

**รายงานสรุปผลการประชุมตรวจประเมินเพื่อติดตามการรักษาระบบการจัดการสิ่งแวดล้อมตาม
มาตรฐาน ISO 14001: 2015 (1st Surveillance visit)
ในโครงการพัฒนาคุณภาพด้วยมาตรฐานระดับสากล ประจำปีงบประมาณ พ.ศ. 2568
ณ สำนักหอสมุดกลาง และห้องสมุดองค์กรักษ์**

1. รายงานสรุปผลการดำเนินงานกิจกรรม

การประชุมตรวจประเมินเพื่อติดตามการรักษาระบบการจัดการสิ่งแวดล้อมตามมาตรฐาน ISO 14001: 2015 (1st Surveillance visit) ในโครงการพัฒนาคุณภาพด้วยมาตรฐานระดับสากล ประจำปีงบประมาณ พ.ศ. 2568 ดังนี้

1. การประชุมตรวจประเมินเพื่อติดตามการรักษาระบบการจัดการสิ่งแวดล้อมตามมาตรฐาน ISO 14001: 2015 (1st Surveillance visit) ในวันที่ 2 กันยายน 2568 เวลา 08.30 - 17.00 น. ณ ห้องประชุม 702 ชั้น 7 อาคารสำนักหอสมุดกลาง มีบุคลากรเข้าร่วมทั้งหมด 35 คน
2. การประชุมตรวจประเมินเพื่อติดตามการรักษาระบบการจัดการสิ่งแวดล้อมตามมาตรฐาน ISO 14001: 2015 (1st Surveillance visit) ในวันที่ 3 กันยายน 2568 เวลา 09.00 - 16.00 น. ณ ห้องประชุม ชั้น 1 อาคารห้องสมุดองค์กรักษ์ มีบุคลากรเข้าร่วมทั้งหมด 10 คน

รายละเอียดดังเอกสารประกอบ

2. รายงานการใช้งบประมาณ

ใช้งบประมาณเงินรายได้ประจำปีงบประมาณ พ.ศ.2568 งบเงินอุดหนุน แผนงานยุทธศาสตร์พัฒนาศักยภาพคนตลอดช่วงชีวิต ผลผลิตผู้สำเร็จการศึกษาด้านสังคมศาสตร์ โดยงบประมาณที่ใช้ในการดำเนินกิจกรรม และค่าจ้างเหมาบริการตรวจประเมินเพื่อรับรองระบบมาตรฐาน ISO 14001: 2015 (1st Surveillance visit) ทั้งสิ้น 38,338บาท (สามหมื่นแปดพันสามร้อยสามสิบแปดบาทถ้วน)

3. ปัญหาและอุปสรรคการดำเนินงานกิจกรรม

1. การสื่อสารและความเข้าใจในข้อกำหนดของบุคลากรยังไม่ทั่วถึง
2. มาตรการด้านความปลอดภัยและสิ่งแวดล้อมบางจุดยังไม่สมบูรณ์ เช่น ป้ายเตือน การจัดเก็บสารเคมี และระบบป้องกันเหตุฉุกเฉิน

4. ข้อเสนอแนะ

1. จัดทำป้ายแสดงวิธีปฏิบัติด้านความปลอดภัยและสิ่งแวดล้อมให้ครอบคลุมทุกพื้นที่
2. จัดอบรมบุคลากรเพิ่มเพื่อเสริมความเข้าใจในข้อกำหนด ISO 14001:2015
3. ดำเนินการปรับปรุงด้านความปลอดภัยและสิ่งแวดล้อม เช่น ระบบไฟฟ้า การจัดการสารเคมี การแยกขยะ และระบบเตือนภัย

5. ภาพประกอบ

วันที่ 2 กันยายน 2568



วันที่ 3 กันยายน 2568





AUDIT REPORT

Bureau Veritas Certification (Thailand) Ltd on behalf of Bureau Veritas Certification Holding SAS - UK
Branch

CENTRAL LIBRARY
SRINAKHARINWIRO
T
Surveillance 1 Audit

ISO 14001:2015

Audit Date: 02/09/25
Reference:
20970253/1-20042017694





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1. ORGANIZATION INFORMATION

NAME	CENTRAL LIBRARY SRINAKHARINWIROT
ADDRESS	114 SUKHUMVIT 23, SUKHUMVIT RD., WATTANA , BANGKOK, 10110, -, Thailand
MAIN CONTACT	Umaporn Nakhawatjana
PHONE	+6622584002
EMAIL	umapornn@g.swu.ac.th

2. AUDIT INFORMATION

Audit Type:	Surveillance 1 Audit		
Accreditations:	UKAS	N. Sites: 2	N. Employees: 66
Head Office:	HEAD OFFICE		
Start date: 02/09/25	End Date (Closing meeting): 03/09/25		Duration (days): 1.5

Audit Criteria (Standards)	Certification Global Scope
ISO 14001:2015	CONSOLIDATE SCOPE : LIBRARY SERVICES (LIBRARY INFORMATION TECHNOLOGY AND MANAGEMENT, LEARNING AND WORKING SPACE) THE CENTRAL LIBRARY, SRINAKHARINWIROT UNIVERSITY: LIBRARY SERVICES (LIBRARY INFORMATION TECHNOLOGY AND MANAGEMENT, LEARNING AND WORKING SPACE) ONGKHARAK LIBRARY, SRINAKHARINWIROT UNIVERSITY: LIBRARY SERVICES (LIBRARY INFORMATION TECHNOLOGY AND MANAGEMENT, LEARNING AND WORKING SPACE)

In addition to the standards above the audit criteria include the defined processes and documentation of the management system developed by the organization.

3. EXECUTIVE AUDIT SUMMARY

Team Leader recommendations

Recommendation	Maintain Certification
Scope modification comments	During the audit we confirmed that the certification scope is appropriate.
Follow up required? No	

Number of findings identified in the audit

Minor nonconformities	Major nonconformities	Opportunities for Improvement
0	0	0

Audit Conclusions

There have been no significant changes affecting the management system of the organization since the last audit.

Auditing is based on a sampling process of the available information and the audit methods used were interviews, observations, sampling of activities and review of documentation and records.

Previous events corrective action effectiveness:

During this audit there was no previous nonconformities with the need to get effectiveness reviewed.

The organization has demonstrated an effective implementation of its management system in conformance with the standards.

- Internal audit process:
The internal audit programme has been fully implemented and demonstrated effectiveness as a tool for maintaining and improving the management system. The company plans to conduct the internal audit at least annually. The last internal audit was carried out, as planned.
- Management review process:
The organization established the system for management review and execute the activities of management review regularly as per the time scheduled, at least annually. The last management review was carried, as planned.
- Capability to meet applicable requirements and expected outcomes:
The organization has demonstrated effective implementation to meet applicable requirements and expected outcomes. The company plans to conduct evaluation compliance regularly. The last evaluation of compliance was carried out, as planned.

The audit objectives as presented in the Appendix – Audit Planning – have been fulfilled.

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,

The organization has demonstrated the establishment and tracking of appropriate key performance objectives and targets and monitored progress towards their achievement,

The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system,

Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard.

Use of Marks and Logos:

The organization does not use accreditation/certification marks and logos.

Review of Performance for Current Cert Cycle:

At this 2nd Surveillance audit, the performance of the management system over the period of certification was considered and the results are as follows.

- The whole management system is effective in responding to internal and external changes and the management system continual relevance and applicability to the scope of certification.
- Commitment to maintain the effectiveness and improvement of the management system to enhance overall performance is demonstrated.
- The operation of the certified management system contributes to the achievement of the organization's policy and objectives.
- During this audit it was determined that the overall performance of the management system was effective and demonstrating continual improvement

4. AUDIT FINDINGS

Unresolved points (if identified)

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5. ANNEXES

HOW TO ANSWER TO A NONCONFORMITY RAISED BY BUREAU VERITAS AUDITOR(S)?

Nonconformities detailed herein shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard.

Here under you will find Bureau Veritas Certification requirements for:

- Expected timelines to address the nonconformity (a)
- Response content (b)

Expected Timelines to Address the Nonconformity (a)

Corrections and Corrective actions (if possible) to address identified major nonconformities shall be carried out immediately. Root Cause Analysis, Correction and Corrective action plan together with satisfactory evidences of implementation shall be submitted within **90 days after the last day of the audit unless Bureau Veritas Certification and client agree on a longer period of time.**

Review of nonconformities is done through desktop review. However, depending of severity of the findings, our auditor may perform a follow up visit to confirm the actions taken, evaluate their effectiveness, and determine whether certification can be recommended or continued.

For a minor nonconformity, root cause analysis, correction and corrective action plan shall be approved by the team leader and verification of implementation and effectiveness of corrective action(s) taken will be performed at the next visit.

It is recommended that the Client provide responses early to allow time for additional reviews if needed.

For recertification time limits to address nonconformities will be defined by the team leader in order to have them implemented prior to expiration of certification.

Any responses to the nonconformities which were raised may be either in hard copy or electronically using the NCR herein (preferred) and forwarded to the Bureau Veritas Certification office.

Expected Response Content (b)

Client response to NCR should be reviewed by the lead auditor in three parts; root cause analysis, correction and corrective actions.

In reviewing the three parts, the auditor looks for a plan and then evidence that plan is being implemented.

Root Cause Analysis

1. The Root Cause is not simply repeating the finding, neither is the direct cause of the issue.
2. Well thought out analysis to determine the true root cause: e.g. someone did not follow a process would be direct cause; determining why someone did not follow a process would lead to the true root cause.
3. The root cause statement must focus on a single issue without any obvious why questions remaining.
4. If a why question can reasonably be asked about the root cause analysis, this indicates that the analysis did not go far enough.
5. Ensure that the root cause answers the question, "What in the system failed such that the problem occurred?"
6. Blaming the employee will not be accepted as the only root cause.
7. Address problems with the process as well as what detection system failed.

Correction

1. The extent of the nonconformity has been determined (NCR has been corrected & the client has examined the system to see if there are other examples that need to be corrected). Ensure that correction answers the question "Is this isolated case or not?" in other words "Is there a risk that this can reoccur at the other site / department?"
2. If correction cannot be immediate; a plan to correct the NCR may be appropriate (responsible & date).
3. Evidence that the correction was implemented or evidence that the plan is being implemented.

Corrective Action

1. The corrective action or corrective action plan addresses the root cause(s) determined in the root cause analysis. If you have not defined true root cause you cannot prevent the problem from its reoccurrence.
2. In order to accept the plan it shall include:
 - actions to address the root cause(s)
 - identification of responsible parties for the actions and
 - a schedule (dates) for implementation.
 - always include a "change" to your system. Training and/or publishing a newsletter are generally not changes to your system.
3. In order to accept the evidence of implementation:
 - a. Enough evidence is provided to show the plan is being implemented as outlined in the response (and on schedule).
 - b. Note: Evidence in full is not required to close the NCR; some evidence may be reviewed during future audit when verifying the corrective actions.

AUDIT PLANNING

Audit Objectives

The objectives of Surveillance audit are:

1. to confirm that the certified management system conforms with the requirements of the audit standard, including, but not limited to :
 - a. internal audits and management review,
 - b. a review of actions taken on nonconformities identified during the previous audit,
 - c. complaints handling,
 - d. effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system,
 - e. progress of planned activities aimed at continual improvement,
 - f. continuing operational control,
 - g. review of any changes
 - h. use of marks and/or any other reference to certification;
2. to confirm that the organization has effectively implemented its planned arrangements;
3. to confirm that the management system is capable of achieving the organization's policies objectives and evaluation of the ability of the management system to ensure the client organization meets applicable statutory, regulatory and contractual requirements;
4. If applicable to identify areas for potential improvement of the management system.

General & Legal Compliance Requirements

- Factory Act B.E. 2535 and related ministerial notification. (Ministry of Industry)
- Hazardous Substance Act B.E. 2535 and related regulation (Ministry of Industry)
- Labour Protection Act B.E. 2554 and related ministerial notification (Ministry of Labour)
- Building Act B.E. 2522 and related ministerial notification (Ministry of Interior)
- Energy Conservation Promotion Act. B.E. 2535 and its related law
- Public Health Act B.E. 2535 and its related law
- Customer requirement: Restricted Substance

Team Leader:	PLOYNITA TEERATHORNCHAI PHAT* - NKA
Team members:	

Site Name	HEAD OFFICE [HO]		
Date	Process - Activity	Standard Clauses 14K	Auditor
02/09/25	1st Audit Day		
09:00	Opening meeting		NKA
09:30	BKK: Site tour and operational control	6.1, 6.1.2, 8.1	NKA
10:30	Management processes	4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 6.1, 6.1.1, 6.1.4, 6.2, 6.2.1, 6.2.2, 9.2, 9.2.1, 9.2.2, 9.3, 10.1, 10.2, 10.3, Use of marks, and/or reference to the certification	NKA
12:00	Break		NKA
13:00	BKK: Emergency preparedness and response	8.2	NKA
13:45	Resources, Competence, Awareness	5.3, 7.1, 7.2, 7.3	NKA
14:30	Document information	7.5, 7.5.1, 7.5.2, 7.5.3	NKA
15:15	Compliance obligations and evaluation of compliance	6.1, 6.1.3, 9.1, 9.1.1, 9.1.2	NKA
16:00	Preparation for feedback meeting		NKA
16:30	Feedback meeting		NKA
17:00	End of 1st Audit Day		

Site Name	SITE1		
Date	Process - Activity	Standard Clauses 14K	Auditor
03/09/25	1st Audit Day		
08:00	ONGKHARAK: Site tour and operational control	6.1, 6.1.2, 8.1	NKA
10:00	ONGKHARAK: Emergency preparedness and response	8.2	NKA
11:00	Preparation for closing meeting		NKA
11:30	Closing meeting		NKA



Site Name		SITE1	
Date	Process - Activity	Standard Clauses	Auditor
		14K	
12:00	End of 1st Audit Day		
Audit Plan Preparation Date:		04/09/2025	



Meetings

Opening Meeting (Attendees)		
Designation	Name	Role
Audit Team	PLOYNITA TEERATHORNCHAIPHAT*	Team Leader
Closing Meeting (Attendees)		
Designation	Name	Role
Audit Team	PLOYNITA TEERATHORNCHAIPHAT*	Team Leader

AUDIT PROGRAMME

Process	Surveillances		
	1	2	Recert
Site	HEAD OFFICE		
BKK: Site tour and operational control	x	x	x
Management processes	x	x	x
BKK: Emergency preparedness and response	x		x
Resources, Competence, Awareness	x		x
Document information	x		x
Compliance obligations and evaluation of compliance	x		x
Site	SITE1		
ONGKHARAK: Site tour and operational control	x	x	x
ONGKHARAK: Emergency preparedness and response	x		x

Sites	Audits			
	Initial	Main	Surv1	Surv2
HEAD OFFICE	0.5	2	1	1
SITE1	0	1	0.5	0.5
Audit days	0.5	3	1.5	1.5

Created / Modified by: PLOYNITA TEERATHORNCHAIPHAT*

Date: 03/09/2025

Any significant issues impacting on the audit programme:

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CERTIFICATE INFORMATION

ISO 14001:2015 - UKAS - English

Head Office	HEAD OFFICE
Address	114 SUKHUMVIT 23, SUKHUMVIT RD., WATTANA , BANGKOK, 10110, -, Thailand
Global Scope	<p>CONSOLIDATE SCOPE :</p> <p>LIBRARY SERVICES (LIBRARY INFORMATION TECHNOLOGY AND MANAGEMENT, LEARNING AND WORKING SPACE)</p> <p>THE CENTRAL LIBRARY, SRINAKHARINWIROT UNIVERSITY:</p> <p>LIBRARY SERVICES (LIBRARY INFORMATION TECHNOLOGY AND MANAGEMENT, LEARNING AND WORKING SPACE)</p> <p>ONGKHARAK LIBRARY, SRINAKHARINWIROT UNIVERSITY:</p> <p>LIBRARY SERVICES (LIBRARY INFORMATION TECHNOLOGY AND MANAGEMENT, LEARNING AND WORKING SPACE)</p>

Site Name	Address	Scope
HEAD OFFICE	114 SUKHUMVIT 23, SUKHUMVIT RD., WATTANA , BANGKOK, 10110, -, Thailand	<p>CONSOLIDATE SCOPE :</p> <p>LIBRARY SERVICES (LIBRARY INFORMATION TECHNOLOGY AND MANAGEMENT, LEARNING AND WORKING SPACE)</p> <p>THE CENTRAL LIBRARY, SRINAKHARINWIROT UNIVERSITY:</p> <p>LIBRARY SERVICES (LIBRARY INFORMATION TECHNOLOGY AND MANAGEMENT, LEARNING AND WORKING SPACE)</p> <p>ONGKHARAK LIBRARY, SRINAKHARINWIROT UNIVERSITY:</p> <p>LIBRARY SERVICES (LIBRARY INFORMATION TECHNOLOGY AND MANAGEMENT, LEARNING AND WORKING SPACE)</p>
SITE1	63 MOO 7, RANGSIT- NAKHON NAYOK RD, ONGKHARAK , NAKORN NAYOK, 26120, -, Thailand	<p>CONSOLIDATE SCOPE :</p> <p>LIBRARY SERVICES (LIBRARY INFORMATION TECHNOLOGY AND MANAGEMENT, LEARNING AND WORKING SPACE)</p> <p>THE CENTRAL LIBRARY, SRINAKHARINWIROT UNIVERSITY:</p> <p>LIBRARY SERVICES (LIBRARY INFORMATION TECHNOLOGY AND MANAGEMENT, LEARNING AND WORKING SPACE)</p> <p>ONGKHARAK LIBRARY, SRINAKHARINWIROT UNIVERSITY:</p> <p>LIBRARY SERVICES (LIBRARY INFORMATION TECHNOLOGY AND MANAGEMENT, LEARNING AND WORKING SPACE)</p>