

Management System Certification Audit Summary Report

Organization:	The Central Library Srinakharinwirot University				
Address:	Central Library : 114 Sukhumvit 23, Sukhumvit Road, Bangkok 10110 Thailand Ongkharak Library : 63 Moo 7, Rangsit-Nakhon Nayok Road, Ongkharak, Ongkharak, Nakhon Nayok 26120 Thailand				
Standard(s):	ISO 9001:2015	Accreditation Body(s):	UKAS,		
Representative:	Mantana Charoenpaed (E-mail:mantana@g.swu.ac.th)				
Site(s) audited:	As above		Date(s) of audit(s):	Preparation Day: 10/05/2021 Remote audit: 17-18/05/2021	
EAC Code:	39	NACE Code:	92.51	Technical Area code:	QM39.4
		ISIC Code:	9231		
Effective No. of Personnel:	74		No. of Shifts:	1	
Lead auditor:	On-anong S.		Additional team member(s):	Sakkarin C.	
Additional Attendees and Roles	Helpdesk: Sutida.Arunruk@sgs.com				
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Remark: SGS (Thailand) Limited : If client has any comments on this report, please return comments to audit team within 3 calendar days after client receives this report and audit team will response accordingly. Appeals and unresolved issues (if any), SGS (Thailand) Limited will record in Part 6 of this report. Certification Decision is subject to final conclusion from audit team.

1. Audit objectives

The objectives of this audit were:

To determine conformity of the management system, or parts of it with audit criteria and its:

- ability to ensure applicable statutory, regulatory and contractual requirements are met,
- effectiveness to ensure the client can reasonably expect to achieve specified objectives, and
- **ability** to identify as applicable areas for potential improvement.

2. Scope of certification

Library Services (Library Information Technology and Management, Learning and Working Space)

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Has this scope been amended as a result of this audit? Yes No

This is a multi-site audit and an Appendix listing all relevant sites and/or remote locations has been established (attached) and agreed with the client Yes No

For integrated audits, confirm the current level of the client's IMS integration: N/A Basic High

3. Current audit findings and conclusions

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives required by the standard(s). A sampling process was used, based on the information available at the time of the audit. The audit methods used were interviews, observation of activities and review of documentation and records.

The structure of the audit was in accordance with the audit plan included as **an** annexe to this summary report.

The audit team concludes that the organization has has not established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements for products or services within the scope and the organization's policy and objectives.

Number of nonconformities identified: 0 Major 0 Minor

Therefore the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, management system certification be:

Granted / Continued / Withheld / Suspended until satisfactory corrective action is completed.

4. Previous Audit Results

The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action has been implemented to address any nonconformity identified. This review has concluded that:

- Any nonconformity identified during previous audits has been corrected and the corrective action continues to be effective. (Refer to Section 6 for details)
- The management system has not adequately addressed nonconformity identified during previous audit activities and the specific issue has been re-defined in the nonconformity section of this report.

5. Audit Findings

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives. The audit methods used were interviews, observation of activities and review of documentation and records.

The management system documentation demonstrated conformity with the requirements of the audit standard and provided sufficient structure to support implementation and maintenance of the management system. Yes No

The organization has demonstrated effective implementation and maintenance / improvement of its management system and is capable of achieving its policy objectives, as well as and the intended results of the respective management system(s). Yes No

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The organization has demonstrated the establishment and tracking of appropriate key performance objectives and targets and monitored progress towards their achievement. Yes No

The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system. Yes No

Internal Audit was conducted twice a year. The latest was on January 2021.

The management review process demonstrated capability to ensure the continuing suitability, adequacy and effectiveness of the management system. Yes No

Management Review was conducted twice a year. The latest was on 08/04/2021.

Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard. Yes No

Certification claims are accurate and in accordance with SGS guidance and the organization is effectively controlling the use of certification documents and marks. N/A Yes No

6. Significant Audit Trails Followed

The specific processes, activities and functions reviewed are detailed in the Audit Planning Matrix and the Audit Plan. In performing the audit, various audit trails and linkages were developed, including the following primary audit trails, followed throughout:

Relating to Previous Audit Results:

Stage 1 Audit:

N/A as there is no finding raised in stage 1 audit

Evidences of Critical and/or Non-critical Finding(s), if any from stage 1 audit, is/are followed-up and addressed by audit team belowing:

Non critical audit finding

- There was not found the evidence of opportunities address as determined in accordance with the requirements of 6.1 (4.4.1, f)*

From Stage2 audit, The observation was follow-up and revised from the latest management review that conducted on 08/04/2021 found the action plan to address opportunities was identified. The results satisfied.

Previous Visit:

N/A as there is no CAR raised in previous visit.

Results and evidences for previous visit CAR(s) closure is/are addressed in the CAR form(s). Please see CAR form(s) which is/are left with company on the audit day.

Relating to this Audit; including any significant changes (e.g: to key personnel, client activities, management system, level of integration, etc.):

Notes: SGS (Thailand) Limited : Any significant issues impacting on the audit program, Significant changes, if any, that affect the management system of client since the last audit took place and Any deviation from the audit plan and their reasons shall be recorded if observed by audit team as below

Function/Department: Leadership and Commitment, Contexts, need and expectation of interested parties / Risk and opportunity / Strategy and Planning / Communication / Change management / Customer Complaint and Satisfaction

Remote communication tools: Google Meet

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Reviewed Context of the Organization, Risk/Opportunity assessment and interviewed Top Management (Ms.Mantana / QMR, Mr.Werayuth / Deputy Director) for responsibility & accountability, scope of quality management system, internal and external context, need & expectation of interested parties, action for control risks & opportunities and control of change. Context of organization were determine covered internal and external issue such as

Internal issue:

- Top management has knowledge and experience in Educational Quality Management System
- The organization has possibility to continual provide service
- The organization have several technology resource and several channel to access resource
- The organization continual improve channel to access technology resource
- Digital laboratory system have standardization that made user can access technology resource
- Lack of communication and presentation for staff
- Almost of staffs will retire soon

External issue:

- COVID-19 epidemic
- University support the library to development to be Digital Library
- Tendency of using library service have been changed
- University Policy

Need & expectation of interested parties were determined and take them to action in QMS such as

Interested Parties	Need & expectation
Manangement	Customer Satisfaction, new product
Employee	Competence and knowledge, Awareness, Long service, Compensation
Customers (User)	Good product and service
Suppliers	Payment on time, correct order, long term partnership

Risks and opportunities were determined by consider to context of organization and interested parties need. The risks & opportunities assessment was conducted base on method of Brainstorming. The analysis identified. The activities to seize opportunities/activities to control risk, assigned to responsible person and reference to applicable documents. Overall risk and opportunities were review when start implement ISO 9001:2015, and monitoring program of action address by internal audit activity, management review meeting.

The significant risks and control action were determined e.g.

Risks	Actions to address
COVID-19 Epidemic	Provide hygiene equipment and protect hygiene policy by support for spray alcohol, hand washing, thermos- scan
Tendency of using information technology of library has decreased	Develop products including promote
COVID-19 Situation	Provide online service, home delivery

The significant opportunities and control action were determined e.g.

Opportunities	Actions to address
Digital library	Develop digital product and e-book service

In general, the function has demonstrated the implementation and effectiveness regarding Context of organization / interested parties need & expectation / Leadership / Risks and opportunities processes. There was no non-conformity raised in this function. There was some opportunity for improvement (See part 8).

Function/Department: Communication

Remote communication tools: Google Meet

Organization determined internal and external communications relevant to QMS (On what it will communicate / When to communicate / With whom to communicate / How to communicate / Who communicates) For samples: announcement of university / When there are any updated / Related Staffs / E-mail / HR.

In general, the function has demonstrated the implementation and effectiveness regarding the Communication process. There was no non-conformity specifically raised in this function.

Function/Department: Library Operation System (Central Library-Membership, Purchasing&Storage, Library Catalogue Implementation and Library service operation) Quality Control, Non-conformity, service control, Customer Complaint (SWU Prasarnmit and Ongkharak Campus)

Remote communication tools: Google Meet

The organization implements service provision under controlled conditions. Controlled conditions are include, as applicable: the availability of documented information that defines: the characteristics of the products to be produced, the services to be provided, or the activities to be performed; the results to be achieved; the availability and use of suitable monitoring and measuring resources; the implementation of monitoring and measurement activities at appropriate stages to verify that criteria for control of processes or outputs, and acceptance criteria for products and services, have been met; the use of suitable infrastructure and environment for the operation of processes; the appointment of competent persons, including any required qualification; the validation, and periodic revalidation, of the ability to achieve planned results of the processes for production and service provision, where the resulting output cannot be verified by subsequent monitoring or measurement; the implementation of actions to prevent human error; the implementation of release, delivery and post-delivery activities. The organization uses suitable means to identify outputs when it is necessary to ensure the conformity of products and services. The organization identifies the status of outputs with respect to monitoring and measurement requirements throughout production and service provision. The organization controls the unique identification of the outputs when traceability is a requirement, and shall retain the documented information necessary to enable traceability. Release of Product & Services - The organization implements planned arrangements, at appropriate stages, to verify that the product and service requirements have been met. The release of products and services to the customer will not proceed until the planned arrangements have been satisfactorily completed, unless otherwise approved by a relevant authority and, as applicable, by the user. Lifetime membership users are including Srinakharinwirot university's student, professor and staff and allowed any other or walking outsider borrow anything from library services by yearly membership registration, daily membership can read in library only. The organization retains documented information on the release of products and services. The documented information is including: evidence of conformity with the acceptance criteria; traceability to the person(s) authorizing the release. Conduct site tour; SATISFIED.

Central Library

1. Acquisition
2. Cataloguing and classification system.
3. Circulation service
4. Online Public Access Catalogue
5. Journal and Documentation System (Serial Control)

Verified the quality objective are book acquisition time within 15 working days for Thai version, cataloguing and classification within 5 working days, accuracy of bibliography, accuracy of storage etc.

- 1) Analysis of categories and listing of information resources is a record of bibliographic details or important information of the information resources such as authors, titles, printouts, publications, publishers, etc. ALEPH's library system implement for the automatic library system (Dewey decimal classification for call number, Library of Education Institution for Thai subject heading, Library of Congress Subject Heading for English subject heading, National Library of Medicine for Medication book;MeSH). The process was conducted including receive the book -> barcode -> Pre-cat (item information) -> Full Bibliographic to the computer by manual -> recheck cataloguing -> labelling -> recheck before release. Control of cataloguing and classification service are the mission and goal of the organization. It focuses on the need for all users to access information. They also have the right to equal service and meet the need for information in the hands.
- 2) Library promotion public relations service, the stop service that the user can see and want to contact when they need help or need information in other parts of the library. The public relations library must be impressed with

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the service. This will affect the attitudes of the users and this may be a measure of library quality. Public relations all service points It is a relationship with the recipient. Because of the service points in the library, there will be staff available in each section. And in interaction with the service each time. It can create a good relationship with each other. User expected Library staff know everything. Therefore, all library workers must have knowledge and expertise in their respective fields must have developed self knowledge. To be flexible. Meet the needs that users expect. The learning and working space are allocated for reading, meeting or group presentation, the user can reserve the room in room reservation system on website; <http://roombook.swu.ac.th/swu/roombook/>, but it's temporary closed due to command of university. Book@Home Delivery Service is the circulation service in Covid-19 situation, the student/professor can request and receive the book at his/her home by Express mail service without any expense.

Document:

- WI-RM-01, rev.1 (24/07/2020) Work instruction for Thai book acquisition
- WI-RM-02, rev.2 (14/08/2020) Work instruction for English book acquisition
- WI-RM-13, rev.1 (24/07/2020) Work instruction for Category analysis and classification

Sampling:

- Acquisition: "Social Psychology / Choochai Smitthikrai", cat. no. 302 ๗647๓ 2564 ๓.2, location at BK-T 5th fl., bib no. 445086, barcode: 31011110108800, ISBN 9789740339939, selection bill no.6400141200113 on 20/01/2021, vendor: CU Book Center, PO no.3000027984 on 24/03/2021, invoice no.6400341201900, received on 21/01/2021.
- Category and classification: "China Next Normal / Arm Thangnirandr", cat no. 303.40951 ๘646๗ 2563, location at BK-T 5th fl., bib no. 444389, barcode: 31011110108404, ISBN 9786168 221464, cat. by Khun Prajongjit on 05/02/2021
- Storage: "Wonderful edible flowers / Anya Phothiwat", cat no. 641.65 ๘543๓, location at BK-T 6th fl., bib no.333123, barcode: 31011105149439, ISBN 9786167043159
- Central library book suggestion (CLBS): "DEC recommended practices : a comprehensive guide for practice application in early intervention / Susan Sandail" was requested on 19/03/2021 by khanitthas@g.swu.ac.th, replied on 08/12/2021
- Donation book: "Memorandum of outstanding stories, King Prajadhipok's award : organizational competencies and local innovation creation" / King Prajadhipok's Institute" was donated on 03/03/2021, cat. no. 352.1409593 ๓ 268(3) 2564, bib no. 445450, barcode: 31011110151537, ISBN 9786164761667, cataloguing on 07/04/2021.
- Book@Home delivery: "Capital Market Theory / The Stock Exchange of Thailand", cat no. 332.63 ๓ 199๓ ๓.2, location at BK-T 5th fl. and "CISA 1 Workbook : Group 4: Investment asset management / The Stock Exchange of Thailand", cat no. 332.6 ๗351(4) 2552, location at BK-T 5th fl., were requested by chaicharn.wei@g.swu.ac.th on 10/05/2021, delivery on 12/05/2021, EMS tracking no. RF374117852TH, received on 15/05/2021.
- Vendor evaluation: Golden Book last on 07/05/2020.
- Customer Satisfaction: Y2020 and January – February 2021, separated by location and customer type.

Ongkharak Library

1. Acquisition
2. Cataloguing and classification system.
3. Circulation service
4. Online Public Access Catalogue
5. Journal and Documentation System (Serial Control)

Verified the quality objective are timing of book acquisition to on shelf service within 20 working days for Thai version, accuracy of bibliography, accuracy of storage etc.

1) Analysis of categories and listing of information resources is a record of bibliographic details or important information of the information resources such as authors, titles, printouts, publications, publishers, etc. ALEPH's library system implement for the automatic library system (Library of Congress classification for call number, MARC of AACR2 for information database). The process was conducted including receive the book -> barcode -> Pre-cat (item information) -> Full Bibliographic to the computer by manual -> recheck cataloguing -> labelling -> recheck before release. Control of cataloguing and classification service are the mission and goal of the organization. It focuses on the need for all users to access information. They also have the right to equal service and meet the need for information in the hands.

2) Library promotion public relations service, the stop service that the user can see and want to contact when they need help or need information in other parts of the library. The public relations library must be impressed with the service. This will affect the attitudes of the users and this may be a measure of library quality. Public relations all service points It is a relationship with the recipient. Because of the service points in the library, there will be staff available in each section. And in interaction with the service each time. It can create a good relationship with each other. User expected Library staff know everything. Therefore, all library workers must have knowledge and expertise

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in their respective fields must have developed self knowledge. To be flexible. Meet the needs that users expect. The learning and working space are allocated for reading, meeting or group presentation, the user can reserve the room in room reservation system on website; <http://roombook.swu.ac.th/swu/roombook/>, but it's temporary closed due to command of university. Book@Home Delivery Service is the circulation service in Covid-19 situation, the student/professor can request and receive the book at his/her home by Express mail service without any expense.

Document:

- WI-OK-01, rev.1 (14/09/2020) Work instruction for Thai book acquisition
- WI-OK-02, rev.1 (14/09/2020) Work instruction for book order from professor (purchase)
- WI-OK-06, rev.1 (14/09/2020) Work instruction for Bibliography database

Sampling:

- Acquisition: "Geriatric emergency / Faculty of Medicine Vajira Hospital, Navamindradhiraj University", cat. no. WT120 n469 2564, location at Ongkharak Library 4th fl. Health Science, bib no. 445622, barcode: 31011003545977, ISBN 9786167741482, selection bill no.6400141600008 on 02/03/2021, vendor: CU Book Center, Quotation no.6411241600168, invoice no.6400341600136, received on 10/03/2021.
- Category and classification: "Medical biochemistry / Chaisit Sitthivej", cat no. QU4 n445 2564, location at Ongkharak Library 4th fl. Health Science, bib no. 445621, barcode: 31011003545951, ISBN 9789740339984, cat. by Chatchapa on 13/03/2021.
- Storage: "On Liberty / John Stuart Mill", cat no. JC585 n583 2560, location at Ongkharak Library 5th fl. Liberal Arts, barcode: 31011003407442, ISBN 9786163430830.
- Book@Home delivery: "Chemical management in laboratories of higher education institutions in Thailand", cat no. QD45 a794 2552, location at Ongkarak Library 3rd fl. Research Report and "Safety Guide for Hazardous Chemicals Storage/ Hazardous Substances Control Bureau", cat no. T55.3.H3 n695 2540, location at Ongkharak Library 3rd fl. Sci.&Engineering, were requested by puttiphat@g.swu.ac.th on 10/05/2021, delivery on 12/05/2021, EMS tracking no. RP832685476TH, received on 14/05/2021.
- Vendor evaluation: CU Book Center last on 03/03/2021.
- Customer Satisfaction: Y2020 and January – February 2021, separated by location and customer type.

Function/Department: Documented Information Control

[Remote communication tools: Google Meet](#)

Document procedure QP-CL-08 effective date: 07/08/2020 (Documented Information Control) was established and maintained to ensure that the process conforms to the QMS requirements. Process risks was analyzed and the action plan to reduce undesired effects was conducted. The performance results on May to September 2020 have achieved the target. In case of some item that wasn't achieved target on some period, the root cause analysis and corrective action taken was conducted. The process of documented information start from request to register/revise/obsolete the document via DAR which was approved by head of requester or authorized person. Then the document was forward to DCC staff and finally approved by QMR. The document was registered, recorded to the master list that controlled by ISO E-DOC. The Original was kept in DCC staff and other users can view on ISO E-DOC. In case of revised the document, the new revision will be updated instead of old one. The latest version of document was available on ISO E-DOC. The record was maintained following standard. The external document were controlled and recorded on lists. Sampling some documented information control to verify processes. The result were satisfied as following;

Sampling:

- 1) DAR no.004 to revise WI-OK-14
- 2) DAR no.002 to revise QP-RM-01
- 3) QP-OK-01 effective date 04/09/2020 on ISO E-DOC matched with the latest version
- 4) QP-RM-04 effective date 24/07/2020 on ISO E-DOC matched with the latest version

In general, the function has demonstrated the implementation and effectiveness regarding the Documented Information process. There was no non-conformity raised in this function. There was some opportunity for improvement (See part 8).

Function/Department: IT

[Remote communication tools: Google Meet](#)

Documented procedure QP-CL-11 effective date 08/09/2020 (IT) was established and maintained to ensure that the process conforms to the QMS requirement. Process risks was analysed and the action plan to reduce undesired effects was conducted. The Quality objective of IT function focusing on break down time percentage. The performance results on May to September 2020 have achieved the target. in case of some item that wasn't achieved target on some period was

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conducted root cause analysis and taken corrective action. IT service request was provide for user in case of any trouble of IT equipment found. Preventive maintenance plan were set for IT equipment as periodically. The actual PM was followed plan.

Data backup was performed by real time and bi-weekly. Server was monitored by daily and periodically. Window and Antivirus was updated by periodically. Sampling some IT jobs to verify process. The results satisfied as following;

Sampling:

- 1) Job no.CL-IT-01-0112, Cannot changed language, date: 07/05/2021
- 2) PM for Computer 1st Floor on 10/02/2021
- 3) Data backup(Window Server 2012) every 10.00 pm.

In general, the function has demonstrated the implementation and effectiveness regarding the Information Technology process. There was no non-conformity raised in this function.

Function/Department: Human Resource & Organization Knowledge

Remote communication tools: Google Meet

Documented procedure QP-CL-03 effective date: 24/07/2020 (Staff Development), QP-CL-02 effective date: 08/09/2020 were established and maintained to ensure that the process conforms to the QMS requirements. Process risks was analysed and the action plan to reduce undesired effects was conducted. Quality objectives have been established focusing on percentage of development for staff. The performance results on May to September 2020 have achieved the target. In case of some item that wasn't achieved target on some period, the root cause analysis and corrective action taken was conducted. The recruitment process start from receiving the requisition of man power from related department then HR staff announce for the vacant position on media and then the candidate was interviewed and verified the qualification. The successor was trained general information by University and HR team and was trained specific skill by department for necessary course such as operation. The Organization knowledge was provided for each functional which determine knowledge necessary for the operation of its processes and to achieve conformity of products and services such as Work instruction, Procedure, media on website of laboratory, google drive. The organization knowledge was maintained and update to the extent necessary by document control and refreshment training. All staff can access to the organization knowledge and learn at all time. Training plan was set as yearly by 1 time/year. The training was followed to the plan. Sampling some recruitment and some training to verify the processes. The result were satisfied as following;

Sampling:

- 1) recruitment process: Ms.Nanthan (Librarian) and her training record
- 2) training plan 2021
- 3) training record of course Personality development that conducted on 24/12/2020
- 4) training record of course team bulding that conducted on 23/12/2020
- 5) training record of Ms.Charuschom

In general, the function has demonstrated the implementation and effectiveness regarding the Human resource process. There was no non-conformity raised in this function.

Function/Departments: Maintenance, Facility and Calibration

Remote communication tools: Google Meet

Documented procedure QP-CL-05 effective date 24/07/2020 was established and maintained to ensure that the process conforms to the QMS requirement. Process risks was analyzed and the action plan to reduce undesired effects was conducted. Quality objectives have been established focusing on PM follow plan. The performance results on May to September 2020 have achieved the target. In case of some item that wasn't achieved target on some period was conducted root cause analysis and taken corrective action. The preventive maintenance plan was established for facility by monthly, quarterly, yearly. The actual PM was performed following the plan. Breakdown maintenance would be conducted upon requested. The preventive maintenance and breakdown maintenance record were maintained. Sampling some preventive maintenance and breakdown maintenance to verify processes. Verified installation records of thermometer and humidity in Y2021. The results satisfied as following;

Sampling:

- 1) PM for air conditioner no.0113-010-001 on April 2021
- 2) PM for air conditioner no.4120-001-048 on April 2021
- 3) PM for electrical system on April 2021
- 4) BM no.CL-GL01002, detail: electronic wire broken on 08/04/2021

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The calibration status has been identified by label for next calibration date. All of measuring equipment calibration results can be traced back to national standard or international standard. Verified risk assessment list and their actions, internal and external communication plan. Purchasing and external provider control was conducted by administrative staff including received purchase request from, review information and choosing supplier, and set period for evaluation of supplier/outsources. Criteria for supplier/outsourcing selection, evaluation and re-evaluation were established and implemented. Quality objectives were established. The corrective actions were recorded when the monitoring result could not achieve the targets.

In general, the function has demonstrated the implementation and effectiveness regarding the Maintenance process. There was no non-conformity raised in this function.

7. Nonconformities

None

Relating to Client Proposed Action to Address Minor Non-Conformances Raised at this Audit

- N/A as there is no CAR raised in this visit.
- The company had analyzed causes for each CAR and has proposed appropriate correction and corrective action to improve effectiveness of its management system and prevent recurrence. Details on cause of the nonconformity, correction and corrective action can be referred to the company's corrective action record. Audit team have reviewed all the submitted action plans for all CARs and found they are acceptable. Verification of all improvement action plans taken shall take place in the next scheduled visit.

Nonconformities detailed here shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard, including actions to analyse the cause of the nonconformity and prevent recurrence, and complete records maintained.

- Corrective actions to address identified major nonconformities shall be carried out immediately **including a cause analysis**, and SGS notified of the actions taken within 30 days. An SGS auditor will perform a **follow up visit** within 90 days to confirm the actions taken, evaluate their effectiveness, and determine whether certification can be granted or continued.
- Corrective actions to address identified major nonconformities shall be carried out immediately including a cause analysis, and records with supporting evidence sent to the SGS auditor for close-out within 90 days.
- Corrective Actions to address identified minor non conformities including a cause analysis, shall be documented on an action plan and sent by the client to the auditor within 90 days for review. If the actions are deemed to be satisfactory they will be followed up at the next scheduled visit.
- Corrective Actions to address identified minor non-conformities including a cause analysis, have been detailed on an action plan and the intended action reviewed by the Auditor, deemed to be satisfactory and will be followed up at the next scheduled visit.
- Appropriate cause analysis and immediate corrective and preventative action taken in response to each non-conformance as required. Appropriate cause analysis and immediate corrective and preventative action taken in response to each non-conformance as required.

Note:- Initial, Re-certification and Extension audits – recommendation for certification cannot be made unless check box 4 is completed. For re-certification audits the time scales indicated may need to be reduced in order to ensure re-certification prior to expiry of current certification.

Note: At the next scheduled audit visit, the SGS audit team will follow up on *all* identified nonconformities to confirm the effectiveness of the corrective actions taken.

All SGS services are rendered in accordance with the applicable SGS General Conditions of Service accessible at <http://www.sgs.com/en/Terms-and-Conditions/General-Conditions-for-Certification-Services-English.aspx>

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8. General Observations & Opportunities for Improvement

- 1) Consideration to review and clearly define risk and action to address risk for some department such as documented information control.
- 2) Consideration to clearly record evidence during conduct internal audit.

Special provisions due to Covid-19 in case of remote audit

1	What remote communication tools have been used (please list)? Google Meet
2	During the remote audit was it possible to verify all the elements envisaged by the audit plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, the following items could not be verified:
3	Type of remote audit <input checked="" type="checkbox"/> Complete remote audit (all the contractually defined time has been carried out) <input type="checkbox"/> Partial remote audit (the remaining audit time will be carried out later)
4.1	<u>Complets Audit</u> The contractually defined audit duration allowed to collect (during the remote audit) sufficient elements to recommend the maintenance of the management system certification? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, it was necessary to add xx hours to cope with the difficulties that arose during the remote audit <input type="checkbox"/> Being a recertification audit, the issue of a temporary certificate is required (maximum six months). <i>N.B. The issue of this certificate will not change the usual frequency of visits</i>
4.2	<u>Partial Audit</u> This partial remote audit allowed to gather enough elements to recommend the maintenance of the management system certification until the complete audit? <input type="checkbox"/> Yes <input type="checkbox"/> No, compared to what was contractually defined, an additional time of xx hours was necessary to deal with the difficulties that arose during the remote audit <input type="checkbox"/> Yes, but compared to what is contractually defined, it is necessary to add xx hours to the second part of the on-site audit, since not all the points foreseen by the audit program could be verified during the remote audit <input type="checkbox"/> No, the auditor recommends suspension of the certificate until the audit is complete

Document that the audit was conducted remotely where applicable.

- Quality manual (QM-CL-01)
- Management review on 08/04/2021
- Etc.

9. Opening and Closing Meeting Attendance Record

For on-site audit, copied attendance record is left with company on the audit days.

For off-site audit, N/A. Remote audit

Name	Position	Opening	Closing