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

Name of the Auditee: Mr. P. Deepak Kumaran

Name of the Auditor: Mrs. M. Dukitha Function: MBA

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	V		
3	Show me your list of records	V	-	
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	~	/ <u></u>	
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.	~	2' E	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	<u>~</u>	*	
8	Check whether record has the record name and record code in the front page.	~		
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.			
12	Continual improvement program.	~	40	
13	Check for the departmental review meetings	1		
14	Check the awareness level on roles and responsibility.	1		
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	V		
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		1-11-7	
19	Review of disciplinary actions taken against the staffs.		1	
20	Motivation of the staffs / Students and support provided by		The Table	
	HOD's			

21	Training need identification founds at 65 had a	
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.	V
24	Internal communication records like circulars.	
25	Incase if records are maintained in computers, backup of data to be ensured.	
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	
31	Housekeeping maintain within the departments.	
	LABORATORY	./
32	Identification of equipment's	
33	Calibration of equipment's. (Internal / external calibration records)	V
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	1/
37	Safety gears provided for the students operating equipment's.	
38	Start and shot down instruction where appropriate.	/
39	Sign boards in the laboratory.	1
40	Display of quality policy.	1/
41	List of consumables used in the laboratory and maintenance of sufficient stock.	<i>J</i>
42	Non conforming materials to be identified quarantined.	\checkmark
43	Horizontal deployment initiatives.	
44	Change made in the system considering improvements / improving process performance.	✓
45	Relevant process charts can be displayed in the laboratory.	

AUDIT OBSERVATION SHEET

Institution: PMCTECH Department: MBA Auditor: Mrs. Dukitha, M

Description of sample chosen (Year / Semester /

Paper / Unit): I/I/MCOB.

Date: 18.12.2024

S.No.	Description of Audit Finding ,	Category	Std C ref	
١.	Angwer Key not evident	N.C	4.6.2	
	-IMBA/ISEM. for			
- Marie	2.T-11			
		1		
, ,	·			
		*		

FORM: QSF 02

Version No:1.0

Issue Date

NON CONFORMITY REPORT

Report No:

Function: MBA Date: 18. 12. 202 4

Auditee: Mr. P. Doepak Kumaran

Auditor: Mx. M. Dukithe

NON CONFORMANCE

Answer key not evident for the Sousject: Management concepts I I MBA I I Som. for 2 T-I

AUDITOR:

Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance		
1.	Answer Kay was available in the pern of		
	stoft apry. But not submitted attand apry in		
	the prescribed form		

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respond.	T.Date	Sts.of Compt.
1.	en the proted	Faculty	19.12.23	closed
	son and Signed			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
l V	Anguer Kay Should be made	Faculty	19/12/24	closed
-	Teads at the time			

Resource Requirements if any

Effectiveness of the corrective action taken

: Venfred. : Z. Marj 19/12/24 Verified by and closed on

FORM: QSF 02 Version No:1.0 Issue Date

Er.PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR **AUDIT CHECKLIST**

Name of the Auditor: Dr. S. Mohan Rajin

Function: M CA

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related procedures / department manual	10	
2	Show me your regulatory requirements and status of compliance		12
3	Show me your list of records	1	
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	~	
8	Check whether record has the record name and record code in the front page.	~	
9	Awareness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	V	
10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.	. /	-
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)		4
	Check for the improvements made in the department in the passed one year		P
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	7 - W
19	Review of disciplinary actions taken against the staffs.	2	
20	Motivation of the staffs / Students and support provided by		
	HOD's		

21	Training need identification for the staffs by the departmental HOD's	V	
22	Faculty profile - compliance to regularly requirements to be checked.	V	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	/	
24	Internal communication records like circulars.		
25	Incase if records are maintained in computers, backup of data to be ensured.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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)	V	
28	Preservation of previous year university exam question papers.	V	
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.		-
	LABORATORY		
32	Identification of equipment's	./	\dashv
33	Calibration of equipment's. (Internal / external calibration records)	✓ /	
34	Preventive maintenance of equipment's where appropriate.	1/	\dashv
35	Adequate no. of Fire Extinguishers in the area.	./	\dashv
36	First aid kids stuffed with necessary Antidotes		\dashv
37	Safety gears provided for the students operating equipment's.	1	-
38	Start and shot down instruction where appropriate.	. (-
39	Sign boards in the laboratory.	V	4
40	Display of quality policy.	./	7
41	List of consumables used in the laboratory and maintenance of sufficient stock.	V	
42	Non conforming materials to be identified quarantined.	1.	+
43	Horizontal deployment initiatives.		1
44	Change made in the system considering improvements / improving process performance.		1
45	Relevant process charts can be displayed in the laboratory.	J	\dashv
Signatur	e of the Auditee	Signature of the Auditor	
		J	

AUDIT OBSERVATION SHEET

Institution: PMCTECH Department: MCA Auditor: Dr.S. Molian Rajin

Description of sample chosen (Year / Semester /

Paper/Unit): II/III/cypersecuty Date: 18.12.2024

		The second secon		
S.No.	Description of Audit Finding	Category	Std C ref	
1.	Content Beyond Pyllabus.	NC	4-6-2	
	- NOT Available.			

FORM: QSF 02

Version No:1.0

Issue Date

NON CONFORMITY REPORT

Auditee: 18-12-2024

Function: MCA Date:

Report No:

Auditor: Dr.S. Mohan Rajin

Con	tent	- Be	le.	yllabus -	-not all	ached in
		AUD	ITOR:	AUDITEE	Std Clause / [Ooc. Ref:
ROOT CA	USE					
S.No	о.		Pot	tential Root Cause	for the Non-Confo	ormance
).		Soft	cory o	of the co	ontent ber	fond Syllabu
		is	avilat	se		
CORRECT	ION / C	ORRECTIV	VE ACTION:			
S.No.	A	CTION DE	SCRIPTION	Respond.	T.Date	Sts.of Compt.
800		tent .	y & Ite beyond attached	Faculty	Immediate	closes
	the .	the Co	color 100			

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
L	Corperd beyond by Walns need to	faculty	Immedials	closed
	be attached before the Common(and &			
	class			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

: Verified : G. MPPi : 9-19/12/24

Issue Date