

Surveillance 1

Report for:

Vidya Prasarak Mandal's Dr. V.N. Bedekar Institute of Management Studies

LRQA reference:	MUM6021078 / 4269598
Assessment dates:	28-February-2022
Reporting date:	11-March-2022
Client address:	Jnanadweepa' Chendani Bunder Road, Thane (W),400601,IN
Assessment criteria:	ISO 9001:2015
Assessment team:	Vinay Joglekar
LRQA client facing office:	MUM India OU

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Attachments:

MUM6021078_APP_RC_SV1_Template8_Bedekar College.docx

This report was presented to and accepted by:

Name: Prof. Mahesh Bhanushali

Job title: Management Representative

01. Executive report

Assessment outcome:

This visit was to assess the compliance of the management system of Vidya Prasarak Mandal's Dr. V.N. Bedekar Institute of Management Studies against ISO 9001:2015 as defined in the audit planning documentation. The outcome of the visit is recorded below.

A 1 assessor-day of First surveillance audit was performed at Vidya Prasarak Mandal's Dr. V.N. Bedekar Institute of Management Studies as per plan on 28th February 2022.

During this audit no non-conformance have been recorded. Organization was generally found to be adhering to the process requirements and meeting the legal and statutory requirements. All the applicable clauses were verified through the documented management system of the organisation. The management has assured to take action to address areas for improvements and the organisation is recommended for the continuation of certification under ISO 9001:2015 criteria subject to technical review.

Scope:

"The provision of post graduate programs approved by the All India Council for Technical Education, leading to the award of Master of Management Studies (MMS) degrees by the University of Mumbai.

Changes:

This audit was first surveillance audit. There have been no significant changes in the management system of the company and scope for the audit remains same.

Previous LRQA Findings

This audit was a first surveillance audit and there were two non-conformance observed from previous audit to be closed. The outcome of the root cause analysis as well as status of the corrective action was reviewed. It was observed that the action has been effective and hence the non-conformance has been closed.

Disclaimer

The assessment process relies on taking a sample of the activities of the business. This is not statistically based but uses representative examples. Not all of the detailed nature of a business may be sampled so, if no issues are raised in a particular process, it does not necessarily mean that there are no issues, and if issues are raised, it does not necessarily mean that these are the only issues.

The Assessment Team Leader confirms the contractual arrangements for ISO 9001:2015 are correct. This includes any changes required as a result of the outcome of the Stage 1 visit (including changes to the scope of assessment, duration of the Stage 2 visit, and duration of subsequent surveillance visits).

Continual improvement:

The institute has reviewed the Vision, and Mission for the Institute and management system has been changed to that extent. The quality policy and quality objectives also have been reviewed in alignment with the institute's ultimate goal. KPIs have been defined and continuous monitoring is being done. The institute is making progress in achieving its goals and new ventures are being planned to give a boost to further the growth. The institute has won many accolades and awards. Many of its faculty members also have achieved success in external seminars and one of the professors has been awarded doctorate also in previous year. For the first time, the institute has received overwhelming response to its admissions and as against 180 normal seats, the no. of students admitted

are 199 after considering various other provisions under the admission policy.
Regular internal audits are being conducted and management review meetings are also conducted to review the progress on the key performance parameters.
Student satisfaction rating on faculty has always been very high.



Areas for senior management attention:

Following are some of the key areas, which need management attention. However, for comprehensive and detail assessment findings, individual assessment reports may be referred.

- Define acceptable risk level for the institute.
- Define additional mitigating action for risk level above the acceptable level.
- Re assess the residual risk level post mitigating action.
- Define monitoring period to confirm effectiveness of the action.
- Review metrics for monitoring the objectives such as average student satisfaction score, % students in B grade, A grade, etc.
- Consider including objective of monitoring % of marks in specialisation subjects.
- Analysis of Complaint to be carried out to reduce no. of complaints.
- Process for vendor approval may be formalised

02. Assessment findings

Where scheme requirement differs to the standard definition below, the scheme definition will take preference

Major Nonconformity

The absence of, or the failure to implement and maintain, one or more management system elements, or a situation which would, on the basis of the available objective evidence, raise significant doubt of the management to achieve: The policy, objectives or public commitments of the organisation, compliance with the applicable regulatory requirements, conformance to applicable customer requirements, conformance with the audit criteria deliverables.

Minor Nonconformity

A finding indicative of a weakness in the implemented and maintained system, which has not significantly impacted on the capability of the management system or put at risk the system deliverables, but needs to be addressed to assure the future capability of the system.

Reference number	3463730_SBCVJZ01	Assessment Criteria (Clause)	ISO 9001:2015 (6.2.1)
Grade	Minor NC	Issue Date	23-February-2021
Status	Closed	Process / Aspect	MMS
Location(s)	Jnanadweepa' Chendani Bunder Road ,IN		
Statement of Non Conformity	The measure for the course objectives of attaining higher levels in the MMS course is a weak area.		
Requirement	Clause no. 6.2.1 of the ISO 9001:2015 criteria requires that the organization shall establish quality objectives at relevant functions, levels and processes needed for the quality management system. The quality objectives shall: a) be consistent with the quality policy; b) be measurable; c) take into account applicable requirements; d) be relevant to conformity of products and services and to enhancement of customer satisfaction; e) be monitored; f) be communicated; g) be updated as appropriate. The organization shall maintain documented information on the quality objectives.		
Evidence	The organization shall maintain documented information on the quality objectives. It was observed that one of the measures for measuring attainment level 1, 2 and 3, was not as per the recommendation of the University of Mumbai, and this led to indicating the attainment level which was lower than the actual, thereby impacting the brand image of the institute adversely.		
Proposed correction, corrective action and timescales	Correction- The university guidelines for working out the attainment levels will be properly implemented for the subject of HR within next one month's time. Corrective action. - The format for working out the attainment levels will be amended with appropriate formulae so that the attainment levels will be carried out correctly henceforth. This will be carried out within next one month.		
Correction	Corrections made in calculation for the year 2020-21. However, this criteria will be applicable later in future and not applicable currently.		



Root Cause analysis	Lack of understanding of the linkage between Vision, Mission and PEO, POs and COs led to this mistake.	
Corrective action	Sessions on Understanding of Vision, Mission, PO mapping and CO mapping was held on 6th and 9th March 2021 – understanding linkage between Vision and Mission, PEO. PO (Program Objectives) and CO (Course Objectives). additional sessions held on 11th and 20th March 2021. External faculty was invited on 19th August Dr. Shailesh Kasande for one day workshop – what is expected in MBA and CO mapping –additional action of- Procurement of LMS system to eliminate human error in computing of rank in future.	
LRQA has reviewed and verified the implementation of actions taken.	Date of closure	05-March-2022

Reference number	3463730_SBCVJZ02	Assessment Criteria (Clause)	ISO 9001:2015 (7.1.3)
Grade	Minor NC	Issue Date	23-February-2021
Status	Closed	Process / Aspect	Library
Location(s)	Jnanadweepa' Chendani Bunder Road ,IN		
Statement of Non Conformity	The process of recovering books pending to be received from the students after the due date, is a weak area.		
Requirement	Clause no. 7.1.3 of the ISO 9001:2015 criteria, requires that, the organization shall determine, provide and maintain the infrastructure necessary for the operation of its processes and to achieve conformity of products and services. Infrastructure can include: a) buildings and associated utilities; b) equipment, including hardware and software; c) transportation resources; d) information and communication technology.		
Evidence	The management is not able to send more than one reminder as after the student separates from the institute, the e mail id provided the institute is discontinued. In absence of this control on the process of recovering the books, the management may be depriving the students from accessing a copy of the book when needed. The management may like to review the status of books pending to be received after due date, as a part of agenda in the Library committee review meeting.		
Proposed correction, corrective action and timescales	The efforts will be made to retrieve the book from Ms. Tejashri Murekar. within next one month's time. Corrective action - The status of pending books will be now reviewed regularly in the library committee meeting from next one month and appropriate actions will be initiated to recover the pending books.		
Correction	Process of receiving pending books – list of defaulters made on 24th March , letter sent on 22-10-2021 checked, no. of books pending to be returned have reduced from 14 to 2 currently..		
Root Cause analysis	Lack of follow up on the returning of pending books and also need to have a different method to address this issue such as introduction of clearance form from Library.		
Corrective action	Process of receiving pending books – list of defaulters made on 24th March , clearance form is planned to be introduced. – letter sent on 22-10-2021 checked, no. of books pending to be returned have reduced from 4 to 2 currently. Efforts are being made to recover these books also.		
LRQA has reviewed and verified the implementation of actions taken.	Date of closure	05-March-2022	

03. Assessment summary

Visit generic objective:

This was a Surveillance 1 visit, conducted against objectives previously notified to the client. The objectives of the next visit, including any applicable visit specific objective (theme / focus), are confirmed in the audit plan attached to this report.

Client attendees at the opening and closing meeting:

The attendees for the meetings included following members

Dr. Nitin Joshi, Director, Dr. Smita Jape, Associate Professor, Dr. Pankaj Nandurkar, Associate Professor, Dr. Pallavi Chandwaskar, Asst. professor, Prof.. Mahesh Bhanushali, Asst. Professor, Ms. Vibhuti Save, Asst. Professor, Mr. Siddhesh Soman, Asst. Professor, Mr. Pravin Narang, Asst. Professor, Mr. Sandeep Moghe, Asst. Professor, Dr. Kanchan Akshay, Asst. Professor, Ms. Mugdha Bhadkamkar, Asst. Professor, Ms. Janhavi Potdar, Asst. Professor, Mr. Vaibhav Pandit, Administration Officer, Mr. Sanjay Sapkal, Librarian

Visit specific objective:

The objective of the audit was

To verify that the approved management system:

- meets the needs and expectations of the users of the certification
- delivers continual improvement

consider the implications of changes initiated because of change in the client's system, activities, processes and / or products

confirm continued conformity with certification requirements of revised criteria ISO 9001:2015.

Introduction:

Vidya Prasarak Mandali (VPM) was established in 1935 for the purpose of providing access to all aspiring young and old and unprivileged to primary and secondary education. Currently the institute caters to the need of nearly 14,000 students every day, across faculties in Arts, Commerce, Science, Law, Polytechnic and Management Studies. In order to provide quality management education, a Department of Management Studies was started on 3rd July 1973. In the academic year 2005-06, this was transformed into Dr. V.N. Bedekar Institute of Management Studies (DR VN BRIMS). Owing to the efforts taken by the management, the seat capacity was doubled in a span of two years.

The scope of the certification under ISO 9001, includes only the management courses run by DR BRIMS Institute. Till recently, Dr. VNBRIMS conducted two courses approved by AICTE, which are MMS with affiliation to Mumbai university and another 2 years full time AICTE approved course of post-graduation management. It also offered many other part-time courses for working executives to enhance their competencies in management skills. However, this PGDM has course has now been discontinued from 2020 onwards, due to some changes in the regulatory environment.

The scope for the certification renewal audit therefore was modified as "The provision of post graduate programs approved by the All-India Council for Technical Education, leading to the award of Master of Management Studies (MMS) degrees by the University of Mumbai. Subsequently there are no significant changes in the management system.

An opening meeting was held on 28th February 2022, at 10.AM, where all the senior faculty members were present. The method of auditing, the process-based sampling system, gradation of non-conformances and confidentiality clause was explained to the attendees. The scope of the certification was reconfirmed and confidentiality was assured.

The closing meeting was held after completion of the assessment on 28th February 2022 at 5.00 PM. The observations made during the assessment were explained. The management has assured appropriate corrective actions on the areas of improvement as well as non-conformance observed.



Assessment of:	Top management Interaction	Assessor:	Vinay Joglekar
Auditee(s):	Dr. Nitin Joshi and Prof. Mahesh Bhanushali		

Audit trails and sources of evidence:

The management has revised the Strategy document and has evolved a new strategy for the future.
Focus is in encouraging innovation and research
Focussed efforts made by conducting free webinars in nearby graduation colleges to attract new students and the efforts have paid off.
Innovation cell – forming innovation club of students- capture innovative ideas for sharing
One of the key factors is improvement in student quality, and action plan has been developed such as improving the quality of education, faculties and facilities. The management has decided to augment the no. of classrooms in near future.
Assessment of faculty is carried out to motivate them for upgradation of their knowledge
SWOT analysis – reviewed in 10-12-2020 – added strength is increased papers in Scopus.
Faculty feedback system is being reviewed
The nearby institutes are also increasing their seating capacity for MMS. Competition is increasing intake capacity.

Evaluation and conclusions:

The management is aware of the challenges, and the direction is being set in view of the changes in the external and internal environment.
The management has changed the Vision and Mission of the institute. Accordingly various new strategies will be adopted to improve the institute's performance.

Areas for attention:

None

Assessment of:	Management Elements	Assessor:	Vinay Joglekar
Auditee(s):	Prof. Mahesh Bhanushali, Ms. Janhavi Potdar		

Audit trails and sources of evidence:

Changes to organizational context, Management review, Internal Audits, Continual improvement, Management of change (System & Organisation), Corrective action, Management of complaints, Performance against the client's management system objectives, Use of Logo.

Quality manual – Rev 03 – dated 21-09-2021 - revision of Vision and Mission statement

Quality objectives

Students average feedback on Faculty – 77% in 2018-19, 79.23% in 2019-20, 82% in 2020-21, and 87%.4% in 2021-22 YTD

% Faculty with Ph.D. – 50% in 2018-19, 54% in 2019-20, 42% in 2020-21, 30% YTD in 2021-22 (Some of the faculty members left the institute, hence drop n the %.

Average Pay package – Rs. 3.6 Lakhs in 2018-19, Rs. 4.2 Lakhs in 2019-20, Rs. 3.5 Lakhs in 2020-21, Rs. 4.2 Lacs YTD in 2021-22.

Other mandatory elements

SWOT analysis – reviewed in 10-12-2020 – added Strength - increased papers in Scopus Publication

Internal audit plan- 7 audits planned and conducted in October 2021 and February 2022

Internal audit report for audit of Placement – auditor Prof. Vibhuti Save and Prof. Dipti Periwal – good audit report

One NC was noted in internal audits and corrective action taken of issuing clearance form is initiated

MR meeting held on 01-06-2021 and 06-12-2021– review of status of actions from previous audit done – change to be implemented in the format for clearance form to be submitted by students.

Student satisfaction feedback – covered in objective performance – improved feedback score

Student grievance – Based on student feedback on faculty, feedback was 7.15 as against average of 8.74, the faculty was counselled on 03-12-2021, and later on 7th Dec, the faculty was replaced. The student feedback improved after the change, to 8.93.

Risk register – reviewed on 01-06-2021- status of actions reviewed on 06-12-2021 – post action residual risk assessment to be done– add current action.

Sessions on Understanding of Vision, Mission, PO mapping and CO mapping was held on 6th and 9th March 2021 – understanding linkage between Vision and Mission, PEO. PO (Program Objectives) and CO (Course Objectives).

additional sessions held on 11th and 20th March 2021. External faculty was invited on 19th August Dr. Shailesh Kasande – one day workshop – what is expected in MBA and CO mapping –NC closed – in additional action -

Procurement of LMS system to eliminate human error in computing of rank in future

Library – process of receiving pending books – list of defaulters made on 24th March, clearance form is planned to be introduced. – letter sent on 22-10-2021 checked, no. of books pending to be returned have reduced from 14 to 2 currently. Efforts are being made to recover these books also.

Legal compliance

Approval from AICTE 25-06-2021 and Approval from University of Mumbai letter dated 22-07-2021 for 180 seats

One more class room is planned to be created as per guidelines of AICTE – in next 18 months

Evaluation and conclusions:

The activities related to mandatory elements are generally being carried out as per the management system of the company as well as ISO 9001:2015 criteria.

Quality objectives have been defined and performance is being monitored. On many occasions, the performance is exceeding the targets.

The management may like to review some of the metrics for the objectives, such as training man-hours per person per year instead of no. of training sessions to monitor the efforts taken by the management in developing the faculty competence instead of no. of FDP programs completed.

Instead of overall pass percentage, it may be advisable to monitor, %age of students getting 60% and above, which will also validate the quality of teaching to a large extent. Also, instead of monitoring number of students placed, the management may like monitor % of students placed, which can then be compared YoY.

While risk register has been prepared, the management may like to define current or existing control system, prevailing to address the risk. In case the risk level is higher than acceptable level, which again will have to be decided by the management, any additional action need to be put in place, may be defined along with the responsibility and timeline.

After the additional mitigating action is defined, based on whether the action is aimed at reducing the probability, or the extent of consequence, the management may like to reassess the risk level, which will be indicator of the effectiveness of the action.

Apart from defining the timeline to completing the additional mitigating action, the management may like to monitor the outcome for some specified period, to ensure that the identified risk situation is contained, and no adverse incidence is reported. After the monitoring period, the management can confirm effectiveness of action and decide to close the status of the action.

Areas for attention:

Review some of the metrics for the quality objectives.

Define acceptable risk level for the institute.

Define additional mitigating action for risk level above the acceptable level.

Re assess the residual risk level post mitigating action.

Define monitoring period to confirm effectiveness of the action.

Assessment of:	Academics – MMS	Assessor:	Vinay Joglekar
Auditee(s):	Dr. Smita Jape, Dr. Pallavi Chandwaskar, Sandeep Moghe		

Audit trails and sources of evidence:

Quality objectives

Student grievance - Faculty feedback taken mid-term (3 to 4 weeks from starting the course) and end term at the end of the course. – Feedback was 7.15 as against average of 8.74. The faculty was counselled on 03-12-2021. On 7th Dec, the faculty was replaced.

The feedback about the new faculty was 8.93

Objective of no. of subjects to be reviewed – Avg faculty rating may be considered.

TLP for coverage of subjects.

Subject - Security analysis and portfolio management – 12 topics in syllabus are covered in TLP – also certified by CR (Class Representative)

Measure % of student getting first class or distinction – A- 70% to 74.99%, A+ - 75% to 79.99%, O – 80% and above; B= 60 to 64.99% and B+ - 65 to 69.99%

Grade-wise analysis – ‘A+’ 12, in 2017-19, 22 in 2019-21, 12 in 2019-21, this can be measured in terms of %age of total students.

Course started on 18-10-2021 to last session held on 10-01-2022

Can we measure marks in core subjects?

List of guest lectures upto Jan 2022 – from April 2021 – 119 sessions – evidence kept on web site.

Evaluation and conclusions:

The activities related to Academics related to MMS course, are generally being carried out as per the management system of the institute as well as ISO 9001:2015 criteria.

The performance on quality objectives was reviewed, and found to be satisfactory. The quality objectives included coverage of subjects etc, which was always found to be ‘as per plan’ for past 3 years.

The faculty rating given by students has always been high, and action was promptly taken by the institute whenever the score was found to be lower than average.

The quality of teaching may be monitored by measuring the %age of students getting higher marks such as %age of students getting more than 60 % marks or even distinction such as A+ grade. This would be in line with the expectations of the companies, coming for interview, to pick up brighter students as potential employees.

The management can consider, taking feedback in a structured manner from the companies about the students’ performance after they have joined, as well as from students after they are employed, to understand, whether they would like to introduce some change in the syllabus or inputs received from the institute, to make them more successful in their career. (Alumni feedback). Identifying the gap between Industrial expectation and curriculum will be better understood with alumni feedback on the same.

While the total marks obtained may get measured and analysed, the management may consider, marks obtained in core subjects separately, to understand the success of the institute in providing quality education in the subjects of specialisation

Areas for attention:

Review metrics for monitoring the objectives such as average student satisfaction score, % students in B grade, A grade, etc.

Consider monitoring % of marks in specialisation subjects

Assessment of:	Admin (Admissions, Appointment of faculty, Purchase and maintenance)	Assessor:	Vinay Joglekar
Auditee(s):	Vaibhav Pandit		

Audit trails and sources of evidence:

Admission – to improve admissions, 19 online webinars were conducted in 35 colleges. 400 students registered. Attendance increased. Topics covered were, ‘how to prepare for CET, how to fill application forms’, etc. Webinars conducted from 20-05 to 01-12-2021 – focused on colleges between Kalyan from New Mumbai to cater the students in this area.

Attracted institutes’ own students from graduation colleges, 50 students from own college admitted

Total No. of students admitted 199, as against 180 students’ capacity, as per other provisions in the university quota guidelines.

Selection of software for learning – proposal prepared on 22-09-2021 – selected one software InPods

Solar panels procured from Pitambari Products Ltd. – was covered under AMC, now done in-house

AMC for water tank cleaning – parties are appointed by the Trust – common to all facilities for maintenance of equipment

Complaint received on 21-02-2022, at 11.31, telephone not working from Ms. Dipali Hidalekar, yet to be resolved as this involves coordination with MTNL.

Complaint received on 10-01-2022 at 4.00 about ‘No cleaning done on 4th floor cabins, attended on 11-02-2022.

No. of complaints from 06-01-2021 – 93 complaints so far.

AC servicing – to be done 4 times a year- was complied with. Complaint of AC not working on 25-11-2021 was resolved within 24 hours

Water cooler – services rendered on 17-7 and 04 12 -2021 – quarterly service provided

Evaluation and conclusions:

The activities of Administration are generally being carried out as per the management system of the institute as well as ISO 9001:2015 criteria.

The efforts taken by administration to increase the admissions, seem to be successful, as for the first time, the no. of students taking admissions were highest so far.

The complaints record is being kept and performance is being monitored. The management may like to analyse the complaints and try to reduce repetitive complaints if any and carry out root cause analysis to prevent recurrence.

The process of vendor appointment, may be formalised

Areas for attention:

Analysis of Complaint to be carried out to reduce no. of complaints.
Root cause analysis to be carried out for major or repetitive complaints.
Process for vendor approval may be formalised.



04. Next visit details

Standard(s) / Scheme(s)	ISO 9001:2015	Visit type	Focus Visit		
Audit days	1.00 DAY	Due date	March, 2023		
Team	TBD				
Site		Audit days	Delivery Method	Remote Effort	Activity codes
Jnanadweepa' Chendani Bunder Road ,IN		1.00 DAY	Onsite	0 DAY	108501



05. Approval details

It is confirmed that all sites and scopes as detailed in the contract for ISO 9001:2015 are approved, or are being recommended for approval at this visit or remain unapproved, apart from any new approvals, suspensions and withdrawals shown below.

Product	Site	Status
ISO 9001:2015	Jnanadweepa' Chendani Bunder Road ,IN	Approved



06. Appendix



Audit Planning Programme and Visit Assessment plans

Audit Planning Programme and visit Assessment plans are contained within the excel document MUM6021078_APP_MS.xlsm

Report Considerations

There has been no deviation from the original assessment plan or any significant issues impacting on the audit programme. There have been no significant changes that affect the management system of the client since the last audit and the scope of certification continues to be appropriate to the activities/products/services of organisation. There are no unresolved issues been identified during the assessment. The organisation was effectively controlling the use of the certification documents and not misleading in their (online) certification statements. The organisation has taken or is taking effective corrective action regarding previously identified nonconformities. The objectives of the visit as defined in the APP, were fulfilled during the visit.

Stage 1 or Focus Visit

This visit was not a Stage One or a focus visit (Certificate Renewal Planning)

Remote Audits

This was an onsite visit.

Outside of Regular Working Hours

All processes can be effectively audited during normal office hours. This will be reviewed at the focus visit or if it changes.

Occupational Health and Safety

This audit scope did not include Occupational Health and Safety



Additional information

Opportunities for improvement

If we identify opportunities to improve your already compliant system, we will either record them in the process table applicable to the area being assessed or in the Executive summary of the report if they can deliver improvement at a strategic level.

Confidentiality

We will treat the contents of this report, together with any notes made during the visit, in the strictest confidence and will not disclose them to any third party without written client consent, except as required by the accreditation authorities.

Sampling

The assessment process relies on taking a sample of the activities of the business. This is not statistically based but uses representative examples. Not all of the detailed nature of a business may be sampled so, if no issues are raised in a particular process, it does not necessarily mean that there are no issues, and if issues are raised, it does not necessarily mean that these are the only issues.

Legal entity

The accredited legal entity and client facing office that has provided the assessment service in this report is referenced in the applicable agreement for this service.

Generic audit objectives and team responsibilities

The generic audit objectives and team responsibilities are included in the Client Information Note 'Assessment Process'. Any visit specific objectives for the next visit will be recorded in the report of the previous visit and will be addressed through the visit plan for that visit. The assessment standard and roles of the audit team are defined in the assessment visit confirmation sent to the client.

Audit Criteria

The audit criteria consist of the assessment standard and the client's management system processes and documentation.

Additional observers

Any additional observers will be as formally communicated to the client.

Note

Information on the objectives of the various visits can be found in the Client Information included in the report or on our website www.lrqa.com. Furthermore, on the website there are Client Information Notes available for the various visit types. The audit criteria and team members date and locations are also stated on the front page of the report. Scope of certification and roles and responsibilities of the audit team members are expressed in the Audit Program Plan.