



# Assurance Quality Certification LLC

Website: [www.aqcworld.com](http://www.aqcworld.com) Email: [info@aqcworld.com](mailto:info@aqcworld.com)

## SURVEILLANCE AUDIT REPORT

<b>Standard</b>	ISO 50001:2018
<b>Type Of Audit</b>	1 <sup>ST</sup> SURVEILLANCE AUDIT
<b>Name of the Company</b>	<b>MAULANA AZAD COLLEGE,</b>
<b>Address of the company</b>	8, Rafi Ahmed Kidwai Rd, Taltala, Kolkata, West Bengal, Kolkata – 700013
<b>Site Address, If any</b>	8, Rafi Ahmed Kidwai Rd, Taltala, Kolkata, West Bengal, Kolkata – 700013
<b>No. of Employees</b>	Teaching = 101, Non-teaching = 41 , House-keeping = 5, Security =10, Electrician=1, <b>Total = 158</b>
<b>No. Of Shift</b>	1
<b>E mail id</b>	<a href="mailto:maulanaazadcollegekolkata@gmail.com">,maulanaazadcollegekolkata@gmail.com</a>
<b>Contact Person Detail</b>	Dr. Subhasis Dutta
<b>Telephone/Fax</b>	033-29730203
<b>Scope</b>	Teaching, Learning and Evaluation processes relating to awarding of Bachelor Degrees in Arts, Commerce, Science and General subject along with Post Graduate Degrees in Arts and Science considering Environment friendly and Energy efficiency manner in College Green Campus.
<b>Technical Area</b>	<b>Teaching, Learning and Evaluation, Capacity Building, Skill Enhancement, Institutional Social Responsibility, Heritage Studies.</b>
<b>Exclusion</b>	No exclusion is there
<b>IAF Code</b>	37
<b>Complexity</b>	Normal
<b>Any Other Information</b>	No



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## SURVEILLANCE AUDIT REPORT

### Changes since Last Audit

<b>Name of Organization</b>	<b>MAULANA AZAD COLLEGE,</b>
<b>Changes in Scope</b>	Same as before
<b>Changes in No. of Employees</b>	No changes
<b>Changes in NACE Code</b>	No changes
<b>Changes in Shift</b>	No changes
<b>Changes in No. of Sites</b>	1 (General)
<b>Changes in Legal &amp; Statutory Requirements</b>	No changes
<b>Status of the Previous audit finding</b>	Previous finding "Proper traceability of records in soft copy" taken care by College.
<b>Verification of auditor and recommendation to increase/decrease number of mandays</b>	No such changes required.

<b>Audit Team</b>	Team Leader	<b>Amalesh Kumar Mandal</b>
	Tem Member	-
	Technical Expert	-
<b>No of Mandays</b>		<b>1 days</b>
<b>Date of Audit</b>	<b>16/04/2024</b>	
<b>Audit Objective</b>	<b>Organization management system continues to fulfill of the requirements of the standard</b>	



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## SURVEILLANCE AUDIT REPORT

### Surveillance Audit Schedule (16/04/2024)

Time	Function/Area/department	Applicable Clauses	Team Leader	Team Member 1	Team Member 2	Technical Expert
9.00-9.30	<b>Opening Meeting</b>					
9.30-10.00	Office Visit	7.1.3, 7.1.4	Y			
10.00-11.00	Understanding of the organization context, Need & Expectation of Interested Parties, Scope, Processes and sequence & interaction, Leadership & Commitment, Energy Policy, Roles Responsibilities	4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3	Y			
11.00-12.30	Risks & Opportunities, Energy Risks, Compliance obligations, Planning action, Energy al Objectives, Planning actions, IA & MRM records, monitoring, Measurement, Analysis & Evaluation	6.1.1, 6.1.2, 6.1.3, 6.1.4, 6.2.1, 6.2.2, 9.1, 9.2, 9.3	Y			
12.30-1.30	Resources, Competence, Awareness, Communication, Documented Information	7.1, 7.2, 7.3, 7.4, 7.5	Y			
	1.30-2.00 Working Lunch					
2.00-3.00	Operational Planning & Control	8.1	Y			
3.00-4.00	Emergency preparedness & Response/Any ENMS issues	8.2	Y			
4.00-5.00	Nonconformity and corrective and preventive action, Continual Improvement	10.1, 10.2, 10.3	Y			



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## SURVEILLANCE AUDIT REPORT

### 3 YEARS AUDIT PLAN MATRIX

ISO 50001:2018		AUDIT											
		Initial Certification			1st Surveillance			2nd Surveillance			Re Certification		
		2.5 days			2 day			2 day			2 days		
		X	O	NC	X	O	NC	X	O	NC	X	O	NC
4.1	Understanding the organization and its context	X			X			X			X		
4.2	Understanding the needs and expectations of interested parties	X			X			X			X		
4.3	Determining the scope of the Energy management system	X			X			X			X		
4.4	Energy management system	X			X			X			X		
5.1	Leadership & Commitment	X			X			X			X		
5.2	Energy policy	X			X			X			X		
5.3	Organizational roles, responsibilities and authorities	X			X			X			X		
6.0	Planning	X			X			X			X		
6.1	Actions to address risks and opportunities	X			X			X			X		
6.2	Energy objectives and planning to achieve them	X			X			X			X		
6.3	Energy review	X			X			X			X		
6.4	Energy performance indicators	X			X			X			X		
6.5	Energy baseline	X			X			X			X		
6.6	Planning for collection of energy data	X			X			X			X		
7.1	Resources	X			X			X			X		
7.2	Competence	X			X			X			X		
7.3	Awareness	X			X			X			X		
7.4	Communication	X			X			X			X		
7.5	Documented information		X		X			X			X		
8.1	Operational planning and control	X			X			X			X		
8.2	Design	X			X			X			X		
8.3	Procurement	X			X			X			X		
9.1.1	Monitoring, Measurement analysis and evaluation	X			X			X			X		
9.1.2	Evaluation Of Compliances Documented	X			X			X			X		
9.2	Internal Audit	X			X			X			X		
9.3	Management Review	X			X			X			X		
10.1	Improvement – General	X			X			X			X		
10.2	Nonconformity and corrective action	X			X			X			X		
10.3	Continual improvement	X			X			X			X		
	<b>Logos</b>	X			X			X			X		
	<b>complaints</b>	X			X			X			X		

Shaded clause titles must be addressed at each visit

X = Clauses to be addressed at the visit, O = OFI raised, M = NC Major, m = NC Minor



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## SURVEILLANCE AUDIT REPORT

### SUMMARY OF SURVEILLANCE AUDIT FINDINGS:

1. Audit conducted based on random sampling. Found observed their course delivery process going on as per standard work process as specified by University and UGC Accredited norms.
2. Respective Green projects found reviewed.
3. Communication and display process maintained.
4. World's Energy day and others celebration done
5. Energy Efficient use of resources project review found maintain
6. Secondary energy project utilized
7. Auditee/Management commitment towards energy improvement found observed

<b>Area of Improvement</b>	No such observation/improvement points observed in this session.		
<b>Non Conformities</b>	<b>Type</b>	<b>No.</b>	<b>Description</b>
	Major	0	
	Minor	0	

This report details the outcome of our surveillance audit of your Energy al management system to determine the degree of compliance with your own Energy al system documentation and the requirements of the ISO 14001:2015 standard. The surveillance audit was conducted in accordance with AQC' standard operating procedures.

The reporting format follows the selected Energy al management system standard, clause by clause, and findings are reported as appropriate. Activities that are not in compliance with your own documentation or the ISO standard are reported on our Non-Conformance Reports (NCR'S) or Opportunity For Improvement (OFI) or Observation.

**A NON-CONFORMANCE REPORT** is a non-compliance of a serious nature, one that may have a significant impact on the quality of the services provided by your company, and/ or relate to multiple non-complying activities. NCR's must be responded to, corrected and formally closed-out before surveillance and registration can proceed. Many Non Conformance Reports can be closed-out by our review of revised documentation and therefore, you should submit copies of such documentation with your response. If follow-up visits are required for close-out purposes, then we will contact you to arrange a mutually convenient time.



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**OPPORTUNITY FOR IMPROVEMENT** forms address areas which are not considered to have a serious impact on the quality of the services provided by your company and normally relate to isolated non-complying activities. They may also point out areas where initiative can be taken to improve sections of your Energy al system. It is not mandatory to respond to OFI's. However, they are taken into consideration at the next surveillance visit, since an opportunity for improvement may be preventative measure or part of the continuous improvements process.

Please respond to this report by completing the Non-Conformance Reports (NCR's) and, if necessary, Opportunity For Improvement forms (OFI'S) attached, within the time period agreed at the audit closing meeting.

Your signature is required against both "Company Representative" spaces on the form, and please fills in details of your intended corrective action and the date you anticipate completing the corrective action. If you have a problem meeting the required response times, then please contact us to re-evaluate proposed action and time-scale.

If you have any queries, please contact **Assurance Quality Certification LLC**

### Client Disclosure

"We confirm the following information and opinions were given to you in connection with your examination of the Management System. We acknowledge as top management our responsibility for the Management System, results and audit report, which you have prepared for the organization. All the records have been made available to you for the purpose of your audit and all the transactions undertaken by the organization have been property reflected and recorded in the Management System. All other records and related information have been made available to you.

We also confirm there are no material contingents, major customer Dis-satisfaction issues or potential liabilities under claims or pending or threatening litigation. Disclosure has been made in the audit report for all matters necessary for the audit report to show a true and fair view of the organization's Management System state of affairs and results".

### **SIGN OFF:**

Signed on behalf of  
**Assurance Quality Certification LLC**

Signed on Behalf of  
(Company Name)

Lead Auditor

(Authorised Signatory)

*Amalash kr. mandal*

Date: 16/04/2024

Date: 16/04/2024



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## SURVEILLANCE AUDIT REPORT

### AUDIT FINDINGS:

Clause Number	C/NC/O	Document Verification detail with statement of Conformity
<b>4 Context of the organization</b>		
4.1 Understanding the organization and its context (External and Internal Issues)	C	Identified and included in Manual. (Doc. Ref. No. ENMS/L1)
4.2 Understanding the needs and expectations of interested parties (Need & Expectation of Interested parties)	C	Identified and included in Manual. (Doc. Ref. No. ENMS/L1)
4.3 Determining the scope of the energy management system	C	Scope established and included in Manual. (Doc. Ref. No. ENMS/L1)
4.4 Energy management system	C	Process Flow related to Course delivery found established.
<b>5 Leadership</b>		
5.1 Leadership and commitment (Ensure Top Management Commitment)	C	Interviewed with Top Management, Principal. Commitment related to Energy found implemented in documentation as well as in College Campus.
5.2 Energy policy (Documented, communicated, availability and Review)	C	Energy Policy established and found displayed and communicated properly.
5.3 Organization roles, responsibilities and authorities (Assigned and communicated by Top Management)	C	Defined in Manual and in their departmental records.
<b>6 Planning</b>		
6.1 Actions to address risks and opportunities	C	Energy Risk analysis carried out and review also takes place.
6.2 Objectives, energy targets and planning to achieve them (Consistent with Energy Policy, SEU, documented, measurable, communicated and updated)	C	Energy Objectives found established and planned to achieve action through MAP and Green project outcome.
6.3 Energy review (Current type of energy use, past and current consumption, documented and updated)	C	Energy review has done based on Meter reading study and kept as documented information
6.4 Energy performance indicators (Documented and updated)	C	Energy sources captured in their year to year wise Green monitoring report.
6.5 Energy baseline (Documented and review periodically and retention)	C	As there was no such significant energy sources exists. So Energy baseline they have considered their Electricity meter reading and monitoring done against it.



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6.6 Planning for collection of energy data (Accuracy and repeatable, documented and retention)	C	Documented and planned
<b>7 Support</b>		
7.1 Resources (Determination of resource required)	C	Found available as to delivery their current process.
7.2 Competence (determine, documented and retain the competence)	C	Competency matrix, training planning and related training records found available. Knowledge delivery related MOU also made with 3 <sup>rd</sup> party.
7.3 Awareness ( Objective, Policy, Non Conformance of EnMS)	C	Done through training and display
7.4 Communication (What, When, With Whom, How & Who)	C	Done through training and display
7.5 Documented information (Creation, Updating, Control, Retention, External Origin, Storage & Preservation)	C	Control of documented information procedure established. Documents mostly available in Soft mode.
<b>8 Operation</b>		
8.1 Operational planning and control (Documented, Plan, Implement, Control the process related to SEU and communication)	C	Operational procedures established supported with work instructions and related records.  Respective Green projects also found established and action plan initiated and monitored.  Like “Energy efficient use of resources” project taken to improve energy efficiency.
8.2 Design (Documented, Specification, design consideration)	C	Design part not included
8.3 Procurement (Establish & Implement criteria for evaluating energy performance)	C	Procurement process well established. Effectively implemented.
<b>9 Performance evaluation</b>		
9.1.1 General (Monitoring, measurement, analysis and evaluation of energy performance and the EnMS)	C	Performance monitored through Green monitoring report review.
9.1.2 Evaluation of compliance with legal requirements and other requirements	C	Affiliated to the University of Calcutta NAAC Accredited with 'A' Grade DBT Star College with Star Status
9.2 Internal audit (Frequency and Effectiveness)	C	On year to year wise they monitor their performance through Green Monitoring report. This and Internal Audit plan/records found available
9.3 Management review (Frequency and input/output)	C	MRM agenda and minutes found available. Overall Green monitoring report maintained on year to year wise.





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10 Improvement		
10.1 Nonconformity and corrective action	C	Procedure established and suggestion taking protocol also applicable to improve action plan.
10.2 Continual improvement	C	Objective and monitoring data found available.
<b>11.0 Review of Logo</b> Checked the use of logo of AQC & EGAC, found that the organization is using on publicity material, letter heads, business cards, the certificate is hanged in the office of top management	C	They have displayed their Certificate in Principal Room.  There is no LOGO uses required from their side.
<b>12.0 Overall Conclusions/ Recommendations:</b>  <b>Recommendation:</b> Surveillance to ISO 50001:2018 is recommended to continue <b>Surveillance Frequency:</b> It is recommended that surveillance frequency to be once in a eleven months	C	Overall conformance found satisfactory.  Next Surveillance-2 Audit shall be scheduled within next eleven months.



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## SURVEILLANCE AUDIT REPORT

### AUDIT ATTENDANCE SHEET

Date: 16/04/2024

Client Name: MAULANA AZAD COLLEGE

Lead Auditor: Amallesh Kumar Mandal

Standard: ISO 50001:2018

Audit type: Surveillance-1

Technical Expert: N/A

S.N.	NAME	Position	Department	Sign.	
				Opening Meeting	Closing Meeting
1	<b>Amallesh Kumar Mandal</b>	<b>Lead Auditor</b>	<b>Certification Body</b>	<i>Amallesh Ksr. Mandal.</i>	<i>Amallesh Ksr. Mandal.</i>
2	<b>Dr. Subhasis Dutta</b>	Principal	MAULANA AZAD COLLEGE	<i>[Signature]</i>	<i>[Signature]</i>
3	<b>Dr. Sanjit Kumar Das</b>	HOD, Physics	MAULANA AZAD COLLEGE	<i>[Signature]</i>	<i>[Signature]</i>
4	<b>Prof. Tapan Kumar Karpha</b>	HOD, Chemistry	MAULANA AZAD COLLEGE	<i>[Signature]</i>	<i>[Signature]</i>
5	<b>Dr. Biswajit Maiti</b>	Associate Prof. of Physics	MAULANA AZAD COLLEGE	<i>Biswajit Maiti</i>	<i>Biswajit Maiti</i>
6	<b>Dr. Shampa Datta Gupta</b>	Coordinator, IQAC	MAULANA AZAD COLLEGE	<i>[Signature]</i>	<i>[Signature]</i>
7	<b>Dr. Dipak Kumar Som</b>	HOD, Zoology	MAULANA AZAD COLLEGE	<i>[Signature]</i>	<i>[Signature]</i>
8	<b>Dr. Samudra Prasad Banik</b>	HOD, Microbiology	MAULANA AZAD COLLEGE	<i>[Signature]</i>	<i>[Signature]</i>