Management Service

Action List

Organization name	SRI RANGANATHAR INSTITUTE OF ENGINEERING AND TECHNOLOGY
Standard(s)	ISO 9001:2015
Order No.	4153149366
Audit start date	2021-01-25
Audit end date	2021-01-25
Audit type	4. Surveillance Audit
Certification type	Single
Identification No.	237465-01

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Classification of Audit Findings

An audit cannot cover each and every detail of the management system. Therefore, there may still be nonconformities not addressed by the auditors in the closing meeting or the audit report. Audit results are always evaluated on the basis of the following classification:

Nonconformity (NC):

Failure to fulfill one or more requirements of the management system standard, or a situation that raises significant doubts about the capability of the customer's management system to achieve its intended results. The auditor verifies in a re-audit that the nonconformity has been effectively closed.

Minor nonconformity (MiN):

In individual cases, some of the requirements of the management system standard are not fulfilled completely. However, this does not affect the capability of the management system to achieve the intended results.

Opportunity for improvement (I):

The requirement of the Standard has been effectively implemented, but system performance regarding the relevant requirement offers room for improvement in terms of effectiveness and efficiency. Implementation is recommended.

Positive aspects (P):

Positive aspects of the management system meriting special mention.

Evaluation	Submission of corrections and corrective actions	Implementation of corrective actions
Opportunities for improvement (I):	Implementation only recommended	
Minor nonconformities (MiN)	Within 14 calendar days	By the next audit at the latest Verification in the next audit
Nonconformities (NC)	Within 14 calendar days	Within 90 calendar days Verification by re-audit

Note: Deadlines must be met in order to ensure the status of certification.

All elements in each clause of the Standard(s) were found to be "in conformity/effective" except for those elements of the Standard for which this document includes nonconformities or minor nonconformities.

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Nonconformities

All audit results gathered by the audit team during the audit (certification audit, special audit, change audit, recertification audit, re-audit, surveillance audit) shall be listed in the table below.

No.	1	Standard:	ISO 9001	Type:	MiN
Site:	237465-01 SRI RANGANATHAR INSTITUTE OF ENGINEERING AND TECHNOLOGY, India - 641110 COIMBATORE,TAMILNADU, SF NO- 162, ATHIPALAYAM VILLAGE, THUDIYALUR-KOVILPALAYAM ROAD,				
Clause no.	10.2 (9K)	Process / area:	Academics [Mech Engg - 3rd Year, 5th Sem]		
Audit results: (filled out by auditor)	Finding:	Process of identifying the root cause and corrective actions resulting there from not effective in one of the sample verified			
	Evidence:	Mech Engg, 3rd Year, 5th sem, Sub: Lean Manufacturing, code: OIM552, Internal test CIA - III on 06.11.20, student Mr Abinesh [Reg NO. 713918114002] identified as Slow Learner but not evidenced root cause and corrective action details			
Action: (filled out by organization)					
Correction: (immediate)	HOD Instructed the faculty to update root cause for poor marks in the Internal test, in Remarks Column in Weak students List and corrective action undertaken.				
	when ?	26.01.21	who ?	Concerned Faculty	
Root cause: (Why did the nonconformity occur; no repetition of the finding)	Result analysis done after internal test, Mr Abinesh - Reg NO. 713918114002 - identified as Weak student, was given extra coaching, but detailed root cause was not documeting.				
Corrective: (action to avoid repetition of root cause)	Principal instructed to modify Weak Students List to include Root casue and Corrective action. All examinations will have a result analysis meetings headed by the HoD, in which root cause analysis of individual student will be analysed and corrective actions will be updated and undertaken				
	when ?	Next semester onwards	who ?	QMS In charge/HODs	
Auditor's decision of correction and corrective action: (filled out by auditor)					
Correction:	Date:	30.01.21	Effective (E) / Accepted (A)	A	Evidence of implementation:

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Corrective:	Date:	30.01.21	Effective (E) / Accepted (A)	A	Evidence of implement ation:	

Note 1: Corrections / immediate actions (C) are a rapid solution to close the finding of nonconformity (NC) or (MiN)

Note 2: Root cause analysis is mandatory for major nonconformities (NC) and minor nonconformities (MiN)

Note 3: Corrective actions (CA) serve to eliminate the root cause (RC) and not the finding

Note 4: In the case of major nonconformities (NC) the effectiveness (E) of the corrective action (CA) has to be confirmed. In the case of a minor nonconformity (MiN), corrective actions have to be accepted (A).

Note 5: In the case of major nonconformities (NC), the effectiveness of the corrective action (CA) shall be verified during a re-audit.

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Opportunities for improvement and positive aspects

No.	Standard	Clause no.	Type	Area / Process	Statement
1	237465-01 SRI RANGANATHAR INSTITUTE OF ENGINEERING AND TECHNOLOGY, India - 641110 COIMBATORE,TAMILNADU, SF NO- 162, ATHIPALAYAM VILLAGE, THUDIYALUR-KOVILPALAYAM ROAD,				
	ISO 9001	5.1.1 (9K) 5.1.2 (9K)	P	Management and customer focus	Improved admission, Startegy plan for new branch [IT], new ERP for academic planning, no complaint and good level of customer satisfaction.

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General

If Minor nonconformities identified in the last audit are not closed in an acceptable manner, they must be rated as Nonconformities (re-audit required).

Information on findings management in sampling and multi-site certification

The management representative of the management system must check whether systematic corrective actions to close a root cause can be applied in a preventive manner to other affected sites. This is required for findings from internal and external audits.

In sampling certification, the TMS auditor will select and audit other sites in the next audit cycle and consequently cannot verify on site the effectiveness of the corrective actions from the last audit cycle.

Given this, during the next internal audits carried out at the sites concerned, the management representative of the management system must verify on site the effectiveness/acceptance of the corrective actions taken to address **Nonconformities**, **Minor nonconformities** and **Opportunities for improvement**, if any.

The results must be recorded and submitted to the TMS auditor at the next audit to ensure the auditor can verify the effectiveness of the corrective actions initiated.

Note to customer

When a nonconformity occurs:

- determine if similar nonconformities exist or could potentially occur throughout the manangement system, or if this is only a singular case
- review the effectiveness of the corrective actions internally (e.g. internal audits)
- update risks and opportunities determined during planning, and their corresponding actions

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Guideline for Corrective Actions Acceptance

Objective: The purpose of this section is to provide a consistent set of criteria for the development, acceptance and implementation of corrective action responses. These guidelines apply to all standards on the basis of the ISO 17021 (i.e. QMS, EMS, AMS, ENMS). They are intended for TÜV-SÜD auditors and audited organizations to help them understand how nonconformities should be addressed.

1. Was correction to eliminate existing finding completed?

Describe corrections for NC and MiN taken under “Intended correction and corrective action”.

e.g.: Completed missing internal audits; Conducted supplier evaluations; Segregated nonconforming material, etc.

Provide evidence that actions were planned, taken and are effective.

2. Have the appropriate root causes been identified?

Consider the following:

- what caused the actual nonconformity (for NC and MiN) (occurrence of systematic failure)?
- what allowed the problem to occur without being detected internally?
- which part of the organization’s processes failed to address this issue or is the organization lacking a specific process, method, etc.?
- is the nonconformity also applicable/found in other sites (in case of multi-site and sampling certification)?

The cause shall not be a repeat or a rewording of the nonconformity statement nor of the objective evidence.

e.g.: apply the 5-Why method for root cause analysis

3. Has a corrective action been determined for each identified root cause?

Each root cause must have at least one identified corrective action that eliminates / addresses the specific cause(s) and prevents recurrence of the nonconformity.

In the case of multi-sites and sampling certification, verify if the corrective action can be applied in other sites as well.

4. Has appropriate evidence been provided to verify that actions taken have been implemented and are effective?

It is the responsibility of the organization to provide evidence of internal verification of the corrective action(s), or a plan to do so. The Lead Auditor will provide due dates for submitting evidence of implementation. This could vary depending on the circumstances and standards involved.