



Management Service

Action List

Organization name	Shivaji University
Standard(s)	ISO 9001:2015
Order No.	4153729596
Audit start date	2022-09-01
Audit end date	2022-09-02
Audit type	1. Repeat-Audit
Certification type	Single
Identification No.	377231-01



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.

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:				Type:	MIN
Site:	377231-01 Shivaji University, India - 416004 Kolhapur, Vidyanagar						
Clause no.	8.5.1 (9K)	Process / area:	Governance as per regulations & IPR				
Audit results: (filled out by auditor)	Finding:	Process of IPR s not fully effective					
	Evidence:	As per guidelines for establishing and operating Intellectual property right and policy related to IPR Management by RUSA, IPR cell found formed however as per guidelines committee needs to be reconstructed after every 3 years. It is observed that committee (SU/IAC/2016-17) it is not reconstructed after 10/01/2017					
Action: (filled out by organization)							
Correction: (immediate)	Policy of IPR and minor changes in the same are in process, draft has been discussed in meeting held on 27/09/2022						
	when ?	2022-12-31	who ?	Director, IPR Cell			
Root cause: (Why did the nonconformity occur; no repetition of the finding)	Changes in patent Act, Govt. of India.						
Corrective: (action to avoid repetition of root cause)	Amendment in IPR Policy						
	when ?	2022-12-31	who ?	IPR Cell			
Auditor's decision of correction and corrective action: (filled out by auditor)							
Correction:	Date:		Effective (E) / Accepted (A)		Evidence of implementation:		
Corrective:	Date:		Effective (E) / Accepted (A)		Evidence of implementation:		
No.	2	Standard:	ISO 9001			Type:	MIN

Site:	377231-01 Shivaji University, India - 416004 Kolhapur, Vidyanagar				
Clause no.	7.2 (9K)	Process / area:	Administration, HR and Training		
Audit results: (filled out by auditor)	Finding:	Process of Training is partially effective			
	Evidence:				
Action: (filled out by organization)					
Correction: (immediate)	Training plan for Newly recruited teachers will be conducted related to QMS Awareness immediately.				
	when ?	2022-12-31	who ?	Establishment (PG) Section	
Root cause: (Why did the nonconformity occur; no repetition of the finding)	Training for Newly recruited teachers was undertaken hence training related to QMS Awareness missed out.				
Corrective: (action to avoid repetition of root cause)	Training programme plan will be prepared and communicated to all concerned at the time of starting of semester.				
	when ?	2022-12-31	who ?	Establishment (PG) Section	
Auditor's decision of correction and corrective action: (filled out by auditor)					
Correction:	Date:		Effective (E) / Accepted (A)		Evidence of implementation:
Corrective:	Date:		Effective (E) / Accepted (A)		Evidence of implementation:

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.

Opportunities for improvement and positive aspects

No.	Standard	Clause no.	Type	Area / Process	Statement
1	377231-01 Shivaji University, India - 416004 Kolhapur, Vidyanagar				
	ISO 9001	5.1.1 (9K)	P	Top Management	Physics department awarded as - Best Department. Faculties of Physics department are in the list of top 2% worldwide. Commerce & Management Department – 6 awards in last 2 years.
2	377231-01 Shivaji University, India - 416004 Kolhapur, Vidyanagar				
	ISO 9001	5.1.1 (9K)	P	Top Management	Shivaji University awarded as NAAC – A++ Grade.
3	377231-01 Shivaji University, India - 416004 Kolhapur, Vidyanagar				
	ISO 9001	7.1.5 (9K)	I	Monitoring & Measuring Resources	Required working conditions may be displayed near equipment used in LABs.
4	377231-01 Shivaji University, India - 416004 Kolhapur, Vidyanagar				
	ISO 9001	6.2 (9K)	I	QMS	Trend analysis of key performance indicators may be made more in detail.
5	377231-01 Shivaji University, India - 416004 Kolhapur, Vidyanagar				
	ISO 9001	9.1.3 (9K)	I	Admission	Closure of complaints related to Admission is evident, however the complaints details to be monitored more in detail.



No.	Standard	Clause no.	Type	Area / Process	Statement
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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 management 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

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.