

**รายงานสรุปผลการประชุมตรวจประเมินเพื่อติดตามการรักษาระบบบริหารคุณภาพตามมาตรฐาน
ISO 9001: 2015 (1st Surveillance visit)**

ในโครงการพัฒนาคุณภาพด้วยมาตรฐานระดับสากล ประจำปีงบประมาณ พ.ศ. 2568

ณ สำนักหอสมุดกลาง และห้องสมุดองค์กรฯ

1. รายงานสรุปผลการดำเนินงานกิจกรรม

การประชุมตรวจประเมินเพื่อติดตามการรักษาระบบบริหารคุณภาพตามมาตรฐาน ISO 9001: 2015 (1st Surveillance visit) ในโครงการพัฒนาคุณภาพด้วยมาตรฐานระดับสากล ประจำปีงบประมาณ พ.ศ. 2568 ดังนี้

1. การประชุมตรวจประเมินเพื่อติดตามการรักษาระบบบริหารคุณภาพตามมาตรฐาน ISO 9001: 2015 (1st Surveillance visit) ในวันที่ 24 เมษายน 2568 เวลา 08.00 - 17.00 น. ณ ห้องประชุม 8105 ชั้น 8 อาคารสำนักหอสมุดกลาง มีบุคลากรเข้าร่วมทั้งหมด 45 คน
2. การประชุมตรวจประเมินเพื่อติดตามการรักษาระบบบริหารคุณภาพตามมาตรฐาน ISO 9001: 2015 (1st Surveillance visit) ในวันที่ 25 เมษายน 2568 เวลา 09.00 - 16.00 น. ณ ห้องประชุม ชั้น 1 อาคารห้องสมุดองค์กรฯ มีบุคลากรเข้าร่วมทั้งหมด 23 คน

รายละเอียดดังเอกสารประกอบ

2. รายงานการใช้งบประมาณ

ใช้งบประมาณเงินรายได้ประจำปีงบประมาณ พ.ศ.2568 งบเงินอุดหนุน แผนงานยุทธศาสตร์พัฒนาศักยภาพคนตลอดช่วงชีวิต ผลผลิตผู้สำเร็จการศึกษาด้านสังคมศาสตร์ โดยงบประมาณที่ใช้ในการดำเนินกิจกรรม และค่าจ้างเหมาบริการตรวจประเมินเพื่อรับรองระบบมาตรฐาน ISO 9001: 2015 (1st Surveillance visit) ทั้งสิ้น 38,138 บาท (สามหมื่นแปดพันหนึ่งร้อยสามสิบแปดบาทถ้วน)

3. ปัญหาและอุปสรรคการดำเนินงานกิจกรรม

-

4. ข้อเสนอแนะ

-

5. ภาพประกอบ

วันที่ 24 เมษายน 2568



วันที่ 25 เมษายน 2568





AUDIT REPORT

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

CENTRAL LIBRARY
SRINAKHARINWIRO
T
Surveillance 1 Audit

ISO 9001:2015

Audit Date: 24/04/25
Reference:
20970211/1-20156043051





INDEX

| | |
|-----------------------------------|---|
| 1. ORGANIZATION INFORMATION | 3 |
| 2. AUDIT INFORMATION | 3 |
| 3. EXECUTIVE AUDIT SUMMARY | 4 |
| 4. AUDIT FINDINGS | 5 |
| 5. ANNEXES | 6 |

1. ORGANIZATION INFORMATION

| | |
|---------------------|--|
| NAME | CENTRAL LIBRARY SRINAKHARINWIROT |
| ADDRESS | 114 SUKHUMVIT 23, SUKHUMVIT RD., WATTANA , BANGKOK, 10110, -, Thailand |
| MAIN CONTACT | Mattana Boonpraseart |
| PHONE | - |
| EMAIL | mattanab@g.swu.ac.th |

2. AUDIT INFORMATION

| | | | |
|-----------------------------|---|--------------------|-----------------------------|
| Audit Type: | Surveillance 1 Audit | | |
| Accreditations: | UKAS | N. Sites: 2 | N. Employees: 56 |
| Head Office: | ho | | |
| Start date: 24/04/25 | End Date (Closing meeting): 25/04/25 | | Duration (days): 1.5 |

| | |
|-----------------------------------|--|
| Audit Criteria (Standards) | Certification Global Scope |
| ISO 9001:2015 | 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:

Corrective actions regarding nonconformities identified in previous audits have been checked as effective.

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

- Internal audit process:
 1. Internal Audit programme: The internal audit programme has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system.
Internal audits at planned intervals to provide information on whether the quality management system and result of Internal audit can be accepted.
 2. Corrective and preventive action: Corrective action procedure is in place and effectively implemented to systematically identify and address deviations within the management system.
- Management review process:

Management Review: The organization established the system for management review and execute the activities of management review regularly as per the time scheduled.
Management reviews must be planned, and complete the work as specified in the standards
The results of the management review must include decisions: Each topic is reviewed.
- Capability to meet applicable requirements and expected outcomes:

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.
Audit objective fulfillment: Throughout the audit process, the audit team completed all audit activities as planned.
All the audit objectives of this assessment were completely fulfilled.

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

The audit activities were carried out onsite. The audit team completed the audit activities effectively (without any failure/disruption).

The audit was started with an opening meeting attended by the Management Representative, Team representatives & all auditees where the audit scope, criteria, methodology, sampling principle & confidentiality clause were explained. The possible outcomes of the audit & the processes of raising nonconformity reports & gradation of nonconformance were also explained. The audit plan, which was communicated in advance, was again confirmed & communicated at the end of the opening meeting.

The structure of the audit was in accordance with the audit plan and audit planning matrix included in the Appendices to this summary report. There was no change to the audit plan.

The audit team conducted a process-based audit focusing on significant aspects/risks and objectives required by the standard(s). 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.

As a result of this audit : None of Non conformity raised.

Closing meeting, It was informed that all Bureau Veritas Certification auditors are bound by a confidentiality agreement with Bureau Veritas Certification and that any information that we may come across during the audit process will be strictly kept as confidential and not disclosed to any third party without prior consent from the organization. Management of the organization agreed with all the audit conclusion.

The audit team concludes that the organization has established and maintained its management system in line with the requirements of the standard(s) and demonstrated the ability of the system to achieve requirements for products and/or services within the scope and the organization's policy and objectives. Therefore, the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, that the management system certification of ISO 9001:2015 be continued.

Use of Marks and Logos:

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

Review of Performance for Current Cert Cycle:

Review of Performance for Current Cert Cycle :

ไม่มีการออกเอกสารรายงานความไม่สอดคล้องกับข้อกำหนดในการตรวจสอบครั้งก่อน (1st_Surveillance)

4. AUDIT FINDINGS

Best Practices

| # | Process | Description |
|---|---|--|
| 1 | Management processes:- Context of the organization (internal & external issues, needs & expectations of interested parties, determining the scope, Management System Documentation)- Actions to address | ผู้บริหารมีการสนับสนุนการดำเนินการระบบคุณภาพ (QMS) เป็นอย่างดี มีการประชุมทบทวนฝ่ายบริการ การติดตามคุณภาพภายใน มีการทบทวนความเสี่ยงและแผนการแก้ไข มีการปรับปรุงอย่างต่อเนื่อง พัฒนาระบบการจัดการใหม่ในการบริการ ปรับปรุงอาคาร สถานที่ |

Unresolved points (if identified)

No unresolved point concerning diverging opinion about evidences and findings.

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

- 1.To confirm that the management system conforms with all the requirements of the audit standard(s);
- 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 and 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.
- 5.To confirm that the certified management system(s) conforms with requirements of to the 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)treatment of complaints,
 - d) effectiveness of the management system with regard to achieving the certified client's objectives,
 - e) progress of planned activities aimed at continual improvement,
 - f) continuing operational control,
 - g) review of any changes, and
 - h) use of marks and/or any other reference to certification.

General & Legal Compliance Requirements

| | |
|----------------------|--------------------------|
| Team Leader: | TEERAWAT RUANGMAK* - TWR |
| Team members: | |

| Site Name | ho [HO] | | |
|-----------------|---|--|---------|
| Date | Process - Activity | Standard Clauses | Auditor |
| | | 9K | |
| 24/04/25 | 1st Audit Day | | |
| 09:00 | Opening meeting | | TWR |
| 09:15 | Management processes:- Context of the organization (internal & external issues, needs & expectations of interested parties, determining the scope, Management System Documentation)- Actions to address | 4.1, 4.2, 4.3, 4.4, 5.1, 5.1.1, 5.1.2, 5.2, 5.2.1, 5.2.2, 5.3, 6.1, 6.2, 6.3, 7.1, 7.4, 9.1, 9.1.1, 9.1.2, 9.1.3, 9.2, 9.2.2, 9.3, 9.3.1, 9.3.2, 9.3.3, 10.1, 10.2, 10.3 | TWR |
| 11:00 | Documented Information and IT | 7.1, 7.1.3, 7.5, 7.5.1, 7.5.2, 7.5.3, 7.5.3.1.1, 7.5.3.1.2, 7.5.3.2.1, 7.5.3.2.2, 7.5.3.2.3, 7.5.3.2.4, 7.5.3.2.5, 7.5.3.2.6, 7.5.3.2.7 | TWR |
| 12:00 | Break | | TWR |
| 13:00 | Central Library-- Library services and Operation control, | 5.1, 5.1.2, 6.1, 6.2, 6.3, 7.1, 7.1.2, 7.1.4, 7.1.6, 7.4, 7.5, 7.5.1, 7.5.3, 8.1, 8.2, 8.2.1, 8.2.2, 8.2.3, 8.2.4, 10.1, 10.2, 10.3, Use of marks, and/or reference to the certification | TWR |
| 15:00 | Maintenance and Calibration | 6.1, 6.2, 7.1, 7.1.1, 7.1.3, 7.5, 7.5.3, 8.1, 8.4, 8.4.1, 8.4.2, 8.4.3, 9.1, 9.1.3, 10.1, 10.2, 10.3, Use of marks, and/or reference to the certification | TWR |
| 16:00 | Preparation for feedback meeting | | TWR |
| 16:30 | Closing meeting | | TWR |
| 17:00 | End of 1st Audit Day | | |

| Site Name | site `1 | | |
|-----------------|---|---|---------|
| Date | Process - Activity | Standard Clauses | Auditor |
| | | 9K | |
| 25/04/25 | 1st Audit Day | | |
| 09:00 | Opening meeting | | TWR |
| 09:15 | Ongkharak Library--Library services and Operation control | 5.1, 5.1.2, 6.1, 6.2, 6.3, 7.1, 7.1.2, 7.1.3, 7.1.4, 7.1.6, 7.2, 7.4, 7.5, 7.5.3, 8.1, 8.2, 8.2.1, 8.2.2, 8.2.3, 8.2.4, 8.5, 8.5.2, 8.5.4, 8.5.6, 8.6, 8.7, 9.1, 9.1.3, 10.1, 10.2, 10.3, Use of marks, and/or reference to the certification | TWR |
| 10:30 | Ongkharak- Maintenance and Calibration | 6.1, 6.2, 7.1, 7.1.3, 7.1.4, 7.5, 7.5.3, 8.1, 8.4, 8.4.1, 8.4.2, 8.4.3, 9.1, 9.1.3, 10.1, 10.2, 10.3, Use of marks, and/or reference to the certification | TWR |
| 13:00 | Preparation for feedback meeting | | TWR |
| 13:30 | Closing meeting | | TWR |



| Site Name | site `1 | | |
|------------------------------|----------------------|------------------|---------|
| Date | Process - Activity | Standard Clauses | Auditor |
| | | 9K | |
| 14:00 | End of 1st Audit Day | | |
| Audit Plan Preparation Date: | | 21/04/2025 | |

AUDIT PROGRAMME

| Process | Surveillances | | |
|---|----------------|---|--------|
| | 1 | 2 | Recert |
| Site | ho | | |
| Management processes:- Context of the organization (internal & external issues, needs & expectations of interested parties, determining the scope, Management System Documentation)- Actions to address | x | x | x |
| Documented Information and IT | x | | x |
| Central Library-- Library services and Operation control, | x | x | x |
| Maintenance and Calibration | x | | x |
| Human Resource, Training, Organizational Knowledge | | x | x |
| Purchasing and Storage | | x | x |
| Site | site `1 | | |
| Ongkharak Library--Library services and Operation control | x | x | |
| Ongkharak- Maintenance and Calibration | x | | x |
| Purchasing (e-book/journal) | | x | x |

| Sites | Audits | | |
|------------|--------|-------|-------|
| | Main | Surv1 | Surv2 |
| ho | 1.5 | 1 | 1 |
| site `1 | 1 | 0.5 | 0.5 |
| Audit days | 2.5 | 1.5 | 1.5 |

Created / Modified by: TEERAWAT RUANGMAK*

Date: 25/04/2025

Any significant issues impacting on the audit programme:
N/A



CERTIFICATE INFORMATION

ISO 9001:2015 - UKAS - English

| | |
|---------------------|--|
| Head Office | ho |
| Address | 114 SUKHUMVIT 23, SUKHUMVIT RD., WATTANA , BANGKOK, 10110, -, Thailand |
| Global Scope | LIBRARY SERVICES (LIBRARY INFORMATION TECHNOLOGY AND MANAGEMENT, LEARNING AND WORKING SPACE) |

| Site Name | Address | Scope |
|------------------|---|---|
| ho | 114 SUKHUMVIT 23, SUKHUMVIT RD., WATTANA , BANGKOK, 10110, -, Thailand | LIBRARY SERVICES (LIBRARY INFORMATION TECHNOLOGY AND MANAGEMENT, LEARNING AND WORKING SPACE) |
| site `1 | 63 MOO 7, RANGSIT- NAKHON NAYOK RD. ONGKHARAK , NAKORN NAYOK, 26120, -, Thailand | LIBRARY SERVICES (LIBRARY INFORMATION TECHNOLOGY AND MANAGEMENT, LEARNING AND WORKING SPACE) |