



Management Service

# Action List

Organization name	Shivaji University
Standard(s)	ISO 9001:2015
Order No.	4153729596
Audit start date	2023-09-26
Audit end date	2023-09-27
Audit type	3. Surveillance 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:	ISO 9001		Type:	MIN
Site:	377231-01 Shivaji University, India - 416004 Kolhapur, Vidyanagar					
Clause no.	8.5.1 (9K)	Process / area:	Teaching & Learning			
Audit results: (filled out by auditor)	Finding:	Process of Teaching and Learning is not fully effective.				
	Evidence:	School of Nano Science - Subject Semiconductor Physics - As per Syllabus total lectures needs to be planned 4 per week however as per Time table 3 lectures found planned as well as teaching plan indicates 45 lectures against 60.				
Action: (filled out by organization)						
Correction: (immediate)	To address this nonconformity and improve the effectiveness of the teaching and learning process, the following corrective actions are taken:					
	<p>1. Reviewed the Syllabus and Teaching Plan: --Conduct a comprehensive review of the subject's syllabus and teaching plan to ensure alignment with the required 60 lectures.</p> <p>2. Timetable Adjustment: --Adjust the weekly timetable for the subject Semiconductor Physics to include the required 4 lectures per week as per the syllabus. --Ensure that the timetable accurately reflects the teaching plan.</p>					
	when ?	2023-10-05	who ?	Director of the School and Concerned Faculty		
Root cause: (Why did the nonconformity occur; no repetition of the finding)	The root cause of this nonconformity can be attributed to a combination of various factors such as inadequate planning and coordination, communication gaps between the academic administrators and faculty members, and the concerned faculty member is new and less experienced.					
Corrective: (action to avoid repetition of root cause)	To avoid the repetition of the root cause and prevent a similar nonconformity in the future, the following actions can be implemented within the School of Nanoscience and Technology: 1. Establish a Centralized Academic Planning Committee. 2. Regular Cross-Verification of Syllabus, Timetable, and Teaching Plan. 3. Foster a culture of open communication and collaboration among faculty members, academic administrators, and students. 4. Promote awareness of ISO standards and the importance of compliance among all staff members.					
	when ?	AY2023-24	who ?	Director and All Faculty Members of the School		



Auditor's decision of correction and corrective action: (filled out by auditor)						
Correction:	Date:	2023-10-09	Effective (E) / Accepted (A)	A	Evidence of implement ation:	
Corrective:	Date:	2023-10-09	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.

## 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	8.5.1 (9K)	I	Teaching & Learning	Record of Actions taken on slow learners may be documented more in detail. Record of additional lectures/practicals conducted for absent students may be maintained. History Department - Teaching plan may be made more in depth.
2	377231-01 Shivaji University, India - 416004 Kolhapur, Vidyanagar				
	ISO 9001	9.1.2 (9K)	I	Feedbacks	Process of taking feedbacks is evident. Feedbacks may be discussed more in detail departmentwide and subject wise.
	377231-01 Shivaji University, India - 416004 Kolhapur, Vidyanagar				

No.	Standard	Clause no.	Type	Area / Process	Statement
3	ISO 9001	10.3 (9K)	P	Continual Improvements	<ol style="list-style-type: none"> <li>1. Installation of solar power generation 180 KW and additional installation in process 700 KW.</li> <li>2. Sustainability - Water Conservation initiatives - Zero water intake from external sources.</li> <li>3. Compact Whether System - 15 places monitoring.</li> <li>4. Encouragement as well as funding to students taking part in national/International Level.</li> <li>5. NAAC A++ Rating.</li> <li>6. Development of inhouse softwares for various application.</li> <li>7. Implementation of paperless concept.</li> <li>8. Botany Department - Herbarium -SUK - More than 25000 Specimens. 1st Lead Botanical Garden funded by MoEF.</li> <li>9. Central Library - State of the art , Well Equipped and well maintained library with 9163 manuscripts and rear books collection. Total 282656 books, 590 Braille books, TPLS scheme. Excellent facilities for blind students. Blind students found perusing Ph D.</li> <li>10. Bio Chemistry &amp; Nano Sc - 2 professors are in 2% Worlds top scientists.</li> <li>11. BOS - Implemented NEP-2020 successfully in PG Courses and for UG under implementation and rolled out in 2024-25</li> <li>12. History - "Shiv-Vani" - Salute to Freedom Fighters - uploading on U Tube deatlts of 1 freedom fighter daily for 366 days.</li> </ol>

## 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.