 2E
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	nomqiupe to notteo	32 Identi
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	tive maintenance of	28 0415 24 Preven
8	Check whether record has the record name and record code in the front page.	gerra : Sine income sug	ayahat 155
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	geen provided for d	37 Safety
10	Trend charts on objectives and process measures.	uryzai nwas sone w	S 710/6 SC
11	Action plan for the objectives.	Matural Situation (All Carlos	rd egit OC
12	Continual improvement program.	or questry positry.	
13	Check for the departmental review meetings	H (1984) ESTOCKHOCKO	10 7812
14	Check the awareness level on roles and responsibility.	Alatya. Citt gragii nom	CONTROL CO.
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	Story Programment, 10 test	
16	Check for the improvements made in the department in the passed one year	metaya ere et poeme	ASSESSED FOR
17	Analysis on student / feedback from (Parameter wise analysis)	nic priero second r	Company - Company
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.		1
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's	. In I All M vacation	Alegary to someth-
22	Faculty profile - compliance to regularly requirements to be checked.	1 1 1 martin	A sold Francisco de calif.
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	B - B - 1 1201148	
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)	morestation and the	PERSONAL PROPERTY.
28	Preservation of previous year university exam question papers.	vyolahugat woy am.	WORLD TO THE
29	List of formats used in the department and is that controlled.	Noo milka alia salay san	ypanel -
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.	erate ans abroson rot is .c/m nidsiw basub Ms ras bas broson al	d serious by per
31	Housekeeping maintain with in the departments.	(EST-II) Williams (II)	
	LABORATORY AND EAR AND	Autobase visional la de	*
32	Identification of equipments	aldos váltala a 1600 cy	INSTITUTE OF THE PROPERTY OF T
33	Calibration of equipments. (Internal / external calibration records)	Land Landau was disadiat	(Cherto)
34	Preventive maintenance of equipments where appropriate.	- X	CONTRACTOR OF THE PARTY OF THE
35	Adequate no.of Fire Extinguishers in the area.	A lances vadindes	April 21 8
36	First aid kids stuffed with necessary Antidotes	ness on ISO, quality	
37	Safety gears provided for the students operating equipments.		
38	Start and shot down instruction where appropriate.	spultseldn no £71641	Ditto 1 King Street
39	Sign boards in the laboratory.	Man for the objects	TORINA AA
40	Display of quality policy.	ove fract svetami list	WHOCKAL SIA
41	List of consumables used in the laboratory and maintanance of sufficient stock.	late departmental	2021101 63
42	Non conforming materials to be identified quarantined.	De Swarenass land	83803) 74
43	Horizontal deployment initiatives	eas thesey sight no il	eyisting the
44	Change made in the system considereing improvements / improving process performance.	PENSONS OF THE	HOBBEN OF
44			

AUDIT OBSERVATION SHEET

Institution: PMc Tech Department: MR / Enga

Auditor: De M. Sahithe

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

Date: 30 9 20

S.No.	Description of Audit Finding	Category	Std C ref
THE PERSON NAMED IN COLUMN TWO	Charoland clause / documento sugerence		
	for you reports are not "dertified	NC	4.9/
	par perly & mantained.		
		A	
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			3

FORM: QSF 02

Version No: 1.0

tickeyan	Date: 30/9/20 Auditee: Dr. M. Salitte ence for few reports autained. AUDITEE		
y identified & me get state of the state of	AUDITEE		
Std Clause / Doc. Ref:	AUDITEE		
Std Clause / Doc. Ref:	AUDITEE		
Potential Root Cause for the No	on-Conformance		
Potential Root Cause for the No	on-Conformance		
I ten internal auditors not been internal by			
of std- clause	V		
CTION:			
ACTION DESCRIPTION	Respon. T.Date Sts.of Compt.		
editors meeting has	6/10/20 clased		
	neely P		
and Engraved peropo			
*	and child prop		

ACTION DESCRIPTION

Resource Requirements if any

S.No.

NIL

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Effectiveness of the corrective action taken

Respon.

T.Date

Verified by and closed on

Version No:1.0 FORM: QSF 02

Issue Date

Sts.of

Compt.

closes

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

Name of the Auditee: Mrs . C. Latha

Name of the Auditor: Dr. J. Vijay alcuma.

Function: CG & C

S.No.	Description bearing and of stab to quited greatures of temporary and painting and an entire of the painting and an entire of t	Condition (Satisfactory /	Auditor
1	Show me your department related proceducres / department manual	Not)	comments
2	Show me your regulatory requirements and status of compliance	of supplement to resident	manual 24
3	Show me your list of records	soft at the source temperature	Des parties De
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 next	all and translation to a	raivali
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic	Reservicion	ob edd
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and	es inemiera Budas	DEMORIT LE
7	Check whether record has the record legibility and signature at appropriate places for review and approval by	mas glups to noites	32 identi
8	Check whether record has the record name and record code in the front page.	tive maintenance of	34 Prever
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy. Trend charts on objectives and assures and objectives.	gritika 9 ay 10.031 sa Silin kaThata sishi k	35 First a
10	Trend charts on objectives and process measures.	gears provided for t	
11	Action plan for the objectives.	Maran march yone o	1989
12	Continual improvement program.	8315 V (2001) 10 10 10 10 10 10 10 10 10 10 10 10 10	0.0
13	Check for the departmental review meetings	NORTH VARIABLE TO V	
14	Check the awareness level on roles and responsibility.	II USBU SSTORING PRINCE	
.5	Analysis on data- result analysis (Subject with	2657 (2015) (3016) (017)	THE RESERVE
6	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise) Analysis on student (feedback of the department in the passed one year	New York Williams Co.	5.100H2 . 43
7	Analysis on student / feedback from (Parameter wise analysis)	1973/c Stores Books	
8	Review of suggestions / complaints received in the feedback forms and action taken against the same	60 275 AT 82 574 PG	

19	Review of disciplinary actions taken against the staffs.	WESTER TICKLA		I The sale of
20	Motivation of the staffs / Students and support provided by HOD	o's	A A A	
21	Training need identification for the staffs by the departmental H			2. 383.10 3838
22	Faculty profile - compliance to regularly requirements to be che	cked.	ditore D.y	A entito ame
23	CAPA reports in case of any problem observed in the departmen	ts 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 con	urses as per the time frame recommended by		
27	Method of selection of question papers (unit test and midterm te	ests)	MINISTER AND SHE	aro-te
28	Preservation of previous year university exam question papers.	y requirements and status of compliance	note loger ruck am	erund
29	List of formats used in the department and is that controlled.	2010	087 70 388 3001 600	
30	Review of infrastructure requirements within the department at evident. Reference: student answers sheets/ projects/ records at the department.	re stored in the floor due to lack of supboards in	er : exons are sto doced within min. o record and ask a	o till g
31	Housekeeping maintain with in the departments.		(esocial consideration	
	LABORATORY	ne neu assessment in terms capabilities (Class control,	salare i Alexandre	
32	Identification of equipments	/Jasenys war at a service of the	202 1200 - 1 1 5 315 10 - 1	3
33	Calibration of equipments. (Internal / external calibration record	s) q stangarqqa ta arusanga ana gamaga ag		a dOHI
34	Preventive maintenance of equipments where appropriate.			and I
35	Adequate no.of Fire Extinguishers in the area.	est o rame and record code in the front page.		23518
36	First aid kids stuffed with necessary Antidotes	Wille William State of the boar agreement are 200 to William William State of the S	iess on ISO, qualit	515WF
37	Safety gears provided for the students operating equipments.		The state are always	20 Typned a
38	Start and shot down instruction where appropriate.			13 Arrian
39	Sign boards in the laboratory.		The same of the sa	12 Coughe
40	Display of quality policy.		The state of the s	13 Check I
0.0	List of consumables used in the laboratory and maintanance of se	ufficient stock.	and papers and a	24 Checks
41		The second secon	- VIN 2230 10 10 10 10 10 10 10 10 10 10 10 10 10	
41	Non conforming materials to be identified quarantined.	· · · · · · · · · · · · · · · · · · ·	or all reserves on another server of	
-		tale (Subject with comment was rear wee, departs	a thingy-steb no	15 Charles
42	Non conforming materials to be identified quarantined.	ving process performance.	on data-regult as it the improvemen	15 Check of 17 Analysis

AUDIT OBSERVATION SHEET

Institution: PMc Tech Department: Casc

Auditor: Dr . J. Vijoyakan

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

Date: 1.10.20

S.No.	Description of Audit Finding	Category	Std C ref
1.	Application were not arranged		
	according to deportment	NC	4.2.3
2	Coxplic + details were not	NC	4.2.3
	Computely filled		
§			
			1

FORM: QSF 02

Version No: 1.0

Applications were not arranged according to

Function: CG&C

Report No:

NON CONFORMANCE

Resource Requirements if any

Verified by and closed on

FORM: QSF 02

Effectiveness of the corrective action taken

Auditor: Dr. J. Vijayakumar

Date: 1.10.20

Auditee: Mrs. Lathe

Issue Date

AUDITO	DR: Std Clause / Doc. Ref:			AUDIT
ROOT CA	NUSE		Address (America) (America	MERTE AND STREET, STRE
S.No.	Potential Root Cause for the Non-Co	nformance		Okon Basimo in ngrangal din ayan
/-	Complete details from students of Obtained during their adais	were	not	
	Obtained dying their advis	lion,		
CORRECT	TION / CORRECTIVE ACTION:		den kar tiguna mendukan yang pendupan kan dan dan dalam kendunan kan dan dalam kendunan kendunan kendunan kend	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.c
/,	All the details from the			
	students were collected			
	"immediately and arranged	Dr selvi	Tremebal	clon
REVENTI	VE ACTION:			ali commente de la prima produció planta que
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.or
1.	Dung the intial stay itself			MICH BING HIS TINGHOOM
	details from the students care obtained	1001.	7	11.

Version No:1.0

Report No:

Function: Ca &c

Date: 1.10.20

Auditee: Hrs. Lathe

Auditor: Dr. J. Vijayakuman.

NON CONFORMANCE

Certificate details were not completely filled

ALDITOR

Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1,	Details were not entired properly, when
Marie Control of the State of t	Obtained the Certificates

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Separate staff should maintain			
	this details	Lathe	7. 1	Class

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
tellelik til til som som singer gjenger gjenger gjenger gjenger gjenger gjenger gjenger gjenger gjenger gjenge	Separate stay should be			
	alloted for this work	MISILOAL	Francis	class

Resource Requirements if any

· N)/

Effectiveness of the corrective action taken

: Verified

Verified by and closed on

: sh_

FORM: QSF 02

Version No:1.0

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

Name of the Auditor: Prof. C. Sumath

Function: TRG

S.No.	Description of data to be ensured. Description of courses as per the time trame recommended by	Condition (Satisfactory /	Auditor
1	Show me your department related proceducres / department manual	Not)	1039/14/
2	Show me your regulatory requirements and status of compliance	ny suoivena to noitey	88919 85
3	Show me your list of records	formats used in the	to rail 25
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	r of Intrastructure ca t. Reference: studen	retive# DE
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	partment. Keeping maintein wil	31 House
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	ication of equipment	32 identi
7	Check whether record has the record legibility and signature at appropriate places for review and approval by	An annount language	34 Provon
8	Check whether record has the record name and record code in the front page.	ugnizka esia tokun eki	35 - Mary
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	State short of sales	38 Flore at
10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.		
12	Continual improvement program.	NOSES TO COMPANY OF THE PROPERTY OF THE PROPER	
13	Check for the departmental review meetings	Married Amenda A	and the second
14	Check the awareness level on roles and responsibility.	ter diseas a successor and	and the state of t
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	G SHAFTER ON A SHARLY WALL	7.
16	Check for the improvements made in the department in the passed one year	A THE PERSON NAMED IN COLUMN TWO	100
17	Analysis on student / feedback from (Parameter wise analysis)	Marie Carlotte Mercel	36
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	THE CONTRACTOR OF THE	Market Market Control

19	Review of disciplinary actions t	taken against the staffs.		
20	Motivation of the staffs / Stude	ents and support provided by HOD's		
21	Training need identification for	the staffs by the departmental HOD's	The state of the state of	The Republic Street Control
22	raculty profile - compliance to	regularly requirements to be checked		and the second
23	CAPA reports in case of any pro	oblem observed in the departments and corrective actions initiated.	-Dallachtman	the A set to extel
24	The state of the s	s like circulars.		The same services
25	Incase if records are maintained	in computers, backup of data to be		- depleter
26	Review of syllabus completion a	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 u	riversity exam question papers.	restricted in the contract of	M WORKS TO SEE
29	List of formats used in the depa	rtment and is that controlled	e your regulatory s	III RIGHE 2
30	Review of infrastructure require	ements within the department at defined internals and provision of the same is not wers sheets/ projects/ records are stored in the floor due to lack of supboards in	e vour list di record Fraceire sice stores Ideal within min, th	A Ne part
31	Housekeeping maintain with in	the departments.	record and agk aud	s List one
		LABORATORY	(esson (divine)	
32	Identification of equipments	we assessment in terms capabilities (Glass control, press) Automotive and a second	All for easy possesses as	Maria C
33		rnal / external calibration records)		Total Par
34	Preventive maintenance of equip	oments where approximately		PGCHI -
35	Adequate no.of Fire Extinguisher	s in the area		The second second
36	First aid kids stuffed with necessary	ary Antidotee		
37	Safety gears provided for the stu	dents anovative and the second	ess on [SD, quality	DESTRUCTION OF THE PERSON OF T
38	Start and shot down instruction	where appropriate	southealth as steer	hesti or
39	Sign boards in the laboratory.	incre appropriate.	Steakle aft wheel	renissa II
40	Display of quality policy.		van formenssenverert te	ritro) 51
41	List of consumables used in the la	poratory and maintanance of sufficient stock.	-towners with the state of	- strong City - E.F
42	Non conforming materials to be in	entified quarantined	Lours approximation on	t-description 1-1
43	Horizontal deployment initiatives	quarantined.	one fluores actube no	ar (Amalyes
44	Change made in the system consider	dereing improvements / improving process performance.	incommunity and safe is	16 Checky
The second second	,	played in the laboratory.		

AUDIT OBSERVATION SHEET

Institution: Pric Tech Department: TRG

Auditor: Prof. Sumath

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

S.No.	Description of Audit Finding	Category	Std C ref
1.	feedback was Collected but	NC	8-4
	not evaluated		
2.	Inprovement tracks for Jouetty	NC	8·A,
8	development Program after Completion was not updated		
-			i
		*	

FORM: QSF 02

Version No: 1.0

Report No:	Function: TRG	Date: 1/10/20
Auditor: Prof., Su NON CONFORMANCE	math:	Prof. Rajesh Hr. Riyaz
feedback (evaluat	was Collected, but	AND PROPERTY OF THE PARTY OF TH
AURITOR:	Std Clause / Doc. Ref:	AUDITE
COOT CAUSE	•	
S.No.	Potential Root Cause for the Non-Co	onformance

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
/.	Now, it has been Collected	Prof. Rogerh	Irmol	close
	and evaluated	1.		
THE CONTRACT OF THE CONTRACT O	and evaluated			-

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	In future all there works	Prof.	Frank	closed
***************************************	cosilibe Completed in time	. J		

Resource Requirements if any

Effectiveness of the corrective action taken

: NIL : Veified.

Verified by and closed on

FORM: QSF 02

Version No:1.0

Function: TRG

Date: 110.20

A	D 0	Audite		
Auditor	Prof. Sumath	Du	Hr. Rige	uh
NON CO	NFORMANCE		Mr. Rig	aZ
	Improvement tracks for for for a Complision was not updated.	y ter	Charles (Charles and Advisories Annual Charles Annu	
4	Complision was not updated,	/		\ A
AUDITO	R: Std Clause / Doc. Ref:		C	AUDIT
OOT CA	USE		the Climb American and This is were already and have an experience of the state of	PRODUCTIVE CONTRACTOR
S.No.	Potential Root Cause for the Non-Co	nformance		
	Due to absence of Concern.	Enchar	92	
esperioris de la malay de promision es promision personales es promision de la malay de la malay de la malay d	Due to absence of Concern. files has not been update	ol	8	
3		allender som gliffere var en		
ORRECT	ION / CORRECTIVE ACTION:			Afficia Particular de Carlo (que de capação
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
etra Ministruppi upanin udan	By deputing other faculty.	Riyaz	5-1020	Close
	the file ha been Coupleted	1.		
REVENTI	VE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	To fitting 3 1 mass is said	Mr.		

Resource Requirements if any

· NIL

Effectiveness of the corrective action taken

: Venties.

Verified by and closed on

Report No:

: h

FORM: QSF 02

Version No:1.0