
	HYM International Certifications Pvt Ltd	Format No.	HYM-F-11(EN)
		Rev. No.	01
	Stage-02 Audit Report-EnMS	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			
Exclusion	8.3 Design and development of syllabus by Kakatiya University	No of Man days: 4 days	
Audit Team	Lead Auditor: Mr. S.Seetharaman Auditor: Mr. Santhosh kumar Technical Expert:		
Starting Date of Audit	15.12.2023		
End Date of Audit	18.12.2023		
Brief about the organization	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. The Government of Telangana has been giving major impetus to the educational empowerment of marginalized children by launching Tribal welfare residential degree colleges.		
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

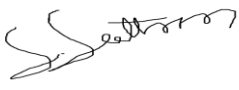
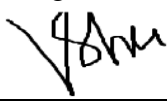
Nil Minor/Major Non-conformance identified in the Stage 2 audit, details of Non Conformance in F50
Please respond by using your own corrective action form and include the root cause analysis with systemic corrective action. Failure to include root cause analysis with systemic corrective action will result 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 quality system 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 quality system 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. 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. Once all non-conformances are closed, the recommendation for Issuance of certification may be recommended. 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>	
HYM Report Submission	Client Acceptance for Report
Name of Team Leader: Mr. S.Seetharaman	Name: E.Venkateshwarlu
Signature: 	Sign
	Designation: Principal
	


AUDIT CHECKLIST

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


Clause Number	C/NC/O	Document Verification detail with statement of Conformity
4.1 Understanding the organization and its context	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. GDC/F/BRO dated 6th July 2023 which shall be reviewed once per 12 months or as and when changes takes place in the organization.</p>

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4.2 Understanding the needs and expectations of interested parties	C	Context of the organization demonstrated in Business risks and opportunities register Ref. GDC/F/BRO dated 6 th dec 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: TSPCB : Orange category TSPCB License and submission of annual return to the said authorities. Electrical inspectorate: Submission of earth pits monitoring and lightening arresters submitting of the same to the said authority once per 6 months. University: preservation of ex.
4.3 Determining the scope of the energy management system	en C	Scope determined for the Organization adequately documented in indicated with boundaries too integrated Management system Manual vide Ref. GDC MM/IMS/01 Rev.02 dated 25.06.2023 covering ISO 50001:2018 ,ISO 14001:2015 and ISO 210001:2018.
4.4 Energy management system	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. Energy Management System adequately been established considering electrical power and gas consumptions as SEUs for which base line data and EnPIs established , maintained and implemented for.
5. Leadership		
5.1 Leadership and commitment	C	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.
5.2 Energy Policy	C	Energy policy has been reviewed found satisfactory to the requirements of the standard.

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<p>5.3 Organizational roles, responsibilities and authorities</p>	<p>res C</p>	<p>Verified roles responsibility and authorities of E.Venkateshwarlu Electrical line men and outsourced AC Mechanics for the ACs - roles , responsibilities and authorities adequately documented and communicated to them as well.</p> <p>Audit trial sampled for college business activities: physics Degree class – Section A and chemistry Post Graduation course sampled the students M . Anitha Kumari – admission #1232 dated 02.05.2022 to who has scored 78% in 3 years. Randomly sampled K . Annapurna joined with Admission #1432 for Masters in chemistry who has scored 63% for both the years joined in 07.06.2021 and TC taken and left the college by 08.07.2023.</p>
<p>6 Planning</p>	<p>C</p>	<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. 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 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 6 months.</p> <p>University: preservation of examination papers and records of the students without fail.</p>

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<p>6.1 Actions to address risks and opportunities 6.1.1, 6.1.2</p>	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.</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 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>
<p>6.2 Objectives, energy targets and planning to achieve them {6.2.1, 6.2.2, 6.2.3}</p>	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>
<p>6.3 Energy review</p>	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.</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 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>

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6.4 Energy performance indicators	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.
6.5 Energy baseline	C	<p>Significant performance indicators as follows: Use an average of 18.9 kilowatt-hours (KWh) of electricity and 10 cubic feet of oxygen and acetylene gases per square mtrs of floor space. College building has total 8382 sqmtr. Energy objectives as determined as above and continuous monitoring in place.</p>
6.6 Planning for collection of energy data	C	<p>E.Venkateshwarlu is the representative of the EnMS of the organization. She maintains the data monthly wise electrical power consumption and gas consumption and feed the same in MSXL form.</p>
<u>7. Support</u>		
7.1 Resources	C	<p>The organization has adequately qualified and competent resources used for competent Electrical line men. E.Venkateshwarlu and outsourced AC Mechanics for the ACs– for attending repairs approved by Electrical inspectorate.</p>
7.2 Competence	C	<p>The organization has adequately qualified and competent resources used for competent Electrical line men and Dr. Hemalatha and outsourced AC Mechanics for the ACs– for attending repairs approved by Electrical inspectorate.</p>
7.3 Awareness	C	<p>Electrical line men and E.Venkateshwarlu and outsourced AC Mechanics for the ACs – for attending repairs 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 level.</p>
7.4 Communication	C	<p>Internal communication done using general mikes arranged in blocks of the college, conducting formal and informal meetings as well. External communication for liaison with Electrical inspectorate done through email correspondence and telephonic tasks with authorised principal E.Venkateshwarlu,</p>

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7.5 Documented information	C	<p>All formats and records maintained for the randomly sampled students and competency of teaching staff complied with Nagarjuna 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 the principal’s desktops.</p> <p>The documented information is centralised with Principal under centralised sharing system and no authorisation to the users for changing such documents. The documents are maintained in pdf form.</p>
7.5.1 General	C	
7.5.2 Creating and updating	C	
7.5.3 Control of documented information	inf C	
<u>8 Operation of the service management system</u>		
8.1 Operational planning and control	C	<p>Significant performance indicators as follows: Use an average of 18.9 kilowatt-hours (KWh) of electricity and 10 cubic feet of oxygen and acetylene gases per square mtrs of floor space. College building has total 8382 sqmtr. Energy objectives as determined as above and continuous monitoring in place.</p>
8.2 Design	C	<p>Organization plan the energy plan for additional equipment usage in the organization. Principal confirmed for the last two year no additional of energy equipment.</p>
8.3 Procurement	C	<p>Organization procure only IS grade wiring, avil earth pits monitoring form electrical department approved licensed electrician.</p>
9 Performance evaluation		
9.1 Monitoring, measurement, analysis and evaluation of energy performance and the EnMS	C	<p>Significant performance indicators as follows: Use an average of 18.9 kilowatt-hours (KWh) of electricity and 10 cubic feet of oxygen and acetylene gases per square mtrs of floor space. College building has total 8382 sqmtr. Energy objectives as determined as above and continuous monitoring in place.</p>
9.1.1 General		
9.1.2 Evaluation of compliance with legal requirements and other requirements	C	<p>Legal compliance audit done by E.Venkateshwarlu in association with other HODs the following is the status verified TSPCB orange category consent order dated 11.08.2023 valid for 5 years.</p>

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		Electrical inspectorate renewal date valid for 12 months.
9.2 Internal audit	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 International standards which shall be conducted once per 6 months . 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 reported with respect to ENMS .The closure formality of NCs reflecting in corrective actions taken evidenced on Leakage of transformer oil, 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	C	Organization conduct Management review meeting once per 6 months .Recent Management review meeting conducted on 20.08.2023 where in 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 Nonconformity and corrective action	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 i confirmed nil non-confirming situations college as arrived at except the NC reported in internal audits and actions been taken up for the same.
10.2 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