

College Code : 696 Sharad Gramin Bahuudeshiya Shikshan Sanstha, Deoli MARIYA ARTS AND SCIENCE COLLEGE, DEOLI

(Recognized by Govt. of Maharashtra & Affiliated to R.T.M. Nagpur University, Nagapur)

Mariya Campus, Near Tahsil Office, Pulgaon Road, Dist. Wardha -442101 Ph.: 9579190333 email:<u>mariyacollegedeoli@gmail.com</u> www.mariyacollegedeoli.com

Criterion 7 - Institutional Values and Best Practices

7.1 Institutional Values and Social Responsibilities

7.1.3 Quality audits on environment and energy regularly undertaken by the Institution. The institutional environment and energy initiatives are confirmed through the following 1.Green audit / Environment audit
2.Energy audit
3.Clean and green campus initiatives
4.Beyond the campus environmental promotion activities

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Audit Report

(ISO 14001:2015)

Company: MARIYA ARTS AND SCIENCE COLLEGE Wardha, Maharashtra- 442101 Auditor name: Syed M. Rahman, Date: 08/06/2023 Action List (F/IQA-04)

The following table shall be used for all findings recorded by the audit team during an audit (certification, change, repeat, sample, special or surveillance)

Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (incl. due dates and	Evaluation of CA		
		Description (to be completed by auditor)	Tpye NC/MiN/ I/P	(to be completed by client in case of NC and MiN)	(to be completed by client)	Date	Effecti ve (E) / Accep ted (A)**	Evidence provided (only for NC findings)***
Clause 81	Operation Control	Requirement (if not covered by clause number): Description of finding: Wastedisposal related procedure documentation are not maintained properly and are not updated Supporting audit evidence: Environmental Objectives, Targets and Program, Doc No MASC/EAOTP/01	MiN	Waste disposal related documents are not updated. It is not showing as how it is completed from time to time for the proper disposal.	Immediate solution for the correction of the finding: Waste from the premises is properly disposed and documented. Corrective Action to eliminate the cause: The record is now properly defined and prepared. Mr. Rahman Tanwar (M.R) is authorized for this purpose Doc No MASC/OCP/03 Target Date: 14/06/2023	14/06/23	A	Doc No MASC/OCP/03



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Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (incl. due dates and	Evaluation of CA		
		Description (to be completed by auditor)	Труе NC/MiN/ I/P	(to be completed by client in case of NC and MiN)	(to be completed by client)	Date	Effecti ve (E) / Accep ted (A)**	Evidence provided (only for NC findings)***
Clause 8.1	Operation Control	Requirement (if not covered by clause number): Description of finding: Spillage control from genset Supporting audit evidence: Environmental Objectives, Targets and Program, Doc No MASC/EAOTP/01		Documentation for spillage from genset is not properly documented	Immediate solution for the correction of the finding: Spillage from genset should be controlled and documented properly Corrective Action to eliminate the cause: The record is now kept and properly documented. Mr. Rahman Tanwar (M.R) is authorized for this purpose Doc No MASC/OCP/10 Target Date: 14/06/2023	14.06.2023		Doc. No MASC/OCP/10

page 2 of 3

C: 7	3
KI: 7.1	
M: 7.1.3	



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Nonconformities	Failure to fulfil one or more requirements of the management system standard or a situation that raises significant doubt about the ability					
(NC):	of the client's management system to achieve its intended outputs.					
	(Classification: Major nonconformities).					
	Corrections (immediate solution) of the audit finding are to be implemented					
	The causes of the identified nonconformities shall be analyzed					
	 Corrective actions for the causes of the nonconformities shall be effectively implemented prior to the decision on certificate issue/renewal 					
	 The auditor generally verifies the effectiveness of corrective action in an on-site re-audit unless verification is possible on the basis of submitted new documentation. 					
Minor	In individual cases some of the requirements of the management-system standard are not fulfilled completely. However, this does not					
nonconformities	jeopardize the effectiveness of the management-system element (chapter of the standard).					
(MiN):	(Classification: Minor nonconformities).					
	 Corrections (immediate solution) of the audit finding are to be implemented 					
	 The causes of the identified nonconformities shall be analyzed 					
	 The lead auditor is to be informed of the intended corrective actions for the causes of the nonconformities within 14 days prior to the decision on certificate issue/renewal 					
	 The lead auditor evaluates the submitted corrective actions and confirms acceptance thereof. The implementation of the corrective actions will be verified in the next audit. 					
Opportunities for	Aspects that would lead to management system optimization with respect to a requirement of the standard.					
improvement (I):	(Basic requirement for the identification and recording of opportunities for improvement is that the requirements of the standard					
	regarding the process element have been fulfilled but that there are still areas for potential improvement of system effectiveness and					
	efficiency. Implementation by the organization is recommended.)					
Positive aspects (P):	Positive aspects of the management system meriting special mention					

All elements of the standard in each clause of the standard were found to be "in conformity/effective" except for those elements of the standard for which this action list includes nonconformities or minor nonconformities.

C: 7	4
KI: 7.1	
M: 7.1.3	



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