

CERTIFICATE OF COMPLIANCE



THIS IS TO CERTIFY THAT

THE LNM INSTITUTE OF INFORMATION TECHNOLOGY, JAIPUR

Address

**VILLAGE RUPA KI NANGAL, POST: SUMEL, VIA: JAMDOLI
JAIPUR – 302031, RAJASTHAN, INDIA.**

Scope

**PROVIDING, DOCTORAL, MASTER'S AND UNDERGRADUATE PROGRAMMES AND
CONDUCTING R & D (B.TECH, M. TECH, M.SC, MS, Ph.D IN VARIOUS DISCIPLINES)**

Has been assessed and registered as complying with the requirement of
Green Audit

This Certificate refers to the information examined and read with organization's declaration of conformity

Further, the standard liability rests with the organization or his representative

Certificate No. G-138

Initial Certification Date 06.12.2021

Certificate Expiry Date 05.12.2024

**GREEN
AUDIT**



First Surveillance Date 06.12.2022

Second Surveillance Date 06.12.2023



ISR INTERNATIONAL
STANDARDS
REGISTRATIONS

Vilaxhara

AUTHORIZED SIGNATORY



International Standards Registrations

Validity of this certificate is depend on successful completion of surveillance audit
visit for verification of this certification on www.isoregistrations.com

This registration is a Green Audit Compliance as per client self deceleration
All liabilities are applicable on certified organization

**Stage 2 Audit Report of -
THE LNM INSTITUTE OF INFORMATION
TECHNOLOGY, JAIPUR**

Address	VILLAGE RUPA KI NANGAL, POST: SUMEL, VIA: JAMDOLI, JAIPUR – 302031, RAJASTHAN, INDIA.
Site Address (If Any)	Not Applicable
No Of Employee	104
Stage 2 mandays	3
Email-id	samarsingh@lnmit.ac.in, kk.khatri@lnmit.ac.in
Contact Person	Samar Singh
Telephone Fax	7597333722
ISO Standards	ISO 14001:2015
Scope	PROVIDING, DOCTORAL, MASTER'S AND UNDERGRADUATE PROGRAMMES AND CONDUCTING R & D (B.TECH, M. TECH, M.SC , MS, PHD IN VARIOUS DISCIPLINES).
Technical Area :	
(37.3) Higher Education	

ADDITIONAL INFORMATION

How many sites is your company managing at the same time	01
A register of Significance Environment aspect?	Yes
An Environmental Management Manual?	Yes
An Internal Environmental Audit Program?	Yes
Has the Internal Audit Programme been Implemented?	Yes

Audit Team	Sameer Javed (LA) / (Auditor)
Witnesser Auditor	
Starting Date Of Audit	08/11/2021
End Date Of Audit	10/11/2021

Brief About Organization	The LNMIIIT is a fully residential campus for the students, and partly residential for faculty and a few emergency non-teaching staff. It is spread over 100-acres (404686 meter ²) of land on the outskirts of Jaipur city of Rajasthan, the pink city of India (about 10 km away from Jaipur-Agra National Highway). The institute started its academic operations, as an autonomous institute, in 2003 with a batch of 29 students and was granted the 'Deemed-to be University' status in 2006 under section - 3 of UGC Act 1956 in 'de-novo' category. The campus presently houses around 1250 undergraduate and about 50 postgraduate students. Although, the focus areas of teaching and research at the institute are in the broad field of Information Technology (IT), it has expanded its academic horizons with the changing industrial and economic focus at the state and national level.
Audit Objective	To verify the implementation of the Environmental Management System as per the Standards Requirement, verification of records for the conformity of the implementation.
Audit Criteria	1. Audit will be conducted based on ISO 14001:2015 and the requirements of a defined normative document on Environmental Management System. 2. The defined processes and documentation of the Environmental Management System developed by the client.
Observations	



Stage 2 Audit Schedule

Meeting Opens 09.30-10.00am

Lunch Time 13.00-13.30pm

Reporting & Closing 17.30-18.00pm

S.No.	Time	Function/Process Area (Process Owner)	Applicable Clauses	Team Leader	Auditor 1	Auditor 2	Technical Exp.
1	10.00-10.30 am	Site tour & Previous audit findings (Environmental Manager)		Y			
2	10.30-11.00 am	Leadership and Top Management (Top Management)	5.1, 5.2, 5.3, 6.2, 10.1, 10.3	Y			
3	11.00-13.00 pm	EMS Documentation (Environmental Manager)	4.1, 4.2, 4.3, 4.4, 5.2, 6.2, 7.5	Y			
4	13.30-15.30 pm	Internal Audit and MRM Process (Top management/Environmental Manager)	9.2, 9.3, 10.2	Y			
5	15.30-17.30 pm	Process for Action Address to Risk & opportunities & Objective Achievement Planning (Environmental Manager)	6.1.1, 6.2.2	Y			
6	17.30-18.00 pm	Briefing on Day 01 outcomes		Y			
7		Day 02					
8	9.30-11.30 am	Resource Planning & Communication Process (Admin Manager)	7.1, 7.4	Y			
9	11.30-13.00 pm	HR Process (HR Manager)	7.1, 7.2, 7.3	Y			
10	13.30-17.30 pm	Environmental Aspects (Environmental Manager)	6.1.2, 6.1.4	Y			
11	17.30-18.00 pm	Briefing on Day 02 outcomes		Y			
12		Day 03					
13	9.30-13.00 pm	Evaluation of Compliances & Legal Requirement Process (Environmental Manager)	6.1.3, 9.1	Y			
14	13.30-17.30 pm	Operational Planning & Control Process (Environmental Manager)	8.1, 8.2	Y			
15		Common Clauses: 5.2, 6.2, 7.2, 7.3, 7.4, 7.5, 8.2 for All above Processes					
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VERIFICATION OF DOCUMENTATION & RECORDS AS PER STD REQUIREMENT
 (C- Conformity, Major NC- Major Non Conformity, Minor NC- Minor Non Conformity, O- Observation, E- Exclusions)

4.1 Understanding the organization and its context (Determination of external and Internal Issues)	C	<p>Determination of the organizational context is done as Appendix-I, Rev:00 date of issue 27/06/2021. Internal factors and External factors affecting the business environment are described in the document found satisfactory. Internal factors: Competence Space Values Culture Tools and Equipment technology administration Internal communication teaching Aids Job security (termination) behaviour of staff Working practices Natural Recourses waste generation and waste disposal Power supply Administration-issue- administration is focused towards the healthy environments within the organization (POSITIVE) External factors: Legal Student external Provider Security Technology UGC Emergency controller, PANKAJ SEVDA External Agency TECHNOLOGY-ISSUE- New and advanced technology</p> <p>Determination of the interested parties with their needs and expectations is done as Appendix-II, date of issue 27/06/2021 related to the college environment. EMS leader with the managing director, Vedraj Goor, Jai Singh monitor and review these interested parties including needs & expectations on half yearly basis. president, PIYUSH SINGH/owner corporate Employees Student Neighbour/community Local /county /other legal regulator/Education Board/State government/ environmental regulator Federal government/Local emergency responder (fire department/medical responder) Supplier/External agency (calibration) Security Services Maintenance services Local /county /other legal regulator/Education Board- Complies with city/country/UGC Local emergency responder (fire department/medical responder)- Communicate to all for emergency ,safety plan and maintain proper handling of fire explosive material</p>
4.2 Understanding the needs and expectations of interested parties (Determination, Monitor & Review of the Interested Parties)	C	<p>Determination and documentation of the scope of the environment management system is done in EMS manual (EMSM/01, issue 01, date of issue 27/06/2021), section 4.3 verified. No environment management system requirement is excluded. Education activities, support activities and outsourced activities are considered in determining the scope found satisfactory.</p>
4.3 Determining and maintained as a documented information the scope of the Environmental management system (Boundaries and Type of Product and Services and any requirement not applicable)	C	<p>Established, implemented and maintained the environmental processes and interrelated support processes as Appendix-III, date of issue 27/06/2021. Appendix-IV is showing their sequence and interaction comprehensively and process-wise.</p>
4.4 Environmental management system and its processes (Established , Implement and maintained, process and Interaction of Process)	C	<p>During interviewing the managing director, Vedraj Goor, Jai Singh, found sound awareness about the EMS standard requirements and committed for its implementation within the organization found ok. MD, Bal Krishan's commitment is evidenced via: 1. Taking accountability for effectiveness of EMS. 2. Establishing environmental policy. 3. Establishing environmental objectives. 4. Providing adequate resources for effective implementation. 5. Supervision of the entire management system. 6. Chairing the management review meeting. 7. Promoting continual improvement.</p>
5.1 Leadership & Commitment (Statement of ensurity)	C	<p>Environmental policy found established, documented, implemented and maintained as Appendix-V, date of issue 27/06/2021 found complying of standard requirements. Policy is communicated by staff training and displaying the policy statement at prominent locations in college premises bilingually, however teacher replied satisfactory while interviewing about EMS policy. Policy statement verified and found ok.</p>
5.2 Environmental policy (Establish, Documented information, Implement, Maintain, communicated and understood)	C	<p>Established the procedure for identification of roles, responsibility, accountability and authority as P-01. Organization chart as Appendix-VI date of issue 27/06/2021 evidenced. Responsibility and authority matrix representing the roles, responsibility and authorities of all the employees as Appendix-VII. College staff is communicated by e-mail for their roles, responsibility & authority towards effective implementation of the management system. Objective evidence verified for EMS Leader as below: -1. Coordinate auditing efforts. 2. Track and analyse new regulations and maintain the library. 3. Obtain permits and develop compliance plans. 4. Prepare reports required by regulations. 5. Comply with applicable regulatory requirements. 6. Conform to organizational EMS requirements. 7. Identify and documented environmental aspects of products, activities or services being provided or rendered. 8. Maintain EMS retained documented information as required. 9. Communicate importance of environmental management. 10. Monitoring of key activities and processes. 11. Coordinate emergency response efforts. 12. Train the employees for environment management system.</p>
5.3 Organizational roles, responsibilities and authorities	C	<p>Organization has planned as per requirements of the international standard.</p>
6.0 Planning	C	<p>Risk assessment has been done process & activity-wise with the prevention of undesirable effects as Appendix-VII date of issue 27/06/2021. This assessment is to be reviewed at half yearly basis. Factor- Competence Expected result-work force is competent uncertainty- existing workforce not trained risk- medium opportunity- opportunity to train team Control point- provide training to existing team</p>
6.1.1 Actions to address risks and opportunities (Risk Assessment has done with prevention of undesirable effects)	C	<p>Established the procedure for identification & evaluation of environmental aspects P-02. Established the procedure for review of new processes, activities & materials P-03 date of issue 27/06/2021 verified. Established planning for identification of environmental aspect & impact document as Appendix-IX. Aspect and Impact Register, EAIR-01, documented and maintained having environmental aspects & impacts for all the activities and processes. ACTIVITY- HOUSEKEEPING Present Control Measures in Place: To maintain the work area in neat & tidy condition housekeeping is done. SIGNIFICANCE SCORE = SEVERITY FACTOR ? (PROBABILITY FACTOR + CONCERN FACTOR) + (IF LEGAL IMPLICATION IS INVOLVED) ASPECT- Generation of Waste (Housekeeping) CONDITION- NENVIRONMENT IMPACT- Air Contamination RISK ASSESSMENT- SEVERITY-1 PROBABILITY-4 CONCERN-1 LEGAL IMPLICATION-0 SIGNIFICANCE SCORE-5 PRESENT CONTROL MEASURE- Housekeeping to be done after spraying water in the area to prevent dust. ACTIVITY- OFFICE WORK Present Control Measures in Place: HR, Jagdish Rager Department rules and regulations. ASPECT- Use of Printers, Xeroxing and Faxing CONDITION- NENVIRONMENT IMPACT- Depletion of natural resources RISK ASSESSMENT- SEVERITY-1 PROBABILITY-4 CONCERN-0 LEGAL IMPLICATION-0 SIGNIFICANCE SCORE-4 PRESENT CONTROL MEASURE- Printers, Faxes and Xeroxing are to be used in controlled manner. Papers are to be used in controlled manner to prevent unwanted use.</p>
6.1.2 Determination and maintained documented information of Environmental Impacts, Criteria used and significant Environmental Aspects of the activity and Environmental Impacts	C	<p>Established the procedure for identification of legal and other requirements as P-04. Established legal and other requirements register L-01. Established compliance monitoring register L-02 verified. Established legal and other requirements register L-01. Foundation jointly established The LNM Institute of Information Technology (The LNMIIT) in 2002 as a Public-Private-Partnership (PPP) venture, under the Chairmanship of the well-known industrialist and philanthropist, Mr. Lakshmi N. Mittal. This is a not-for-profit institute and it solely depends on the resource generation from student tuition fees. The institute started its academic operations, as an autonomous institute, in 2003 with a batch of 29 students and was granted the 'Deemed-to-be University' status in 2006 under section - 3 of UGC Act 1956 in 'de-novo' category.</p>
6.1.3 Determination of the Compliances Obligation and maintained documented information how to comply.	C	<p>Established the procedure for identification of legal and other requirements as P-04. Established legal and other requirements register L-01. Established compliance monitoring register L-02 verified. Established legal and other requirements register L-01. Foundation jointly established The LNM Institute of Information Technology (The LNMIIT) in 2002 as a Public-Private-Partnership (PPP) venture, under the Chairmanship of the well-known industrialist and philanthropist, Mr. Lakshmi N. Mittal. This is a not-for-profit institute and it solely depends on the resource generation from student tuition fees. The institute started its academic operations, as an autonomous institute, in 2003 with a batch of 29 students and was granted the 'Deemed-to-be University' status in 2006 under section - 3 of UGC Act 1956 in 'de-novo' category.</p>

6.1.4 Planning action for Environmental aspect, Compliance Obligation and Risk and Opportunities.	C	Established the procedure for identification of Objectives, targets and programmes P-05.Environment management programme as F-P01 is established by the organization.Environment management programme verified for: -Reduce hazardous healthcare wasteActivity Responsibility TargetBackground Director, Jai Singh, Jai Singh In a monthinformationProblems Associate director, Jai Singh Within 2 monthsidentificationInterventions EMS leader Next quarterMonitoring Director, Jai Singh, Jai Singh Continuous
6.2 Environmental objectives and planning to achieve them(Documented, Measurable, Monitored and communicated.	C	Established the procedure for identification of Objectives, targets and programmes P-05.Established objectives & targets, OT-01, for all employees defined designation-wise and communicated thr, Jagdish Ragerough external and internal trainings.Employees found aware about their roles & responsibilities towards achieving the objectives assigned to them.Objectives are measurable in nature and to be reviewed in review meeting on half yearly basis.Environment management program are set according to objectives. Objective monitoring sheet, OT-02, verified.Objective evidence verified below: -1. Conservation of paper 3% as compare red to previous year 2. Training of all staff to improve employee awareness of environmental issues by next quarter.3. Save electricity bill 5 % as compared to previous year
7.1 Resources (Resource needed for Continual Improvement)	C	Established procedure for identification of resources P-06. Adequate resources are being provided (men, machinery and materials).College has office for administration staff, campus, classroom, toilets, library, laboratory, play ground, meeting room, canteen and other amenities, College also has Fire extinguishers, fire alarm, smoke detector.Safety measure equipment and are adequate. First-aid box available. Security system is well established, Security guard available on entry gate, CCTV camera .Desktop projector available.In the office and classrooms Proper humidity, electricity, lighting, air, space, ventilation are provided.College has specious class rooms with black board, benches and desk (as per no. of students). Canteen is clean and hygienic. R.O water available for drinking purpose.The School has specious class rooms with black board, benches and desk (as per no. of students). Canteen is clean and hygienic. R.O water available.First-aid box availableCalibration records LM-04 verified for: - Equipment- Smoke density meterCalibration agency- Creative Calibration Lab, Gurgaon.Traceability to NABL.Certificate No. 5471578Calibration date 02/06/2021Valid for next one year.
7.2 Competence(Employee records & Competence skill matrix)	C	Established the procedure for competence, training and awareness P-07.List of employees F-HR, Jagdish Rager1.Competence matrix F-HR, Jagdish Rager2.Skill matrix F-HR, Jagdish Rager3.Training need identification F-HR, Jagdish Rager4.Training plan F-HR, Jagdish Rager5.Training records F-HR, Jagdish Rager6.Competence criteria verified of:Designation- TeacherRequired- Diploma in education (B.ed) and having 3 years of teaching experience.Available- B.ed holder with six years of teaching experience.Training plan and training needs identification documented and maintained.Training record verified below: -Training schedule date- 12/06/2021Topic- ISO 14001:2015 awarenessGiven by external agency.Date- 22/06/2021Attendants- All teaching staff.Training effectiveness dated 22/06/2021 evaluated by managing director, Vedraj Goor, Jai Singh found satisfactory.
7.3 Awareness(Environmental Policy, Objectives & Effectiveness of EMS)	C	Training for EMS awareness conducted dated 29/06/2021 to the staff, ensured during interviewing teacher for policy and objectives assigned to his process and his contribution towards achieving them and found satisfactory.EMS Policy is also displayed at appropriate locations in office for better communication.
7.4 Communication(what, who, when, whom, how) with retained documented information	C	Established the procedure for communication, participation and consultation P-08.Established the procedure for internal communication and communication with external parties P-09.External stakeholder, Ved Shankar Rawat communication record FC-01.Internal communication thr, Jagdish Ragerough signage, notice board etc.Communication with external providers by means of display of environmental policy is done at entrance gate and admin office, class room and canteen. Changes in environmental management system which could affect environmental impacts shall be communicated to interested parties as per procedure, presently no change recorded after system implementation.
7.5 Documented information(External Origin, Creation, Updation, Distribution, Preservation, version control, Retention and disposition)	C	Documented information verified below: -Master list of documents, ML/01.Master list of records, ML/02.Interested parties, Appendix-II.Document distribution record, DR-

8.1 Operational planning and control(Plan, Implement and control of process, documented information for process carried out as planned and Conformity of product or services)	C	<p>01.Document amendment record, DA-01.List of external origin documents, DO-01.Process flow charts (PF-01),Work instructions (WI-01),Transport and support schedules (SCH-01),Teaching plans (TP-01),Inspection plans (IP-01).Identification of format of the document for suitability & adequacy found documented as per requirement.Preparation, Review & Approval of documented information is being done by EMS Leader and Managing director, Vedraj Goor, Jai Singh.Availability, Protection, Distribution, Storage, retention and disposition found ok as per procedure for control of documents P-10 and procedure for control of records P-11.</p> <p>Established the procedure for operational control P-12 and found effective. Operating criteria is defined.EMS Hazards will be identified by college for the purchase of goods & services. For significant, control methods will be established and same will be communicated to concerned suppliers.At security Information on IMS system will be given for the visitors and the supplier visiting to college for the compliance with IMS Established the standard operating procedure for controlling & monitoring of electrical energy SOP-01,Use of electricity SOP-02.College management SOP-03.List of hazardous waste L/HW-01.List of non-hazardous waste L/NW-01.Aspect and Impact Register, EIA-01, having environmental aspects & impacts for all the education activities found effectively implemented. Life cycle prospective verified.Environment instruction board found displayed at appropriate locations.Verified preventive maintenance schedule and breakdown records of machines. Corrective action, F/CA-01, records evidenced, however no actions required and taken for the review period.</p> <p>Established the procedure for emergency preparedness and response P-13.Emergency preparedness plan F1/EPP.Mock drill report F1/MD, Bal KrishanR.Emergency preparedness and response requirement matrix F2/MD, Bal KrishanR.Emergency action plan evidenced as below: -Emergency condition: Fire/ExplosionControl actions with responsibility:Raising emergency alarm (first observer).Shut down machines and main power supply (first observer).Evacuation, Assembly at assembly point (all employees).Fire fighting (all employees).Rescue operation (all employees).- First aid or Hospitalization (all employees).- Final declaration of "All Clear" situation (EMS leader).Training given to the employees for fire fighting, explosion control dated 12/07/2021.Training given by external agency and attended by all the employees.Effectiveness of the training given is evaluated by the managing director, Vedraj Goor, Jai Singh thr, Jagdish Ragerough mock drill.Mock drill report evidenced of fire/explosion control dated 29/07/2021 attended by all the employees in which scenario and actions with time frame evident.Effectiveness of mock drill dated 29/07/2021 is verified by managing director, Vedraj Goor, Jai Singh thr, Jagdish Ragerough verifying the response timings against set criteria such as assembling time of 3 minutes observed found ok.</p>
8.2 Emergency Prepared and Responses (Mitigation of Adverse Environmental Impact, Respond to Emergency situation, Periodically review and Training of the Emergency)	C	
9.1,1 Monitoring, Measurement analysis and evaluation	C	<p>Established the procedure for performance monitoring and measurement P-14.Objective monitoring chart F/OB-01 verified for the monitoring of EMS objectives.Monitoring of the objectives found evidenced regarding significant impacts, environmental management programme, applicable legal and other requirements, emergency management, corrective action results found satisfactory.</p>
9.1,2 Evaluation Of Compliances Documented (Frequency and Action on Evaluation)	C	<p>Established compliance monitoring register L-02 verified Established legal and other requirements register L-01.The institute started its academicoperations, as an autonomous institute, in 2003 with a batch of 29 students and was granted the 'Deemed-to be University' status in 2006 under section - 3 of UGC Act 1956 in 'de-novo' category.</p>
9.2 Internal Audit(Frequency and Documented Information for Implementation of Audit Program and the audit result)	C	<p>Established the procedure for Internal audit PR-16.Internal audit plan IA/01,Internal audit schedule IA/02,List of Internal auditors IA/03,Internal audit check list IA/04,Internal audit report IA/05,NC report IA/06.Frequency is six months as per procedure.Internal Audit is done as per audit schedule.Last Internal audit conducted dated 11/08/2021.Internal audit report verified for all processes and departments being audited. Competence of internal auditors checked thr, Jagdish Ragerough their training certificates.Non-conformance report showing 08 minor non conformances. Corrective actions taken and found effective for non-conformances and observations within the time frame provided. Internal environmental audit conducted found effective.</p>
9.3 Management Review (Frequency, Input, Output, Documented Information for MRM Results)	C	<p>Established the procedure for management review meeting PR-17.Frequency of MRM is half yearly as per</p>

10.1 Improvement – General	C	procedure.MRM schedule MRM/01MRM notice MRM/02MRM agenda MRM/03Minutes of meeting MRM/04Managing director, Vedraj Goor, Jai Singh chaired the review meeting and attended by the process owners.Meeting inputs discussed all the points as per standard requirements. MRM conducted found effective.Minutes of the meeting verified dated 26/08/2021.Meeting outputs also documented for further actions.
10.2 Nonconformity and corrective action(Documented Information for nature of NC and result of action taken)	C	System improvement including correction, corrective action, minutes of meeting and continual improvement found evidenced. Established the procedure for incidents, investigation, non-conformity and corrective action PR-18.Documents and records of internal audit non-conformances, corrective actions found ok, Negative effect on aspects not found evident for the corrective actions taken for the NCs.
10.3 Continual improvement	C	Continual improvement is done thr, Jagdish Ragerough monitoring of EMS objectives, audit results, system process performance monitoring analysis done by the managing director, Vedraj Goor, Jai Singh in review meeting.

Summary Of Audit Team

Audited Firm

THE LNM INSTITUTE OF INFORMATION TECHNOLOGY, JAIPUR

Location

VILLAGE RUPA KI NANGAL, POST: SUMEL, VIA: JAMDOLI, JAIPUR – 302031, RAJASTHAN, INDIA.

Standard

ISO 14001:2015

Stage Of Audit

Initial Certification

Recommendation

Issuance of the certificate
Use of the AAP & IAS Logo as per Guidance for Usage of Logo

Reason

The Environmental Management system complies with the requirements of the referencstandard: Congratulations, on the basis of the above summary, Lead Auditor is pleased to put forward a recommendation yes for conducting next stage of assessment.

The Environmental Management system complies with the requirements of the reference standard with exception of minor NC: Congratulations, Lead Auditor is pleased to put forward a recommendation for registration of Organization upon off-site verification of closure of all issues within 60 days from the date of Stage 2 audit. Responses to the non-conformances should be submitted to AAP and must include supporting evidence of closure to allow for off - site verification. In responding to the non-conformances, the organization should consider the root cause of the non-conformance and the potential for related issues in other parts of system.

If all non-conformances are not closed within 60 days, a full reassessment may be required.

Evidence of major non conformities: Organization is not recommended for next assessment at this time. A follow-up assessment will be scheduled to allow for on-site verification and closure of all issues within 60 days from the date of Stage 2.Once all non-conformances are closed, the recommendation for registration can be made. Responses to the non- conformances should be submitted to AAP within 45 days and must include supporting evidence. In responding to the non-conformances, the organization should consider the root cause of the non-conformance and the potential for related issues in other parts of system.If all non-conformances are not closed within 60 days, a full reassessment may be required.

Not Recommended : Organization is not recommended for next assessment at this time. A Stage 2 will be required.

To progress your application for registration, please respond to each non-conformances, with a plan showing proposed actions, timescales and responsibilities for resolution. The organization should consider the root cause of the non-conformance and the potential for related issues in other parts of your system.

Non Conformities Raised

Minor/Major Non conformance identified in the Stage 2 audit, details of Non Conformance in CAR Form (AAPF50)

(Note: the detailed NC is to be submitted and accepted by the client on AAPF50)

Please respond by using your own corrective action form and include the root cause analysis with systemic corrective action, Failure to include root cause analysis with systemic corrective action will result in your responses being rejected by Team Leader

Major 0

Total CAR - [0]

Minor 0

Attachment (Attendance Sheet)

S.No.	Name	designation	Opening Meeting	Closing Meeting
1	Samar Singh	ASSOCIATE PROFESSOR	Y	Y
2	Sameer Javed	Team Leader	Y	Y
3	Jai Singh	Director	Y	Y
4	PANKAJ SEVDA	Emergency Controller	Y	Y
5	PIYUSH SINGH	EMS leader	Y	Y
6	Jagdish Rager	HR	Y	Y
7	Vedraj Goor	Managing Director	Y	Y
8	Bal Krishan	MD	Y	Y
9	PIYUSH SINGH	President	Y	Y
10	Ved Shankar Rawat	stakeholder	Y	Y
11	ramanand shah	Store in-charge	Y	Y
12	Promod	Technical lab assistance	Y	Y
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Surveillance Audit Schedule

Meeting Opens 09.30-10.00am

Lunch Time 13.00-13.30pm

Reporting & Closing 17.30-18.00pm

S.No.	Time	Function/Process Area (Process Owner)	Applicable Clauses	Team Leader	Auditor 1	Auditor 2	Technical Exp.
1	10.00-10.30 am	Site tour & Previous audit findings (Environmental Manager)		Y			
2	10.30-11.00 am	Leadership and Top Management (Top Management)	5.1, 5.2, 5.3, 6.2, 10.1, 10.3	Y			
3	11.00-11.30 am	EMS Documentation (Environmental Manager)	4.1, 4.2, 4.3, 4.4, 5.2, 6.2, 7.5	Y			
4	11.30-12.00 pm	Internal Audit and MRM Process (Top management/Environmental Manager)	9.2, 9.3, 10.2	Y			
5	13.30-15.30 pm	Process for Action Address to Risk & opportunities & Objective Achievement Planning (Environmental Manager)	6.1.1, 6.2.2	Y			
6	15.30-17.30 pm	Resource Planning & Communication Process (Admin Manager)	7.1, 7.4	Y			
7	17.30-18.00 pm	Briefing on Day 01 outcomes		Y			
8		Day 02					
9	9.30-11.30 am	HR Process (HR Manager)	7.1, 7.2, 7.3	Y			
10	11.30-13.00 pm	Environmental Aspects (Environmental Manager)	6.1.2, 6.1.4	Y			
11	13.30-15.00 pm	Evaluation of Compliances & Legal Requirement Process (Environmental Manager)	6.1.3, 9.1	Y			
12	15.00-17.30 pm	Operational Planning & Control Process (Environmental Manager)	8.1, 8.2	Y			
13		Common Clauses: 5.2, 6.2, 7.2, 7.3, 7.4, 7.5, 8.2 for All above Processes					
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Audit Plan Matrix (Three Year)

Client:

**THE LNM INSTITUTE OF
INFORMATION
TECHNOLOGY, JAIPUR**

Work Order:

CD231121/2021

Scope

Key findings from visit (office and site)

Initial Certification

First Surveillance

Second Surveillance

Re-Certification

Key points to be covered at next visit (office and site)

Office (1)

Office (2)

Site (1)

Site (2)

NOTE : These notes must be explained to the client

>> The full scope should be covered at the initial Certification and then again over the following three visits, i.e twice in first four visits (Initial Certification- First Surveillance- Second Surveillance- Re-Certification)

>> The first surveillance must be completed within 12 months of the final day of certification decision (as per ISO 17021-1:2015)

>> For clients who carry out work on their clients' site (e.g. construction or installation) a site visit must be done on the initial assessment, at least one of the surveillances and every recertification audit.

>> The recertification visit should be carried out six weeks prior to the certificate expiry to allow time for the closure of any NCs prior to certificate expiry and the generation of the new certificate

AUDIT													
Initial Certification		1st Surveillance					2nd Surveillance					Re Certification	
4 Days		1.5 Days					1.5 Days					3 Days	
		X	O	NC	X	O	NC	X	O	NC	X	O	NC
4.1	Understanding the organization and its context	x	NIL	NIL	x			x			x		
4.2	Understanding the needs and expectations of interested parties	x	NIL	NIL	x			x			x		
4.3	Determining the scope of the Environmental management system	x	NIL	NIL	x			x			x		
4.4	Environmental management system	x	NIL	NIL	x			x			x		
5.1	Leadership and commitment	x	NIL	NIL	x			x			x		
5.2	Environmental Policy	x	NIL	NIL	x			x			x		
5.3	Organizational roles, responsibilities and authorities	x	NIL	NIL	x			x			x		
6.1	Actions to address risks and opportunities	x	NIL	NIL	x			x			x		
6.2	Environmental Objectives and Planning to achieve them	x	NIL	NIL	x			x			x		

7.1	Resources	x	NIL	NIL	x			x			x	
7.2	Competence	x	NIL	NIL	x			x			x	
7.3	Awareness	x	NIL	NIL	x			x			x	
7.4	Communication	x	NIL	NIL	x			x			x	
7.5	Documented information	x	NIL	NIL	x			x			x	
8.1	Operational planning and control	x	NIL	NIL	x			x			x	
8.2	Emergency Preparedness and Responses	x	NIL	NIL	x			x			x	
9.1	Monitoring, measurement, analysis and evaluation	x	NIL	NIL	x			x			x	
9.2	Internal audit	x	NIL	NIL	x			x			x	
9.3	Management review	x	NIL	NIL	x			x			x	
10.1	General	x	NIL	NIL	x			x			x	
10.2	Nonconformity and corrective action	x	NIL	NIL	x			x			x	
10.3	Continual improvement	x	NIL	NIL	x			x			x	
	Logos				x			x			x	
	Complaints	x	NIL	NIL	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

A copy of this document (page 1 and 2) must be left with the client after each visit and a copy returned to the head office with the audit report

- Auditing is based on a sampling process of the available information
- Audit is combined, joint or integrated;
- The effectiveness of corrective actions taken regarding previously identified nonconformities has verified
- outcomes are effective and complying.
- The internal audit and management review process are effective and complying with the requirements.
- The scope of certification is appropriate.
- The capability of the management system to meet applicable requirements and expected.
- The audit objectives has been fulfilled and achieved.

Sign Off :

AAP Reports Submission : I Sameer Javed prepared and completed the stage 2 report.

Client Acceptance : I Samar Singh Position ASSOCIATE PROFESSOR Acknowledge And Acept The Stage 2 Report. Date 10/11/2021



Subh

Stage 1 Audit Report of - THE LNM INSTITUTE OF INFORMATION TECHNOLOGY, JAIPUR

Address	VILLAGE RUPA KI NANGAL, POST: SUMEL, VIA: JAMDOLI, JAIPUR – 302031, RAJASTHAN, INDIA.
Site Address (if Any)	Not Applicable
No. of Employee	104
Stage 1 mandays	1
Email-id	samarsingh@lnmit.ac.in, kk.khetri@lnmit.ac.in
Contact Person	Samar Singh
Telephone Fax	7597333722
ISO Standards	ISO 14001:2015
Scope	PROVIDING, DOCTORAL, MASTER'S AND UNDERGRADUATE PROGRAMMES AND CONDUCTING R & D (B.TECH, M. TECH, M.SC , MS, PHD IN VARIOUS DISCIPLINES).
Technical Area :	
(37.3) Higher Education	

ADDITIONAL INFORMATION

How many sites is your company managing at the same time	01
A register of Significance Environment aspect?	Yes
An Environmental Management Manual?	Yes
An Internal Environmental Audit Program?	Yes
Has the Internal Audit Programme been Implemented?	Yes

Audit Team	Sameer Javed (LA) / (Auditor)
Starting Date Of Audit	22/10/2021
End Date Of Audit	22/10/2021
Brief About Organization	It is providing education.

Audit Objective	To evaluate the client's documented system, location & site-specific conditions and gather other details through discussions with the client's personnel to determine the organization's readiness for the Stage 2 Audit for Certification.
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Audit Duration for Stage 1

Are quoted man-days adequate?	yes
Any change in employee detail?	No change
Any Change in Scope?	No change
Any additional Information:	nil

Changes in Client Details



Stage 1 Audit Schedule

Meeting Opens 09.30-10.00am

Lunch Time 13.00-13.30pm

Reporting & Closing 17.30-18.00pm

Time	Function/Process Area (Process Owner)	Applicable Clauses	Team Leader	Auditor 1	Auditor 2	Technical Exp.
10.00-10.30 am	Site tour (Environmental Manager)		Y			
10.30-11.00 am	Leadership and Top Management (Top Management)	5.1, 5.2, 5.3, 6.2, 10.1, 10.3	Y			
11.00-11.30 am	EMS Documentation (Environmental Manager)	4.1, 4.2, 4.3, 4.4, 5.2, 6.2, 7.5	Y			
11.30-12.00 pm	Internal Audit and MRM Process (Top management/Environmental Manager)	9.2, 9.3, 10.2	Y			
12.00-13.00 pm	Process for Action Address to Risk & opportunities & Objective Achievement Planning (Environmental Manager)	6.1.1, 6.2.2	Y			
13.30-14.00 pm	Resource Planning & Communication Process (Admin Manager)	7.1, 7.4	Y			
14.00-14.30 pm	HR Process (HR Manager)	7.1, 7.2, 7.3	Y			
14.30-15.00 pm	Environmental Aspects (Environmental Manager)	6.1.2, 6.1.4	Y			
15.00-16.00 pm	Evaluation of Compliances & Legal Requirement Process (Environmental Manager)	6.1.3, 9.1	Y			
16.00-17.30 pm	Operational Planning & Control Process (Environmental Manager)	8.1, 8.2	Y			
	Common Clauses: 5.2, 6.2, 7.2, 7.3, 7.4, 7.5, 8.2 for All above Processes					

VERIFICATION OF DOCUMENTATION & RECORDS AS PER STD REQUIREMENT

(C- Conformity, Major NC- Major Non Conformity, Minor NC- Minor Non Conformity, O- Observation, E- Exclusions)

Is the information documented as required as per the ISO 14001:2015 ?	C	<p>Determination of the organizational context is being done as Appendix-I, date of issue 27/06/2021. Internal factors: Competence, Space, Values, Culture, Tools and Equipment, technology, administration, Internal communication, teaching Aids, Job security (termination), behavior of staff, Working practices, Natural Resources, waste generation and waste disposal, Power supply, Administration-issue- administration is focused towards the healthy environments within the organization (POSITIVE). External factors: Legal, Student, external Agency, TECHNOLOGY- ISSUE- New and advanced technology, Determination of the interested parties with their needs and expectations is being done as Appendix-II, date of issue 27/06/2021 related to the education. Director, Jai Singh, Jai Singh/Owner, corporate Employees, Student, Neighbour/ community, Local / county / other legal regulator/ Education Board, State government/ environmental regulator, Federal government, Local emergency responder (fire department/ medical responder), Supplier, External agency (calibration), Security Services, Maintenance services, Local / county / other legal regulator/ Education Board- Complies with city/ country/ UGC, Local emergency responder (fire department/ medical responder)- Communicate to all for emergency , safety plan and maintain proper handling of fire explosive material, Risk assessment has been done process & activity-wise with the prevention of undesirable effects as Appendix-VII, date of issue 27/06/2021. Factor- Competence, Expected result- work force is competent, uncertainty- existing workforce not trained, risk- medium, opportunity- opportunity to trained team, Control point- provide training to existing team, Environmental policy is being established, documented, implemented and maintained as Appendix-V, date of issue 27/06/2021 found complying.</p>
Has the discussion held with personnel of the Client company for readiness for stage 2 ?	C	<p>Yes, discussion held with EMS leader along with managing director, Vedraj Goor, Jai Singh for readiness for stage-2 audit and found satisfactory.</p>
Has the Client site specific conditions are evaluated ?	C	<p>College has office for administration staff, campus, classroom, toilets, library, laboratory, playground, meeting room, canteen and other amenities, College also has Fire extinguishers, fire alarm, smoke detector, Safety measure equipment and are adequate. First-aid box available. Security system is well established, Security guard available on entry gate, CCTV camera, Desktop projector available. In the office and classrooms Proper humidity, electricity, lighting, air, space, ventilation are provided. College has specious class rooms with black board, benches and desk (as per no. of students). Canteen is clean and hygienic. R.O water available for drinking purpose. The School has specious class rooms with black board, benches and desk (as per no. of students). Canteen is clean and hygienic. R.O water available. First-aid box available</p>
Has the company identified key performance, Process, Objectives, Impact and Aspect analysis and operation of Management System ?	C	<p>Established the procedure for identification of Objectives, targets and programmes P-05. Established objectives & targets, O/T-01, for all employees defined designation-wise and communicated thr, Jagdish Ragerough external and internal trainings. Objective evidence verified below: -1. Conservation of paper 3% as compare red to previous year 2. Training of all staff to improve employee awareness of environmental issues by next quarter. 3. Save electricity bill 5 % as compared to previous year. Established the procedure for identification & evaluation of environmental aspects P-02. Established the procedure for review of new processes, activities & materials P-03 date of issue 27/06/2021 verified. Established planning for identification of environmental aspect & impact document as Appendix-IX. Aspect and Impact Register, EAIR-01, maintained having environmental aspects & impacts for all the activities. ACTIVITY-HOUSEKEEPING Present Control Measures in Place: To maintain the work area in neat & tidy condition housekeeping is done. SIGNIFICANCE SCORE = SEVERITY FACTOR ? (PROBABILITY FACTOR + CONCERN FACTOR) + (IF LEGAL IMPLICATION IS INVOLVED) ASPECT- Generation of Waste (Housekeeping) CONDITION-NENVIRONMENT IMPACT- Air Contamination RISK ASSESSMENT-SEVERITY-1 PROBABILITY-4 CONCERN-1 LEGAL IMPLICATION-0 SIGNIFICANCE SCORE-5 PRESENT CONTROL MEASURE- Housekeeping to be done after spraying water in the area to prevent dust. ACTIVITY-OFFICE WORK Present Control Measures in Place: HR, Jagdish Rager Department rules and regulations ASPECT- Use of Printers, Xeroxing and Faxing CONDITION-NENVIRONMENT IMPACT- Depletion of natural resources RISK ASSESSMENT-SEVERITY-1 PROBABILITY-4 CONCERN-0 LEGAL IMPLICATION-0 SIGNIFICANCE SCORE-4 PRESENT CONTROL MEASURE- Printers, Faxes and Xeroxing are to be used in controlled manner. Papers are to be used in controlled manner to prevent unwanted use.</p>
Has the client having understanding with the ISO 14001:2015 Standard requirement ?	C	<p>Client has good knowledge of the standard requirements. Discussion held with the EMS leader and managing director, Vedraj Goor, Jai Singh of the organization found satisfactory.</p>
Is the scope is having boundaries and specific to client organization?	C	<p>Determination and documentation of the scope of the environment management system is being done in EMS manual (EMSM/01, issue 01, date of issue 27/06/2021), section 4.3 verified. No environment management system requirement is excluded. Education activities, support activities and outsourced activities are considered in determining the scope found satisfactory. Scope verified in the EMS manual and found ok.</p>
Is client having Multisite then level of control is established.	C	<p>Organization is having single office.</p>
Is process and Equipment used are adequate?	C	<p>Established the procedure for identification of resources P-06. Adequate resources are being provided (men, machinery and materials). List of machine LM-01. Preventive maintenance (LM-02). Breakdown maintenance (LM-03). List of monitoring and measuring equipment (LM-04).</p>
Has client identified Legal and Statutory Requirements applicable to Product and Organization?	C	<p>Established the procedure for identification of legal and other requirements as P-04. Established legal and other requirements register L-01. The institute started its academic operations, as an autonomous institute, in 2003 with a batch of 29 students and was granted the 'Deemed-to be University' status in 2006 under section - 3 of UGC Act 1956 in 'de-novo' category. The campus presently houses around 1250 undergraduate and about 50 postgraduate students. Verified the letter issued by UGC dated 27 May 2020</p>
Is the resource are adequate for stage 2 audit?	C	<p>Established the procedure for identification of resources P-06. Adequate resources are being provided (men, machinery and materials).</p>
Is Internal Audit planned and performed and effective?	C	<p>Established the procedure for Internal audit PR-16. Internal audit plan IA/01, Internal audit schedule IA/02, List of Internal auditors IA/03, Internal audit check list IA/04, Internal audit report IA/05, NC report IA/06. Frequency is six months as per procedure. Last Internal audit conducted dated 11/08/2021 and found effective.</p>
Is MRM planned and performed and Effective?	C	<p>Established the procedure for management review meeting PR-17. Frequency of MRM is half yearly as per procedure. MRM schedule MRM/01, MRM notice MRM/02, MRM agenda MRM/03, Minutes of meeting MRM/04, MRM conducted found effective. Last conducted dated 26/08/2021.</p>

Observations: Areas Of Concerns Which May Be Identified As Non Conformities During Stage 1 Audit

- Observation 1.
- Observation 2.
- Observation 3.
- Observation 4.

Summary

SUMMARY (including general observations/comments)**Recommendation**

Recommended Proceeding With Stage 2 (within 60 days from this audit date subject to closing of NC, if any)

Recommend not proceeding to stage 2 until audit evidence has been submitted to AAP showing that the concerns raised by the auditor (s) have been rectified. A date for stage 2 will then be agreed.

Recommend not proceeding without a further stage 1 Audit due to the severity of the concerns raised by the audit team

Non Conformities Raised

Major 0

Total CAR - [0]

Minor 0

Non conformance identified in the Stage 1 audit, details of Non Conformance in CAR Form (AAPF50)

(Note: the detailed NC is to be submitted and accepted by the client on AAPF50)

Please respond by using your own corrective action form and include the root cause analysis with systemic corrective action. Failure to include root cause analysis with systemic corrective action will result in your responses being rejected by Team Leader

Attachment (Attendance Sheet)

S.No.	Name	designation	Opening Meeting	Closing Meeting
1	Samar Singh	ASSOCIATE PROFESSOR	Y	Y
2	Sameer Javed	Team Leader	Y	Y
3	Jai Singh	Director	Y	Y
4	PANKAJ SEVDA	Emergency Controller	Y	Y
5	PIYUSH SINGH	EMS leader	Y	Y
6	Jagdish Rager	HR	Y	Y
7	Vedraj Goor	Managing Director	Y	Y
8	Bal Krishan	MD	Y	Y
9	PIYUSH SINGH	President	Y	Y
10	Ved Shankar Rawat	stakeholder	Y	Y
11	ramanand shah	Store in-charge	Y	Y
12	Promod	Technical lab assistance	Y	Y
13				
14				
15				

Proposed Stage 2 Audit Schedule

Starting Date 08/11/2021

Objective of Stage 2 Audit

To verify the implementation of the Environmental Management System as per the Standards Requirement, verification of records for the conformity of the implementation.

Criteria

1. Audit will be conducted based on ISO 14001:2015 and the requirements of a defined normative document on Environmental Management System.
2. The defined processes and documentation of the Environmental Management System developed by the client.

Meeting Opens 09:30-10:00am

Lunch Time 13:00-13:30pm

Reporting & Closing 17:30-18:00pm

S.No.	Time	Function/Process Area (Process Owner)	Applicable Clauses	Team Leader	Auditor 1	Auditor 2	Technical Exp.
1	10.00-10.30 am	Site tour & Previous audit findings (Environmental Manager)		Y			
2	10.30-11.00 am	Leadership and Top Management (Top Management)	5.1, 5.2, 5.3, 6.2, 10.1, 10.3	Y			
3	11.00-13.00 pm	EMS Documentation (Environmental Manager)	4.1, 4.2, 4.3, 4.4, 5.2, 6.2, 7.5	Y			
4	13.30-15.30 pm	Internal Audit and MRM Process (Top management/Environmental Manager)	9.2, 9.3, 10.2	Y			
5	15.30-17.30 pm	Process for Action Address to Risk & opportunities & Objective Achievement Planning (Environmental Manager)	6.1.1, 6.2.2	Y			
6	17.30-18.00 pm	Briefing on Day 01 outcomes		Y			
7		Day 02					
8	9.30-11.30 am	Resource Planning & Communication Process (Admin Manager)	7.1, 7.4	Y			
9	11.30-13.00 pm	HR Process (HR Manager)	7.1, 7.2, 7.3	Y			
10	13.30-17.30 pm	Environmental Aspects (Environmental Manager)	6.1.2, 6.1.4	Y			
11	17.30-18.00 pm	Briefing on Day 02 outcomes		Y			
12		Day 03					
13	9.30-13.00 pm	Evaluation of Compliances & Legal Requirement Process (Environmental Manager)	6.1.3, 9.1	Y			
14	13.30-17.30 pm	Operational Planning & Control Process (Environmental Manager)	8.1, 8.2	Y			
15		Common Clauses: 5.2, 6.2, 7.2, 7.3, 7.4, 7.5, 8.2 for All above Processes					
16							
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25							
26							

- The audit is based on a sampling process of the available information
- The audit is combined, joint or integrated;
- The effectiveness of corrective actions taken regarding previously identified
- Nonconformities has verified
- Corrective actions are effective and complying.
- The internal audit and management review process are effective and complying with the requirements.
- The scope of certification is appropriate.
- The capability of the management system to meet applicable requirements and expected
- The audit objectives has been fulfilled and achieved.

Signature:

AAP Reports Submission : | Samar Javed prepared and completed the stage 1 report.

Client Acceptance : | Samar Singh Position ASSOCIATE PROFESSOR Acknowledge And Accept The Stage 1 Report. Date: 22/10/2021


