

ISO 14001:2015
First Surveillance Audit Report

Name of the Organization	SWAMI RAMA HIMALAYAN UNIVERSITY	
Address	SWAMI RAM NAGAR, JOLLY GRANT, DOIWALA, DEHRADUN, 248140, UTTARAKHAND, INDIA	
Site Address (If any)	Nil	
No. of Employees	270	
NO. of Shift	01	
E mail id	chief.engineer@srhu.edu.in/engg@srhu.edu.in	
Contact Person	Mr. Rajpal Singh Rawat (Dy.GM)	
Telephone/Fax	8194009606	
Scope	PROVIDING EDUCATION UNDERGRADUATE (UG), POSTGRADUATE (PG) AND DOCTORAL DEGREE PROGRAMS, RESEARCH,	
Technical Area	(37.3) Higher Education	
Exclusion	NIL	
Audit Team	Lead Auditor: Abbas Hussain Auditor: Technical Expert:	No of Mandays :2
Starting Date of Audit	12/04/2025	
End Date of Audit	13/04/2025	
Brief about the organization	Swami Rama Himalayan University (SRHU), a top private university in Dehradun endeavours to transform lives through holistic approach to education, providing integrated health care services and effective rural development and social outreach programs. With a rich legacy of Himalayan Hospital & Himalayan Institute of Medical Sciences, the first and the largest NABH accredited private teaching hospital and medical college of Uttarakhand, SRHU has been providing a platform to the youth, for a decade, to learn and transform into efficient, effective, ethical and committed professionals. SRHU is the only university in Dehradun, Uttarakhand that has a dedicated multispecialty Himalayan Hospital, Cancer Research Institute, Ayurveda Centre and Rural Development Institute, all under one roof, besides College and colleges namely: Himalayan Institute of Medical Sciences, Himalayan College of Nursing, Himalayan College of Management Studies, Himalayan College of Science & Technology, Himalayan College of Bio Sciences, Himalayan College of Yoga Science. Himalayan School of Pharmaceutical Sciences.	
Purpose of Audit	To verify the implementation of the Environmental Management System as per the Standards Requirement, verification of records for the conformity of the implementation.	

CHANGE DETAIL:

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



MAGNITUDE MANAGEMNT SERVICES PRIVATE LIMITED

F16 Issue 01
Rev 00 (05.10.2018)

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ATTENDENCE SHEET:

NAME OF PERSON	DESIGNATION
Mr. Rajpal Singh Rawat	Deputy G.M
Abbas Hussain	Lead Auditor MMS
Mr. Devendr Sharma	Assistant Engineer - Designing
Mr. S.L Bhatt	Sr. Engineer (Electrical)
Mr. GirishUniyal	Head (E&M)
Mr. Praveen Maurya	OA
Mr. V.K. Uniyal	AOS

SUMMARY OF AUDIT

AREA OF IMPROVEMENTS	

Non Conformities Raised

None Minor/Major Non-conformance identified in the Second Surveillance 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)

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

Recommendation:

YES	The EMS 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	
YES	The EMS 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. If all non-conformances are not closed within 60 days, a full reassessment may be required.	
N/APP	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. Once all non-conformances are closed, the recommendation for Issuance of certification may recommended. If all non-conformances are not closed within 60 days, a full reassessment may be required.	
N/APP	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. .	
	<i>Proposed Audit Date for 2nd Surveillance Audit 13/04/2026 (mm/dd/yy)</i>	
Sign Off : 13.04.2025		
MMS Report Submission		Client Acceptance for Report
Name of Team Leader: Abbas Hussain Signature: 		Name: R.P.S. Rawat Sign Designation: Dy General Manager



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	Determination of the organizational context is done .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 External Agency TECHNOLOGY-ISSUE- New and advanced technology
4.2 Understanding the needs and expectations of interested parties (Determination, Monitor & Review of the Interested Parties)	C	EMS leader with the Vice Chancellor monitor and review these interested parties including needs & expectations on half yearly basis. President/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
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	Determination and documentation of the scope of the environment management system is done in EMS manual verified. The scope is "PROVIDING EDUCATION UNDERGRADUATE (UG), POSTGRADUATE (PG) AND DOCTORAL DEGREE PROGRAMS, RESEARCH, PHD AND HEALTH CARE SERVICE. Education activities, support activities and outsourced activities are considered in determining the scope found satisfactory. Scope verified in the EMS manual and found ok.
4.4 Environmental management system and its processes (Established, Implement and maintained, process and Interaction of Process)	C	Established, implemented and maintained the environmental processes and interrelated support processes is showing their sequence and interaction comprehensively and process-wise.
5.1 Leadership & Commitment (Statement of ensurity)	C	During interviewing the Vice Chancellor, found sound awareness about the EMS standard requirements and committed for its implementation within the organization found ok. MD'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.
5.2 Environmental policy (Documented	C	Environmental policy found established, documented,

Information, Maintain, and understood)	Establish, communicated	Implement, and	implemented and maintained found complying of standard requirements. Policy is communicated by staff training and displaying the policy statement at prominent locations in university premises bilingually, however teacher replied satisfactory while interviewing about EMS policy. Policy statement verified and found ok.
5.3 Organizational roles, responsibilities and authorities		C	Established the procedure for identification of roles, responsibility, accountability and authority .Organization chart evidenced. Responsibility and authority matrix representing the roles, responsibility and authorities of all the employees. University 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.
6.0 Planning			Organization has planned as per requirements of the international standard.
6.1.1 Actions to address risks and opportunities (Risk Assessment has done with prevention of undesirable effects)		C	Risk assessment has been done process & activity-wise with the prevention of undesirable effects as Appendix-VII . 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
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		C	Established the procedure for identification & evaluation of environmental aspects. Established the procedure for review of new processes, activities & materials 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-environment impact air contamination risk assessment-severity-1probability-4 concern-1 legal implication-0significance score-5present control measure- Housekeeping to be done after spraying water in the area to prevent dust. Activity-office work Present Control Measures in Place: HR Department rules and regulations. Aspect- Use of Printers, Xeroxing and Faxing condition-environment impact- Depletion of natural resources risk assessmentseverity-1probability-4concern-0legal implication-0significance score4present 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.
6.1.3 Determination of the Compliances		C	Established the procedure for identification of legal and other

Obligation and maintained documented information how to comply.		requirements .Established legal and other requirements register L-01.Established compliance monitoring register L-02 verified , PAN: AAAJH0463LGSTIN: 05AAAJH0463L1ZC Affiliated from University Grants Commission- No.8-18/2013(CPP-I/PU)
6.1.4 Planning action for Environmental aspect, Compliance Obligation and Risk and COpportunities.	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 waste Activity Responsibility Target Background Director In a month information Problems Associate director Within 2 months identification Interventions EMS leader Next quarter Monitoring Director 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, for all employees defined designation-wise and communicated through 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, 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).University has office for administration staff, campus, classroom, toilets, library, laboratory, play ground, meeting room, canteen and other amenities, University 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, ventilations are provided. University 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 Calibration records LM-04 verified for: -Equipment- Smoke density meter Calibration agency- Creative Calibration Lab, DEHRADUN. Traceability to NABL.
7.2 Competence (Employee records & Competence skill matrix)	C	Established the procedure for competence, training and awareness .List of employees .Competence matrix .Skill matrix .Training need identification .Training plan .Training records .Competence criteria verified of: Designation Teacher Required- Degree and having teaching experience. Training plan and training needs identification documented and maintained. Training record verified below: Training plan and training needs identification documented and maintained. Training record verified
7.3 Awareness (Environmental Policy, Objectives & Effectiveness of EMS)	C	Training for EMS awareness conducted 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 communication record FC-01. Internal communication through signage, notice board etc. Communication with external providers by means of display of environmental policy is done at entrance gate and registrar 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, Master list of records, Interested parties, Document distribution record, Document amendment record, List of external origin documents, Process flow charts Work instructions Transport and support schedules Teaching plans Inspection plans Identification of format of the document for suitability & adequacy found documented as per DEHRADUN. Traceability to NABL. Below: -Training schedule Topic- ISO 14001:2015 awareness Given by external agency. Attendants- All staff. Training effectiveness requirement. Preparation, Review & Approval of documented information is being done by EMS Leader and Vice Chancellor. 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. Ref: list of original documents/011, Ref: Competence matrix of employees/09 Ref: M.L.D/012, for master list of documents Ref: C.M.R/013, change management register organization control the documented information as; - Document distribution matrix was made. Ref: D.D.M/014
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	Established the procedure for operational control and found effective. Operating criteria is defined. IMS Hazards will be identified by University 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 University for the compliance with IMS Established the standard operating procedure for controlling & monitoring of electrical energy .Use of electricity .University management .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/CA01, records evidenced, however no actions required and taken for the review period.
8.2 Emergency Prepared and Responses (Mitigation of Adverse Environmental Impact, Respond to Emergency situation, Periodically review and Training of the Emergency)	C	Established the procedure for emergency preparedness and response . Emergency preparedness plan .Mock drill report. Emergency preparedness and response requirement matrix. Emergency action plan evidenced as below: -Emergency condition: Fire/Explosion Control 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 .Training given by external agency and attended by all the employees. Effectiveness of the training given is evaluated by the Vice Chancellor through mock drill. Mock drill report evidenced of fire/explosion control attended by all the employees in which scenario and actions with time frame evident. Effectiveness of mock drill is verified by Vice Chancellor through verifying the response timings against set criteria such as assembling time of 3 minutes observed found ok.
9.1.1 Monitoring, Measurement analysis and evaluation	C	Established the procedure for performance monitoring and measurement P-14.Objective monitoring chart 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.
9.1.2 Evaluation Of Compliances Documented (Frequency and Action on Evaluation)	C	Established legal and other requirements register L01,Established compliance monitoring register L-02, PAN: AAAJH0463LGSTIN: 05AAAJH0463L1ZC Affiliated from University Grants Commission- No.8-18/2013(CPP-I/PU)
9.2 Internal Audit (Frequency and Documented Information for Implementation of Audit Program and the audit result)	C	Established the procedure for Internal audit. Internal audit plan ,Internal audit schedule ,List of Internal auditors ,Internal audit check list ,Internal audit report, NC report .Frequency is six months as per procedure. Internal Audit is done as per audit schedule. Last Internal audit conducted on 11/07/2024.Internal audit report verified for all processes and departments being audited. Competence of internal auditors checked through 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. Verified Internal Audit Plan : I/A 001, Internal Audit Schedule : I/A 002, Internal Auditors : I/A 003, Check list : I/A 004, Internal Audit summary report : IA/005.
9.3 Management Review (Frequency, Input, Output, Documented Information for MRM Results)	C	Established the procedure for management review meeting .Frequency of MRM is half yearly as per procedure. MRM schedule MRM notice MRM agenda Minutes of meeting Vice Chancellor 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 .Meeting outputs also documented for further actions. Last MRM is conducted on 23/07/2024. Verified the MRM Agenda Ref: MRM/01 and attendance sheet of the organization were maintained REF: MRM.Doc01/04.
10.1 Improvement – General	C	System improvement including correction, corrective action, minutes of meeting and continual improvement found evidenced.
10.2 Nonconformity and corrective action (Documented Information for nature of NC and result of action taken)	C	Established the procedure for incidents, investigation, nonconformity and corrective action .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.



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10.3 Continual improvement	C	Continual improvement is done through monitoring of EMS objectives, audit results, system process performance monitoring analysis done by the Vice Chancellor in review meeting.
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END OF REPORT