

**IQAC ACADEMIC AND
ADMINISTRATIVE
AUDIT
FEBRUARY 2020**

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

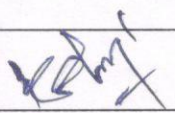

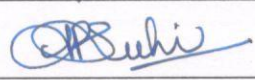
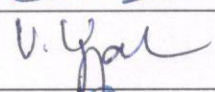
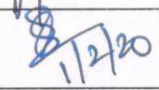
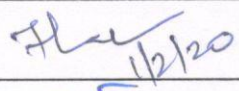
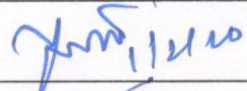
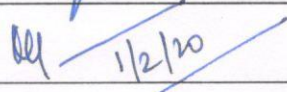
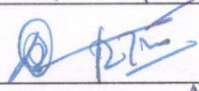
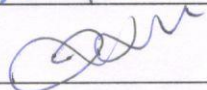
01/02/20

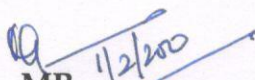
The IQAC Academic and Administrative Audit related meeting is convened today by the Principal along with all HODs to keep the records up to date and to get ready for the Audit that will commence from the Second week of February 2020. All the HODs have agreed to get ready for the audit and extend their 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	
2	Civil Engineering	
3	Computer science Engineering	
4	Electronics & communication Engg	
5	Electrical & Electronics Engineering	
6	Information Technology	
7	Mechanical Engineering	
8	Mechatronics Engineering	
9	Science & Humanities	
10	MBA	
11	MCA	M. Angelinby


MR 1/2/2020

S. Chitra
1/2/2020
PRINCIPAL

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

		PROCESS MANUAL						Issue No 1.1		Page 1 of 2		
		TITLE: ANNUAL AUDIT PLAN										
Doc:C / RD 06		APPROVED BY:								2/11/2019		
		YEAR (2020 - 2021)										
FUNCTION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Top Management		*										
Mgt. Representative		*										
Engineering: Academics		*										
Library (Engg, MBA)		*										
Purchase		*										
Training & Development		*										
Recruitment Cell		*										
Counselling & Admission		*										
Lab & Workshop		*										
Maintanance		*										
Mess		*										
Logistics		*										
Hostel & Canteen		*										

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

Institution wise activities are covered as the frequency

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

STAFF CIRCULAR

1/2/2020

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

S.No.	Date	Time	Auditor	Dept.	Sign	Auditee	Dept.	Sign
1	10-Feb-2020	10:00 AM	Dr.P.Rajasekaran	MECH	<i>Jm</i>	Prof. R. Karthikeyan	AERO	<i>200 X</i> <i>Rm</i>
						Asst. Prof. Ramesh		
2	10-Feb-2020	2:00 PM	Dr. J. Vijayakumar	PRO	<i>Rajasek</i>	Asst. Prof. Rameshwari	CIVIL	<i>For Jm</i> <i>sh</i>
						Asst. Prof. Jeevitha		
3	11-Feb-2020	10:00 AM	Prof. M. Sahithullah	MR	<i>M. Sh</i>	Asst Prof. Antlet pamila suhi	CSE	<i>sh</i> <i>sh</i>
						Asst. Prof. R.Sadhana		
4	11-Feb-2020	2:00 PM	Asst.Prof. G. Shasikala	EEE	<i>sh</i> <i>1/2</i>	Dr.V.Vijayakumari	ECE	<i>V. Val</i> <i>sh</i>
						Asst Prof.S Vidhya		
5	12-Feb-2020	10:00 AM	Asst.Prof.M Dukitha	MCA	<i>M. Sh</i>	Asst.Prof. G. Shasikala	EEE	<i>sh</i> <i>1/2</i>
						Asst.Prof. Meenakumari		
6	12-Feb-2020	2:00 PM	Prof. R. Karthikeyan	CIVIL	<i>sh</i> <i>1/2</i>	Prof. M. Sahithullah	MCO	<i>sh</i> <i>1/2</i>
						Asst. Prof. N.Selva Kumar		
7	13-Feb-2020	10:00 AM	Asst.Prof. G. Shasikala	EEE	<i>sh</i> <i>1/2</i>	Dr.P.Rajasekaran	MECH	<i>Jm</i> <i>Balaji</i>
						Asst. Prof. Balaji		
8	13-Feb-2020	2:00 PM	Prof. G. Shasikala	EEE	<i>sh</i> <i>1/2</i>	Prof. Mahesh	IT	<i>sh</i> <i>sh</i>
						Asst. Prof. selvarani		
9	14-Feb-2020	10:00 AM	Prof. R. Karthikeyan	CIVIL	<i>sh</i> <i>1/2</i>	Prof. R.Rajesh	MBA	<i>sh</i> <i>sh</i>
						Asst. Prof. Raja		
10	14-Feb-2020	2:00 PM	Prof. M. Sahithullah	MR	<i>sh</i> <i>1/2</i>	Prof. M Angelin Rosy	MCA	<i>M. Angelin Rosy</i> <i>M. Sh</i>
						Asst. Prof. Dukitha		
11	15-Feb-2020	10:00 AM	Prof. M. Sahithullah	MR CSE	<i>sh</i> <i>1/2</i>	Dr.M.Suresh	S & H	<i>sh</i>
12	15-Feb-2020	2:00 PM	Dr.P.Rajasekaran	MECH	<i>Jm</i> <i>1/2</i>	Mr. M C Yeshwanth	LIB	<i>sh</i>
13	17-Feb-2020	10:00 AM	Asst.Prof. Dukitha	MCA	<i>M. Sh</i>	Mr. Kailash	MESS	<i>P. J</i>
14	17-Feb-2020	2:00 PM	Dr. J. Vijayakumar	PRO		Mrs. Valli	Maint.	<i>V. Valli</i>
15	18-Feb-2020	10:00 AM	Prof. G. Shasikala	EEE	<i>sh</i> <i>1/2</i>	Mr.Uma shankar	Logistics	<i>Uma shankar</i>
16	18-Feb-2020	2:00 PM	Asst.Prof. Dukitha	MCA	<i>M. Sh</i>	Mrs.Padma	Purch.	<i>Rm</i>
17	19-Feb-2020	10:00 AM	Prof. M. Sahithullah	MR	<i>sh</i> <i>1/2</i>	The Secretary	Top Mgt	
18	19-Feb-2020	2:00 PM	Prof. R. Karthikeyan	CIVIL	<i>sh</i> <i>1/2</i>	Prof. M. Sahithullah	MR	<i>sh</i>
19	20-Feb-2020	10:00 AM	Dr. J. Vijayakumar	PRO	<i>Rajasek</i>	Mrs.Latha	CG & C	<i>sh</i>
20	20-Feb-2020	2:00 PM	Prof. R. Karthikeyan	CSE CIVIL	<i>sh</i> <i>1/2</i>	Asst. Prof. Rajesh	TRG	<i>sh</i> <i>sh</i>
						Mr Riaz		

sh
1/2/20

(MR).

The Co-ordinator

Internal Quality Assurance Cell

Er. Perumal Manimekalai College of Engineering,
Koneripalli, Hosur - 635111

S. C. H. T. 2020

(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	Audit Findings				Remarks
			NC	OBS	SUG	Findings Pending (NC & OBS)	
	Engineering : Academics	11.02.2019	22	-	-	NIL	

Institution	Department	Date	Audit Findings				Remarks
			NC	OBS	SUG	Findings Pending (NC & OBS)	
	Engineering : Academics						
Engineering	CSE	11-Feb-20	2	-	-	NIL	
	ECE	11-Feb-20	2	-	-	NIL	
	Mechanical	13-Feb-20	2	-	-	NIL	
	MCO	12-Feb-20	2	-	-	NIL	
	Civil	10-Feb-20	2	-	-	NIL	
	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	

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

Institution	Department	Date	Audit Findings				Remarks
			NC	OBS	SUG	Findings Pending (NC & OBS)	
Engineering	Top Management	-	-	-	-	NIL	
	Mgt. Representative	19-Feb-20	1	-	-	NIL	
	Library (Engg, MBA)	15-Feb-20	2	-	-	NIL	
	Purchase	18-Feb-20	1	-	-	NIL	
	Training & Development	20-Feb-20	2	-	-	NIL	
	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	

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

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

Name of the Auditor: DR. P. RAJASEKARAN

Function: AERONAUTICAL / ENGG.

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

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

Signature of the Auditee

AUDIT OBSERVATION SHEET

Institution: PMCTECH

Department: AERO / ENGG.

Auditor: D.T.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 not Authenticated by Principal. Ref: III rd yr.	NC	A.2.1
2.	Weaker List is not Prepared for Internal Test - I. Ref: Mechanics of Machines.	NC	A.2.1

NON CONFORMITY REPORT

Report No:

Function: AERO/ENGG

Date: 10.2.20

Auditor: DR. P. RAJASEKARAN

Auditee: MR. R. KARTHIKEYAN
MR. R. Ramesh

NON CONFORMANCE

Master Logbook is not Authenticated by principal

AUDITOR:

4.2.1
Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	As class Advisor was engaged in Placement activities.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	class Advisor was advised to get sign from principal properly by one in week.	class Advisor	14.2.20	closed

PREVENTIVE ACTION:

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

Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

:

Verified by and closed on

:

Verified OK dh

NON CONFORMITY REPORT

Report No:

Function: Aero/ENGG

Date: 10.02.20

Auditor: DY. P. RAJASEKARAN.

Auditee: MR. R. KARTHIKEYAN
MR. R. RAMESH

NON CONFORMANCE

Weaker list is not prepared for Internal Test-I.

AUDITOR:

A-2.1
Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Due to the conduction of Retest, Preparation of the weaker's list may get delayed.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Faculty was instructed to make weaker's list as based on Internal Test-I marks.	Mr. M. Pugalendi	14.2.20	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Faculties are advised to make weaker's list only based on test marks.	Mr. M. Pugalendi	17.2.20	closed

Resource Requirements if any

: Nil

Effectiveness of the corrective action taken

: Verified

Verified by and closed on

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: Mrs. P. Anlet Pamila Suhi, AP/CSE
Mrs. Sadhana, AP/CSE

Name of the Auditor: Prof. M. Sahithullah

Function: CSE/Engg

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

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

Signature of the Auditee

AUDIT OBSERVATION SHEET

Institution: PMcTech

Department: CSE/Engg,

Auditor: Prof. M. Sahithkulla

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

Date: 11/02/2020

S.No.	Description of Audit Finding	Category	Std C ref
1	Class Committee Meeting not Evidence	Nc	4.2.1
	Reference: II Year		
2	Reviewers details for Project need	Nc	4.2.1
	to be updated		
	Reference: IV Year		

NON CONFORMITY REPORT

Report No:

Function: CSE/Engg

Date: 11/02/2020

Auditor: Prof. M. Sahithullah

Auditee:
Mrs. P. Anlet Ramila suthi
AP/
Mrs. Sadhana, AP/CSE

NON CONFORMANCE

<p style="font-size: 1.2em;">Class Committee Meeting not evidence Reference: II year</p>	<p style="text-align: center;">4.2.1</p> <p>AUDITEE</p>
AUDITOR:	Std Clause / Doc. Ref:

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Class Committee Meeting organised. But not properly documented.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Class Committee meeting properly documented and authenticated with the signature of Faculty and HoD.		13/02/20	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Class Committee meetings documents to be documented on the same day of class committee meeting.		13/02/20	closed.

Resource Requirements if any

: Nil

Effectiveness of the corrective action taken

: Verified

Verified by and closed on

NON CONFORMITY REPORT

Report No:

Function:

Date: 11/02/2020

Auditor: Prof M. Sahithullah

Auditee:

Mrs. P. Anlet Pamila Sub AP/E
Mrs. Sadhana, AP/CSE

NON CONFORMANCE

Reviewer details for Project need to be updated.
Reference: IV year

4.2.1

AUDITOR:

Std Clause / Doc. Ref:

[Signature]
AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Project review conducted. But reviewer details not updated.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Reviewer details updated and documented with signature of Faculty and HoD	HoD	13/02/20	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Reviewer details to be updated at the time of Project Review	HoD	13/02/20	Closed

Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

:

Verified by and closed on

: Verified *[Signature]*
13/2

EVEN / 2006

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: *Dr. V. Vijayakumari*

Mrs. S. Vidhya

Name of the Auditor: *Prof. G. Shavikala*

Function:

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

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

Signature of the Auditee

AUDIT OBSERVATION SHEET

Institution:

Department: ECE

Auditor: Prof. G. Sankar

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

Date: 11.02.20

S.No.	Description of Audit Finding	Category	Std C ref
1	<u>Master logbook not updated - 3rd year</u>	<u>NC</u>	<u>A.2-3</u>
2	<u>Project details not updated - 4th year</u>		

NON CONFORMITY REPORT

Report No:

Function: ECE/Engg

Date: 11.02.20

Auditor: Prof. G. Sasikala.

Auditee: Dr. V. Vijayakumar
Mrs. S. Vidhya

NON CONFORMANCE

<p style="font-size: 1.2em;">Masterlog book not updated - III - Years</p>	
<p>AUDITOR: </p>	<p style="text-align: center;">4.2.3. Std Clause / Doc. Ref:</p>
	<p style="text-align: right;">V. Vijayakumar AUDITEE</p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1	masterlog book was not with faculty name

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	masterlog book was updated	HOD	17-02-20	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	masterlog book was asked to update daily.	HOD	17-02-20	closed

Resource Requirements if any

: Nil.

Effectiveness of the corrective action taken

: Verified.

Verified by and closed on

:

NON CONFORMITY REPORT

Report No:

Function: ECE/Engg

Date: 11-02-20

Auditor: Prof. G. Sasikala

Auditee: Dr. V. Vijayakumar
Mrs. S. Vidhya

NON CONFORMANCE

Project details not updated - 1st year.

AUDITOR: 

4.2.1
Std Clause / Doc. Ref:

AUDITEE: 

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1	Students project batch was not confirmed.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Students project batch was finalized and updated.	HOD	17-02-20	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Students project batch and details were asked to finalize in the beginning of the sem.	HOD	17-02-20	Closed

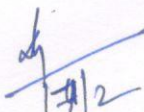
Resource Requirements if any

: Nil.

Effectiveness of the corrective action taken

: Verified.

Verified by and closed on

: 
17/2

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

Name of the Auditee: S. RAMESHWARI / JEEVITHA.

Name of the Auditor: Dr. J. VIJAYAKUMAR.

Function: CIVIL / ENGG.

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

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

Signature of the Auditee

AUDIT OBSERVATION SHEET

Institution: PMC TECH

Department: CIVIL / ENGG.

Auditor: Dr. J. VJAYA 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: II nd civil		
2.	Student Project review details not evidence.	NC	4.2.1
	Reference: Final year civil		

NON CONFORMITY REPORT

Report No:

Function: CIVIL/ENGG.



Date: 10.2.2020

Auditor: P. J. VIJAYAKUMAR

Auditee: S. RAMESHWAR

JEEVITHA

NON CONFORMANCE

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

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Immediate action to be taken to document the feedback.	HOD	12.2.2020	Closed

PREVENTIVE ACTION:

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


Resource Requirements if any

: Nil

Effectiveness of the corrective action taken

:

Verified by and closed on

: Verified by 

NON CONFORMITY REPORT

Report No:



Function: CIVIL/EPGC

Date: 10.2.2020

Auditor: DR. J. VIJAYAKUMAR.

Auditee: S. Ramashwari
Jeenitha.

NON CONFORMANCE

Student Project review details not evidence.		
	4.2.1	
AUDITOR:	Std Clause / Doc. Ref:	AUDITEE:

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Project review conducted but not documented.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Review details documented with signature of HOD and faculty.	HOD	12.2.20	Closed.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Review details to be documented on the same day of review conducted.	HOD	12.2.20	Closed.

Resource Requirements if any

: Nil

Effectiveness of the corrective action taken

:

Verified by and closed on

:

FORM: QSF 02

Version No:1.0

Issue Date

Verified
by
12/2

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

Name of the Auditee: *Mrs. G. SHASIKALA
Mrs. S. MEENAKUMARI*

Name of the Auditor: *Mrs. M. DUKITHA
ASSISTANT PROFESSOR*

Function: *EEE/ENGG*

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

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

Signature of the Auditee

AUDIT OBSERVATION SHEET

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
<i>1.</i>	<i>Student profile not updated.</i>	<i>NC</i>	<i>6.2</i>
	<i>(Reference III Year)</i>		
<i>2.</i>	<i>Tutorial Hours not capturing</i>		
	<i>lesson plan</i>	<i>NC</i>	<i>6.4.1</i>

NON CONFORMITY REPORT

Report No:

Function: *EEE/ENGG*

Date: *12.02.2020*

Auditor: *Mrs. M. DUKITHA*

Auditee: *Mrs. G. SHASIKAL*

Mrs. S. MEENAKUM

NON CONFORMANCE

<p style="font-size: 1.2em;"><i>Student profile not updated (Ref : <u>ii</u> Year).</i></p>	<p style="text-align: center;"><i>4.2.2</i> Std Clause / Doc. Ref:</p>
<p><i>M. Dh</i> AUDITOR:</p>	<p><i>[Signature]</i> AUDITEE</p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	<i>Available in softcopy not documented.</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	<i>Informed to update profile in time</i>			
2.	<i>Informed to take printout and documented in time.</i>			
		<i>Mr. Senthil Kumar</i>	<i>Immediate</i>	<i>Closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	<i>continuous follow up of updation and same documented.</i>			
		<i>Mr. Senthil Kumar</i>	<i>12.2.20</i>	<i>Closed</i>

Resource Requirements if any

: *NIL*

Effectiveness of the corrective action taken

:

Verified by and closed on

: *verified. [Signature]*

NON CONFORMITY REPORT

Report No:

Function: *EEE/ENGG*

Date: *12.02.2020*

Auditor: *Mrs. M. DUKITHA*

Auditee: *Mrs. G. SHASIKALA*

Mrs. S. MEENAKUMAR

NON CONFORMANCE

<p><i>Tutorial Hours not capturing lesson plan.</i></p>
<div style="text-align: center;"> <p><i>M.Dh</i> AUDITOR:</p> </div> <div style="text-align: center;"> <p><i>4.2.2</i> Std Clause / Doc. Ref:</p> </div> <div style="text-align: center;"> <p><i>[Signature]</i> AUDITEE</p> </div>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	<i>Tutorial hour handled but not documented.</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	<i>Informed to update and documented in time.</i>			
		<i>L.Malewarin</i>	<i>13.02.20</i>	<i>Closed.</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	<i>planning of tutorial hours in lesson plan to be executed & documented.</i>			
		<i>L.Malewarin</i>	<i>13.02.20</i>	<i>Closed.</i>

Resource Requirements if any

: *NIL*

Effectiveness of the corrective action taken

:

Verified by and closed on

: *verified.*

M.Dh
14/2

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

EVEN [MCO]

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

Name of the Auditor: Prof. R. KARHIKEYAN

Function: MCO/ENGG

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: *PMC TECH* Department: *MCO/ENGG*

Auditor: *Prof. R. Karthikeyan*

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

Date: *12/2/2020.*

S.No.	Description of Audit Finding	Category	Std C ref
1.	<i>Training Need analysis not updated</i> <i>Ref. (Mr. C. Khader)</i>	<i>NC</i>	<i>A.6.2</i>
2	<i>Master Log Book NOT updated.</i> <i>(Ref. Mr. C. Khader)</i>	<i>N.C.</i>	<i>A.6.2.</i>

NON CONFORMITY REPORT

Report No:


Function: MCO/Engg

Date: 12/2/2020

Auditor: Prsg. R. Karthikayan

Auditee: Dr. M. Sathish
Mr. N. Selva Kumar

NON CONFORMANCE

Training need analysis not updated. Ref: (Mr. C. Khader).		
 AUDITOR:	4.2.2 Std Clause / Doc. Ref:	AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Training was provided for Mr. C. Khader but the analysis report not documented in hand copy

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	The analysis report was made in hand copy and documented in proper file	C.Khader	14.2.20	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	The analysis is to be done after the completed training period	C.Khader	14.2.20	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified 
14/2

NON CONFORMITY REPORT

Report No:


Function: *MED/Engg*

Date: *12/2/2020*

Auditor: *Prof. R. Karthikeyan.*

Auditee: *Dr. M. Sahithullu*
Mrs N. Selvakuma

NON CONFORMANCE

 AUDITOR:	<p style="text-align: center;"><i>Master Log book not updated.</i> <i>(Res. Mr. C. Kheder)</i></p> <p style="text-align: right;"><i>4.2.2</i></p>	Std Clause / Doc. Ref: AUDITEE:
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ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	<i>Hours during Model Examination are not updated.</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Hours are updated and authenticated by class Advisor.</i>	<i>C. Kheder</i>	<i>14.2.20</i>	<i>closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>At the end of class hours the Log book to be updated and authenticated by hod at the end of day.</i>	<i>C. Kheder</i>	<i>14.2.20</i>	<i>closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified
14/2

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

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

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

Function: MECH / EN661

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

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

Signature of the Auditee

AUDIT OBSERVATION SHEET

Institution: PMCTECH

Department: MECH/ENGG

Auditor: Mrs. P. SUMATHI, AP

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. Reference : III MECH 'A' DTS	NC	
2.	Principal Sign Not getting in Log Book. Reference : III MECH AUTOMOBILE ENGG	NC	

NON CONFORMITY REPORT

Report No:

Function: MECH/ ENGG

Date: 13.2.2020

Auditor: Mrs. P. SOMATHI, AP, Mrs. SASSIKALA HOD/EEE

Auditee: Dr. P. RAJASEKARAN
Mr. R. BALAJI

NON CONFORMANCE

<p style="font-size: 1.2em;">Answer key Not Evidence.</p> <p>IIIrd MECH A - DTS</p>	<p>4.2.2</p> <p>Std Clause / Doc. Ref:</p>
<p>AUDITOR: </p>	<p>AUDITEE: </p>

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Hand copy of Answer key documented in the proper file	K. Ranjith	Immediate	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	At the time of submission of VTI, AP answer Key to be submitted in the <u>hardcopy</u>	K. Ranjith	Immediate	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

: Verified ah
14/2

NON CONFORMITY REPORT

Report No:

Function: MECH/ENH

Date: 13.02.2020

Auditor: Mrs. P. SUMATHI, Mrs. SASIKALA HOD/EEE

Auditee: Dr. P. RASASEKARAN
Mr. R. BALASI

NON CONFORMANCE

Principal Sign Not getting in Log Book.

III - MECH A - AUTOMOBILE

AUDITOR:

4.2.2.
Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Due to Absence of concern Jaulby master log book
	and Individual log book is not authenticated by
	Principal

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Log book is authenticated by	Prinimusay	Immediately	closed
	Principal			


PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Log book should be authenticated	Prinimusay	Immediately	closed
	by Principal on every week.			

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on

Verified by  13/2

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

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

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

Function: IT/ENGG

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC Tech Department: IT/Engg

Auditor: Mrs. G. Shasikala
AP

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

Date: 13/2/2020

S.No.	Description of Audit Finding	Category	Std C ref
1.	It - 1 Answer key is not evidence Ref (Environmental science)	NC	4.6.2
	II/36		
2.	Log book not Authenticated by Principal Ref (mobile computer)	NC	4.6.2
	III/36		

NON CONFORMITY REPORT

Report No:



Function: IT/Engg

Date: 13/2/20

Auditor: Mrs. G. Shasikala AP

Auditee: Dr. A. Mahesh
Mrs. Selvarani

NON CONFORMANCE

 AUDITOR:	<p style="font-size: 1.2em;">Log book. not authenticated by principal. ref. mobile mobile computing.</p>	<p style="text-align: center;"><u>h.b.2</u> Std Clause / Doc. Ref:</p> <p style="text-align: right;"> AUDITEE</p>
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ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

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

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	log books. should be authenticated	faculty	immediate	closed
	by principal on every ^{or} friday.			

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

: Verified 13/2

NON CONFORMITY REPORT

Report No:

Function: IT / Engg.



Date: 13/2/20

Auditor: Mrs. G. Shasikala AP

Auditee: Dr. A. Hakesh

Mrs. Selvaani.

NON CONFORMANCE

<p>IT-I. Answer key - not submitted. at that time key (Environmental science)</p>	 AUDITOR:
<p>4/6/20 Std Clause / Doc. Ref:</p>	 AUDITEE

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

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

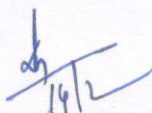
PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Answer key should be submitted at the time of Question Paper submission.	faculty	Immediate	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified  14/2

EVEN

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: *Mrs. Valli*

Name of the Auditor: *Dr. Vijayakumar*

Function: *Maintenance / Engg.*

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: P.M.C. Tech.

Department: Mechanical.

Auditor: J. Vijayakumar.

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

Date: 17.2.20

S.No.	Description of Audit Finding	Category	Std C ref
1.	class room is not swept properly	No	6.4
	Ref: III Mech		
2.	Labs are cabinet not cleaned properly.	No	6.4

NON CONFORMITY REPORT

Report No:

Function: Maintenance

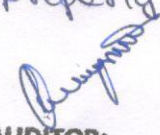
Date: 17.2.20

Auditor: Mr. S. Vijayakumar


Auditee: Mrs. Valli

NON CONFORMANCE

The class rooms benches clean was not cleaned properly.

AUDITOR: 

Std Clause / Doc. Ref: 6-4.

AUDITEE: 

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	The workers are advised for good cleaning.	MS Valli	18/2/20	closed

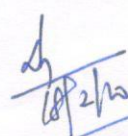
PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	If future it will be corrected.	MS Valli	18/2/20	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified by  18/2/20

NON CONFORMITY REPORT

Report No:

Function:

Date: 17.2.20

Auditor: J. vijayakumar.

Auditee: Mrs. Valli

NON CONFORMANCE

They are not cobweb cleaned properly in the class and labs.

AUDITOR: *[Signature]* P.2. Std Clause / Doc. Ref: *[Signature]* **AUDITEE**

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	When the sweeper come into the lab students are doing practical, so they could not released all the things.

CORRECTION / CORRECTIVE ACTION:

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

PREVENTIVE ACTION:

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

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

[Signature]

EVEN

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: Dr. M. Suresh

Name of the Auditor: Dr. P. Rajasekaran

Function: Recruitment

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual		
2	Show me your regulatory requirements and status of compliance		
3	Show me your list of records		
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat		
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)		
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10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.		
12	Continual improvement program.		
13	Check for the departmental review meetings		
14	Check the awareness level on roles and responsibility.		
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		
16	Check for the improvements made in the department in the passed one year		
17	Analysis on student / feedback from (Parameter wise analysis)		
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

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26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by		
27	Method of selection of question papers(unit test and midterm tests)		
28	Preservation of previous year university exam question papers.		
29	List of formats used in the department and is that controlled.		
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		
31	Housekeeping maintain with in the departments.		
LABORATORY			
32	Identification of equipments		
33	Calibration of equipments. (Internal / external calibration records)		
34	Preventive maintenance of equipments where appropriate.		
35	Adequate no.of Fire Extinguishers in the area.		
36	First aid kits stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.		
38	Start and shot down instruction where appropriate.		
39	Sign boards in the laboratory.		
40	Display of quality policy.		
41	List of consumables used in the laboratory and maintainance of sufficient stock.		
42	Non conforming materials to be identified quarantined.		
43	Horizontal deployment initiatives.		
44	Change made in the system considereing improvements / improving process performance.		
45	Relevant process charts can be displayed in the laboratory.		

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC Tech Department: Recruitment cell

Auditor: Dr. P. Rajasekar

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

Date: 21/2/20

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

NON CONFORMITY REPORT

Report No:

Function: Recruitment Cell

Date: 21/2/20

Auditor: Dr. P. Rajasekaran

Auditee: Dr. M. Suresh

NON CONFORMANCE

Consolidated report on faculty performance assessment are not documented properly for the newly selected staff for academic year 2019-2020

AUDITOR:

Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Prepared and reviewed once in a semester	Dr. Suresh	24/2/20	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Properly maintained at future	Dr. Suresh	24/2/20	closed

Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

: verified

Verified by and closed on

:

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: Prof. M. Sahithullal

Name of the Auditor: Prof. R. Karthikayaa

Function: MR

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducre / department manual		
2	Show me your regulatory requirements and status of compliance		
3	Show me your list of records		
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat		
5	List one record and ask auditee to produce (Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)		
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9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.		
10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.		
12	Continual improvement program.		
13	Check for the departmental review meetings		
14	Check the awareness level on roles and responsibility.		
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		
16	Check for the improvements made in the department in the passed one year		
17	Analysis on student / feedback from (Parameter wise analysis)		
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

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21	Training need identification for the staffs by the departmental HOD's		
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27	Method of selection of question papers(unit test and midterm tests)		
28	Preservation of previous year university exam question papers.		
29	List of formats used in the department and is that controlled.		
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		
31	Housekeeping maintain with in the departments.		
LABORATORY			
32	Identification of equipments		
33	Calibration of equipments. (Internal / external calibration records)		
34	Preventive maintenance of equipments where appropriate.		
35	Adequate no.of Fire Extinguishers in the area.		
36	First aid kits stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.		
38	Start and shot down instruction where appropriate.		
39	Sign boards in the laboratory.		
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43	Horizontal deployment initiatives.		
44	Change made in the system considereng improvements / improving process performance.		
45	Relevant process charts can be displayed in the laboratory.		

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC Tech Department: MR

Auditor: Prof. R. Karthikeyan

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

Date: 19/2/20

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

NON CONFORMITY REPORT

Report No:

Function: MR - Egg

Date: 19/2/20

Auditor: Prof. R. Karthikeyan

Auditee: Prof. M. Sahithullah

NON CONFORMANCE

Department objectives has to be reviewed periodically to achieve the targets.

AUDITOR:

4.6.2.
Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Review meeting conducted on every semester end and the objectives & targets are reviewed.	M. Sahithullah	Immediate	closed

PREVENTIVE ACTION:

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


Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

: Verified

Verified by and closed on

: Verified  19/2

Even (MCA)

ASAP MANAGEMENT CONSULTANTS (P) LTD

AUDIT CHECKLIST

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 / Engg

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC Tech Department: MCA / Engg

Auditor: Mr.M.Sahithulla

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 not updated.	N/C	4.6.2
2.	Reviewer details not updated	N/C	4.6.2

NON CONFORMITY REPORT

Report No:

Function: MCA/Engg

Date: 14.02.2020

Auditor: Mr. M. Sahithullah

Auditee: Mrs. M. Angelina
Rosy
Mrs. M. Dulitha

NON CONFORMANCE

<p style="font-size: 1.2em;">Students Feedback on faculty not updated.</p>	
<p>AUDITOR: h.b.z</p>	<p>Std Clause / Doc. Ref:</p>
	<p><i>M. Dh</i> AUDITEE</p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Due to library can not able to collect feedback from students

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Feed back on faculty completed	M. Angelina Rosy	20.2.20	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Feed back on faculty collected in time.			

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

: Verified *dy*
dy

NON CONFORMITY REPORT

Report No:

Function: MCA/Engg

Date: 14.02.2020

Auditor: Mr. M Sahithullah

Auditee: Mrs. M. Angelina Ross
Mrs. M. Dulcita

NON CONFORMANCE

<p style="font-size: 1.2em;">Reviewer Details not updated.</p>	<p style="font-size: 1.2em;">A.B.2</p> <p>AUDITEE</p>
AUDITOR:	Std Clause / Doc. Ref:

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Reviewer not specify the details

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Reviewer details updated.	Mrs M. Dulcita	20.2.20	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Reviewer details updated immediately			

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified by 14/2

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: Prof. Rajesh

Prof. Raja

Name of the Auditor: Prof. Kirthi Mayan

Function: MBA

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

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

Signature of the Auditee

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMCTECH Department: MBA

Auditor:

Prof. R. Karthikeyan

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

Date: 14/2/20

S.No.	Description of Audit Finding	Category	Std C ref
01.	Student profile - not updated		
	Ref: [II Year MBA - University results]	NC	H-2
02	Class Attendance - Monthly		
	Attendance % - not evidenced		
	Ref: CI-MBA Monthly attendance	NC	H-2

NON CONFORMITY REPORT

Report No:

Function: MBA

Date: 14/2/20

Auditor: Prof. R. Karthikeyan

Auditee:

Prof. Rajesh
Prof. Raja

NON CONFORMANCE

<p>Student profile not updated Ref (II Year MBA - University results)</p>	<p>4.2.</p>
<p>AUDITOR: </p>	<p>Std Clause / Doc. Ref:</p>
<p> AUDITEE</p>	

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<p>university results updated in the prescribed format</p>	Renu	21/2/20	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<p>It was advised to update the university results at the time of</p>	Renu	21/2/20	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

: Vaped

NON CONFORMITY REPORT

Report No:

Function: MBA

Date: 14/2/20

Auditor: Prof. R. Karthikeyan

Auditee: Prof. Rajesh

NON CONFORMANCE

Prof. Raja

Class attendance - monthly attendance % not evidenced by C II - year MBA monthly attendance

AUDITOR: *[Signature]* Std Clause / Doc. Ref: 4.b.2 AUDITEE: *[Signature]*

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Monthly attendance % was updated in the attendance Register	Raja	21/2/20	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Advised to calculate the attendance % and update in register in the last working day of every month	Raja	21/2/20	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

[Signature]
21/2

EVEN

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: Mrs. Padma

Name of the Auditor: Asst. prof. Dukithe

Function: Purchase

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

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

Signature of the Auditee

Signature of the Auditor

NON CONFORMITY REPORT

Report No:

Function:

Date: 18.2.20

Auditor: Asst. Prof. Dukithe

Auditee: Mrs. Padma

NON CONFORMANCE

<p style="font-size: 1.2em;">Microprocessor lab bills are not available By: Instruments from Vi Microsystems</p>	<p style="text-align: center;">4.2.3 Std Clause / Doc. Ref:</p>
<p>AUDITOR: <i>M. Dh</i></p>	<p>AUDITEE: <i>Padma</i></p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	<p style="font-size: 1.2em;">Forgotten to collect bills from ECE Dept</p>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<p style="font-size: 1.2em;">It was identified and kept in file</p>	<p>Mrs. Padma</p>	<p>20/2/20</p>	<p>Closed</p>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<p style="font-size: 1.2em;">In future such problems will be prevented</p>	<p>Mrs. padma</p>	<p>20/2/20</p>	<p>Closed</p>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on

: Verified by *[Signature]*
20/2/20

NON CONFORMITY REPORT

Report No:

Function:

Date:

Auditor:

Auditee:

NON CONFORMANCE

AUDITOR:	Std Clause / Doc. Ref:	AUDITEE

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

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

PREVENTIVE ACTION:

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

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

EVEN

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: Ms. Latha

Name of the Auditor: Prof. J. Vyayabuniar

Function: CG & C

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

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

Signature of the Auditee

NON CONFORMITY REPORT

Report No:

Function: CG & C

Date: 22/2/20

Auditor: Dr. J. Vijayakumar

Auditee: Mrs. Latha

NON CONFORMANCE

<p style="font-size: 1.2em;">Few applications were incomplete & few were misplaced.</p>		
<p>AUDITOR: </p>	<p>4.1.2. Std Clause / Doc. Ref:</p>	<p> AUDITEE</p>

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Students details are collected & filled immediately.	Dr. Sri	Immediate	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Complete details are filled & obtained at the initial stage itself.	Dr. Sri	Immediate	closed

Resource Requirements if any

: Nil

Effectiveness of the corrective action taken

: Verified.

Verified by and closed on

:
24/2

NON CONFORMITY REPORT

Report No:

Function: CG & C

Date: 22/2/20

Auditor: Dr. J. Vijayakumar

Auditee: Mrs. Latha

NON CONFORMANCE

<p style="font-size: 1.2em;">Obtained certificate details were found to be incomplete.</p>	<p>AUDITOR:</p>
<p>4.6.2 Std Clause / Doc. Ref:</p>	<p>AUDITEE</p>

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Separate staff is allocated and these details are updated.	Dr. Sehi	Immediate	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Separate staff will be allotted for this updation	Dr. Sehi	Immediate	Closed

Resource Requirements if any

: Nil

Effectiveness of the corrective action taken

: verified

Verified by and closed on

:
24.2

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

Name of the Auditee: *Mr. Kailash*

Name of the Auditor: *Asst prof. Dukitla*

Function: *Mech/Engineering*

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: Pmc Tech

Department: Mess

Auditor: Mrs. Dukitha

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

Date: 28.9.20.

S.No.	Description of Audit Finding	Category	Std C ref
1.	wastes are not disposed properly.		
	Ref: wastes are thrown at the back bridge of boys hostel and not disposed daily.	Ne	b.4
2.	Rooms are not maintained cleanly.	Ne	b.4
	Ref: Rooms of the girls hostel are not cleaned properly.		

NON CONFORMITY REPORT

Report No:

Function: Mess and
hostel

Date: 28.9.20

Auditee: Mr. Kailash.

Auditor: Ms. Dukitha

NON CONFORMANCE

<p>Rooms are not maintained cleanly.</p> <p>Ref: Rooms of the girls hostel are not cleaned properly.</p>	<p style="text-align: center;">4.2-3</p> <p>Std Clause / Doc. Ref:</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p>AUDITEE</p>
<p>AUDITOR: <i>M. Dh</i></p>		

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	will be noticed and rectified and advised students to maintain the rooms.	Mr. Kailash	imm	closed.

PREVENTIVE ACTION:

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

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on

: closed *dh*

NON CONFORMITY REPORT

Report No:

Function: Mess and
hostel

Date: 28.9.20
Auditee: Mr. Kallash

Auditor: Mrs. Dukitha

NON CONFORMANCE

washes are not disposed properly.
Ref: wastes are thrown at the back side of boys
hostel and not disposed daily.

M. Dh
AUDITOR:

4.2.3
Std Clause / Doc. Ref:

PJE
AUDITEE

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Alternative manpower to be arranged for disposal	Mr. Kallash	immediate	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	House keeping chart to maintained for disposal and regularly monitoring	Mr. Kallash	immediate	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on

: Verified & closed ✓

EVEN

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: Prof. Rajesh / Mr. Rijaz

Name of the Auditor: Prof. Anlet Paula Suli

Function: TRG

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMCTech Department: TRG

Auditor: Prof. Anil Parule
Subi

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

Date: 20/02/20

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

NON CONFORMITY REPORT

Report No:

Function: TRG

Date: 20/2/20

Auditor: Prof. Anel Parula Suki

Auditee: Prof. Rajesh /
Mr. Rijaz

NON CONFORMANCE

<p style="font-size: 1.2em;">Consolidated feedback form for softskill training not found.</p>	
<p>AUDITOR: </p>	<p style="text-align: center;">4.23. Std Clause / Doc. Ref:</p>
	<p> AUDITEE</p>

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

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

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Separate file was maintained & kept safely.	Training member	Immediate	closed

Resource Requirements if any

: Nil

Effectiveness of the corrective action taken

: Verified

Verified by and closed on

:

NON CONFORMITY REPORT

Report No:

Function: TRG

Date: 20/2/20
Auditee: Prof. Rajesh /
Mr. Rija

Auditor: Prof. Anket Parula Suki

NON CONFORMANCE

<p style="font-size: 1.2em;">Course material for the soft skill training programme is not found.</p>	<p style="text-align: center;">4.6.2 Std Clause / Doc. Ref:</p>
<p>AUDITOR: </p>	<p>AUDITEE: </p>

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Collected and maintained in a separate file.	Training member	Immediate closed	

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Carefully maintained the course material for training.	Training member	Immediate closed	

Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

: Verified

Verified by and closed on

:

EVEN

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: Mr. Uma Shankar

Name of the Auditor: Prof. G. Shankala

Function: Logistics.

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

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

Signature of the Auditee

Signature of the Auditor

NON CONFORMITY REPORT

Report No:

Function: Engineering

Date: 18.2.20

Auditor: Prof. G. Shasikala

Auditee:

Mr. Uma Shankar

NON CONFORMANCE

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

AUDITOR:

Std Clause / Doc. Ref: 6.0

Uma Shankar
AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1	Due to shortage of machines there has not been inspected.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Immediate action is taken and categorized as accepts & rejects	Uma Shankar	Immediate	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	There will be prevented in future	Uma Shankar	Immediate	closed

Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

: Verified.

Verified by and closed on

: dh
18/2

NON CONFORMITY REPORT

Report No:

Function: Logistics

Date: 18.2.20

Auditor: Prof. G. Shesikala

Auditee:

Mr. Uma Shankar

NON CONFORMANCE

<p style="text-align: center;">Maintenance records of the following vehicles TN47 9113 & TN 1111A 70 & 9149 are not maintained F 4793</p>
AUDITOR: _____ Std Clause / Doc. Ref: _____
<u>Shesikala</u> AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1	Due to the replacement of maintenance record for the above vehicle at the time of audit.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Maintenance record has maintained properly and submitted correctly for auditing.	Uma Shankar	Immediate	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Separate person is allocated for the maintenance of record.	Uma Shankar	Immediate	Closed

Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

: verified.

Verified by and closed on

: Shesikala
18/2

EVEN

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: Mr. Yeshwanth

Name of the Auditor: Dr. P. Rajnekar

Function: Library / Engg.

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC Tech

Department: Library

Auditor: M. Rajasekaran. 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 in the original sections. Ref: Digital electronics book is kept in the mathematical section.	NC	A.2.3
02.	Fine collection not properly maintained. Ref: collection of fine amount is not properly maintained.	NC	A.2.3

NON CONFORMITY REPORT

Report No:

Function:

Date: 15.2.20

Auditor: Dr. P. Rajasekaran

Auditee: Mr. Yeswanth

NON CONFORMANCE

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

AUDITOR: 

Std Clause / Doc. Ref: 4.2.3

AUDITEE: 

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It was noticed by the members and arranged properly.	librarian		closed


PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It will be corrected in future.	librarian		closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified by  15/2

NON CONFORMITY REPORT

Report No:


Function: *Lib/egf.*

Date: *15.2.20*

Auditee: *Mr. Yeshwanth*

Auditor: *Dr. P. Rajasekaran*

NON CONFORMANCE

<p><i>fine collection not properly maintained.</i></p> <p><i>Ref: closing of account details of the outgone students not properly maintained.</i></p>	 AUDITEE
AUDITOR:	Std Clause / Doc. Ref: <i>4.2.3.</i>

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

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

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>amount was settled on daily basis and obtained from the office.</i>	<i>Lib</i>	<i>imm</i>	<i>closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified by
16/2

**IQAC ACADEMIC &
ADMINISTRATIVE AUDIT
SEPTEMBER - 2020**

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

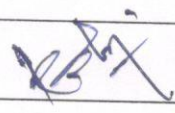
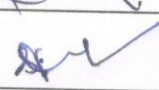
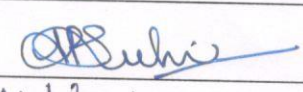
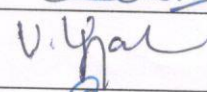
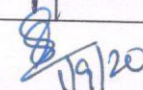
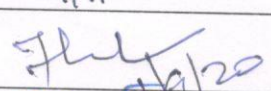
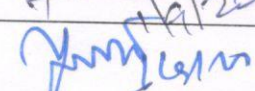
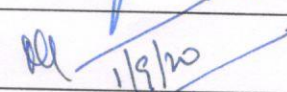
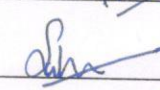

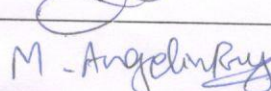
01/09/20

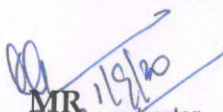
The IQAC Academic and Administrative Audit related meeting is convened today by the Principal along with all HODs to keep the records up to date and to get ready for the Audit that will commence from the Second week of September 2020. All the HODs have agreed to get ready for the audit and extend their 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.

Sl.	Department	Signature
1	Aeronautical Engg	
2	Civil Engineering	
3	Computer science Engineering	
4	Electronics & communication Engg	
5	Electrical & Electronics Engineering	 1/19/20
6	Information Technology	 1/19/20
7	Mechanical Engineering	 1/19/20
8	Mechatronics Engineering	 1/19/20
9	Science & Humanities	
10	MBA	
11	MCA	 M. Angelin Bay


MR 1/19/20
The Co-ordinator
Internal Quality Assurance Cell
Er. Perumal Manimekalai College of Engineering
Koneripalli, Hosur - 635117


S. Chit
PRINCIPAL 1/19/2020
Principal
Er. Perumal Manimekalai College of Engineering
Koneripalli, HOSUR - 635 117. Krishnagiri Dist.
Tamil Nadu, India.

STAFF CIRCULAR

19/2020

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

S.No.	Date	Time	Auditor	Dept.	Sign	Auditee	Dept.	Sign
1	21-Sep-20	10:00 AM	Dr.P.Rajasekaran	MECH		Prof. R. Karthikeyan	AERO	
						Asst. Prof. Ramesh		
2	21-Sep-20	2:00 PM	Prof. J. Vijayakumar	S & H		Asst. Prof. Rameshwari	CIVIL	
						Asst. Prof. M. Balamurugan		
3	22-Sep-20	10:00 AM	Prof. M. Sahithullah	EEE		Prof. Anlet Pamila Suhi	CSE	
						Dr. N. Shanmuga karpagam		
4	22-Sep-20	2:00 PM	Asst. Prof. G. Shasikala	EEE		Dr. V. Vijayakumari	ECE	
						Dr. A. Kavitha		
5	23-Sep-20	10:00 AM	Asst. Prof. M. Dukitha	MCA		Asst. Prof. G. Shasikala	EEE	
						Asst. Prof. Meenakumari		
6	23-Sep-20	2:00 PM	Prof. R. Karthikeyan	CIVIL		Prof. M. Sahithullah	MCO	
						Asst. Prof. Manivel		
7	24-Sep-20	10:00 AM	Asst. Prof. Sumathi	CSE		Dr. P. Rajasekaran	MECH	
						Asst. Prof. Balaji		
8	24-Sep-20	2:00 PM	Prof. G. Shasikala	EEE		Prof. Mahesh	IT	
						Asst. Prof. M. Manjurekha		
9	25-Sep-20	10:00 AM	Prof. R. Karthikeyan	CIVIL		Dr. R. Rajesh	MBA	
						Asst. Prof. Sangee rani		
10	25-Sep-20	2:00 PM	Prof. M. Sahithullah	MR		Prof. Angelin Rosy	MCA	
						Asst. Prof. Dukitha		
11	26-Sep-20	10:00 AM	Asst. Prof. Sumathi	CSE		Dr. M. Suresh	S & H	
						Asst. Prof. Priya		
12	26-Sep-20	2:00 PM	Dr. P. Rajasekaran	MECH		Mr. Yeshwanth	LIB	
13	28-Sep-20	10:00 AM	Asst. Prof. Dukitha	MCA		Mr. Kailash	MESS	
14	28-Sep-20	2:00 PM	Prof. J. Vijayakumar	S & H		Mrs. Valli	Maint.	
15	29-Sep-20	10:00 AM	Prof. G. Shasikala	EEE		Mr. Uma Shankar	Logistics	
16	29-Sep-20	2:00 PM	Asst. Prof. Dukitha	MCA		Mrs. Padma	Purch.	
17	30-Sep-20	10:00 AM	Prof. M. Sahithullah	MR		The Secretary	Top Mgt	-
18	30-Sep-20	2:00 PM	Prof. R. Karthikeyan	CIVIL		Prof. M. Sahithullah	MR	
19	1-Oct-20	10:00 AM	Prof. J. Vijayakumar	S & H		Mrs. Latha	CG & C	
20	1-Oct-20	2:00 PM	Asst. Prof. Sumathi	CSE		Dr. Rajesh	TRG	
						Mr. Riyaz		

(Mr.)

The Co-ordinator

Internal Quality Assurance Cell

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

S. C. I. F.
19/2020
(PRINCIPAL)
Principal

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

		PROCESS MANUAL						Issue No 1.1		Page 1 of 2		
		TITLE: ANNUAL AUDIT PLAN										
Doc:C / RD 06		APPROVED BY:								15/07/2019		
		YEAR (2020- 2021)										
FUNCTION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Top Management							*					
Mgt. Representative							*					
Engineering: Academics							*					
Library (Engg, MBA)							*					
Purchase							*					
Training & Development							*					
Recruitment Cell							*					
Counselling & Admission							*					
Lab & Workshop							*					
Maintanance							*					
Mess							*					
Logistics							*					
Hostel & Canteen							*					

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

Institution wise activities are covered as the frequency

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

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

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

Institution	Department	Date	Audit Findings				Remarks
			NC	OBS	SUG	Findings Pending (NC & OBS)	
	Engineering : Academics						
Engineering	CSE	22-Sep-20	2	-	-	NIL	
	ECE	22-Sep-20	2	-	-	NIL	
	Mechanical	24-Sep-20	2	-	-	NIL	
	MCO	23-Sep-20	2	-	-	NIL	
	Civil	21-Sep-20	2	-	-	NIL	
	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

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

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

odd (EEE)

Name of the Auditee: *Mrs. G. SHASIKALA
Mrs. S. MEENAKUMARI*

Name of the Auditor: *Mrs. M. DUKITHA
ASSISTANT PROFESSOR*

Function: *EEE/ENGG*

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

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's	S	
21	Training need identification for the staffs by the departmental HOD's	S	
22	Faculty profile - compliance to regularly requirements to be checked.	S	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	S	
24	Internal communication records like circulars.	S	
25	Incase if records are maintained in computers, backup of data to be ensured.	S	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	S	
27	Method of selection of question papers(unit test and midterm tests)	S	
28	Preservation of previous year university exam question papers.	S	
29	List of formats used in the department and is that controlled.	S	
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.	S	
31	Housekeeping maintain with in the departments.	S	
LABORATORY			
32	Identification of equipments	S	
33	Calibration of equipments. (Internal / external calibration records)	S	
34	Preventive maintenance of equipments where appropriate.	S	
35	Adequate no.of Fire Extinguishers in the area.	S	
36	First aid kits stuffed with necessary Antidotes	S	
37	Safety gears provided for the students operating equipments.	S	
38	Start and shot down instruction where appropriate.	S	
39	Sign boards in the laboratory.	S	
40	Display of quality policy.	S	
41	List of consumables used in the laboratory and maintainance of sufficient stock.	S	
42	Non conforming materials to be identified quarantined.	S	
43	Horizontal deployment initiatives.	S	
44	Change made in the system considereing improvements / improving process performance.	S	
45	Relevant process charts can be displayed in the laboratory.	S	

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: *PMCTECH* Department: *EEE/ENGG*

Auditor: *Mrs. N. DUKI Hoo*

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

Date: *23.09.2020*

S.No.	Description of Audit Finding	Category	Std C ref
<i>1.</i>	<i>Student feedback on faculty</i>		
	<i>not evidenced.</i>	<i>NC</i>	<i>4.2.3</i>
<i>2.</i>	<i>Deviations in Lab Lesson plan.</i>	<i>NC</i>	<i>4.2.2</i>

NON CONFORMITY REPORT

Report No:

Function: *EEE/ENGG*

Date: *23.09.20*

Auditor: *Mrs. M. DUKITHA*

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

NON CONFORMANCE

Student feedback on faculty not evidenced.

AUDITOR: *M.Dh*

4.2.1
Std Clause / Doc. Ref:

AUDITEE: *[Signature]*

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
<i>1.</i>	<i>Informed to Complete student feedback progress in time.</i>	<i>HOD</i>	<i>Immediate</i>	<i>Closed.</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
<i>1.</i>	<i>Hard copy to be documented per Semester in time.</i>	<i>HOD</i>	<i>23.09.20</i>	<i>Closed.</i>

Resource Requirements if any

: *NIL*

Effectiveness of the corrective action taken

:

Verified by and closed on

: *verified. OK*

FORM: QSF 02

Version No:1.0

[Signature]
2019
Issue Date

NON CONFORMITY REPORT

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 - II).

n. Dh
AUDITOR:

4.2-1
Std Clause / Doc. Ref:

[Signature]
AUDITEE

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Informed to Conduct one experiment per lab class.	Mr. Devaraj	25.09.20	Closed.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	To execute lab experiments as per Lesson plan.	Mr. Devaraj	25.09.20	Closed.

Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

:

Verified by and closed on

: Verified on [Signature]
25/9

ASAP MANAGEMENT CONSULTANTS (P) LTD

AUDIT CHECKLIST

odd (CSE)

Name of the Auditee: Mrs. P. Anlet Pamela Suthi, AP/CSE

Dr. N. Shanmuga Karapagam, AP/CSE

Name of the Auditor: Prof. M. Sahithullah

Function: CSE/Egg.

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

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

Signature of the Auditee

Signature of the Auditor

NON CONFORMITY REPORT

Report No:

Function: CSE/Engg.

Date: 22/09/2020

Auditor: Prof. M. Sahithullah

Auditee:

Mrs. P. Anlet Pamila Subi,
AP/ES
Mrs. S. Sharmila Karagam
AP/CSE

NON CONFORMANCE

Unit Test Answer key not evidence.
Reference: II year Subject Answer keys (Communication Engineering)

AUDITOR: 4-2-1
Std Clause / Doc. Ref:

M. Sahithullah
AUDITEE

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Collected as Hard Copy of Answer keys and documented with the Signature of Faculty and HOD	Mrs. Deepika	24/09/20	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Answer key to be submitted during the Question Paper Submission	Mrs. Deepika	24/09/20	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

verified ok by *[Signature]*
24/9

NON CONFORMITY REPORT

Report No:

Function: CSE/Engg

Date: 22/09/2020

Auditor: Prof. M. Sahithullah

Auditee:

Mrs. P. Anlet Panila Subi
AP/SE

Dr. N. Shumugalear Pagan
AP/SE

NON CONFORMANCE

Lab Manual not evidence
Reference: OOAD Lab videos not updated.

AUDITOR:

4.2.1
Std Clause / Doc. Ref:

[Signature]
AUDITEE

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Lab Manual is submitted in the form of Hard Copy with faculty and HOD Signature	Mr. Jaganath	24/09/20	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Lab Manual should be submitted in the form of Hard Copy before the commencement of semester	Mr. Jaganath	24/09/20	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified ok by 24/9

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

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

Name of the Auditor: Dr. P. RAJASEKARAN.

Function: AERO/ENGG.

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

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

Signature of the Auditee

Signature of the Auditor

NON CONFORMITY REPORT

Report No:



Function: AERO/ENGA,

Date: 21.09.20

Auditor: Dr. P. Rajasekaran.

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

NON CONFORMANCE

Faculty profile not evidenced.	
AUDITOR: 	AUDITEE: 
4.2.1 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 the profile file.	HOD	25.9.20	Closed


PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Faculty profile should be updated immediately after joining the department.	HOD	26.9.20	

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on

: verified, ok. 
25/9.

NON CONFORMITY REPORT

Report No:

Function: AERO/ENGG.

Date: 21.09.20.

Auditor: Dr. P. Rajascharam.

Auditee: Mr. R. Kasthikyan /
Mr. R. Ramesh.

NON CONFORMANCE

Students feedback on faulty bar chart yet to be update

AUDITOR: *[Signature]*

4.2.1
Std Clause / Doc. Ref:

AUDITEE: *[Signature]*

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Immediate action to be taken to document the students feedback.	class Advisers.	25.9.20	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Here after, students feedback documented on time.	class Advisers	25.9.20	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on

: Verified OK *[Signature]*
20/9

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

0DD(CIVIL)

Name of the Auditee: S. RAMESHWARI / M. BALAMURUGAN.

Name of the Auditor: Dr. J. VIJAYAKUMAR.

Function: CIVIL / ENGG.

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

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

Signature of the Auditee

Signature of the Auditor

NON CONFORMITY REPORT

Report No:

Function: CIVIL/ENGG.

Date: 21.9.2020

Auditor: Dr. J. VEJAYAKUMAR

Auditee: S. RAMESHWAR

M. BALAMURUGAN

NON CONFORMANCE

<p style="font-size: 1.2em;">Lab manual not evidence.</p>	
<p>AUDITOR: </p>	<p style="text-align: center;">4.2.1 Std Clause / Doc. Ref:</p>
	<p style="text-align: right;">AUDITEE: </p>

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Lab manual hard copy prepared in format and authorized by HOD and principal.	Perumal	23.9.20	Closed.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Lab manual preparation & hard copy should be submitted before the commencement of semester.			

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified OK
23/9

NON CONFORMITY REPORT

Report No:

Function: CIVIL/ ENGG



Date: 21.9.2020

Auditor: DR. J. VIJAYA KUMAR.

Auditee: S. RAMESHWARI

M. BALAMURUGAN

NON CONFORMANCE

Lesson plan not evidence.		
	4-2-1	
AUDITOR:	Std Clause / Doc. Ref:	AUDITEE

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

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


PREVENTIVE ACTION:

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

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on

: Verified OK 

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

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

Name of the Auditor: Mrs. ANLET PAMILA SUHI AP/CSE, Mrs. P. SOMATHI AP

Function: MECH / EN/6

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

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

Signature of the Auditee

Signature of the Auditor

NON CONFORMITY REPORT

Report No:

Function: MECH/ENGG

Date: 24.09.2020

Auditor: ~~Mrs. Anlethamma S.H.~~, Mrs. Sumathi, AP

Auditee: D.P. RASASEKARAN
Mr. R. BALAS

NON CONFORMANCE

<p style="font-size: 1.2em;">Students Sign Missing in Opted Elective List</p> <p style="font-size: 1.2em;">- IV YEAR MECH</p>	<p>4.2.1</p> <p>Std Clause / Doc. Ref:</p>
<p>AUDITOR: </p>	<p></p> <p>AUDITEE</p>

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	with in two days the files has been completed.	Mr. R. Babji	Immediately	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	students sign get in opted elective list.	Mr. R. Babji	Immediately	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

: Verified on

NON CONFORMITY REPORT

Report No:

Function: MECH/EN616

Date: 24.09.2020

Auditor: ~~MRS. ANLETPAMELA SURI~~ MRS. SUMATHI, AP

Auditee: D.V.P. RASASEKARA
M.R. BALAJI

NON CONFORMANCE

Assignment mark Missing in Log Book. IV-YEAR MECH B'		
AUDITOR: <i>[Signature]</i>	4.2.1 Std Clause / Doc. Ref:	<i>[Signature]</i> AUDITEE

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Assignment marks are entered in the log book	Mr. Venkat swar	Immediately	closed

PREVENTIVE ACTION:

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

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified OK *[Signature]*
26/9

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

ODD [MCO]

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

Name of the Auditor: PROF. KARTHIKEYAN

Function: MCO / ENGB

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

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

Signature of the Auditee

Signature of the Auditor

NON CONFORMITY REPORT

Report No:



Function: MCD/ENGL67

Date: 23/9/20

Auditor: Prof. R. Karthikeyan

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

NON CONFORMANCE

 AUDITOR:	Unit test - I Answer key not Evidenced. Ref: Digital Electronics 4.2.1 Std Clause / Doc. Ref:	 AUDITEE
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ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Hard copy of Answer key documented in the proper file.	Ravathi	25.9.20	Closed

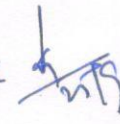
PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	At the time of submission of UT-I OP Answer key to be submitted in Hard copy.	Ravathi	25.9.20	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified OK 

NON CONFORMITY REPORT

Report No:



Function: MCO/Engg

Date: 23/9/20

Auditor: Prof. M. R. Kartlikeyan

Auditee: Dr. M. Sathuloh
Mr. N. Navivel

NON CONFORMANCE

 AUDITOR:	<p>student sign missing in opted Elective list [Rob. Robotics]</p> <p style="text-align: center;">4.2.1 Std Clause / Doc. Ref:</p>	 AUDITEE
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ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	students and advised to put signature immediately	Khadler	Immediate	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	At the time of getting students Preference signature to be obtained	Khadler	Immediate	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

: Verified on 23/9/20

OPD/ECE.

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: Dr. V. Vijayakumari
Dr. A. Kavitha.

Name of the Auditor: Prof. G. Sasikela.

Function: ECE/Engg

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution:

Department: *ECE/Engg*

Auditor: *Prof. G. Sasi Kala*

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

Date: *22.9.20*

S.No.	Description of Audit Finding	Category	Std C ref
<i>1</i>	<i>student Profile not updated - 2nd year</i>	<i>NC</i>	<i>4.2.3</i>
<i>2</i>	<i>Bloom's Taxonomy was not followed in Q-P</i>		

NON CONFORMITY REPORT

Report No:

Function: ECE/Engg

Date: 22.09.20

Auditor: Prof. G. Sankar

Auditee: Dr. V. V. Jayakumar
Dr. A. Karitha

NON CONFORMANCE

<p style="font-size: 1.2em;">Student Profile not updated - 2nd year.</p>		
<p>AUDITOR: </p>	<p>4-2-1 Std Clause / Doc. Ref:</p>	<p> AUDITEE</p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1	Lateral entry student details was not received. Completely

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Students details are collected and updated.	HOD	29.9.20	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Students details for Profile are collected in the beginning and filled updated	HOD	29.9.20	Closed

Resource Requirements if any

: Nil

Effectiveness of the corrective action taken

: verified.

Verified by and closed on

: Verified ok by
29/9

NON CONFORMITY REPORT

Report No:

Function: ECE/Ergg

Date: 22.09.20

Auditor: Prof. G. Sasikala.

Auditee: Dr. V. Vijayakumar
Dr. A. Karitha

NON CONFORMANCE

<p style="font-size: 1.2em;">Bloom's Taxonomy was not followed in Q.P.</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;"> <p>AUDITOR: </p> </td> <td style="width: 40%; border: none; text-align: center;"> <p>4.2.1 Std Clause / Doc. Ref:</p> </td> <td style="width: 30%; border: none; text-align: right;"> <p> AUDITEE</p> </td> </tr> </table>	<p>AUDITOR: </p>	<p>4.2.1 Std Clause / Doc. Ref:</p>	<p> AUDITEE</p>
<p>AUDITOR: </p>	<p>4.2.1 Std Clause / Doc. Ref:</p>	<p> AUDITEE</p>	

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Questions are asked as per the format	HOD	29.9.20	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Q.P will be framed with the bloom's taxonomy in the initial	HOD	29.9.20	Closed

Resource Requirements if any

: Nil

Effectiveness of the corrective action taken

: Verified

Verified by and closed on

: Verified, OK
29/9

ASAP MANAGEMENT CONSULTANTS (P) LTD

AUDIT CHECKLIST

odd(IT)

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

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

Function: IT/Engg

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMCTech

Department: IT/Engg

Auditor: Mrs. G. Shasikala
AP/EEE

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

Date: 24/9/20

S.No.	Description of Audit Finding	Category	Std C ref
1.	Competency Matrix Not Evidence Ref (20-21) Odd sem	NC	4.6.2
2.	Unit test - 1 Answer key Ref (Algebra & Number theory) <u>III/36</u>	NC	4.6.2

NON CONFORMITY REPORT

Report No:

Function: IT/Egg.

Date: 24/9/20

Auditor: Mrs. G. Shasikala AP/EEE

Auditee: Dr. A. Mahesh.

Mrs. M. Manjurekha.

NON CONFORMANCE

Competency matrix not evidenced.


AUDITOR:

4.2.1
Std Clause / Doc. Ref:


AUDITEE

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

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


PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	competency matrix should be submitted at proper time further.	faculty	immediate	closed.

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

: Verified OK 

NON CONFORMITY REPORT

Report No:

Function: IT/Egg

Date: 21/9/20

Auditor: Mrs. G. Shasikala AP/EEE.

Auditee: Dr. A. Mahesh

Mrs. M. Manjurekha.

NON CONFORMANCE

Unit test - 9 Answer key was not submitted
key (Algebra and Number theory)

AUDITOR: [Signature] 4.2.1
Std Clause / Doc. Ref: [Signature] AUDITEE

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

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

PREVENTIVE ACTION:

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

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on : Verified AC [Signature]

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

Name of the Auditee: *Dr. M. Suresh,
Mrs. Priya*

Name of the Auditor: *Prof. Sumathi*

Function:

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: *Pmc Tech* Department: *S&H*

Auditor: *Prof. Sumathi*

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

Date: *26/9/20*

S.No.	Description of Audit Finding	Category	Std C ref
1.	<i>Nominal roll not updated</i>	<i>NC</i>	<i>A.2.1</i>
	<i>Ref [I-II]</i>		
2.	<i>Answer key not evidenced</i>	<i>NC</i>	<i>A.2.1</i>
	<i>Ref [I-MCO & Mech]</i>		

NON CONFORMITY REPORT

Report No:

Function: *Satt/Engg.*



Date: *26/9/20*

Auditor: *Prof. Sumathi*

Auditee: *Dr. M. Suresh /*

Mrs. Priya.

NON CONFORMANCE

 AUDITOR:	<p><i>Nominal roll not updated</i> <i>By [E-57]</i></p> <p style="text-align: center;"><i>4.2.1</i></p> Std Clause / Doc. Ref:	 AUDITEE:
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ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Printed copy of nominal roll filed in the corresponding class advisor</i>	<i>faculty</i>	<i>Immediate</i>	<i>close</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>faculties are advised to update the nominal roll after university results</i>	<i>faculty</i>	<i>Imme</i>	<i>close</i>

Resource Requirements if any : -

Effectiveness of the corrective action taken : *Verified.*

Verified by and closed on : *verified ok. [Signature]*

NON CONFORMITY REPORT

Report No:

Function: *SH/Egg.*

Date: *26/9/20*

Auditor: *Prof. Sumathi*

Auditee: *Dr M. Suresh
Mrs. Priya*

NON CONFORMANCE

<p>AUDITOR: <i>[Signature]</i></p>	<p style="font-size: 1.2em;">Answer key not evidenced Ref [I-MCO & Mech] 4.2.1</p>	<p>Std Clause / Doc. Ref:</p> <p style="text-align: right;">AUDITEE: <i>[Signature]</i></p>
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ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

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

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>At the time of submission of question paper answer key in hard copy</i>	<i>faculty</i>	<i>Immed</i>	<i>closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on

Verified OK [Signature]

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

Name of the Auditee: *Dr. M. Surub*

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

Function: *Recruitment*

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: *Pvc Tech* Department: *Recruitment*

Auditor: *Dr. P. Rajarekha*

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

Date: *1. 10. 20*

S.No.	Description of Audit Finding	Category	Std C ref
1.	<i>faculty training need analysis was not updated</i>	<i>NC</i>	<i>4.2.3</i>
2.	<i>faculty recruitment list was not enclosed.</i>	<i>NC</i>	<i>4.2.3</i>

NON CONFORMITY REPORT

Report No:

Function:

Date: 1.10.20

Auditor: Dr. P. Rajasekaran

Auditee: Dr. M. Suresh

NON CONFORMANCE

faculty training need analysis was not updated		
AUDITOR:	4.6.2 Std Clause / Doc. Ref:	AUDITEE:

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It has been updated and recorded.	HR	6.10.20	close

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Periodically it will be updated.	HR	6.10.20	close

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on : closed by

NON CONFORMITY REPORT

Report No:



Function:

Date: 1.10.20

Auditor: Dr. P. Rajasekaran

Auditee: Dr. M. Suresh

NON CONFORMANCE

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

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	After the completion of recruitment process all the files have been recorded.	HR	6.10.20	Close

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	In future, it will be corrected.	HR	6.10.20	Close


Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

: Verified.

Verified by and closed on

: OR 

EVEN

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

Name of the Auditee: Dr. M. Suresh

Name of the Auditor: Prof. Anlet Panile Suki

Function:

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: Pmc Tech Department: S&H

Auditor: Prof. Anlet Panida Suki

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

Date: 15/2/2020

S.No.	Description of Audit Finding	Category	Std C ref
1.	Time table - faculty sign not authenticated By [JEEE]	NC	4.2
2.	Lesson plan tutorial hours not mentioned By: [I-Mechanical mathematics]	NC	4.2

NON CONFORMITY REPORT

Report No:

Function: *SdH/Eggs*

Date: *15/2/2020*

Auditor: *Prof. Anlet Panila Suki*

Auditee: *Dr. M. Suresh*

NON CONFORMANCE

<i>Timetable faculty sign not authenticated</i>		
<i>[Signature]</i> AUDITOR:	<i>4.6.2</i> Std Clause / Doc. Ref:	<i>[Signature]</i> AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	<i>Timetable available in the prescribed format but there is no authentication (faculty)</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Faculty authentication is got in the prescribed format</i>	<i>Dr. Suresh</i>	<i>Immed</i>	<i>closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>Advised to Corresponding advisor to get authenticated from faculty</i>	<i>Dr. Suresh</i>	<i>Immed</i>	<i>closed</i>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified by
15/2

NON CONFORMITY REPORT

Report No:

Function: *develp.*

Date: *15/2/2020*

Auditor: *Prof. Anlet Pamila Suki*

Auditee: *Dr. M. Suresh*

NON CONFORMANCE

<p style="font-size: 1.2em;">Lesson Plan tutorial hours not mentioned</p> <p style="font-size: 1.2em;">By: <i>I - Mechanical Engineering.</i></p>	<p><i>Suki</i> AUDITEE</p>
<p>AUDITOR: <i>Suki</i></p>	<p>Std Clause / Doc. Ref:</p>

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Tutorial hours added in the lesson plan with the planned hours	<i>Dr. Suresh</i>	<i>17/2/20</i>	<i>closed</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Advised to faculty to add tutorial hours at the time of planning the lesson plan	<i>Dr. Suresh</i>	<i>17/2/20</i>	<i>closed</i>

Resource Requirements if any

: *NIL*

Effectiveness of the corrective action taken

: *verified*

Verified by and closed on

: *dy*
18/2/20

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: Prof. Rajesh
Prof. Sarjivrahi

Name of the Auditor: Prof. R. Karthikeyan

Function: MBA

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

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

Signature of the Auditee

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC TECH Department: MBA

Auditor:

Prof. R. Karthikeyan

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

Date: 25/9/20

S.No.	Description of Audit Finding	Category	Std C ref
01.	Student profile - not updated		
	Ref. [II Year MBA - University results]	NC	4.2
02.	Class Attendance - monthly attendance % not evidenced		
	Ref [II-MBA monthly attendance]	NC	4.2

NON CONFORMITY REPORT

Report No:

Function:

Date: 25/9/20

Auditor: Prof. R. Karthikeyan

Auditee:

Prof. Rajesh
Prof. Sanki Prani

NON CONFORMANCE

<p>Student profile not updated Ref (II year MBA - university Results)</p>	<p>4.2.1 Std Clause / Doc. Ref:</p>
<p>AUDITOR: </p>	<p>AUDITEE: </p>

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<p>university results updated in the prescribed format</p>	<p>Renu</p>	<p>1/10/20</p>	<p>closed</p>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<p>It was advised to update the university results at the time of results published</p>	<p>Renu</p>	<p>1/10/20</p>	<p>close</p>

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on

: Verified on

NON CONFORMITY REPORT

Report No:

Function:

Date: 23/9/20

Auditor: Prof. Karthikeyan

Auditee:

Prof. Rajesh
Prof. Sanjiarani

NON CONFORMANCE

<p>Class attendance monthly attendance % not Evidenced by CII year MBA monthly attendance</p>	<p>4.2.1 Std Clause / Doc. Ref:</p>
<p>AUDITOR: </p>	<p>AUDITEE: </p>

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Monthly attendance % was updated in the attendance register	Rajesh	10/20	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Advised to calculate the attendance % and update in register in the last marking day of every month	Rajesh	10/20	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

Verified ok

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

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

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

Function: MCA / Engg

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC Tech Department: MCA / Engg

Auditor: Ms.M.Sahithulla

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 sheet yet to be updated in course file Ref: Mobile Computing.	N/C	4.6.2
2	Elective list not updated	N/C	4.6.2

NON CONFORMITY REPORT

Report No:

Function: MCA/Engg

Date: 25-9-2020

Auditor: Mr. M. Subhithullah

Auditee: Mrs. M. Angelina Ros

Mrs. M. Dulitha

NON CONFORMANCE

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

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Mapping & Information sheet was completed.	Mrs. M. Angelina Ros	5-10-20	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Prepare the Information sheet previously.	Mrs. Rosy	5-10-20	closed.

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on

: verified by *[Signature]*

NON CONFORMITY REPORT

Report No:

Function: MCA/Engg

Date: 25-9-20
Ms. M. Angelin Resy
Auditee:

Auditor: Mr. M. Sahithullah

NON CONFORMANCE

Elective list not updated.		
AUDITOR:	4.2.1 Std Clause / Doc. Ref:	M. Sahithullah AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	Students are not come to college due to lockdown.

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Elective list updated	Ms M. Sahithullah	27.12.20	Closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Starting of semester we collect the elective list	Mr. Sahithullah	27.10.20	Closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on

: Verified on 27/10.

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

Name of the Auditee: *Mrs. Valli*

Name of the Auditor: *Dr. Vijayakumar*

Function: *Maintenance / Eeg.*

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMS Tech.

Department: Maintenance

Auditor: J. Vijayakumar.

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	NC	4.2.1
	Ref: 11 IT		
2.	labs are cobwebs not cleaned properly	NC	4.2.1

NON CONFORMITY REPORT

Report No:

Function:

Date: 08.9.20

Auditor: Mr. J. Vijayakumar

Auditee: Mrs. Valli

NON CONFORMANCE

The class rooms benches was not cleaned properly.

AUDITOR:

4.2.1
Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	the workers are advised for good cleaning.	Mrs Valli	imm	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	if future it will be corrected.	Mrs Valli	imm	closed

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on

: Verified & closed by

NON CONFORMITY REPORT

Report No:

Function: *Infra.*

Date: *28.9.20*

Auditor: *J. Vijayakumar*

Auditee: *Mrs. Valli.*

NON CONFORMANCE

<p style="font-size: 1.2em;">They are not properly cleaned in the class and labs.</p>	<p style="font-size: 1.5em;">4.2.1</p> <p>Std Clause / Doc. Ref:</p>
<p>AUDITOR: <i>[Signature]</i></p>	<p>AUDITEE: <i>[Signature: E. Valli]</i></p>

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	When the sweepers come into the lab students are doing practical. So they could not clean all the things.

CORRECTION / CORRECTIVE ACTION:

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

PREVENTIVE ACTION:

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

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on :

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

Signature of the Auditee

Signature of the Auditor

ASAP MANAGEMENT CONSULTANTS (P) LTD
AUDIT CHECKLIST

Name of the Auditee: Mrs. Padma

Name of the Auditor: Asst prof. Dukithe

Function: Purchase

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

AUDIT OBSERVATION SHEET

Institution: Pmc Tech Department: Purchase

Auditor: Asst Prof.
Dukithe

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

Date: 29/9/20

S.No.	Description of Audit Finding	Category	Std C ref
1	Industrial automation lab equipment bills not available Ref: Mechatronics bills for instrument purchased for odd sem not found	NC	723

NON CONFORMITY REPORT

Report No:

Function:

Date: 21/9/20

Auditor: Asst prof. Dukithu

Auditee: Mrs. padma

NON CONFORMANCE

Industrial automation lab equipment bills are not available		
M. Dh AUDITOR:	4.23 Std Clause / Doc. Ref:	AUDITEE

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It was identified and kept in proper file	Mrs. padma		Close


PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	In future, bills will be maintained properly	Mrs. padma		Close

Resource Requirements if any :

Effectiveness of the corrective action taken :

Verified by and closed on

: Verified 

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

Name of the Auditee: Dr. M. Sahithullah

Name of the Auditor: Prof. R. Karthikeyan

Function: MR

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC Tech Department: MR/Egg

Auditor: Dr M. Sahitha

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

Date: 30/9/20

S.No.	Description of Audit Finding	Category	Std C ref
1	Standard clause / documents reference for few reports are not identified properly & maintained.	NC	A.9

NON CONFORMITY REPORT

Report No:



Function: MR/ Cugg

Date: 30/7/20

Auditor: Prof. R. Karthikeyan

Auditee: Dr. M. Sahithulla

NON CONFORMANCE

 AUDITOR:	standard clauses / documents reference for few reports are not properly identified & maintained.	42 Std Clause / Doc. Ref:	 AUDITEE
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ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Internal auditors meeting has conducted and informed properly	VP	6/10/20	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Properly monitored the auditors & files.	VP	6/10/20	closed

Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

: verified.

Verified by and closed on

: 

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

0 DD

Name of the Auditee: Mrs. C. Latha

Name of the Auditor: Dr. J. Vijayarajasekar

Function: CG & C

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: *Pmc Tech* Department: *CA&C*

Auditor: *Dr. J. Vijayalakshmi*

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

Date: *1.10.20*

S.No.	Description of Audit Finding	Category	Std C ref
1.	<i>Applications were not arranged according to department</i>	<i>NC</i>	<i>A.2.3</i>
2.	<i>Certificate details were not completely filled.</i>	<i>NC</i>	<i>A.2.3</i>

NON CONFORMITY REPORT

Report No:

Function: C&C



Date: 1.10.20

Auditor: Dr. J. Vijayakumar

Auditee: Mrs. Lathe.

NON CONFORMANCE

Applications were not arranged according to the department

AUDITOR:  Std Clause / Doc. Ref: 4.2.3 AUDITEE: 

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	All the details from the students were collected immediately and arranged	Dr. Selvi	Immediate	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	During the initial stage itself details from the students are obtained	selvi	Immediate	closed

Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

: Verified.

Verified by and closed on

: 

NON CONFORMITY REPORT

Report No:



Function: CA & C

Date: 1.10.20

Auditor: Dr. J. Vijayakumar.

Auditee: Mrs. Lathe

NON CONFORMANCE

Certificate details were not completely filled		
 AUDITOR:	4.2.3 Std Clause / Doc. Ref:	 AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
1.	Details were not entered properly, when obtained the certificates

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Separate staff should maintain this details	Lathe	Immediate	Close

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Separate staff should be allotted for this work	Mrs. Lathe	Immediate	Close

Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

: Verified

Verified by and closed on

: 

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

O D D

Name of the Auditee: Prof. Rajesh / Mr. Riyaz

Name of the Auditor: Prof. C. Sumathi

Function: TRG

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

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

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: Pmc Tech

Department: TRG

Auditor: Prof. Sumathi

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

Date: 04/10/20

S.No.	Description of Audit Finding	Category	Std C ref
1.	feedback was collected but not evaluated	NC	S.A
2.	Improvement tracks for faculty development Program after completion was not updated	NC	S.A

NON CONFORMITY REPORT

Report No:



Function: TRG

Date: 11/10/20

Auditor: Prof. Sumathi

Auditee:
Prof. Rajesh
Mr. Riyaz

NON CONFORMANCE

Feedback was collected, but not evaluated		
AUDITOR: 	8.4. Std Clause / Doc. Ref:	AUDITEE: 

ROOT CAUSE

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

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Now, it has been collected and evaluated	Prof. Rajesh	Immedi	close

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	In future, all these works will be completed in time	Prof. Rajesh	Immedi	closed


Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

: Verified

Verified by and closed on

: 

NON CONFORMITY REPORT

Report No:


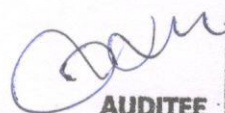
Function: *TRG*

Date: *11.10.20*

Auditor: *Prof. Sumathi*

Auditee:
Prof. Rajesh
Mr. Riyaz

NON CONFORMANCE

<p align="center"><i>Improvement tracks for FDP after completion was not updated.</i></p>	 AUDITOR:
<p><i>8.4</i> Std Clause / Doc. Ref:</p>	 AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance
	<i>Due to absence of Concern incharge files has not been updated</i>

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>By deputing other faculty the files has been completed</i>	<i>Mr. Riyaz</i>	<i>5-10-20</i>	<i>Close</i>

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	<i>In future such mistakes will not happen</i>	<i>Mr. Riyaz</i>	<i>5-10-20</i>	<i>Close</i>

Resource Requirements if any : *NIL*

Effectiveness of the corrective action taken : *Verified.*

Verified by and closed on : 