

MMS	MAGNITUDE MANAGEMENT SERVICES PVT. LTD.	F14 Issue 01 Rev 00
	ISO 14001:2015	
	Assessment Audit Report	

Name of the Organization	ALAM TANNERS INDIA	
Address	5, K.B. CROSS LANE, KOLKATA, KOLKATA, WEST BENGAL- 700009, INDIA	
Site Address (If any)	NA	
No. of Employees	Below 50	
NO. of Shift	01	
Contact Person	INTEKHAB ALAM	
Scope	DEALS IN LEATHER & LEATHER HANDS GLOVES.	
Technical Area	Services	
Audit Team	Lead Auditor: Mr. Suresh Kashyup Auditor: Ankur Singla Technical Expert: Mhd. Sameer	No of Mandays : 02
Starting Date of Audit	01-01-2024	
End Date of Audit	01-01-2024	
Brief about the organization	ALAM TANNERS INDIA DEALS IN LEATHER & LEATHER HANDS GLOV.	
Purpose of Audit	To verify the implementation of the Environmental Management System as per the ISO 14001:2015 Standards Requirement, verification of records for the conformity of the implementation.	

CHANGE DETAIL:

Audit Duration for Stage 2	
Are quoted man-days adequate?	Yes
Any change in employee detail?	Yes
Any Change in Scope?	No
Any additional Information:	--

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Opening meeting and audit proceedings:

The audit started as per mutually agreed Audit plan. INTEKHAB ALAM of the company participated in the opening meeting and then left due to some prior engagements. The operations manager remained involved with the audit team throughout the audit activities. After the opening meeting, the audit was started by taking a round of the different process areas of the organization.

Comments on Internal audit:

Internal audit was conducted by consultant Mr. Madhumita Banik. The organization has till now conducted only one Internal audit where in 1 NC was identified. Closure of NC verified. The Effectiveness of the internal audit found satisfactory. This is a small organization with simple functions.

Comments on MRM:

The ATI requires that Internal audit and MRM should be organized once in every 6 months and the MRM should be organized within one month of Internal audit. The organization has so far organized only one MRM. All prescribed agenda points were reviewed, Improvement targets regarding organizational Quality objectives was finalized during the MRM and found effective.

Closing meeting:

The two man days stage-2 audit was conducted amicably, the staff was found transparent and open to learn. Following is the Summary.

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SUMMARY OF AUDIT

AREA OF IMPROVEMENTS	
	<ol style="list-style-type: none"> 1. ATI policy needs to be displayed in the shop floor & front gate in local language and awareness to be given to all employees including security agency and contractor employees. 2. Secondary containment and MSDS is not provided in the diesel and mobile oil. 3. Supplier INTEKHAB ALAMs vehicle PUC certificates need to be inspected. 4. Visual displays for use of PPE & housekeeping should be done. 5. Emergency Evacuation Map is not displayed at second floor. 6. Segregation of hazardous waste is not done. 7. Competency Matrix needs to cover the all designation. 8. Life Cycle approach is not appropriate which is not covering the all-operational processes.

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Non-Conformities Raised

03 Minor Non-conformance identified in the Stage 2 audit, details of Non-Conformance in F50


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 Lead Auditor

Team Leader Declaration (Tick or cross Each Column as per applicability)

✓	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.

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Recommendation:

	<p>The environmental system complies with the requirements of the reference standard: Congratulations, on the basis of the above summary, Lead Auditor is pleased to put forward a recommendation for Issuance of Certificate. The organization can use the MMS Mark</p>
✓	<p>The environmental complies with the requirements of the reference standard with exception of minor NC: Congratulations, Team Leader is pleased to put forward a recommendation for Issuance of the certificate of Organization upon off-site verification of closure of all minor NC within 60 days from the date of Stage 2 audit. Responses to the non-conformances should be submitted to MMS 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.</p> <p>If all non-conformances are not closed within 60 days, a full reassessment may be required.</p>
	<p>Evidence of major non conformities: Organization is not recommended for Issuance of Certificate and at this time. Follow-up audit will be scheduled to allow for on-site verification and closure of all issues within 60 days from the date of Stage 2.</p> <p>Once all non-conformances are closed, the recommendation for Issuance of certification may recommended.</p> <p>If all non-conformances are not closed within 60 days, a full reassessment may be required.</p>
	<p>Not Recommended: Organization is not recommended for Issuance of certificate at this time. Full Stage 2 audit is required as the organisation has not implemented the system and process at pace. .</p>
	<p><i>Proposed Audit Date for 1st Surveillance Audit August; 2024</i></p>
<p>Sign Off : (Date): 01-01-2024</p>	
<p>MMS Report Submission</p>	<p>Client Acceptance for Report</p>
<p>Name of Team Leader: Mr. Suresh Kashyup</p> <p>Signature: </p>	<p>Name: INTEKHAB ALAM</p> <p>Designation: PROP</p>

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AUDIT CHECKLIST

VERIFICATION OF DOCUMENTED INFORMATION & RECORDS AS PER STD REQUIREMENT (C- Conformity, NC-Non Conformity, O-Observation)

Clause Number	C/NC/O	Document Verification detail with statement of Conformity
4.1 Understanding the organization and its context (Determination of external and Internal Issues)	C	<p>Org. has established the manual. Ref :- ATI /M/01 dated:-1/7/2022 ; Issue:01.</p> <p>It has been prepared by the ATI Leader & approved by partner as interviewed to INTEKHAB ALAM about the Internal & External Issues.</p> <p>Internal/External issues need to be updated. Ref. Annexure-I</p>
4.2 Understanding the needs and expectations of interested parties (Determination, Monitor & Review of the Interested Parties)	C	<p>As interviewed to INTEKHAB ALAM about the need and expectation of the interested parties. (Ref: Annexure-II)</p> <p>Need and expectation analysis sheet need to be updated with respect to ATI.</p> <p>These need to be reviewed at regular intervals.</p>
4.3 Determine and maintained Documented Information the scope of the Environmental management system (Boundaries and Type of Product and Services and any requirement not applicable)	C	<p>Verified the scope of the organization i.e.</p> <p><i>“DEALS IN LEATHER & LEATHER HANDS GLOVES..”</i></p> <p>The verified scope is okay as also interviewed to the Vice President of the organization as he well explained about the scope of work.</p> <p>Verified Internal/External Issues and Interested parties need and expectations are identified.</p> <p>Verified Ref: Annexure –I (LIST OF INTERNAL AND EXTERNAL ISSUES) Ref: Annexure –II (INTRESTED PARTIES AND THEIR EXPECTATION) Verified list of Procedure Ref: ATI/P/01.</p>

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		<p>Verified Interaction of Process Ref: Annexure –III (PROCESS INTERACTION) Risks Assessment sheet are documented as F/ATI/16 (Risk Analysis).</p> <p>Verified Emergency Preparedness Plan Ref: F/ATI/07. Verified Ref: Annexure –V (ORGANISATION CHART)</p> <p>Verified Annexure –VI (ROLES AND RESPONSIBILITY & AUTHORITY) Verified Environmental Objective in Annexure –VIII. Environmental policy established and documented in Annexure –IV (ENVIRONMENTAL POLICY).</p>
4.4 Environmental management system and its processes (Established, Implement and maintained, process and Interaction of Process)	C	<p>Verified the interaction of process w.r.t. environmental management system. Ref: - ATI/M/01; Annexure: III</p>
5.1 Leadership & Commitment (Statement of ensurity)	C	<p>Meeting held with the EHS manager and INTEKHAB ALAM of the organization and found satisfactory.</p> <p>The organisation chart is designed and attached in the manual of Annexure-4 where INTEKHAB ALAM is on top responsibility and Manager has fully responsibility to control the environmental management system.</p> <p>The commitment is evident, the management had committed to convert all the office rooms with plantation. The management is committed to set up new plant with all types of latest technology which save the environment from using the natural resources.</p> <p>The management commitment is there in terms of the rain water harvesting, recently rain water harvesting system installed and collection of all area water of the roof and collected into the pit, the pit connected thru pipeline.</p>
5.2 Environmental policy (Documented Information, Establish, Implement, Maintain, communicated and understood)	C	<p>Verified the policy in the manual. But the old ATI policy was displayed in the shop floor. The policy is need to be available in the local language also.</p> <p>As also interviewed to the helper, he is not aware of the ATI policy.</p>

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		Policy awareness to be given during the induction training and the same policies to be displayed at the company website.
5.3 Organizational roles, responsibilities and authorities	NC	<p>Verified the organization chart. Roles & Responsibility of the staff members are not defined w.r.t. ATI in manual. Also, roles and responsibility of coordinator is not updated.</p> <p>As per the environmental management system; the roles and responsibilities should be as per ISO 14001:2015.</p>
6.0 Planning		
6.1.1 Actions to address risks and opportunities (Risk Assessment has done with prevention of undesirable effects)	C	<p>Organization has done the risk analysis for each activity as also interviewed to INTEKHAB ALAM (INTEKHAB ALAM).</p> <p>Verified the internal/external risk assessment sheet. (F/MR/16)</p>
6.1.2 Determination and maintained documented information of Environmental Aspect, associated impacts Criteria Used and significant aspects and, of the activity and Environmental Impacts.	NC	<p>Verified the Aspect and Impact analysis sheet.</p> <p>Aspect-impact analysis is not conducted for the current process available in the organization.</p>
6.1.3 Determination of the Compliances Obligation and maintained documented information how to comply.	C	<p>Procedure for legal & other requirements. Verified the stack emission test report Ref: report no:ST-050919-010,</p> <p>Also verified the draining water test report. And testing is done by approved NABL approved lab.</p> <p>Air and Water consent has been applied yet and verified on portal.</p> <p>Procedure for legal & other requirements; (QP-24); 01/07/2019).</p> <p>Also verified the consent to operate for discharge of effluent water (Prevention and Control of Pollution Act, 1974;</p> <p>Some other legal requirements may require as follows: -</p> <ol style="list-style-type: none"> a) FIRE NOC b) Authorized Hazardous Waste Disposal Agency agreement and disposal records c) Installation Certificates for all two

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		<p>generators (D. G. Set)</p> <p>d) Stack height for emission of all two generators (D. G. Set) with state electricity rules.</p> <p>e) Earth Pits identified and inspected.</p> <p>f) Permission from the Central Ground Water Board/Authority for extraction of ground water which is being used in processes.</p> <p>g) Hazardous Wastes storage pit which is evidenced for store of HW.</p> <p>h) Fire alarm and fire hydrant.</p>									
6.1.4 Planning action for Environmental aspect, Compliance Obligation and Risk and Opportunities.	C	<p>The planning action of the organisation defined and last agenda was evident it was related to minimise of natural resources depletion.</p> <p>Environment Management Programme mentioned and target and responsibility defined to take action to address its significant environmental analysis and compliance obligations.</p> <p>Environment management programme evident and verified for “Energy Conservation”.</p> <p>Action plan verified as: -</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Activity</u> <u>Date</u></th> <th style="text-align: left;"><u>Responsibility</u></th> <th style="text-align: left;"><u>Target</u></th> </tr> </thead> <tbody> <tr> <td>Analyse identified ideas Continuous for cost effectiveness and take approval if found cost effective</td> <td>EMR (ATI leader)</td> <td></td> </tr> <tr> <td>Tap various Continuous Ideas/suggestions and Device methods for Energy saving from:- - Energy audit - Org. suggestion</td> <td>EMR (ATI leader)</td> <td></td> </tr> </tbody> </table> <p>Emergency contact detail displayed at basement / Front gate not updated as Ex-employee contact detail still present, Local Police / Fire/ Hospital not available in the same.</p> <p>Rain water harvesting done for control of ground level of the water</p>	<u>Activity</u> <u>Date</u>	<u>Responsibility</u>	<u>Target</u>	Analyse identified ideas Continuous for cost effectiveness and take approval if found cost effective	EMR (ATI leader)		Tap various Continuous Ideas/suggestions and Device methods for Energy saving from:- - Energy audit - Org. suggestion	EMR (ATI leader)	
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6.2 Environmental objectives and planning to achieve them (Documented, Measurable,	C	<p>Verified the environmental objectives. Some objectives are not measurable. Identification of adequate environmental</p>									

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Monitored and communicated)		objective is not available.
7.1 Resources (Resource needed for Continual Improvement)	C	Verified the list of machines and equipment.
7.2 Competence (Employee records & Competence)	Obs.	<p>Verified the Competency Matrix. Ref: ATI/HR/01 Competence matrix needs to cover the all designation which is mentioned in the organization chart. Annual Training Plan is verified. Ref: ATI/HR/02</p> <p>The organisation has retain the following documents as given below to maintain the competency of the employees. Competency criteria-F/HR/01 List of employee-F/HR/02 Training plan-F/HR/03 Training needs identification-F/HR/04 Employee training history card-F/HR/05 Skill matrix-F/HR/06 Training attendance records-F/HR/07 Employee Induction check sheet-F/HR/08</p>
7.3 Awareness (Environmental Policy, Objectives & Effectiveness of ATI)	C	<p>Verified training records on ATI policy on dated 17/7/2022; Faculty: Bhola; 11:30-12:00 & 16 workers participated.</p> <p>Workers Assessment training records verified. Training feedback is available. Ref: HR/F/06</p>
7.4 Communication (what, who, when, whom, how with retained documented information)	C	<p>Verified the Internal and External Communication matrix in the ATI manual. As also verified about it to Mr. Pankaj-Manager.</p> <p>Visual displays are there for organization rules and regulations.</p> <p>The communication of hazardous discharge displayed at main gate and information about the hazards generate and its control parameters displayed.</p> <p>Internal communication found adequate mainly through phone, mail, notice board & meeting. Communication to staff found effective, Display of requirements on Display Board and through E-mails</p>

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		<p>evident.</p> <p>External communication also established as well, e.g. communication with external providers as Display of IMS policy is done at entrance gate and reception area for external communication. Any change in ATI which could affect environmental impacts is to be communicated to interested parties as per procedure; however, no change recorded for the review period.</p> <p>The procedure of communication incase of emergency situation has been defined in emergency preparedness plan.</p>
7.5 Documented information (External Origin, Creation, Updation, Distribution, Preservation, version control, Retention and disposition)	C	<p>documentation control is evident in master list of formats F/MR/01, master of drawings F/MR/02, Engineering change control note F/MR/03, Master list of process standards F/MR/04, Master list of documents F/MR/05, Master list of WI/SOP F/MR/06 and document amendment records F/MR/07.</p> <p>The procedure of documents and records control defined in QM-13 and found evident.</p> <p>The control of format is existing while checking of internal audit documents (Internal audit plan F/MR/10 and Internal audit schedule F/MR/11).</p> <p>The documents preservation control is there and HR is responsible for storing and care of the all documents in a well manner and separate shelf given to HR/QA documents.</p> <p>The documents update time to time with version and revision number in the amendment sheet.</p>
8.1 Operational planning and control (Plan, Implement and control of process, documented information for process carried our as planned and Conformity of product or services)	C	<p>Verified the operational control procedure for Emission of Smoke, Health & Safety, Legal Compliance & Training.</p> <p>As per the organization activities, OCP are established and are communicated to the employees in the daily morning meeting.</p> <p>Also verified the Life cycle approach but it is not updated.</p>
8.2 Emergency Prepared and Responses (Mitigation of Adverse Environmental Impact, Respond to Emergency situation, Periodically review and Training of the Emergency)		<p>Emergency Preparedness Plan has been identified. Ref: - EPP-01 dated 01.01.2019. EPP is covering the all-emergency activities including accident, disaster management, fire, electric shock etc.</p> <p>Organization has also conducted the fire mock drill on</p>

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	NC	<p>09.05.2019 in which total time of 06 minutes has been taken. Verified the records as 16 participants was there</p> <p>Emergency Drill Team- Raj Kumar, Sushant Kumar, Shadi Lal, Pankaj etc.</p> <p>Mock Drill Training on 10 July, 2022.</p> <p>Damages stairs need to be repaired adequately. There is a risk of fall down of person in any emergency situation.</p>
9.1.1 Monitoring, Measurement analysis and evaluation	C	<p>Procedure for environmental Performance Monitoring and Measurement defined in QP-28: 00dated 01/07/2019 found evident. The frequency of the parameters to be monitored of the followings:</p> <ul style="list-style-type: none"> a-Objectives & targets, ATI program b-Compliance to legal requirement & other requirement c-Operation control procedure d-Emergency preparedness & response (mock drill) e-Trend of NC f-Accident/Incident g-ATI performance <p>All the parameters have frequency from quarterly, half yearly and yearly.</p> <p>Objective monitoring chart verified for the monitoring of ATI objectives. Monitoring of the objective found evident for the review period regarding significant impacts, environmental management programme, applicable legal and other requirements, emergency management, corrective and preventive action results found satisfactory</p>
9.1.2 Evaluation Of Compliances Documented (Frequency and Action on Evaluation)	NC	<p>There is no EMP and target date set to achieve the environmental objectives in an effective manner.</p>
9.2 Internal Audit (Frequency and Documented Information for Implementation of Audit Program and the audit result)	NC	<p>Verified the Internal Auditor Plan. Ref: QL-F-01 Internal Audit date is 10-8-2019; Internal Auditor Schedule is available. Ref: QL-F-02.</p> <p>03 Minor NCINTEKHAB ALAMs (Ref: Non Conformity Register-QL-F-06).</p> <p>List of internal auditor is verified. QL-F-03.</p> <p>Two certified internal auditors are verified. Ms. Madhumita Banik.</p> <p>Internal Audit is not including the all-processes aspects.</p>

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9.3 Management Review (Frequency, Input, Output, Documented Information for MRM Results)	C	<p>Verified the MRM agenda circular Ref: QL-F-07. As the management review meeting conducted on 20/8/2022 in which 07 participants are present including Partners, Managers & other employees.</p> <p>Intimation form-F/MR/11- dated 10/08/21 found evident MRM minutes of meeting is being recorded at form F/MR/08 and found evident dated 20/08/21 with attendance of total 7 members of management. The agenda of ATI MRM –Need and expectation of interested parties ATI Policy and objectives, result of Internal audit and all NCINTEKHAB ALAMs related to ATI – closed.</p> <p>The MRM headed by Partner-Kuldip Kumar Sharma who is managing all activities along with manager-Pankaj.</p> <p>The management review meeting also had decided that ATI system is matured now and invite for third party for certification and Everyone decided to authorised certification body in the month of December 2022 for stage- audit.</p>
10.1 Improvement – General		Verified the records.
10.2 Nonconformity and corrective action (Documented Information for nature of NC and result of action taken)	C	03 Minor NCINTEKHAB ALAMs has been identified and same has been closed effectively within the time frame. As verified the closures and interviewed to the Pankaj.
10.3 Continual improvement	C	Organization has started to use done enough improvement as the all instructions displayed on prominent places in the organization.

END OF REPORT