



AQC GLOBAL LLC

(An ISO Certification Body)

ISO 14001:2015

Stage 2 Audit Report

Name of the Organization	M/s SHILPA PHARMA LIFE SCIENCES LTD 100% EOU UNIT 02	
Address	PLOT NO. 33, 33A & 40-47, RAICHUR INDUSTRIAL GROWTH CENTRE, CHICKSUGUR - 584134, DIST. & TALUK RAICHUR, KARNATAKA, INDIA	
Site Address (If any)	As above	
No. of Employees	900	
NO. of Shift	03 shifts	
E mail id	sharath@shilpapharma.com	
Contact Person	Mr Sharath Reddy	
Telephone/Fax	9845745068	
Scope	MANUFACTURE AND SUPPLY OF ACTIVE PHARMACEUTICAL INGREDIENTS (APIs), INTERMEDIATES AND POLYMERS-BIOMEDICAL & HIGH ENERGY APPLICATION	
Technical Area	FACTORY LICENSES	
Exclusion	All Applicable	
Audit Team	Lead Auditor: Mr Rajkumar R Auditor: Technical Expert:	No of Mandays: 02
Starting Date of Audit	17.2.2022 (Thursday)	
End Date of Audit	18.2.2022 (Friday)	
Brief about the organization	IT IS WELL ESTABLISHED ORGANISATION, ENJOY GOODWILL OF EXISTING CUSTOMERS WHO GIVE REPEAT ORDERS	
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 Stage 2	
Are quoted man-days adequate?	Yes

Head Office: No. 02, Ground Floor, Sharjah Media City, Sharjah, UAE.

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Any change in employee detail?	No
Any Change in Scope?	No
Any additional Information:	NIL

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ATTENDANCE SHEET:

NAME OF PERSON	DESIGNATION
Mr Sharath Reddy	DIRECTOR
Mr Juluri Raghu	EMS CO ORDINATOR

SUMMARY OF AUDIT

AREA OF IMPROVEMENTS	
01	HOUSEKEEPING SURVEILLANCE IN ALL AREAS
02	TO GAIN AND ASSESS ON ASPECT Vs IMPACT STUDIES ESP LAND CONTAMINATION /WASTAGE REDUCTIONS

Non Conformities Raised

Nil Minor/Major 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)

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



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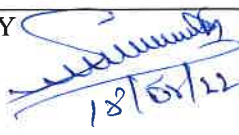
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Recommendation:

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 AQC Mark
	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 AQC and must include supporting evidence of closure to allow for off-site verification. In responding to the non-conformances, the organization should consider the root cause of the non-conformance and the potential for related issues in other parts of system. If all non-conformances are not closed within 60 days, a full reassessment may be required.
	Evidence of major non conformities: Organization is not recommended for 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 be recommended. If all non-conformances are not closed within 60 days, a full reassessment may be required.
	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. .
	Proposed Audit Date for 1st Surveillance Audit 16.02.2023
Sign Off : (Date) 18.2.2022	
AQC Report Submission	Client Acceptance for Report
Name of Team Leader: Mr.RAJKUMAR.R Signature:  R. RAJKUMAR QMS,EMS,OHSMS,EnMS LEAD AUDITOR	Name: K SHARATH REDDY Sign: Designation: Director  18/02/22



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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	The Organisation has applied Parameters for verify and assessing what are internal and external issues that can affect EMS performance. Documented well
4.2 Understanding the needs and expectations of interested parties (Determination, Monitor & Review of the Interested Parties)	C	They have taken into account LEGAL REQUIREMENTS /Authorities /Own Management as Interested Parties and outlined their needs and Expectations. For Example, they have accepted all Conditions of KARNATAKA POLLUTION CONTROL BOARD for disposal of waste
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	MANUFACTURE AND SUPPLY OF ACTIVE PHARMACEUTICAL INGREDIENTS (APIs), INTERMEDIATES AND POLYMERS- BIOMEDICAL & HIGH ENERGY APPLICATION
4.4 Environmental management system and its processes (Established, Implement and maintained, process and Interaction of Process)	C	The Interaction between Purchase and Production / QC TO FINAL SHIPMENTS HAVE BEEN documented and followed, supported by SOPs
5.1 Leadership & Commitment (Statement of ensurity)	C	Evident as per Records Verified. Meeting Agendas AND Minutes of the Meetings
5.2 Environmental policy (Documented Information, Establish, Implement, Maintain, communicated and understood)	C	Found Displayed
5.3 Organizational roles, responsibilities and authorities	C	ORGANISATION CHART AND HR APPOINTMENTS SPEAK ABOUT R & R
6.0 Planning		
6.1.1 Actions to address risks and opportunities (Risk Assessment has done with prevention of undesirable effects)	C	Work Permits and facility surveillance are found to be Effective
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	Clearly Defined and Documented. NEEDS IMPORVEMENTS
6.1.3 Determination of the Compliances Obligation and maintained documented information how to comply.	C	The Organisation is aware of Penalties and Consequences in case of non-compliances. Hence, they are running their Operations in a Responsible and Co-Ordinated manner via Advices and Instructions

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6.1.4 Planning action for Environmental aspect, Compliance Obligation and Risk and Opportunities.	C	The Organisation has adopted PDCA Model. Every activity is monitored for Aspect Vs Impact Studies and Carried out.
6.2 Environmental objectives and planning to achieve them (Documented, Measurable, Monitored and communicated)	C	Yes Documented
7.1 Resources (Resource needed for Continual Improvement)	C	The Organisation is providing Sufficient resources to maintain Good and Safe Environments. remaining Protected
7.2 Competence (Employee records & Competence skill matrix)	C	The HR Dept has Documented qualification /Experience Criteria for Recruitments for Selection and Inductions. It is well maintained
7.3 Awareness (Environmental Policy, Objectives & Effectiveness of EMS)	C	Effective
7.4 Communication (what, who, when, whom, how with retained documented information)	C	A WELL SET OUT COMMUNICATION POLICY drives both Internal and External Communications
7.5 Documented information (External Origin, Creation, Updation, Distribution, Preservation, version control, Retention and disposition)	C	The Organisation has an index of SOPS /Policies and kept Updated /Preserved /Amendments /Retention and Disposals as required by Law
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	Controls are in Place and effectively managed. There is always Good Coordination between HODs. All Activities are carried out in a Planned Manner and Conformity To Products and Services are prioritized
8.2 Emergency Prepared and Responses (Mitigation of Adverse Environmental Impact, Respond to Emergency situation, periodically review and Training of the Emergency)	C	They have Contingency Plans and Disaster Management System in Place. Their Emergency Preparedness is very active and documented
9.1.1 Monitoring, Measurement analysis and evaluation	C	It is carried out by way of Data Collection /Verification and Validations among all depts. To arrive at Organisation Target - Achievements
9.1.2 Evaluation Of Compliances Documented (Frequency and Action on Evaluation)	C	They Regularly Evaluate Dept Compliances and get reported to TOP Management for Advice and Further actions. Corrective actions are taken if found short of Targets
9.2 Internal Audit (Frequency and Documented Information for Implementation of Audit Program and the audit result)	C	ONCE IN A YEAR Last IA was conducted on Dec-21 It is Documented and Retained as Record All NCs are Resolved



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ISO 45001:2018

Stage 2 Audit Report

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Address	PLOT NO. 33, 33A & 40-47, RAICHUR INDUSTRIAL GROWTH CENTRE, CHICKSUGUR - 584134, DIST. & TALUK RAICHUR, KARNATAKA, INDIA	
Site Address (If any)	AS ABOVE	
No. of Employees	900	
E mail id	sharath@shilpapharma.com	
Contact Person	MR K Sharath Reddy	
Telephone/Fax	9845745068	
Scope	MANUFACTURE AND SUPPLY OF ACTIVE PHARMACEUTICAL INGREDIENTS (APIs), INTERMEDIATES AND POLYMERS-BIOMEDICAL & HIGH ENERGY APPLICATION	
Technical Area	FCATORY LICENSES	
Legal, Statutory and Regulatory requirements for company.	LABOUR LICENSES / WORKMEN ACT	
Audit Team	Lead Auditor: Mr Rajkumar R Auditor: Technical Expert:	Audit duration Man days: 02
Start Date of Audit	17.2.2022 (Thursday)	
End Date of Audit	18.2.2022 (Friday)	
Brief about the organization	IT IS WELL ESTABLISHED ORGANISATION, ENJOY GOODWILL OF EXISTING CUSTOMERS WHO GIVE REPEAT ORDERS	
Audit Objective	To verify the implementation of the ISO 45001:2018 System as per the Standards Requirement, verification of records for the conformity of the implementation.	

CHANGE DETAIL:

Audit Duration for Stage 2



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



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ATTENDENCE SHEET:

NAME OF PERSON	DESIGNATION
Mr Sharath Reddy	DIRECTOR
Mr Juluri Raghu	EHS Manager

SUMMARY OF AUDIT

AREA OF IMPROVEMENTS	
01	To become Member of National safety Council
02	To strive for State Awards
03	To Intensify More Training Programmes for Outsourced workers for use PPEs and Aspect and Impacts on environments

Non Conformities Raised

__NIL__ Minor/Major 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)	
Y	Auditing is based on a sampling process of the available information
Combined	Audit is combined, joint or integrated;
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Y	The scope of certification is appropriate.
Y	The capability of the management system to meet applicable requirements and expected
Y	The audit objectives has been fulfilled and achieved.



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Recommendation:

YES	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 AQC Mark
	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 AQC 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.
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	Proposed Audit Date for 1st Surveillance Audit 16.02.2023
Sign Off: (Date) 18.2.2022	
AQC Report Submission	Client Acceptance for Report


R. RAJKUMAR
QMS,EMS,OHSMS,EnMS
LEAD AUDITOR



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Name of Team Leader: Mr RAJKUMAR.R
Signature:

Name: K SHARATH REDDY
Sign:
Designation: Director

[Handwritten Signature]
18/05/22



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AUDIT CHECKLIST

VERIFICATION OF DOCUMENTATION & 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. CONTEXT OF ORGANISATION		
4.1 Understanding the organization and its context (Internal and External issues)	C	The EHS Manager and Team has identified both internal and External Issues and taking Corrective actions to achieve effective OHSAS Performance
4.2 Understanding the needs and expectations of workers and other interested parties	NC	The Organisation has to take Society Needs and Expectations and live up them
4.3 Determining the scope of the OH&S management system (documented and having boundaries as well as considering context of organization and need and expectation or workers and workers and interested parties)	C	MANUFACTURE AND SUPPLY OF ACTIVE PHARMACEUTICAL INGREDIENTS (APIs), INTERMEDIATES AND POLYMERS-BIOMEDICAL & HIGH ENERGY APPLICATION
4.4 OH&S management system (established, implement, maintain and continually improve OHSMS)	C	EFFECTIVE
5 Leadership and worker participation		
5.1 Leadership and commitment (Leader shall be from Top Management and have Leadership skill in any other role)	C	ALL OFFICERS ARE FOUND TO BE VERY SENSITIVE AND RESPONSIVE FOR WORKER PARTICIPATIONS
5.2 OH&S policy (Documented and communicated and available)	C	Well Documented and Displayed
5.3 Organizational roles, responsibilities and authorities (Documented, assigned and communicated)	C	Well Documented .The Organisation chart is available
5.4 Consultation and participation of workers (Mechanism, Time, Training and Resources)	C	There is Very good Coordination among ALL to make workers Participate for Joint Consultations for assessing OHSAS performance /Risk assessments /risk reductions /Removals /Training needs and Resources Requirements

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6 Planning		
6.1 Actions to address risks and opportunities <i>(Documented Risk & opportunities, Consider Hazards, OHS Risk, OHS opportunities and Legal Requirements)</i>	C	The Organisation is always taking Efforts to address Risks and opportunities to Reduce /Minimise OHS risks so as to COMPLY with Legal requirements It is documented.



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6.1.2 Hazard identification and assessment of risks and opportunities (Process mechanism for hazard identification by considering work situation, routine and unroutine matter, past incident, Potential emergency, People and other issues, changes and opportunities)	C	They have Registers /Records to record identified Risks and Opportunities to effect Improvements to in OHS Performances They also consider associated risks while carrying out Routine and un routine Activities and take Cover for such activities in a Proactive manner. They also do Risks on Pre Monsoon and Heavy rains and be Prepared for Potential Emergencies to Safeguard People, Property, Buildings, Equipments , Fire Fighting systems , testing Emergency Nos and Evacuation Possibilities.
6.1.3 Determination of legal requirements and other requirements (Documented information for legal and other requirements)	C	Well Documented
6.1.4 Planning action (Action to risk and opportunities, legal & other requirements, respond to emergency)	C	They plan in a Proactive Manner to address risks and Opportunities to Optimise maximum protection to achieve OHSAS performance
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	Yearly Targets set and analysed on quarterly Basis. There is well documented system to verify Target achievements with Regard to 1 No of accidents 2 No of Hospitalisations 3 No of near Misses 4 No of Violations by Outsourced workers 5 No of Mock drills Conducted 6 No of Deaths Occurred 7 No of Fire Incidents 8 Updated Registers and Records
7 Support		
7.1 Resources (Determine resource requirements for OHSMS)	C	Adequately supported for Security /Housekeeping / Fire Safety resources / Availability of PPEs / Mock drills
7.2 Competence (Documented Information for competence)	C	Observed that only Qualified and Experienced Employees Work in all Depts and Drive safety in all areas.



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7.3 Awareness (Workers shall made aware OHS policy, Objective, Incident, hazards, risk & opportunities)	C	All Work related Safety policies /procedures are made known during Induction training and other trainings Conducted. It is also applicable to Outsourced Workers also. They have a Training Calendar being implemented in all Depts. Documents are maintained
7.4 Communication (documented information of process of communication of internal and external)	C	All communications are made thro Mails and WhatsApp Groups to maintain Transparency and ethical Practices to prevent /avoid accidents or near



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		misses and effective surveillance activities by EHS Team to ensure ZERO Accidents
7.5 Documented information (Creation, Identification, Formats, review and approval, distribution, Storage and preservation, retention and disposition and external origin document)	C	They have a Master List of Policies / Procedures /Indexed and available at Point of use and reference All documents are preserved as per Policy All documents Categorised as Internal and External /kept separately. Updated. Control of Documents are in place. All obsolete Forms /formats are out of use and Circulations. All documents are approved with 3 signatories and Review dates / Year in Place
8 Operation		
8.1 Operational planning and control (Establish, maintain and implemented Process and Plan for operations)	C	ALL Process are defined after taking into People Health safety before conducting all Operations. Afterwards , Occupational Hazards and safety are monitored and safeguarded . In case of any un wanted Incidents , Incident reorts are generated and CAPA is made and kept as Organisation Knowledge. This si discussed in the MRM
8.1.2 Eliminating hazards and reducing OH&S risks (Establish, maintain and implemented Process for eliminating hazards and reducing the OH & S risks)	C	It is being done on daily basis, using checklists at all levels and checked for its use /signed. This way the Organisation reduces OH & S risks to acceptable Level.
8.1.3 Management of change (Establish, maintain and implemented Process for management of change)	C	There is clear cut process, documented as SOP to record and maintain any CHANGES in the Location or Area of work or Change of scope of work is reflected in the Risk assessments, done after changes is planned
8.1.4 Procurement & Outsource (Establish, maintain and implemented Procurement process with contractor and controlling of outsource procees)	C	All outsourced processes are controlled and monitored to reduce OH& S Risks to acceptable Level . They are Trained for safe working and encouraged to report any risks. Use of PPE by those outsourced workforce is controlled and monitored



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8.2 Emergency preparedness and response (Documented information and Establish, maintain and implemented Emergency preparedness and response)	C	Documents and Records Entire workforce have been trained to act in Emergency Situations with Clear cut Roles and Responsibilities to safeguard People /Buildings and other Assets in a swift manner with SOPs /Manuals to refer and understand. Mock drills are conducted to assess People Sensitiveness and Response System Last Mock drill held in Oct 22
9 Performance evaluation		
9.1 Monitoring, measurement, analysis and performance evaluation (documented information for result of monitoring, measurement, analysis and performance evaluation and calibration	C	Registers and Records show Continuous Monitoring and analysis of Performance Evaluation at all stages and get Reported to Management



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<i>or verification of measuring equipment)</i>		
9.1.2 Evaluation of compliance (Documented information of the compliance evaluation result)	C	DONE ANNUALLY
9.2 Internal audit (Documented information of the Internal Audit Program and audit results)	C	Done ONCE in Year of all depts. with Pre defined Parameters. Last IA was done in Dec-21. All previous Ncs are closed .
9.3 Management review (Documented information of the Management Review results)	C	Done ONCE in Year Last MRM was done in Jan-22 All Records relating to MRM are retained.
10 Improvement		
10.1 Incident, nonconformity and corrective action (Documented information of the incident or non conformities and corrective action taken and effectiveness)	C	All Improvements are aimed at and done after getting incident reports, NC's closure and suggestions form Workers Participations Corrective actions are taken after Feasibility and acceptance of actions
10.2 Continual improvement (Documented information of the Continual Improvement evidence)	C	There is Record kept, reflecting continual Improvements, reducing OH&S Risks, keeping health Workforce for continuity of Operations.

END OF REPORT



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AUDIT-DATE- 01 Aug to 07 Aug 2023		AUDIT CHECKLIST		SA-8000-2014	
Sr No	SA 8000 Clause No	Points to be verified	Evidence Checked	Whether Complying Yes/No	NC/OBS Ref
1)	CHILD LABOUR	CHECK THE AGE PROOF OF THE PERSONS WORKING [AGE SHOULD BE ABOVE 15 YEARS]	NO EMPLOYEE FOUND WORKING BELOW 15 YEARS OF AGE	YES	
		CHECK HOW SUBCONTRACTER'S EMPLOYEES ARE ALSO COVERED IN THIS ASPECT	PART OF THE CONTRACT	YES	
		IN CASE CHILD LABOUR IS AVAILABLE CHECK WHAT IS THE ACTION TAKEN FOR REMEDIATION OF CHILD LABOUR [SCHOOLING, FINANCIAL, SUPPORT	NO CHILD LABOUR IS EMPLOYED	YES	
		NO CHILD LABOUR SHALL BE ENGAGED	YES BEING IMPLEMENTED	YES	
		YOUNG WORKERS [AGE 15-18] CAN BE ENGAGED. THEY SHOULD BE ASSIGNED JOB WHICH ARE FIT FOR YOUNG PERSONS ONLY. YOUNG REGISTER IS TO MAINTAIN	ALL ARE ABOVE 18YRS OF AGE	YES	
		YOUNG WORKERS DUTY TIME AND SCHOOLING SHALL NOT EXCEED 10 HOURS. DUTY HOURS WILL NOT EXCEED 8 HOURS. NO NIGHT SHIFT IS ALLOWED	NOT APPLICABLE	YES	

	CHILD LABOUR	IF THERE IS ANY HAZARDOUS WORK-YOUNG WORKERS SHOULD NOT BE EXPOSED TO IT	NA	YES	
		IN THE ABSENSE OF AGE PROOF, THE COMPETENT MEDICAL AUTHORITY'S CERTIFICATE OF AGE CAN BE ACCEPTED	AGE PROOF IS AVAILABLE	YES	

Sr No	SA 8000 Clause No	Points to be verified	Evidence Checked	Whether Complying Yes/No	NC/OBS Ref
2)	FORCED AND COMPULSORY LABOUR	COMPULSORY DEPOSIT OF MONEY TO BE EMPLOYED IN THIS JOB IS NOT ALLOWED	YES BEING IMPLEMENTED	YES	
		ASK EMPLOYEES WHETHER THEIR IDENTIY CARDS OR CERTIFICATES ARE HELD BY THE COMPANY AS A CONDITION FOR EMPLOYMENT	YES IT IS NOT PRACTISED	YES	
		THE COMPANY SHOULD NOT DEDUCT PART OF SALARY TO FORCE THE CONTINUATION OF THE WORKERS	YES IT IS NOT DONE	YES	
		CHECK WITH THE EMPLOYEES WHETHER SUCH DEDUCTIONS ARE DONE	YES CONFIRMED Not done	YES	
		CHECK WHETEHER SECURITY GUARDS ARE USED TO FORCE WORKERS TO REMAIN IN THE JOB	YES NOT PRACTISED	YES	
		COMPULSORY CONTINUATION IN THE JOB (BY NOT ALLOWING THE WORKERS WHO WANT TO LEAVE	YES FREE TO LEAVE	YES	
		CHECK WHETHER THE EMPLOYEES HAVE THE FREEDOM TO RESIGN AND GO AWAY IF THEY SO DESIRE. THERE SHOULD BE NO HINDRANCE ON THEM	YES FREE TO LEAVE	YES	
	FORCED AND COMPULSORY LABOUR	WHETHER PEOPLE OF EXTERNAL ORIGIN (WITHOUT PROPER PAPERS) ARE HELD AS EMPLOYEES?	NO	YES	
		WHETHER BONDED LABOUR SYSYTEM IS FOLLOWED BY ENGAGING ALL MEMBERS OF A FAMILY UNDER FORCIBLE	NO	YES	

		CONDITIONS			
		CAN WORKERS REFUSE OVERTIME?	YES	YES	

Sr No	SA 8000 Clause No	Points to be verified	Evidence Checked	Whether Complying Yes/No	NC/OBS Ref
3)	HEALTH AND SAFETY	CHECK THE LIST OF CHEMICALS AND THEIR MSDS	CHECKED	Yes	
		WHETHER SAFETY PRECAUTIONS AS PER THE MSDS FOLLOWED?	YES FOLLOWED	Yes	
		WHETHER ADEQUATE PERSONAL PROTECTIVE EQUIPMENT ARE AVAILABLE? (MASK, GLOVE ETC)	YES FOLLOWED	Yes	
		IS THERE AN OFFICER RESPONSIBLE FOR HEALTH AND SAFETY	YES (EHS & HR)	Yes	
		ARE EMERGENCY EXITS MARKED CLEARLY?	YES	Yes	
		WHETHER HEALTH AND SAFETY TRAINING HAS BEEN GIVEN	YES Records are maintained	Yes	
		WHETHER EMPLOYEES ARE AWARE OF THE HAZARDOUS ASSOCIATED WITH THEIR AREA OF OPERATION AND HOW TO PROTECT THEMSELVES?	YES	Yes	
	HEALTH AND SAFETY	WHETHER ADEQUATE PERSONAL ARE TRAINED IN FIRE FIGHTING	YES	Yes	

		WHETHER ADEQUATE PERSONAL IS TRAINED IN FIRST AID TRAINING?	YES	Yes	
		WHETHER EMERGENCY PREPARDNESS PLAN IS AVAILABLE?	YES	Yes	
		WHETHER ACCIDENT REGISTER IS MAINTAINED?	YES	Yes	
		WHETHER EMERGENCY EVACUATION POINTS ARE IDENTIFIED?	YES	Yes	
		WHETHER SUFFICIENT FIRST AID BOXES ARE AVAILABLE?	YES	Yes	
		WHETEHER MOCK DRILLS HAVE BEEN CONDUCTED?	YES	Yes	
		FIRE CYLINDER EASILY ACCESSABLE	YES	Yes	
		MONTHLY FIRE EQUIPMENT STATUS PROPERLY	YES	Yes	
		EB - PANELS HAVE RUBBER MATT	YES	Yes	
		FIRE ALARM INSPECTED AND INSTRUCTIONS ARE DISPLAYED.	YES	Yes	
		WHETHER EMERGENCY PLAN AND THE MANUAL ARE AMENDED BASED ON EXPERIENCE	YES	Yes	

		WHETHER PREGNANT WOMEN AND FEEDING MOTHERS ARE GIVEN JOBS WHICH ARE FIT FOR THEIR STATE?	YES	YES	
		WHETHER PORTABLE DRINKING WATER IS PROVIDED?	YES	YES	
		WHETHER THE PATHWAYS HAVE BEEN PROPERLY IDENTIFIED AND FREE OF CLUTTER?	YES	YES	
		WHETHER DROMITORIES PROVIDED BY THE COMPANY ARE CLEAN, SAFE AND HAVE ADEQUATE TOILETS?	NA	YES	
		HAS THE COMPANY RISK ANALYSIS ON THE MATERIALS, PROCESSES AND THE EQUIPMENTS [HEALTH AND SAFETY]	YES	YES	
		IS CRECHE PROVIDED WHEN LEGALLY REQUIRED?	YES	YES	
	HEALTH AND SAFETY	IS SAFETY ASSEMBLY POINT IS SKETCH AT PREMISES?	YES	YES	
		FIRST AID MEDICINE USEAGE RECORD IS IDENTIFIED.	YES	YES	
		FIND AISELS FOR YELLOW MARKING	NO	YES	
		IS THESE SMOKE DETECTOR DEVICES ARE CONNECTED TO FIRE ALARM CONTROL PANEL AND CHECKED BY HSR?	YES	YES	

Sr No	SA 8000 Clause No	Points to be verified	Evidence Checked	Whether Complying Yes/No	NC/OBS Ref
4)	FREEDOM OF ASSOCIATION AND RIGHT TO COLLECTIVE BARGAINING	WHETEHER UNIONS ARE ALLOWED IN THE COMPANY?	Yes	YES	
		HOW MANY UNIONS ARE THERE?	TWO	YES	
		ARE EMPLOYEES FREE TO JOIN UNIONS (AND THAT OF THEIR CHOICE)	Yes	YES	
		WHETHER WORKER REPRESENTATIVE ARE ELECTED?	Not in the control of company	YES	

Sr No	SA 8000 Clause No	Points to be verified	Evidence Checked	Whether Complying Yes/No	NC/OBS Ref
5)	DISCRIMINATION	WHETHER EQUAL PAY FOR EQUAL WORK IS GIVEN?	Yes	YES	
		HOW PROMOTION DECISIONS ARE MADE (AMONG WORKER CATEGORY)	Fair and Transparent	YES	
		WHETHER PEOPLE OF PARTICULAR RELIGION, REGION, AND SEX ARE DISCRIMINATED AGAINST?	No	YES	
		ARE PREGNANT WOMEN DISCRIMINATED AGAINST?	No	YES	
		ARE WOMEN DISMISSED WHEN FOUND PREGNANT?	No	YES	
		ARE WOMEN SUBJECTED TO SEXUAL HARASSMENT?	No Nil Incidences	YES	

Sr No	SA 8000 Clause No	Points to be verified	Evidence Checked	Whether Complying Yes/No	NC/OBS Ref
6)	DISCIPLINARY PRACTICES	IS STANDING ORDER AVAILABLE?	Yes SOP	YES	
		ARE THEY FOLLOWED?	Yes	YES	
		HOW IS DISCIPLINARY ACTION TAKEN?	Principles of Natural Justice	YES	
		ARE FINES LEVIED AS PART OF DISCIPLINARY ACTION?	NO	YES	
		IS PHYSICAL PUNISHMENT LIKE BEATING, ILLEGAL CONFINEMENT ETC CARRIED OUT?	No	YES	
		WHAT ARE THE LEGAL CASES PENDING RELATED TO DISCIPLINARY ACTION?	NILL	YES	
		ARE EMPLOYEES PROVIDED A FAIR OPPORTUNITY TO EXPLAIN THEIR SIDE PRIOR TO DECISION ON DISCIPLINARY ACTION?	Yes	YES	

Sr No	SA 8000 Clause No	Points to be verified	Evidence Checked	Whether Complying Yes/No	NC/OBS Ref
7)	WORKING HOURS	THE COMPANY EXCEEDS 8 HOURS DUTY PER DAY PER HEAD	NO	YES	
		WHAT ARE THE NORMAL OVERTIME HOURS?	4 Hrs	YES	
		WORK WEEK CANNOT EXCEED 48 HRS	Yes	YES	
		OVERTIME SHALL NOT EXCEED 12 HOURS PER WEEK	Yes	YES	
		IS ONE DAY WEEKLY OFF GIVEN	Yes	YES	
		HOW ARE WORKING HOURS TRACKED?	Biometric Punching system available	YES	
		WHAT IS THE MAXIMUM NUMBER OF CONSECUTIVE HOURS WORKED?	10 Hrs (8+2)	YES	

Sr No	SA 8000 Clause No	Points to be verified	Evidence Checked	Whether Complying Yes/No	NC/OBS Ref
8)	RENUMERATION	IS MINIMUM WAGES AS PER REGULATION PAID?	Yes Salary sheet	YES	
		ARE THE MINIMUM WAGES MEETING THE LIVING WAGES [SEE GUIDANCE NOTE FOR CALCULATIONS]	Yes	YES	
		ARE THERE PAY SLIPS WITH FULL WAGE DETAILS? [INCLUDING EXPLANATION OF DEDUCTIONS]	Yes	YES	
		WHETHER PREMEUM RATES ARE PAID FOR OVERTIME	Yes	YES	
		SALARY PAY DATES TO EMPLOYEES	10 th of every month	YES	
		METHOD OF PAYMENTS	Directly credited to Bank Accounts	YES	

Sr No	SA 8000 Clause No	Points to be verified	Evidence Checked	Whether Complying Yes/No	NC/OBS Ref
9)	MANAGEMENT SYSTEMS	IS THERE A DEFINED AND DOCUMENTED SA POLICY (IN LOCAL LANGUAGES ALSO)?	Yes Available in local language as well	YES	
		IS IT DISPLAYED PROMINENTLY?	Yes	YES	
		DOES IT INCLUDE A COMMITMENT TO MEET NATIONAL LAWS RELATED TO LABOUR WELFARE?	Yes	YES	
		IS THER A TOP MANGEMENT APPOINTED AS SA8000 MR?	Yes	YES	
		ARE THERE WORKER REPRESENTATIVES WHO CAN INTERACT WITH THE MANAGEMENT ON SA 8000 MATTERS	Yes	YES	
		IS THE REPRESENTATIVE FREELY ELECTED FROM AMONG WORKERS?	Yes	YES	
		ARE WORKERS COMMITTEE ESTABLISHED?	Yes	YES	
		ARE TOP MANAGEMENT REVIEWS CONDUCTED FORMALLY REGARDING? SA 8000 PERFORMANC AND ARRIVE AT DECISION FOR IMPROVEMENT?	Yes	YES	

		IS WORKER TRAINING ON SA ASPECTS PROVIDED?	Yes	YES	
		IS SA PERFORMED MONITORED? AUDITED?	Yes	YES	
		ARE UNDERTAKINGS OBTAINED FROM SUPPLIERS AND SUB CONTRACTERS ON COMPLIANCE ON SA8000 REQUIREMENTS	Top 10 members undertaking obtained	YES	
		ARE SUPPLIERS CHECKED FOR MINIMUM SA REQUIREMENT COMPLIANCE PRIOR TO REGISTRATION	Yes	YES	
		ARE THERE HOME WORKERS?	NO	YES	
		WHETHER ALL WELFARES/SAFETY MEASURES ARE PROVIDED TO HOME WORKERS?	NA	YES	
		WHETHER HOME WORKER RECORDS ARE MAINTAINED BY THE COMPANY?	NA	YES	
		WHETHER AUDITS ARE CONDUCTED ON HOME WORKER?	NA	YES	
		ROOT CAUSE ANALYSIS IS DONE ON ALL CONCERN AND ACTION IS TAKEN TO AVOID RECURRENCE	Yes as per SOP	YES	
		IS THERE REGULAR COMMUNICATION WITH INTERESTED PARTIES ON SA 8000 PERFORMANCE?	Yes	YES	

		WHETHER COMPANY ENGAGES IN DIALOGUES WITH INTERESTED PARTIES ON SA COMPLIANCE	YES	YES	
		WHETHER COMPANY PROVIDES ACCESS TO AUDITORS TO VERIFY COMPLIANCE	Yes	YES	
	Legal License	CHECK AND VERIFY THE FIRE NO OBJECTION CERTIFICATE	Valid Fire NOC available	YES	
		CHECK AND VERIFY PCB-CONSENT FOR AIR AND WATER	Valid Consent for operation by Air & water available	YES	
	SPT TEAM	ESTABLISH SPT TEAM	Social Performance Team Available	YES	
		ROLES AND RESPONSIBILITIES DEFINED FOR SPT	Monitor the SA8000 activities	YES	
		SPT - TEAM IS DEFINED IN ORGANIZATION CHART AND APPOINTED BY MANAGEMENT	Organogram available	YES	
	Grievance / Suggestions	SUGGESTION /COMPLAINT BOX IS KEPT CONCERN AREA	Yes	YES	
		SUGGESTION REGISTER AND COMPLAINT REGISTER MAINTAINED MONTHLY BASIS	Yes	YES	

	Stake holder Engagement	STAKE HOLDER ENGAGEMENT COMMUNICATION LETTER IS ESTABLISH	Yes	YES	
		STAKE HOLDER COMMUNICATION LETTER OBTAINED	Not obtained	YES	NC

NOTE: "OBS" means Observation "NC" means for Non-Conformity

Name of the Internal Auditor: R KUMAR

Sign:



Date:

R KUMAR

SA 8000 - INT. AUDITOR

FOR QA TECHNOLOGICAL SERVICES INDIA



(AUTHORISED SIGNATORY)

Name of the Auditee: Arvind Kumar Singh

Designation: AGM-HR

Sign:



Date: