Er.PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR <u>AUDIT CHECKLIST</u>

Name of the Auditee: Mr. U. Salties

Name of the Auditor: Dr. S. Moham Raju.

Function: CIVIL

	0		
S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related procedures / department manual	/	
2	Show me your regulatory requirements and status of compliance	/	
3	Show me your list of records	./	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	V.	
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	V	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	V	
8	Check whether record has the record name and record code in the front page.	V	
9	Awareness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	~	
10	Trend charts on objectives and process measures.	V	
11	Action plan for the objectives.	V	
12	Continual improvement program.	/	
13	Check for the departmental review meetings	/	
14	Check the awareness level on roles and responsibility.	/	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	/	
16	Check for the improvements made in the department in the passed one year	/	
17	Analysis on student / feedback from (Parameter wise analysis)		
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	~	
19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by	/	
_	HOD's	~	
	24	·	

21	Training need identification for the staffs by the departmental HOD's		
22	Faculty profile - compliance to regularly requirements to be checked.	~	n Ngjara Ngjara
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	V	
24	Internal communication records like circulars.	1/	
25	Incase if records are maintained in computers, backup of data to be ensured.		и в
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by statutory bodies.		
27	Method of selection of question papers(unit test and midterm tests)	~	
28	Preservation of previous year university exam question papers.	/	
29	List of formats used in the department and is that controlled.		
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of cupboards in the		
	department.		
31	Housekeeping maintain within the departments.	V	
	LABORATORY		
32	Identification of equipment's		
33	Calibration of equipment's. (Internal / external calibration records)		
34	Preventive maintenance of equipment's where appropriate.	~	
35	Adequate no. of Fire Extinguishers in the area.		
36	First aid kids stuffed with necessary Antidotes	✓	
37	Safety gears provided for the students operating equipment's.	V	=
38	Start and shot down instruction where appropriate.	✓	
39	Sign boards in the laboratory.	V	
40	Display of quality policy.	V	
41	List of consumables used in the laboratory and maintenance of sufficient stock.	V	
42	Non conforming materials to be identified quarantined.	✓ /	Ÿ
43	Horizontal deployment initiatives.	V	
44	Change made in the system considering improvements / improving process performance.		
45	Relevant process charts can be displayed in the laboratory.		
	e of the Auditor	e Ne	Plan

Signature of the Auditee

AUDIT OBSERVATION SHEET

Institution: PMC7ECH Department: CIVIL Auditor: Dr. S. Mohan Rayin

Description of sample chosen (Year / Semester /

Paper / Unit): 1 / Vi

Date: 16.12-23.

S.No.	Description of Audit Finding _	Category	Std C ref
1.	course Information Shear	NC	4-21.
	missing		
	Reg: Maintenance and	· · · · · · · · · · · · · · · · · · ·	
	Ref. Maintenance and Rehabilitation of Structure	<u> </u>	
			11
		_	
			1

FORM: QSF 02

Version No:1.0

Issue Date

NON CONFORMITY REPORT

Report No	Function: Date: 18.12.23						
	Auditee: U. Sathish NON CONFORMANCE						
Req:	Course Information sheet not available Reg: Maintenance and Rohatrilitation of structure.						
5	AUDITOR: U. Std Clause / Doc. Ref:						
ROOT CAU							
S.No.	Potential Root Cause for the Non-Conformance						
١.	Print out copy of course Information Sheet						
	is not Avzilable. Avzilable in soft copys						
CORRECTION / CORRECTIVE ACTION:							
S.No.	ACTION DESCRIPTION Respond. T.Date Sts.of Compt.						
1	formation Shoot Faculty Immediate closed						

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

: respond. : 8/12/23

Issue Date

Er.PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR AUDIT CHECKLIST

Name of the Auditee: Dr. c. Sathish

Name of the Auditor: Dr. P. Rajasekaran

Function: IT Dept.

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related procedures / department manual		
2	Show me your regulatory requirements and status of compliance		
3	Show me your list of records	· · ·	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	~	
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.		
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	NC	
8	Check whether record has the record name and record code in the front page.	V	
9	Awareness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	~	
10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.	一块的一个 1 mm	
12	Continual improvement program.	V	
13	Check for the departmental review meetings	V	
14	Check the awareness level on roles and responsibility.	3.25 Villa V	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		
16	Check for the improvements made in the department in the passed one year	~	
17	Analysis on student / feedback from (Parameter wise analysis)		
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	V	
19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by		
1 - 2 - 2 - 2	HOD's		

21	Training need identification for the staffs by the departmental HOD's	~	
22	Faculty profile - compliance to regularly requirements to be checked.	✓	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	✓	
24	Internal communication records like circulars.	- The second	1, -, -, -, -, -, -, -, -, -, -, -, -, -,
25	Incase if records are maintained in computers, backup of data to be ensured.	V	= -
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by statutory bodies.	~	
27	Method of selection of question papers(unit test and midterm tests)	✓	r _ r _ r
28	Preservation of previous year university exam question papers.	V	-
29	List of formats used in the department and is that controlled.	V	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of cupboards in the department.	✓	
31	Housekeeping maintain within the departments.	~	-
	LABORATORY	/	
32	Identification of equipment's	1	
33	Calibration of equipment's. (Internal / external calibration records)	V	
34	Preventive maintenance of equipment's where appropriate.	1	
35	Adequate no. of Fire Extinguishers in the area.		1
36	First aid kids stuffed with necessary Antidotes	1/	
37	Safety gears provided for the students operating equipment's.		
38	Start and shot down instruction where appropriate.	<u></u>	
39	Sign boards in the laboratory.		
40	Display of quality policy.		
41	List of consumables used in the laboratory and maintenance of sufficient stock.	✓	
42	Non conforming materials to be identified quarantined.		1 1 1 1 1 1 1 1
43	Horizontal deployment initiatives.		
	Change made in the control of the co		- 1-
44	Change made in the system considering improvements / improving process performance.	V	

Signature of the Auditee

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMCTECH Department: IT Auditor: Dr. P. Rajaeckaran

Description of sample chosen (Year / Semester /

Paper / Unit): 1 1 / 1 | Date: 29.8.23

S.No.	Description of Audit Finding	Category	Std C ref
٧.	IT, Answer Kuy not		
	IT, Angwer Kuy not evidence. Rej: Big data Analytics	NC	4.6-2
	Rej: Big data Analytics	_	
	V V		
	4	-	
		=	

FORM: QSF 02

Version No:1.0

Issue Date

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
)[.	Anguar kay should be submitted at	Faculty	Immediate	closed,
	the time of QP suborus show.			

Resource Requirements if any

Effectiveness of the corrective action taken

: Verford : lef 30/8/23 Verified by and closed on

FORM: QSF 02 Version No:1.0 **Issue Date**

NON CONFORMITY REPORT

Report No:

Function: IT Date: 29.8.24

Auditee: Dr. C. Sathish

Auditor: 7	Dr.	P. Rajaselcara	\sim			
NON CONF	ORM	ANCE U				
					7.	
	/	AUDITOR:	C. Safe	Std Clause / Do	oc. Ref:	
ROOT CAUS	SE					
S.No.	Potential Root Cause for the Non-Conformance					
١.		Answer Key	is availa	able in s	off copy.	
		Hard copy will be kept.				
		. 0		U		
CORRECTIO	ON / C	ORRECTIVE ACTION:				
S.No.	A	CTION DESCRIPTION	Respond.	T.Date	Sts.of Compt.	
1.	Ha	d copy of Areword is available with	Faculty	Immediate	Closed	
	tan	is available with				
	V	U				