
	HYM International Certifications Pvt Ltd	Format No.	HYM-F-16
		Rev. No.	01
	ISO 14001:2015 Stage 2 Audit Report	Date	01.01.2023

Name of the Organization	TELANGANA SOCIAL WELFARE RESIDENTIAL DEGREE COLLEGE FOR WOMEN NIRMAL		
Address	H.NO.8-1-2/1.Near ST.Thomas school,Kamalanagar,Niramal,Telangana State,India.		
Site Address (If any)	NA		
No. of Employees	34		
NO. of Shift	1		
E mail id			
Contact Person	Principal-E.Venkateshwarlu		
Telephone/Fax	7995660879		
Scope	Providing courses B.A, B.com, B.sc to students		
Technical Area	8.3 Design and development of syllabus by Kakatiya University		
Exclusion			
Audit Team	Lead Auditor: Mr. S.Seetharaman Auditor: Mr. Santhosh kumar Technical Expert:	No of Man days :4	
Starting Date of Audit	15.12.2023		
End Date of Audit	18.12.2023		
Brief about the organization	<p>the Government of Telangana strongly believes that education is the right medium by which the lives of the marginalised children can be transformed in social and economic spheres thereby cultivating a new generation of marginalised students in Telangana,who can lead the country in the 21st century.</p> <p>The Government of Telangana has been giving major impetus to the educational empowerment of marginalized children by launching Tribal welfare residential degree colleges.</p>		
Purpose of Audit	To verify the implementation of the Environmental Management System as per the Standards Requirement, verification of records for the conformity of the implementation.		

CHANGE DETAIL:

Audit Duration for Stage 2: 4 Days	
Are quoted man-days adequate?	YES
Any change in employee detail?	NO
Any Change in Scope?	NO
Any additional Information:	NO

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ATTENDENCE SHEET:

NAME OF PERSON	DESIGNATION
E.Venkateshwarlu	Principal
M. Ramani	HOD, Commerce
T.Ramesh	HOD History
Dr. Revathi	English

SUMMARY OF AUDIT

AREA OF IMPROVEMENTS	
1	Improve Placement
2	Conduct Internal Assessment Admin and Academic
3	Conduct Air quality, Noice Quality, Soil Quality Tests in Once in a year


Non Conformities Raised

Nil Minor/Major Non-conformance identified in the Stage 2 audit, details of Non Conformance in F50

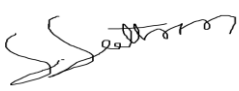
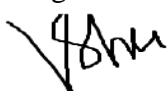
Please respond by using your own corrective action form and include the root cause analysis with systemic corrective action. Failure to include root cause analysis with systemic corrective action will result in your responses being rejected by Lead Auditor


Team Leader Declaration (Tick or cross Each Column as per applicability)

X	Auditing is based on a sampling process of the available information
X	Audit is combined, joint or integrated;
NA	The effectiveness of corrective actions taken regarding previously identified
NA	nonconformities has verified
X	outcomes are effective and complying.
X	The internal audit and management review process are effective and complying with the requirements.
X	The scope of certification is appropriate.
X	The capability of the management system to meet applicable requirements and expected
X	The audit objectives has been fulfilled and achieved.

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Recommendation:


	<p>The EMS complies with the requirements of the reference standard: Congratulations, on the basis of the above summary, Lead Auditor is pleased to put forward a recommendation for Issuance of Certificate. The organization can use the HYM Mark</p>
	<p>The EMS complies with the requirements of the reference standard with exception of minor NC: Congratulations, Team Leader is pleased to put forward a recommendation for Issuance of the certificate of Organization upon off-site verification of closure of all minor NC within 60 days from the date of Stage 2 audit. Responses to the non-conformances should be submitted to HYM and must include supporting evidence of closure to allow for off-site verification. In responding to the non-conformances, the organization should consider the root cause of the non-conformance and the potential for related issues in other parts of system.</p> <p>If all non-conformances are not closed within 60 days, a full reassessment may be required.</p>
	<p>Evidence of major non conformities: Organization is not recommended for Issuance of Certificate and at this time. Follow-up audit will be scheduled to allow for on-site verification and closure of all issues within 60 days from the date of Stage 2.</p> <p>Once all non-conformances are closed, the recommendation for Issuance of certification may recommended.</p> <p>If all non-conformances are not closed within 60 days, a full reassessment may be required.</p>
	<p>Not Recommended: Organization is not recommended for Issuance of certificate at this time. Full Stage 2 audit is required as the organisation has not implemented the system and process at pace. .</p>
	<p><i>Proposed Audit Date for 1st Surveillance Audit 05.01.2025(mm/dd/yy)</i></p>
<p>Sign Off : (Date):18.12.2023</p>	
<p>HYM Report Submission</p> <p>Name of Team Leader: Mr. S.Seetharaman</p> <p>Signature: </p>	<p>Client Acceptance for Report</p> <p>Name: E.Venkateshwarlu</p> <p>Sign </p> <p>Designation: Principal</p>

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AUDIT CHECKLIST

VERIFICATION OF DOCUMENTED INFORMATION & RECORDS AS PER STD REQUIREMENT (C- Conformity, NC-Non Conformity, O-Observation)


Clause Number	C/NC/O	Document Verification detail with statement of Conformity
4.1 Understanding the organization and its context (Determination of external and Internal Issues)	C	<p>Organization documented Integrated Management system Manual vide Ref . TSWRDCWN/IMS/01 Rev.02 dated 25.06. 2023 covering ISO 50001:2018 , ISO 14001:2015 and ISO 21001:2018.</p> <p>Context of the organization demonstrated in Business risks and opportunities register Ref. TSWRDCWN/F/BRO dated 6th August 2023 which shall be reviewed once per 12 months or as and when changes takes place in the organization.</p> <p>Internal issues related to stationery waste generation which causes mercury leakage once rain water or water the stationery exposes for, CO levels emission from library activities causes human exposure are the internal issues.</p> <p>Municipality dust bin in front of the college giving pungent smell for which college has isolated the municipal dust bin approaching to the GAMC as well.</p>
4.2 Understanding the needs and expectations of interested parties (Determination, Monitor & Review of the Interested Parties)	C	<p>Context of the organization demonstrated in Business risks and opportunities register Ref. TSWRDCWN/F/BRO dated 6th August 2023 which shall be reviewed once per 12 months or as and when changes takes place in the organization. The Business risks are sourced from needs and expectations of interested parties as sampled below:</p> <p>TSPCB : Orange category APPCB License and submission of annual return to the said authorities.</p> <p>Electrical inspectorate: submission of earth pits monitoring and lightening arresters submitting the same to the said authority once 6 months.</p> <p>Kakatiya University : preservation of examination papers and records of the students without fail.</p>
4.3 Determine and maintained Documented Information the scope of the Environmental management system (Boundaries and Type of Product and Services and any requirement not applicable)	C	<p>Organization documented Integrated Management system Manual vide Ref . TSWRDCWN/IMS/01 Rev.02 dated 25.06.2023 covering ISO 50001:2018 , ISO 14001:2015 and ISO 21001:2018 adequately covered with scope statement within the boundaries of college at Srikakulam.</p>
4.4 Environmental management system and its processes (Established, Implement and maintained, process and Interaction of Process)	C	<p>Under Integrated Management system following the processes identified and implemented for per procedural requirements covered in IMS Manual:</p> <p>Admission Administration Teaching(sampled physical and chemistry related subjects)</p>

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5.1 Leadership & Commitment (Statement of ensurity)	C	Organization documented Integrated Management system Manual vide Ref. TSWRDCWN/IMS/01 Rev.02 dated 25.06.2023 covering ISO 50001:2018, ISO 14001:2015 and ISO 21001:2018.
5.2 Environmental policy (Documented Information, Establish, Implement, Maintain, communicated and understood)	C	<p>Organization documented Integrated Management system Manual vide Ref . TSWRDCWN/IMS/01 Rev.02 dated 25.06.2023 covering ISO 50001:2018 , ISO 14001:2015 and ISO 21001:2018 policies adequately reviewed and found to the satisfactory levels.</p> <p>Objectives achieved for the calendar year 2023 are as follows:</p> <ol style="list-style-type: none"> 1. Training hours on Energy Management for the college working staff at least 18 hours per annum. 2. 100% compliance to legal requirements. 3. Beneficiaries feedback achieved 3.75 rating on 1-5 scale rating on the energy Management system practices.
5.3 Organizational roles, responsibilities and authorities	C	Verified roles, responsibility and authorities of Dr.Santosh Electrical line men and outsourced AC Mechanics for the ACs– roles, responsibilities and authorities adequately documented and communicated to them as well.
6.0 Planning		
6.1.1 Actions to address risks and opportunities (Risk Assessment has done with prevention of undesirable effects)	C	<p>Organization documented Integrated Management system Manual the education Management system adequately demonstrated vide Ref . TSWRDCWN/IMS/01 Rev.02 dated 25.06 2023 covering ISO 50001:2018, ISO 14001:2015 and ISO 21001:2018.</p> <p>Context of the organization demonstrated in Business risks and opportunities register Ref. GDC/F/BRO dated 6th August 2023 which shall be reviewed once per 12 months or as and when changes takes place in the organization.</p> <p>Internal issues related to stationery waste generation which causes mercury leakage once rain water or water the stationery exposes for, CO levels emission from library activities causes human exposure are the internal issues.</p> <p>Municipality dust bin in front of the college giving pungent smell for which college has isolated the municipal dust bin approaching to the GHMC as well.</p> <p>Context of the organization demonstrated in Business risks and opportunities register Ref. GCM/F/BRO dated 6th August 2023 which shall be reviewed once per 12 months or as and when changes takes place in the organization. The business risks are sourced from needs and expectations of interested parties as sampled below:</p> <p>TSPCB: Orange category TSPCB License and submission of annual return to the said authorities.</p> <p>Electrical inspectorate: submission of earth pits monitoring and lightening arresters submitting the same to the said authority once</p>

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		<p>6 months.</p> <p>kakatiya University: preservation of examination papers and records of the students without fail.</p>
6.1.2 Determination and maintained documented information of Environmental Aspect, associated impacts Criteria Used and significant aspects and, of the activity and Environmental Impacts	C	<p>Aspects and impacts assessment done dated 6th August 2023 which shall be reviewed once per annum wherein following significant aspects determined and operation control measures evidenced. Probability x severity x exposure on 1-3 scope rating MIN above 6 considered significant.</p> <p>Furniture, electrical and mechanical and civil waste debris generation aspect – land pollution and air pollution at storage area and fire catch up situations too prone as impact – Multiple Index number 8 – waste Management procedure in place and monitoring quantities accumulated and disposal mechanism to recyclers in place.</p> <p>Lead acid batteries waste accumulation used at computer science and physics laboratory considered aspect – MIN 9 – disposal of Batteries to the authorized recyclers in place as part of Operation control measure.</p> <p>Normal solutions / standard solutions accumulation considered as aspect – MIN 8 considered significant for which neutralization with sodium bicarbonate and disposal of the same after ensuring ph 7 to municipal authorities practicing as operation control measure.</p>
6.1.3 Determination of the Compliances Obligation and maintained documented information how to comply.	C	<p>Verified TSPCB orange category consent order dated 11.06.2023 valid for 5 years.</p> <p>Electrical inspectorate renewal date 09.08.2023 valid for 12 months.</p> <p>Verified drinking water sampled test report vide report #HWMP/COM/ENV/21-0972 dated 19.08.2023 where in pH 7.8 ,Total solids 665mg/ltrs ,physical and microbial parameters found met with IS 10500:2012 requirements.</p> <p>Verified Noise levels monitoring report vide report #HWMP/COM/ENV/21-0974 dated 24.08.2023 wherein covered administration ,college ground and chemistry laboratory and IQAC wherein day time 6.00 – 10.00 pm and Night times 10.00-6.00 AM noise levels monitored between min 62.3 dB to Max 67.5 dB found met with factories Act 19448 requirements.</p> <p>Verified test results for the ambient air quality monitoring done for the facility vide report #HWMP/COM/ENV/21-06967 dated 19.08.2023</p>
6.1.4 Planning action for Environmental aspect, Compliance Obligation and Risk and Opportunities.	C	<p>Aspects and impacts assessment done dated 1st August 2022 which shall be reviewed once per annum wherein following significant aspects determined and operation control measures evidenced. Probability x severity x exposure on 1-3 scope rating MIN above 6 considered significant.</p> <p>Furniture, electrical and mechanical and civil waste debris generation aspect – land pollution and air pollution at storage area and fire catch up situations too prone as impact – Multiple Index number 8 – waste Management procedure in place and monitoring quantities accumulated and disposal mechanism to recyclers in place.</p> <p>Lead acid batteries waste accumulation used at computer science and physics laboratory considered aspect – MIN 9 – disposal of Batteries to the authorized recyclers in place as part of Operation control measure.</p>

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		Normal solutions / standard solutions accumulation considered as aspect – MIN 8 considered significant for which neutralization with sodium bicarbonate and disposal of the same after ensuring ph 7 to municipal authorities practicing as operation control measure.
6.2 Environmental objectives and planning to achieve them (Documented, Measurable, Monitored and communicated)	C	<p>Organization documented Integrated Management system Manual vide Ref. TSWRDCWN/IMS/01 Rev .02 dated 25.06.2023 covering ISO 50001:2018 , ISO 14001:2015 and ISO 21001:2018 policies adequately reviewed and found to the satisfactory levels.</p> <p>Objectives achieved for the calculated for the calendar year 2023 are as follows:</p> <ol style="list-style-type: none"> 1. Training hours on Energy Management for the college working staff at least 18 hours per annum. 2. 100% compliance to legal requirements. 3. Beneficiaries feedback achieved 3.75 rating on 1-5 scale rating on the energy Management system practices.
7.1 Resources (Resource needed for Continual Improvement)	C	The organization has adequately qualified and competent resources used for competent Electrical line men and E.Venkateshwarlu and outsourced AC Mechanics for the ACs– for attending repair approved by Electrical Inspectorate.
7.2 Competence (Employee records & Competence skill matrix)	C	The organization has adequately qualified and competent resources used for competent Electrical line men and E.Venkateshwarlu Principal and outsourced AC Mechanics for the ACs– for attending repair approved by Electrical Inspectorate.
7.3 Awareness (Environmental Policy, Objectives & Effectiveness of EMS)	C	Electrical line men and E.Venkateshwarlu , Principal and outsourced AC Mechanics for the ACs - for attending repair verified for awareness on organization IMS policy ,objectives ,roles ,responsibilities and authorities and significant aspect and their operation controls as well .All personnel interacted awareness found to the satisfactory levels.
7.4 Communication (what, who, when, whom, how with retained documented information)	C	<p>Internal communication done using general mikes arranged in blocks of the college, conducting formal and informal meetings as well.</p> <p>External communication for liaison with Electrical inspectorate done through email correspondence and telephonic tasks with authorised E.Venkateshwarlu, only.</p>
7.5 Documented information (External Origin, Creation, Updation, Distribution, Preservation, version control, Retention and disposition)	C	<p>All formats and records maintained for the randomly sampled students and competency records of teaching staff compiled with Osmania University prescribed formats as well.</p> <p>Change in documentation and update done as and when changes could takes place.</p> <p>Obsolete copy of examinations procedure P-1 in IMS Manual dated 25.06.2023 retained in obsolete copy in principals desktops.</p> <p>The documented information is centralised with Principal under centralised sharing system and no authorization to the users for changing such documents. The documents are maintained in pdf form.</p>
8.1 Operational planning and control (Plan, Implement and control of process, documented information for process carried our as planned and Conformity of product or services)	C	<p>Aspects and impacts assessment done dated 6th Dec 2023 which shall be reviewed once per annum wherein following significant aspects determined and operation control measures evidenced:</p> <p>Probability x severity x exposure on 1-3 scope rating MIN above 6 considered significant.</p> <p>Furniture, electrical and mechanical and civil waste debris</p>

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		<p>generation aspect – land pollution and air pollution at storage area and fire catch up situations too prone as impact – Multiple Index number 8 – waste Management procedure in place and monitoring quantities accumulated and disposal mechanism to recyclers in place.</p> <p>Lead acid batteries waste accumulation used at computer science and physics laboratory considered aspect – MIN 9 – disposal of Batteries to the authorized recyclers in place as part of Operation control measure.</p> <p>Normal solutions / standard solutions accumulation considered as aspect – MIN 8 considered significant for which neutralization with sodium bicarbonate and disposal of the same after ensuring ph 7 to municipal authorities practicing as operation control measure.</p>
8.2 Emergency Prepared and Responses (Mitigation of Adverse Environmental Impact, Respond to Emergency situation, Periodically review and Training of the Emergency)	C	<p>Organization has Emergency preparedness and response procedure P-EMRP Rev.01 dated 11.06.2023 wherein fire accident, chemicals spillage in laboratory and electrocution emergency situations determined and response plans adequately been laid down. Organization conduct mock drill conducted on 12.08.2023 at 10.00 Hrs at library section on fire , the personnel have been evacuated to assembly meeting point, Fire extinguishers been used and emergency team rushed and salvaged the property and response completed within target time of 3 minutes. Nil changes been recommended from the said mock drill done.</p>
9.1.1 Monitoring, Measurement analysis and evaluation	C	<p>College has demonstrated monitoring measurement, analysis and evaluation of environmental key performance indicators as follows.</p>
9.1.2 Evaluation Of Compliances Documented (Frequency and Action on Evaluation)	C	<p>Legal compliance audit done by E.Venkateshwarlu in association with other HODs and following is the status Verified APPCB orange category consent order dated 11.08.2023 valid for 5 years. Verified TSPCB orange category consent order dated 11.08.2023 valid for 5 years.</p> <p>Electrical inspectorate renewal date 09.11.2023 valid for 12 months.</p> <p>Verified drinking water sampled test report vide report #HWMP/COM/ENV/21-0972 dated 24.08.2023 where in pH 7.8 ,Total solids 665mg/ltrs ,physical and microbial parameters found met with IS 10500:2012 requirements.</p> <p>Verified Noise levels monitoring report vide report #HWMP/COM/ENV/21-0974 dated 24.08.2023 wherein covered administration ,college ground and chemistry laboratory and IQAC wherein day time 6.00 – 10.00 pm and Night times 10.00-6.00 AM noise levels monitored between min 62.3 dB to Max 67.5 dB found met with factories Act 19448 requirements.</p> <p>Verified test results for the ambient air quality monitoring done for the facility vide report #HWMP/COM/ENV/21-06967 dated 12.08.2023</p>
9.2 Internal Audit (Frequency and Documented Information for Implementation of Audit Program and the audit result)	C	<p>Organization has a procedure for Internal audits under Integrated Management system Vide Organization Integrated Management system Manual vide Ref. TSWRDCWN/IMS/01 Rev.02 dated 25.06.2023 Organization conducted Internal audits for ISO 50001:2018 ,ISO 14001:2015 and ISO 21001:2018 International standards which shall be conducted once per 6 months .</p> <p>Organization has 10 competent and qualified internal auditors and done the audit. Check list has been used for the said standards. Recent Internal audit conducted on 15.08.2023 – 3NCs with respect EMS and EOMS reported and Nil NCs reflecting in corrective actions taken evidenced in Leakage of transformer oil ,</p>

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		Multimeter calibration status and cleaning condition of ACs under EOMS . Objectivity and impartiality evidenced. Once complete cycle of Internal audit demonstrated by the organization.
9.3 Management Review (Frequency, Input, Output, Documented Information for MRM Results)	C	Organization conduct Management review meeting once per 6 months. Recent Management review meeting conducted on 20.08.2023 wherein clause 9.3 to ISO 50001:2018 , ISO 14001:2015 and ISO 21001:2018 standards considered as inputs and outputs evidenced through actions with respect to imparting further training programs , and improvement of energy equipment working condition with requisite calibration status.
10.1 Improvement – General	C	Objectives achieved for the calculated for the calendar year 2023 are as follows: 1. Training hours on Energy Management for the college working staff at least 18 hours per annum. 2. 100% compliance to legal requirements. 3. Beneficiaries feedback achieved 3.75 rating on 1-5 scale rating on the energy Management system practices.
10.2 Nonconformity and corrective action (Documented Information for nature of NC and result of action taken)	C	Organization has Non-conformance report vide TG/F/NC format for recording non-conformances resulted from college activities and deviations resulted if any E.Venkateshwarlu confirmed nil non-confirming situations college as arrived at except the NC reported in internal audits and actions been taken up for the same.
10.3 Continual improvement	C	Objectives achieved for the calculated for the calendar year 2023 are as follows: 1. Training hours on Energy Management for the college working staff at least 18 hours per annum. 2. 100% compliance to legal requirements. 3. Beneficiaries feedback achieved 3.75 rating on 1-5 scale rating on the energy Management system practices.

END OF REPORT