Audit Report (RCA)

Organisation: Shreeyash Pratishthan

Audits (ZA): Q 10964/2021

Master Data of Organisation		
Name of Organisation	Shreeyash Pratishthan's Shreeyash College of Engineering & Technology, Shreeyash Institute of Pharmaceutical Education & Research, Shreeyash Institute of Pharmacy	
Name of corporate group (in case of group certification)	NA	
Street	Gut No. 258 (P), Satara Parisar, Near SRPF Camp, Aurangabad – 431010, Maharashtra	
Postcode / Town / Country	431010 Aurangabad / Maharashtra	
Contact	Mr. R.S.Pawar	
E-Mail	principal@sycet.org	
Phone/Fax	0240 6608706 / 710	
Language	English,Marathi,Hindi	
Scope Description	SHREEYASH COLLEGE OF ENGINEERING & TECHNOLOGY 1: Provision of Technical Education at undergraduate level in the branches: Mechanical Engineering, Civil Engineering, Electrical Engineering, Computer Science and Engineering, Electronics and Telecommunication Engineering. 2: Provision of Technical Education at postgraduate level in the branches: Mechanical Engineering, Civil Engineering, Electronics and Telecommunication Engineering, Computer Science and Engineering and Master of Business Administration. 3: Provision of Technical Education at diploma level in the branches: Mechanical Engineering, Civil Engineering , Electrical Engineering, Electronics and Telecommunication Engineering and Computer Engineering. SHREEYASH INSTITUTE OF PHARMACY Provision of Technical Education at diploma level in Pharmacy. SHREEYASH INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH Provision of Technical Education at diploma and undergraduate level in Pharmacy	
	more description regarding scope in annex	
Industry / Scope (EA, TA, ...)	37.1	

Audit profile		
Standards under contract / Audit type ☐ Change to ISO 45001:2018 ☐ Upgrade to ISO 50001:2018	**ISO 9001 : 2015** Recertification Audit	ISO 14001 : 2015 ---
	ISO 45001 : 2018 ---	ISO 50001 : 2018 ---
System documentation: Revision / Issue	QM, Rev.03 Issue -.01, dated 30.07.2021	
Surveillance mode	Yearly surveillance	
Audit team leader / responsible	Mr. Amol Joshi	
Audit team	Mr.Nitin Kalyankar	

Technical expert		
Trainee		
Multisite-organisation	All sites are listed in: ☐ Audit Reference Data Sheet ☐ separate Listing ☐ Audit program/ATEA ☐ Multisite-certification (Sample)	
Shift operation	Single shift operation	

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Audited Standards			
ISO 9001 **:** 2015		**RCA**	
Non-applicability of chapters: 8.3			
Audit team leader:	Mr.Amol Joshi	Audit number(ZA):	Q 10964/2021
Certificate number:	44 100 18391825	Valid until:	22.06.2021
ISO 14001 **:** 2015			
Non-applicability of chapters:			
Audit team leader:		Audit number(ZA):	
Certificate number:		Valid until:	
ISO 45001 **:** 2018			
Non-applicability of chapters:			
Audit team leader:		Audit number(ZA):	
Certificate number:		Valid until:	
ISO 50001 **:** 2018			
Non-applicability of chapters:			
Audit team leader:		Audit number(ZA):	
Certificate number:		Valid until:	

Audit-Details	
Sites	1
Audit date	17.08.2021 - 18.08.2021
Audit duration	2.50 person days on site including 0,00 person days for stage 1 audit (separate report)
Remote Auditing (ICT) tools used, if any	☐ Skype ☐ MS Teams ☐ Webex ☐ Zoom ☐ Google Meet ☐ Others : Please specify

Details for Stage 1 - Audit		
Stage 1 - Audit	not necessary.	
Duration Stage 1 - Audit	ISO 9001 : 2015 ISO 14001 : 2015 ISO 45001 : 2018 ISO 50001 : 2018	0,00 person-day (s) 0,00 person-day (s) 0,00 person-day (s) 0,00 person-day (s) 0,00 total
Date Stage 1 - Audit	-	

Distribution/Confidentiality/Rights of ownership/Limitations/Responsibilities

This report is sent to the certification body or bodies, the members of the audit team and the audit representative of the organisation. All documents (such as this report) regarding the certification procedure are treated confidentially by the audit team and the certification body. This audit report remains the property of the certification body.

An audit is a procedure based on the principle of random sampling and cannot cover each detail of the management system. Therefore nonconformities of weaknesses may still exist which were not expressly mentioned by the auditors in the final meeting or in the audit report.

The responsibility for continuous effective operation of the management system always rests solely with the audited and certified organisation.

Salvo clause:
The audit report will be left to the organisation at the end of the audit - subject to approval by the certification body. The independent release process may cause modifications or additions. In these cases a modified revision will be sent to the audited organisation.

Annex/Enclosures

Annex/ corresponding audit documentation	☐ Questionaire(s) / Checklist(s) ☐ Additional annexes, number

Audit Report (RCA)

Organisation: Shreeyash Pratishthan

Audits (ZA): Q 10964/2021

TÜV NORD Certification

Summary of results

ISO 9001:2015			ISO 14001:2015			ISO 45001:2018			ISO 50001:2018		
Clause	Audited	Result*	Clause	Audited	Result*	Clause	Audited	Result*	Clause	Audited	Result*
4.1	☒	1		☐			☐			☐	
4.2	☒	1		☐			☐			☐	
4.3	☒	1		☐			☐			☐	
4.4	☒	2		☐			☐			☐	
5.1	☒	1		☐			☐			☐	
5.2	☒	1		☐			☐			☐	
5.3	☒	2		☐			☐			☐	
6.1	☒	1		☐			☐			☐	
6.2	☒	1		☐			☐			☐	
6.3	☒	1		☐			☐			☐	
7.1	☒	2		☐			☐			☐	
7.2	☒	1		☐			☐			☐	
7.3	☒	1		☐			☐			☐	
7.4	☒	1		☐			☐			☐	
7.5	☒	2		☐			☐			☐	
8.1	☒	1		☐			☐			☐	
8.2	☒	1		☐			☐			☐	
8.3	☐	NA		☐			☐			☐	
8.4	☒	1		☐			☐			☐	
8.5	☒	2		☐			☐			☐	
8.6	☒	1		☐			☐			☐	
8.7	☒	1		☐			☐			☐	
9.1	☒	1		☐			☐			☐	
9.2	☒	2		☐			☐			☐	
9.3	☒	1		☐			☐			☐	
10.1	☒	1		☐			☐			☐	
10.2	☒	1		☐			☐			☐	
10.3	☒	1		☐			☐			☐	

Additional requirements in accordance to ISO 17021:2015	Audited	Result
a) internal audits and management review	☒	1
b) review of actions taken on nonconformities identified in previous audit	☒	1
c) responsiveness to complaints	☒	1
d) effectiveness of the management system with regard to fulfilment of objectives	☒	1
e) progress of planned activities aimed at continual improvement	☒	1
f) the client's management system ability and its performance regarding meeting of applicable requirements	☒	1
g) operational control of the client's processes	☒	1
h) review of any changes including system documentation	☒	1
i) use of marks and/or any other reference to certification	☒	1

audited: ☒= audited sections of the standard;

Result: **1** = fulfilled; **2** = basically fulfilled / potential for improvement; **3** = not fulfilled / nonconformity ; **-** = not applicable / excluded.
Details are listed in the section "Detailed results". Fields with a coloured background are obligatory elements in **every** audit.

Obligatory elements from A00VA02

a) Are temporary sites (i.e installation sites, project locations etc.) available?	yes ☐	no ☒
b) Which one are visited?		

Audit Report (RCA)

Organisation: Shreeyash Pratishthan

Audits (ZA): Q 10964/2021

Organisations profile

COMPANIES PROFILE CONTAINING FOLLOWING INFORMATION

INFORMATION IF MULTI-SITE SCHEME IS APPLIED—

IF YES, LIST OF AUDITED SITES (E.G. IN AUDIT PROGRAM)
AND LIST OF CERTIFIED SITES BY THIS AUDIT AS ENCLOSURES

NUMBER OF EMPLOYEES (NUMBER OF EFFECTIVE EMPLOYEES) INCLUDING LOANED EMPLOYEES AND SUBCONTRACTORS (FULL TIME EQUIVALENTS)--52

Range of products-- Provision of Technical Education at diploma,undergraduate level,postgraduate level in Engg,Master of Business Administration, diploma level in Pharmacy, undergraduate level in Pharmacy .

Clients / top clients / major clients— Students.parents

Important processes / products / services—Teaching-learning,Admin, Maintenance, training, purchase & Top mgmt,customer processes

Important environmental aspects and facilities (ISO 14001)

Important occupational health & safety HAZARDS / risks (ISO 45001 / OHSAS)

Significant permission aspects (LEGAL COMPLIANCE REQUIREMENT)

Legally required representatives (ISO 45001 / OHSAS / ISO 14001)

Certified since **2015 with TUV India**

Summary / explanations of results

PLEASE ACTIVATE THE RELEVANT BOX BELOW, ONLY IF A CHANGE FROM BS 18001 OHSAS:2007 TO ISO 45001:2018 AND/OR AN UPGRADE FROM ISO 50001:2011 TO ISO 50001:2018 HAS BEEN MADE IN THE AUDIT YEAR, FOR WHICH THIS AUDIT REPORT IS BEING CREATED: NA

☐ This audit was performed for the first time in accordance **to ISO 45001:2018**. The additional requirements (e. g.: context of an organization, understanding the needs and expectations of workers and other 33wsxinterested parties, hazard identification and assessment of risks and opportunities, actions to address risks and opportunities, management of change, contractors, outsourcing) were assessed in this audit.

☐ This audit was performed for the first time in accordance **to ISO 50001: 2018**. The additional requirements (e. g.: context of an organization, understanding the needs and expectations of interested parties, risks and opportunities, energy planning process, energy data collection, variables, factors, normalization) were assessed in this audit.

SUMMARY:

- **ASPECTS/HAZARDS OF THE COMPANY AND/OR THE AUDIT TO BE HIGHLIGHTED**
- **ISO 9001 / ISO 14001 – STATEMENT ON THE IMPLEMENTATION OF THE STANDARD REQUIREMENTS**
  - **STRATEGICAL DIRECTION OF THE ORGANISATION (CONTEXT, STAKEHOLDER ANALYSIS)— VERIFIED REF.STC/PR/65, TECHNOLOGICAL,CULTURAL,MKT ,KNOWLEDGE,CULTURE,SOCIAL**
  - **RISK-BASED APPROACH (ANALYSIS OF RISKS AND OPPORTUNITIES)—IMPLEMENTED & VERIFIEDQMCH REF.STC/PR/63 RISK TEACHING LEARNING PROCESS COVID EFFECT—HIGH-ACTION ONLINE CLASSES & COMM.WITH STUDENTS, RISK LESS PLACEMENT—HIGH—COMPETANCY.DEV PRG, FOR STUDENTS LIKE INTERVIEW TECH,SOFT SKILL,MOU WITH IND,EXPERT LECT**
  - **CONTROL OF EXTERNALLY PROVIDED PROCESSES—VERIFIED,DONE THROUGH INWARD INSP,SUPPLIER EVALUATION.SUPPLIER PERFORMANCE MONITORING**
  - **SYSTEMATICAL KNOWLEDGE MANAGEMENT (ORGANISATIONAL KNOWLEDGE)—REF VERIFIED AT RESPECTIVE PROCESS FOUND ADEQUATE DONE THROUGH PAST EXP,CUST COMPLAINTS/FEEDBACK, TRAININGS,STANDARD ,SOP'S ,LESSONS LEARNED**

- **7782162/2021/EOA,BATU AFILLATION APPENDIX3,MSBTE/D 53/AC/2017,PCI 32-1499/2018**
- **CONSIDERING THE LIFE CYCLE PERSPECTIVE WHEN DETERMINING THE SIGNIFICANT1 ENVIRONMENTAL ASPECTS--NA**
- **MEASUREMENT AND CONTINUAL IMPROVEMENT OF THE ENVIRONMENTAL / OH&S PERFORMANCE--NA**
- **ETC.**

- **ISO 45001 / BS OHSAS 18001 – STATEMENT INDICATING THE IMPLEMENTATION OF THE STANDARD REQUIREMENTS--NA**
  - **STRATEGICAL DIRECTION OF THE ORGANISATION (CONTEXT, UNDERSTANDING THE NEEDS AND EXPECTATIONS OF WORKERS AND OTHER INTERESTED PARTIES)**
  - **CONSULTATION AND PARTICIPATION OF WORKERS**
  - **HAZARD IDENTIFICATION AND ASSESSMENT OF RISKS AND OPPORTUNITIES**
  - **PLANNING, ACTIONS TO ADDRESS RISKS AND OPPORTUNITIES**
  - **MANAGEMENT OF CHANGE**
  - **CONTRACTORS, OUTSOURCING**
  - **CONTINUAL IMPROVEMENT OF OH&S PERFORMANCE**
  - **CAPABILITY OF THE OH&SMS TO MEET ITS COMPLIANCE OBLIGATIONS**
  - **STATEMENT ON THE AUDIT PARTICIPATION DURING CLOSING MEETING (1. THE MANAGEMENT LEGALLY RESPONSIBLE FOR OCCUPATIONAL HEALTH AND SAFETY, 2.PERSONNEL RESPONSIBLE FOR MONITORING EMPLOYEES' HEALTH, 3.THE EMPLOYEES' REPRESENTATIVE(S) WITH RESPONSIBILITY FOR OCCUPATIONAL HEALTH AND SAFETY; IF NECESSARY: DOCUMENTATION OF JUSTIFICATION IN CASE OF ABSENCE OF SINGLE AUDIT PARTICIPANTS DURING CLOSING MEETING**
  - **ETC.**
- **IF NECESSARY: EXPLANATION OF FINDINGS**

Summary for ISO 50001:NA

- **Legal form of the Organsisation**

☒ The organisation audited comprises of one or more legal entities, authorities, institutions or a combination of the same (Ltd., etc.).

☐ The organisation audited comprises of a part of a company (e.g. site certification).

☐ Current registry entries (≤ 12 months) are available or have been reviewed.

☐ The organisation audited is not listed in an official register (e.g. person or group of persons).

☐ The organisation audited can be described as follows:

THE STATEMENTS BELOW ARE BASED ON THE INFORMATION PROVIDED BY THE COMPANY DURING THE AUDIT AND HAVE BEEN VERIFIED DURING THE AUDIT AT RANDOM.--NA

- **Details on sites and energy sources**

The EnMS covers all sites and energy sources of the certified company (as listed e.g. in the official register).

☐ Yes ☐ No

- **Energy Consumption of the Company**

☐ The total energy consumption of the company is measured and monitored. It includes all energy sources which are sourced from outside the boundary of the EnMS (of the location).

☐ All purchased energy is used by the company or organisation itself.

☐ Parts of the purchased energy is passed-through to another company or organisation.

The balance period (12 months) is from to

Energy consumption of the company within the boundary of the EnMS:	
Energy Sources	**Energy Consumption**
Electricity	GWh/a
Natural Gas	GWh/a
Heating Oil	GWh/a
District Heating	GWh/a
Fuels (Diesel, Gasoline, LPG)	GWh/a
Hard Coal, Lignite, Coke	GWh/a
(Others)	GWh/a
Total $_{\textbf{Boundary}}$	GWh/a

Energy consumption of sites excluded from the boundary of the EnMS:	
Energy Sources	**Energy Consumption**
	GWh/a
	GWh/a
	GWh/a
	GWh/a
	GWh/a
Total $_{\textbf{excluded}}$	GWh/a

$$\frac{Total_{excluded}}{Total_{Boundary} + Total_{excluded}} * 100 = \quad \%$$

SHARE OF ENERGY CONSUMPTION OF EXCLUDED SITES (E.G. MAX. 10% FOR COMPANIES UNDER THE EUROPEAN ENERGY EFFICIENCY DIRECTIVE).

- **Confirmation of the continual improvement of energy performance**

THE STATEMENT WHETHER THE CONTINUAL IMPROVEMENT OF ENERGY PERFORMANCE HAS BEEN ACHIEVED OR NOT IS A MANDATORY REQUIREMENT IN EACH CERTIFICATION AND RE-CERTIFICATION AUDIT!

EXAMPLES OF "IMPROVEMENT OF ENERGY PERFORMANCE" CAN BE FOUND IN ANNEX C OF ISO 50003.

☐ The organisation demonstrated the improvement of energy performance as follows:

☐ Reduction in normalized energy consumption for the scope and boundaries of the EnMS (see section "Comparing the EnPI").

☐ Progress toward the energy target(s) and management of the SEUs. Explanation:

☐ The organisation could NOT demonstrate the improvement of energy performance as required (for certification or re-certification audits this means a non-conformity category A).

- **Comparison of EnPIs--NA**

THE IMPROVEMENT OF ENERGY PERFORMANCE IS USUALLY MEASURED BY A COMPARISON OF THE REFERENCE PERIOD (ENERGY BASELINE) AND THE RECENT PERIOD. BOTH ARE USUALLY COVERING A CALENDAR YEAR OR FISCAL YEAR. RELEVANT VARIABLES SHALL BE TAKEN INTO ACCOUNT. COMMON UNITS FOR ENPIS ARE KWH/T, KW/NM3, KWH/M2, KWH/MJ, KWH/PIECE, BOILER EFFICIENCY IN %, ETC.

SEU Significant Energy Use	**Energy Performance Indicator (EnPI)**			
	Reference Value		**Recent Value**	
Title of the SEU	Reference Period	EnPI-Value	Recent Period	EnPI-Value
		kWh/t		kWh/t
		kWh/t		kWh/t
		kWh/t		kWh/t
		kWh/t		kWh/t
		kWh/t		kWh/t

☐ Examples of realized measures (optional):

PLEASE NOTE THAT THE LIST OF MEASURES DOES NOT REPLACE THE REQUIREMENT FOR EXEMPLARY ENPIS (SEE ABOVE).

	Sector	Measure	Savings [kWh/a]	Amortisation [months]
1				
2				
…				

PLEASE ADD CLARIFICATION HERE IF APPLICABLE:

Conclusion

Taking into account the size and structure of the organisation, the products/services supplied and the process used, the organisation has basically demonstrated that it operates its management system in order to ensure fulfilment of its own requirements, the requirements of its customers and the relevant legal requirements.

This includes in particular:

- The policies from 30.07.2021, objectives and their implementation in the organisation
- The processes which exist in the management system and their interaction
- The management system documentation
- The recording system
- The resource management
- The measuring and analysis (management review from 07.08.21, audit planning from 30.07.21, audit report(s) from 02-07.08.21 and examples for indicators)
- The continual improvement process

also the implementation and the effectiveness of the management system and the processes for providing services/production/product realisation were assessed by the audit team by means of on-site inspection and examination of documents on a random sample basis**.** Previous audit report verified total NC(major/minor) found-NIL

Nonconformities, observations and the potential for improvement are described in the "Detailed Results" section.

Notes for the detailed results		
The evaluation of the audit results basically follows the scheme shown below:		
Stage	**Classification**	**Meaning**
NC A	Major Nonconformity (Nonconformity A)	Nonconformities could be classified as major in the following circumstances: • if there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements; • a number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.
NC B	Minor Nonconformity (Nonconformity B)	Nonconformities could be classified as minor, if these do not affect the capability of the management system to achieve the intended results.
PI	Potential for improvement	Items which would allow optimisation of the management system in relation to the requirements of the relevant standard. It is recommended that the company implements these items.
GP	Positive aspects/ Good Practice	Positive aspects of the management system worthy of special mention (see also point 4.3 if applicable).
CM	Comments	Special situation and information to be traced in next audit.

Follow-up action(*):
NC A: Action plan with follow-up Audit or action plan and submission of documents.
NC B: Action plan and if necessary submission of documents.

Detailed results

No.	Major Noncorformity (Nonconformity A)	Area / Process	Standard:clause	Set date
	NIL			

No.	Minor Noncorformity (Nonconformity B)	Area / Process	Standard:clause	Set date
	NIL			

No.	PI	Area / Process	Standard:clause
1	Evidence noted w.r.t system doc process however scope exisit to review the process interactions w.r.t customer related processes in detail.	System co-ordinator	ISO 9001: 4.4
2	Evidence noted w.r.t system doc process However scope exisit to review the responsibilities & authorities for workshop incharge in detail	System co-ordinator	ISO 9001: 5.3
3	Evidence noted w.r.t doc control process However the access control in soft pertaining to distribution process may be improved.	System co-ordinator	ISO 9001: 7.5.1
4	Evidence noted w.r.t lab chemicals storage process However the MSDS may be displayed at relevant locations	Storage	ISO 9001: 8.5.4
5	Teaching-learning process is evident however SOP for online lectures need to be reviewed at micro level for better effectiveness.	Service control	ISO 9001: 8.5.1
6.	Evidence noted w.r.t lab eqipment maintenance process However the preventive main.check lists at dept level may be reviewed in more detail.	Infrastructure	ISO 9001: 7.1.3

No.	GP	Area / Process	Standard:clause
1	Good Infrastructure	Infrastructure	ISO 9001: 2015 Clause 7.1.3
2	Appreciable Top Management Involvement	Top Management	ISO 9001: 2015 Clause 5.1
3	Technically sound staff	Human Resource	ISO 9001:2015 Clause No.7.1.2 / 7.2
No.	**CM**	**Area / Process**	**Standard:clause**
1	Internal audit system is in place. However the process may be reviewed for the int.NC clouser duration in detail.	Internal Audit	ISO 9001: 9.2

Management of non-conformities

☒ Nonconformities were not found - the procedure can continue.

☐ Nonconformities were found.

Follow-up action:

NC A: Action plan with follow-up Audit or action plan <u>and</u> the submission of documents

☐ **Action plan and follow-up audit**

A scheduled plan of actions with the serial number of the findings, root cause analysis, corrections (to eliminate the non-conformity) and corrective actions (to eliminate the cause of the non-conformity) have to be submitted to the auditors for reviewing (Deadline: Within 6 weeks after the last audit day). Based upon the action plan the on-site review and evaluation of the introduction, implementation and effectiveness of implemented guided corrections and corrective actions take place (Deadline: Within 3 months after the last audit day).

or

☐ **Action plan and the submission of documents**

A scheduled plan of actions with the serial number of the findings, root cause analysis, corrections (to eliminate the non-conformity) and corrective actions (to eliminate the cause of the non-conformity) have to be submitted to the auditors for reviewing (Deadline: Within 6 weeks after the last audit day).Based upon the action plan the evaluation of the effectiveness and the implementation of corrections and corrective actions take place (Deadline: Within 3 months after the last audit day).

NC B: Action plan <u>and if necessary the</u> submission of documents

☐ **Action plan**

A scheduled plan of actions with the serial number of the findings, root cause analysis, corrections (to eliminate the non-conformity) and corrective actions (to eliminate the cause of the non-conformity) have to be submitted to the auditors for reviewing (Deadline: Within 6 weeks after the last audit day).

☐ **Submission of documents** (if necessary)

Based upon the action plan the on-site review and evaluation of the introduction, implementation and effectiveness of implemented guided corrections and corrective actions take place (Deadline: Within 3 months after the last audit day).

Note: The audit team leader directs the non-conformities as needed to the responsible auditor for processing.

Results				
Results	**ISO 9001:2015**	**ISO 14001:2015**	**ISO 45001:2018**	**ISO 50001:2018**
Fulfilled	☒	☐	☐	☐
Open nonconformities	☐	☐	☐	☐
Not fulfilled	☐	☐	☐	☐
Follow up actions				
None	☒	☐	☐	☐
Action plan	☐	☐	☐	☐
Document review	☐	☐	☐	☐
Follow up audit	☐	☐	☐	☐
Next audit	☐	☐	☐	☐
Follow up Audit (if recommended)				
Date of Follow-up Audit	dd/mm/yyyy	Whether all open NCRs closed	☐ Yes ☐ No	
Recommendations				
~~Grant/Extension~~*/Renewing*	☒	☐	☐	☐
Maintenance*	☐	☐	☐	☐
Suspension	☐	☐	☐	☐
Restoring	☐	☐	☐	☐
Refusing	☐	☐	☐	☐
Withdrawal	☐	☐	☐	☐
	☐	☐	☐	☐

***) Grant / Extension / Renewing / Maintenance in the case of open nonconformities assumes that the nonconformities will be cleared as agreed.**

Explanation of the terms:

Renewing: New issue of the certificate for the re-certification.

Restoring: End of the temporary invalidity of certificate after the suspension or after delayed re-certification.

Comments for next audit

In the next audit, the final evidence of effectiveness, corrections and corrective actions will be assessed for the possible nonconformities from this audit.

The comments and potentials for improvement will be taken up again.

For the next audit it is preliminarily agreed before: 18.07.2022

Signatures

Date: 18.08.2021 Name: Mr.Amol Joshi	 Signature Audit team leader
Date: 18.08.2021 Name: Mr.P.K.Mashalkar	Signature Representative of organisation