

MMS	MAGNITUDE MANAGEMENT SERVICES PVT. LTD.	MMS F16 Rev 00 (01.05.2016)
	ISO 45001:2018	
	Initial 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 Units	01	
No. of Shift	01	
Contact Person	INTEKHAB ALAM	
Telephone/Fax	+91- 98304- 19576	
Scope	DEALS IN LEATHER & LEATHER HANDS GLOVES.	
Technical Area	Servicing	
WORK SCOPE	Procurement Of R/M- Inspection-food processing- testing by chef – service to guests’ receipt of payment-feedback collection and corrective action.	
Audit Team	Lead Auditor: Somesh Bajpai Auditor: Technical Expert: Mr. Vinay Jham	No of Mandays : 02
Start 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 GLOVES	
Purpose of Audit	To verify the implementation of the Occupational Health & Safety Management System as per the Standards Requirement, verification of records for the conformity of the implementation.	

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CHANGE DETAIL:

Audit Duration for Stage 2	
Are quoted man-days adequate?	Y
Any change in employee detail?	N
Any Change in Scope?	N
Any additional Information:	N

Opening meeting and audit proceedings:

The audit started as per mutually agreed Audit plan. The 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.

Comments on Internal audit:

Internal audit was conducted by consultant Mr. Vikas Sharma. 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 OHSMS 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 & MRM found effective.

Closing meeting:

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

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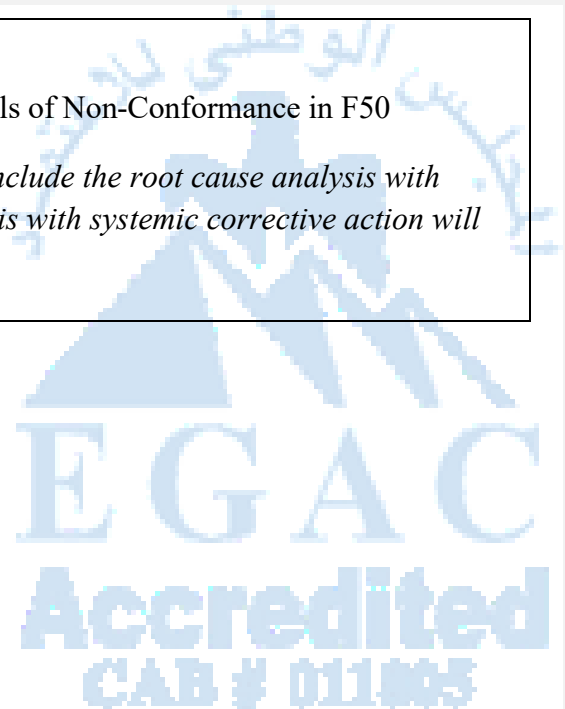
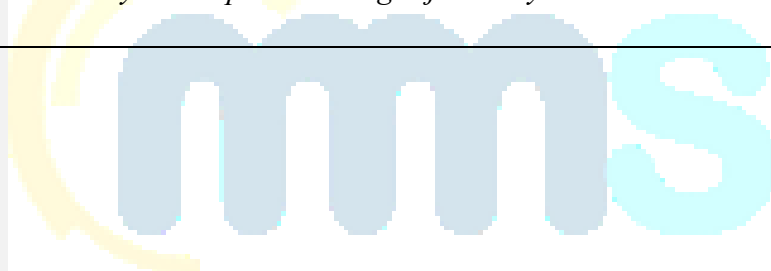
SUMMARY OF AUDIT

AREA OF IMPROVEMENTS	
1.	Policy Signage should be there.
2.	Safety shoes need to be provided for all shop floor employees
3.	Fire extinguishers location, height & visibility need to be defined.
4.	Loose wires should not be available.
5.	Drinking water needs to be tested.

Non Conformities Raised

02 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



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SWOT ANALYSIS AND RECOMMENDATIONS:

1. **Strength:** The business is well established and running successfully. OHSMS is designed as per the business requirement, which is easy to understand and practice. Competence level found satisfactory.
2. **Weakness:** The OHSMS has been established recently, it is stable but in infancy stage.
3. **Opportunity:** The organization is young, hence it is easy to establish QMS and maintain it.
4. **Threat to OHSMS:** Low
5. **Recommendation of the audit team:** Certificate of conformity to ISO 45001:2018 for the activities under scope may be awarded after receiving satisfactory evidence of closure of the identified non conformities.
6. **Follow-up:** Not required
7. **Surveillance Frequency:** once in 12 months

Audit methodology

The certification audit was conducted on in accordance with MMS standard operating procedures. Audit was conducted by picking visual, documentary and interview samples to assess compliance of the audit Standard's applicable clauses.

The reporting format also follows the audit standard clause by clause, and findings have been reported accordingly. Activities that are not in compliance with your own QMS or the audit standard have been highlighted and reported in the MMS, NON-CONFORMANCE REPORTING FORM (NCR'S) or OPPORTUNITY FOR IMPROVEMENT REPORTING FORM (OFI's). Non conformities and OFI/ AFI have been classified as following -

MAJOR NON-CONFORMANCE is a non-compliance of a serious nature that may have a significant and direct adverse impact on the quality of the product / services provided by your organization. Multiple minor non-compliance may also be flagged as major Non conformity. Major non conformities must be responded to, corrected and formally closed-out, preferably within 90 days. These are re-verified by the auditor/s, mostly by revisiting the audit site. Only after satisfactory closure of major non conformities the certification and registration can proceed.

MINOR NON CONFORMANCE is a non-compliance of less serious nature that does not cause significant adverse impact over the goods or services provided by your organization. These Minor non conformities are closed-out by our auditors by reviewing your corrective action plan or evidences of your corrective action, which you must submit within the agreed time, preferably within 30 days.

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OBSERVATION is an isolated noncompliance that does not show collapse of any process. It is not mandatory for you to submit corrective action plan or corrective action evidence. However you should take these observations as potential non conformities, which should be closed in order to stop its conversion into actual non conformities.

AREA/ OPPORTUNITY FOR IMPROVEMENT is not a noncompliance. These are areas where scope of further improvement is available. It is not mandatory to respond to OFI's.

In order to ensure continued compliance to the audit standard, all above aspects are verified / re verified during subsequent surveillance audit.

Please respond by submitting the corrective action plans within one week regarding the identified NON-CONFORMITIES and, preferably the Observations and OFI'S, attached herewith. Also mention targets dates by which you expect to complete the corrective actions.

If you have any query, please contact MMS.

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 OHSMS 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>
Y	<p>The OHSMS system 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 is OCTOBER-2024</i></p>	
<p>Accredited CAB # 011005</p>	
Sign Off : 01-01-2024	
MMS Report Submission	Client Acceptance for Report
Name of Team Leader: Somesh Bajpai Signature: 	Name: INTEKHAB ALAM Sign: Designation: PROP

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AUDIT CHECKLIST

VERIFICATION OF DOCUMENTATION & RECORDS AS PER STD REQUIREMENT (C- Conformity, NC-Non Conformity, O-Observation)
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Clause Number	C/NC/O	Document Verification detail with statement of Conformity
4. CONTEXT OF ORGANISATION		
4.1 Understanding the organization and its context <i>(Internal and External issues)</i>	Obs.	Org. has established the OHS manual. It has been prepared by the Asstt. Manager safety Mr. INTEKHAB ALAM. As interviewed to Mr. INTEKHAB ALAM about the Internal & External Issues. Internal/External issues need to be updated as the recommendation action needs to be described.
4.2 Understanding the needs and expectations of workers and other interested parties	Obs.	As interviewed to Mr. INTEKHAB ALAM about the need and expectation of the interested parties in the manual. Verified the records. List of interested parties need to be updated within the SWOT analysis.
4.3 Determining the scope of the OH&S management system <i>(documented and having boundaries as well as considering context of organization and need and expectation of workers and workers and interested parties)</i>	C	Verified the scope of the organization. “DEALS IN LEATHER & LEATHER HANDS GLOVES.”
4.4 OH&S management system <i>(established, implement, maintain and continually improve OHSMS)</i>	C	Verified the records of improvement in system. Evidenced the regular inspection records also the maintenance of equipment records. OHS manual is evidenced.
5 Leadership and worker participation		
5.1 Leadership and commitment <i>(Leader shall be from Top Management and have Leadership skill in any other role)</i>	C	As interviewed to INTEKHAB ALAM Ji skilled person has been appointed as a leader from top management. Also commitment has been given to workers regarding their issues.
5.2 OH&S policy <i>(Documented and communicated and available)</i>	C	<i>OHS</i> policy has been verified and the communication is to be provided to all staff members. Policy is fulfilling the all requirement.
5.3 Organizational roles, responsibilities and authorities <i>(Documented, assigned and communicated)</i>	C	Organization roles and responsibilities have been documented and it is as per the organization chart. Organization has established safety committee. Verified

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		the roles and responsibilities of this committee.
5.4 Consultation and participation of workers (Mechanism, Time, Training and Resources)	C	For the worker participation and consultation, meeting are to be conducted half yearly. Verified the documents and the suggestions rec. from the workers. Action has been taken on the suggestion and the records are verified. Verified the Safety Committee agenda point as the meeting has been conducted half yearly. Verified the action plan for it.
6 Planning		
6.1 Actions to address risks and opportunities (Documented Risk & opportunities, Consider Hazards, OHS Risk, OHS opportunities and Legal Requirements)	C	As interviewed to INTEKHAB ALAM documented procedure of risk and opportunities have been maintained. Also, legal requirements have also been taken care.
6.1.2 Hazard identification and assessment of risks and opportunities (Process mechanism for hazard identification by considering work situation, routine and un-routine matter, past incident, Potential emergency, People and other issues, changes and opportunities)	C	Verified the hazards identification it has been done on regular basis also it affects the decrease in time for finding hazards. Verified the HIRA for height work, DG maintenance, Cabinmate Fan. Ref:- HIRA Format (IEL-IMS-PA-20) R-1
6.1.3 Determination of legal requirements and other requirements (Documented information for legal and other requirements)	C	As interviewed to Mr. Manabhajan, documentation has been prepared for company legal requirements. Verified the list of legal requirements, as all the legal requirements are compliance to OHS.
6.1.4 Planning action (Action to risk and opportunities, legal & other requirements, respond to emergency)	C	Verified ok planned action has been taken at site also emergency numbers has also been displayed all over site. Scheduled inspection of all equipment, pipelines, valves, and tanks to be done on monthly basis at site.
6.2 OH&S objectives and planning to achieve them (Documented information and plan to achieve objectives and shall determine what, who, when and how)	C	OHS objectives have been displayed at prominent places. OHS objectives need to be in hindi & Bengali language.
7 Support		
7.1 Resources (Determine resource requirements for OHSMS)		Verified the preventive maintenance schedule. Evidenced the required resources for workers. Scheduled maintenance of all the equipment's and pipelines to be

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	Obs.	done as per maintenance plan. Checklist also prepared for inspection and maintenance. Verified the all-mechanical equipment's.
7.2 Competence (Documented Information for competence)	C	Verified the competency matrix of the organization. All the designation is covered. Verified the documents of Asstt. Safety manager.
7.3 Awareness (Workers shall made aware OHS policy, Objective, Incident, hazards, risk & opportunities)	Obs.	Also verified the Employee training records. Also verified the training need identification for OHS. Awareness Training on ISO 45001 has been given. Organization has hired one external consultant for ISO 45001:2018. Training has been imparted by Mr. Vikrant. Also verified the training effectiveness evaluation.
7.4 Communication (documented information of process of communication of internal and external)	Obs.	Verified the communication matrix of internal and external communication plan. As the internal matrix doesn't include any mass meeting, workers meeting, safety meeting, and monitoring plans, OHS policy. External Communication needs to be updated accordingly with respect to OHS.
7.5 Documented information (Creation, Identification, Formats, review and approval, distribution, Storage and preservation, retention and disposition and external origin document)	C	Verified the documentation system mentioned in the manual as each format or document is bearing a unique identification number. Documentation has been done for inspection of mechanical equipment. Verified the master list of documents.
8 Operation		
8.1 Operational planning and control (Establish, maintain and implemented Process and Plan for operations)	C	Verified the process of plan for operations. Also, operational planning has been done. SOP's that evidenced there: - INSPECTION OF TAPPET SETTING TSK/QMS/UTL/MECH/DGS/SOP/001/REV:000
8.1.2 Eliminating hazards and reducing OH&S risks (Establish, maintain and implemented	C	

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<i>Process for eliminating hazards and reducing the OH & S risks)</i>		Verified the records for reducing the OH&S risks. JHA has been regularly observed and followed.
8.1.3 Management of change <i>(Establish, maintain and implemented Process for management of change)</i>	C	As interviewed to Mr. INTEKHAB ALAM process has been made for change in management system.
8.1.4 Procurement& Outsource <i>(Establish, maintain and implemented Procurement process with contractor and controlling of outsource process)</i>	NC	Evidenced daily reports for observation during maintenance. Also verified the records of improvement and safety report. There is no inspection system to ensure the quality of the PPE that are used in the organization. OHS system implementation for suppliers needs to be mentioned in the PO.
8.2 Emergency preparedness and response <i>(Documented information and Establish, maintain and implemented Emergency preparedness and response)</i>	Obs.	As interviewed to Mr. INTEKHAB ALAM about the emergency mock drill and he explained that mock drill has been conducted on half yearly basis. Verified the Emergency Preparedness Plan & Response Various natures of emergencies have been defined in the EPP. Fire mock drill has been conducted. Fire Alarm need to be installed and emergency evacuation plan need to display.
9 Performance evaluation		
9.1 Monitoring, measurement, analysis and performance evaluation <i>(documented information for result of monitoring, measurement, analysis and performance evaluation and calibration or verification of measuring equipment)</i>	C	Verified the dash board described in the form of lead and lagging indicator.
9.1.2 Evaluation of compliance <i>(Documented information of the compliance evaluation result)</i>	C	Verified the records.
9.2 Internal audit <i>(Documented information of the Internal Audit Program and audit results)</i>	NC	Internal Audit has been conducted half yearly as mentioned in the OHS manual. Verified the Internal Auditor Plan List of internal auditors is available. Mr. Vikrant is the certified internal auditors for ISO

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		45001:2018 is verified. (External Auditor) The correction action plan has not been done for the NC found in IA. IA is not covering all the organization activities.
9.3 Management review <i>(Documented information of the Management Review results)</i>	Obs.	Management Review Meeting has also been conducted twice a year as mentioned in the OHS manual. MRM planning is not updated as verified the MRM records. As the management review meeting conducted for workers. MRM need to be conducted more effectively as some of the points were opened.
10 Improvement		
10.1 Incident, nonconformity and corrective action <i>(Documented information of the incident or non conformities and corrective action taken and effectiveness)</i>	C	Verified the records of incident and corrective action. Documented information has been described in the records for nonconformity and corrective action. Also detailing of incident has also been described.
10.2 Continual improvement <i>(Documented information of the Continual Improvement evidence)</i>	C	Evidenced the documented information. Continual improvement takes place at the time when documentation done.

END OF REPORT

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