MS Certification Services Pvt. Ltd.

AUDIT REPORT

Type of Audit:	Stage 1 ☐	Stage 2 ☐	Surveillance ■	Re-Certification ☐	Special / Extension ☐

Client ID Number:	Management Scheme: (mention specifically if it is an integrated audit)	Reference Standard:	Date of Audit:
INQ-1462 INE-00136	QMS EMS	ISO 9001:2015 ISO 14001:2015	06.04.2023

Name of Organisation: DR. Kanailal Bhattacharyya College	Team Leader:	D. Ray Choudhury
Main Address: 15, Kona Road, Ramrajatala, P.O: Santragachi, Howrah– 711 104, W.B., India.	Team Member:	1) S. P. Mitra
		2) Anirban Hens
		3)
	Technical Expert:	
	Observer:	S. K. Samanta

Location

Site 1: 15, Kona Road, Ramrajatala, P.O: Santragachi, Howrah– 711 104, W.B., India.

Names of Key Personnel Interacted	Designation
Dr. Kaustubh Lahiri	Principal
Dr. Mantu Biswas	IQAC Co-ordinator
Dr. Sudipta Bhowmik	Convenor ISO
Ms. Karabi Das	Assistant Professor
Dr. Mriganka Mondal	Assistant Professor
Ms. Bidusi Sardar	HOD- History

Audit Objectives:

To assess the Assessment on maintenance, level of implementation, improvement & developments, overall awareness, infrastructural improvements, closures of earlier nonconformity reports/observations of Internal & External Audit, Objectives & planning to realize the set objectives and maintenance of certification conditions as use of logo in promotional activities of Quality Management System as per the requirement of the Standard ISO 9001:2015 standard & Environmental Management System as per the requirement of the Standard ISO 14001:2015 in business processes against defined scope of activity.

Audit Scope:

Providing effective Educational Services to Students pursuing UG and PG Degree Courses in the Stream of Science, Humanities and Commerce.

Audit Criteria:

Documented Procedures, Manuals, Quality & Environmental Policy, work Instructions, Legal Requirements, and Other Organization Related Regulatory and Statutory Documents as per the Standards ISO 9001:2015 & ISO 14001:2015.

Company Profile (Including the organization and its context)

Dr. Kanailal Bhattacharyya College is now one of the few tertiary institutions of higher education to be assessed and accredited thrice by NAAC. The College, inaugurated by 22.09.1985 was assessed and accredited by the National Assessment and Accreditation Council (NAAC) in 2004 and reassessed and reaccredited by the same authority in 2009. After meticulous inspections, the college was awarded C++ (67.70%) and 'C' (1.91 CGPA) grades in 2004 and 2009 respectively. The College has been also assessed and accredited by NAAC for the third time in Dec. 2014 and was re-accredited with a CGPA of 2.01 on a four-point scale at 'B' Grade. These results stand for the continuous progress and development of the

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Principal
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institution. The dream gradually turned into a demand. At this turn, certain events also coincided. Late Sudhir Kumar Ghosh decided to donate his land and the building situated at Dharmatala in Ramrajatala. After that with the initiative of the then local MLA Sri Satyen Ghosh and some important persons of the area, a trustee was formed before setting up the college. It was 26th November, 1984. On 10th March, 1985 in a public meeting presided over by Late Raghudas Baul and attended by Late Sudhir Kumar Ghosh, the college was named after the leading educationist, respected public leader and ex-minister of Industry and Commerce (Govt. of W. B.), Late Professor Dr. Kanailal Bhattacharyya. Subjects as covered under Academic Curriculum are as Education, History, Political Science, Philosophy, English, Bengali, Geography, Journalism & Mass Communication [Subject to the approval of affiliation of C.U.] & Food and Nutrition. [Subject to the approval of affiliation of C.U.].

Findings

Statement on the conformity and the effectiveness of the management system together with a summary of the evidence relating to:(the capability of the management system to meet applicable requirements and expected outcomes):

The implemented Integrated Management System conforms to the requirements of ISO 9001:2015 & ISO 14001:2015 Standards respectively. Manual (Documented Information Number: IMS/DKBC/01, Revision No. 00, Dated: 05.11.2019) as per Integrated Standard has been prepared. Other relevant documented information like Management System Policy (Documented Information Number: IMS/DKBC/5.2.1/01), Objectives (IMS/DKBC/6.2/01), Risks Analysis (IMS/DKBC/6.1/2/01 & IMS/DKBC/6.1/2/02), Infrastructure, Management Review etc. are all available. Management System Policy has been displayed for communication. Top Management has declared its policy binding and implemented. The IMS Policy is appropriate and provides a framework for the respective Integrated Management System Objectives. It commits all employees to pursue continuous quality system improvement. List of Documented Information found identified, as listed below.

- Integrated Management System Manual (IMS/DKBC/01, Revision No. 00, Dated: 05.11.2019)
- Issue Register (IMS/DKBC/4.1/01)
- Organization Context (IMS/DKBC/4.1/02)
- Needs & Expectation of Interested Parties (IMS/DKBC/4.2/02)
- Scope of The Organization (IMS/DKBC/4.3/01)
- Leadership (IMS/DKBC/5.1/01)
- Organization Chart (IMS/DKBC/5.1/02)
- Integrated Management System Policy (IMS/DKBC/5.2.1/01)
- Roles, Responsibilities, Authorities (IMS/DKBC/5.3/01)
- Risk & Opportunities (Internal) (IMS/DKBC/6.1/2/01)
- Risk & Opportunities (External) (IMS/DKBC/6.1.2/02)
- Integrated Management System Objectives (IMS/DKBC/6.2/01)
- Infrastructure (IMS/DKBC/7.1.3/01)
- Preventive Maintenance Record (IMS/DKBC/7.1.3/02)
- Breakdown Maintenance Record (IMS/DKBC/7.1.3/03)
- Monitoring & Measuring Resources (IMS/DKBC/7.1.5/01)
- Competence (Manpower) (IMS/DKBC/7.2/01)

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- Competence Criteria (IMS/DKBC/7.2/02)
- Awareness (Training Need Identification, Schedule & Others) IMS/DKBC/7.3/01)
- Awareness (Training Record Register) (IMS/DKBC/7.3/02)
- Communication (IMS/DKBC/7.4/01)
- Control of Documents (IMS/DKBC/7.5.3/01)
- List of Legal & Statutory Documents (IMS/DKBC/7.5.3/03)
- Process Flow Chart (IMS/DKBC/8.1/01)
- Contract Review (IMS/DKBC/8.1/02)
- Operation / Production Planning (IMS/DKBC/8.1/03)
- Customer Complaints Register (IMS/DKBC/8.2.1/01)
- Review of Products & Services (IMS/DKBC/8.2.3/01)
- Control of Externally Providers (IMS/DKBC/8.4.1/01)
- Quality Assurance Plan (IMS/DKBC/8.5/01)
- Production Register (IMS/DKBC/8.5/02)
- Post Delivery Activities (IMS/DKBC/8.5.5/01)
- Release of Products Authority (IMS/DKBC/8.6/01)
- Customer Satisfaction (IMS/DKBC/9.1.2/01)
- Internal Audit Calendar (IMS/DKBC/9.2/01)
- Internal Audit Schedule (IMS/DKBC/9.2/02)
- Non-conformance Report (IMS/DKBC/9.2/03)
- Management Review Meeting (IMS/DKBC/9.3/01)
- Improvement (IMS/DKBC/10.1/01)
- Non-conforming Product / Service Register (IMS/DKBC/10.2.1/01)

Leadership:
Roles, Responsibility & Authorities found evident for Teaching Staff as Principal, Teachers, Non-teaching Staff under the Leadership of Principal Mr. Kaustubh Lahiri. Duties & Responsibilities segregation vide Letter Reference Dated: 04.12.2020 found evident for Governing Body, Principal, IQAC, Faculties & Non-Teaching Staff. Needs & Expectation of Interested Parties (IMS/DKBC/4.2/02) found available as per the List of Interested Parties as identified by the Top Management.

Planning (Risk and actions to address risks and opportunities)
Risk Assessment Evaluation Process Form (Documented Information No. IMS/DKBC/6.1.1-01, Dated: 16.11.2021, Rev. 00) found evident. Risk & Its related Evaluation done on the basis of Examination & Review of Student Performance, Operation, Storage, Purchase & Marketing.

Support:
- Roles, Responsibility & Authorities found evident for Teaching Staff as Principal, Teachers, Non-teaching Staff.
- List of Faculties Department wise along with Competency Criteria and Matrix found evident.
- Lesson Plan found evident as per Semester II, Semester IV & Semester VI for Department of Philosophy, Department of Education & Department of English.
- Integrated Management System Objectives (IMS/DKBC/6.2/01) found Authenticated 2023-24.
- Facilities as available Department wise vide Dated: 28.12.2021

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Operation:

- Lesson Plan found evident for Semester II, Semester IV & Semester VI for Department of Philosophy (HONS & General) under supervision of Faculty Ms. Ratna Banerjee, Lesson Plan found evident for the Tenure 2023-24.

  Assessment Procedure: As per the Selection from set of Questionaries for Student. Class Test & Monthly Test is being conducted.

  College Internal Evaluation is being done based on Aptitude.

  Communication: Through Interactive Session with Students. Reference model is being followed during Student Interaction.

- Lesson Plan found evident for Semester II, Semester IV & Semester VI for Department of Education under supervision of Dr. Sampa Ray Bagchi & Dr. Samir Kumar Naskar.

  Faculty Profile (Competency Criteria) checked and verified.

  Lesson Plan vide Notification No. CSR/12/18 under "University of Calcutta" Dated: 28.05.2018 under supervision of Deputy Register Dr. Santanu Paul found evident.

  Distribution of Marks as Attendance: 10 Marks, Internal Assessment: 10 Marks, Tutorial: 15 Marks, Subject Exam: 65 Marks found evident.

  Semester wise Credit as 20 for Semester I, 20 for Semester II, 26 for Semester III, 26 for Semester IV, 24 for Semester V and 24 for Semester VI found evident.

  Ability Enhancement Course as Ability Enhancement Compulsory Courses (AECC) & Skill Enhancement Courses (SEC) found evident.

  Routine for Semester (II, IV & VI) for 2022-23 vide Dated: 16.03.2023 for Honours & General Education Department found evident under supervision of Dr. Sampa Ray Bagchi, HOD, Department of Education found education.

  Departmental Achievement found evident based on different Activities.

  Faculty Exchange Programme found evident for 2019-20.

  Academic Project Work vide Roll No. 192413110111, Registration No. 413-1215-0087-19 Student: Nilufa Khatun & Roll No. 192413110080, Registration No. 413-1211-0097-19 Student: Aratrika Bose found evident.

  Minutes of Departmental Meetings vide Dated: 28.12.2022 found evident.

  Subject wise Mentor for Semester I (Honours) & Semester V (Honours) under supervision of Mentor: Dr. Sampa Roy Bagchi found evident.

  UG (B.A.) Programme Outcomes after Completing Undergraduate Programme in Specific Subjects (Major), a student will acquire in depth knowledge of subjects that she/he studied in UG Programme and become competent for future higher studies, to prepare for Competitive examination and can apply for jobs of his/her interest.

  Number of Student Enrolled in higher Education in last 5 Years for tenure 2016-2021 for M.A./ B. Ed.

- Lesson Plan found evident for Semester II, Semester IV & Semester VI for Department of English under supervision of Mr. Anurag Mazumder for 2023-24.

  Improvement Plan: Faculty related more focus and distribution of Study Documents within Faculties. More focus on ICT and Resources (Physical & E- Learning P_____

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- For Library, Online Public Access Catalogue is available. Call No. 954 DEY1 and 954.025MUK checked. Student Registration Procedure checked and verified. Requisition Slip No. 2210067 against Accession No. 336.2 (RAH/K) vide Dated: 05.04.2023 found evident. Hold Time for any Book is 15 Days, can be extended up to 7 Days more.

Performance Evaluation:
- Vocational Courses and Add-on Courses and Its Module Planning found evident.
- Training conducted on Dated: 06.03.2023 upon "Basic Awareness on ISO 9001:2015 & ISO 14001:2015". Effectiveness Evaluation conducted on Dated: 31.03.2023 found evident.

Improvement:
Overall Improvement related to Tutorial Class is being done for easy interaction with Teacher for Department of Philosophy and Faculty related more focus and distribution of Study Documents within Faculties & more focus on ICT and Resources (Physical & E- Learning Procedure) is required for Department of English found evident.

Overall Effectiveness of the management system:
- Control of Externally Providers (IMS/DKBC/8.4.1/01) along with periodical Evaluation found evident.
- Infrastructure List (IMS/DKBC/7.1.3/01) found evident.
- Annual Maintenance Contract for OTIS Elevator vide Contract Agreement No. MR0338 Dated: 20.10.2022, for Tenure: Jan, 2023 to Dec, 2023 found evident. Last AMC done on Dated: 30.01.2023.

Internal Audit:
Internal Audit conducted on Dated: 10.03.2023. Total number of Nonconformities raised: 02 (Clause 9.1 (ISO 14001)). Raised nonconformities found closed on Dated: 18.03.2023. Internal Audit Calendar (IMS/DKBC/9.2/01) & Internal Audit Schedule (IMS/DKBC/9.2/02) found evident.

Management Review:
Management Review Meeting conducted on Dated: 20.03.2023. All the management-oriented agendas found discussed and documented.

Applicable Statutory & Regulatory Requirements of the Organisation Documented in the QMS/FSMS/OHSAS/ EMS/EnMS:
(Comments on the status of compliance of identified /applicable regulatory and statutory requirements. (Compliance of FSSAI schedule 4 (Part 2 and other relevant parts))
The following Statutory & Regulatory Requirements checked and verified.
- Inclusion of College under Section s (f)/12-B of the UGC Act, 1956 vide reference No. F.-8-48/87 (CPP-I) vide Dated: 22.10.1994 under "University Grant Commission" found evident.

Any unresolved issues, if identified: Not any

Level of integration in case of IMS audit:
Found high in nature, as the Management Commitment and Document Control based Operational Activity found integrated in nature.

Any deviation from the audit plan and their reasons: Not any

Any significant issues impacted on the audit programme: Not any

Details of the sites visited (if any) along with the processes verified:

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AUDIT REPORT

Site Visited: 15, Kona Road, Ramrajatala, P.O: Santragachi, Howrah– 711 104, W.B., India.

Processes Verified: As per Process Flow Chart

For EMS Audit only. (If applicable)

Observation exclusively for EMS:

Environment aspect and impact, which are not stated in the Environment Management System (issues needed to be concerned):

Not any

Environment aspect and impact of the Company which are stated in the EMS Management System but not defined and controlled:

Not any

Comments about the EMS applications:(EMS Policy, planning, implementation and operation, checking):

- Pest Control Activity vide under supervision of "Jupiter Pest Control" vide Certificate No. DS/1030/20-21 vide Dated: 14.07.2020 against Invoice No. PI/JSH/091/20-21 found evident.
- E-Waste Disposal vide Reference No. KBC/Govt.- WEBEL/Proposal-E Waste Disposal/ISSO Dated: 10.11.2021 found evident.
- Emergency Preparedness Planning (IMS/DKBC/8.2-01) found evident in case on Fire, Accident. Emergency Contact Number is being displayed and communicated to all resources.
- Fire Extinguisher inspection last on Dated: 12.12.2020 under supervision of "S. K. Mallik & Co." found evident.
- Check Sheet Record of pH of Waste Liquid (Botani) vide Dated: 02.03.2023 found evident.
- Aspect Impact Analysis (IMS/DKBC/6.1.2-01) and related Emergency, Resource, Waste, Garden Maintenance related Activities found evident.

Issues which have priority in the Next/Surveillance Audit:

The following list of Observations raised during the CB Audit, which are need to be taken care off. The same are mentioned below.

- Integrated Management System Policy found not displayed.
- Document Control on SOP found not evident.
- List of Fire Extinguisher along with Date of Expiry found not evident.
- Floor Layout Plan along with Locational Position of Fire Extinguishers found not evident.
- At Geography Lab, Weight Balance needs periodical calibration.
- Mock Drill under Emergency Prepardness Planning found not maintained periodically.
- Emergency Exit Direction under Emergency Preparedness Planning for Emergency Exit found not evident.

Opportunity for Improvements as concluded from Audit Findings:

Raised Observations are need to be taken care. Off.

Confirmation of the information provided to MSCS during application: Found conforming.

For Surveillance and recertification Audit (If applicable)

Comparison with Previous Audit: (significant changes, if any, that affect the management system of the client since the last audit took place:)

Found improved.

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Closure of Previous Non-conformities: (verification of effectiveness of taken corrective actions regarding previously identified nonconformities, if applicable.)
Found closed.

Any change in scope, address, products, ownership, staff, etc as identified in Surveillance Audit If YES define	YES ☐ NO ■
Is the registration/certification mark being used correctly If NO give details	YES ■ NO ☐
Are complaints and non-conformances being recorded and investigated and analysed effectively	YES ■ NO ☐

any unresolved issues, if identified: not any

Recommendation

Scope Recommended: (To be confirmed after Stage 2 audit/ Surveillance Audit/ Special Audit - a conclusion on the appropriateness of the certification scope:)
Providing effective Educational Services to Students pursuing UG and PG Degree Courses in the Stream of Science, Humanities and Commerce.

Confirmation on fulfilment of the audit objectives: Found conforming.

NCs Details

| Major: Nil | Minor: Nil |

Corrective Action Due Date: N.A.

Conclusion:
The organization is maintaining its process and procedure as per the requirement of ISO 9001:2015 Quality Management System & ISO 14001:2015 Environmental Management System Standards respectively. The manpower found competent. The Processes found monitored periodically. The raised observations are need to be taken care off. The Operational Activity found monitored periodically under the supervision of the Top Management. The effectiveness checked and verified through support of Records, as showed by the Client. The organization is recommended for continuation of Certification as per the requirements based on the Standards ISO 9001:2015 Quality Management System & ISO 14001:2015 Environmental Management System respectively.

Signed ....D. Ray Choudhury.........
Lead Auditor
Date ....06.04.2023.....................

Disclaimer statement: This audit is done on a sampling process of the available information; Samples are randomly selected to evaluate against the audit criteria and to get the audit conclusion. There may be uncertainty in selecting samples may not be correct representative of the total set of people, documents, practices and records being assessed. As a result, audit conclusion may be different that if the auditor had examined the whole populations.

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