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Stage 1 Energy Audit Report

Name of the Organization	Maynaguri College	
Address	NH31, Bagzan, Maynaguri, Jalpaiguri, West Bengal 735224	
Site Address (If any)		
No. of Employees	Teaching = 59, Non-teaching = 25, House-keeping = 2, Security = 3, Electrician=1, Total = 90	
No. Of Shift	1	
E mail id	collegemaynaguri@gmail.com,	
Contact Person	DR. DEBKUMAR MUKHERJEE	
Telephone/Fax	+91-3561-234298	
Scope	Teaching, Learning and Evaluation processes relating to awarding of B.A. and B.SC Hons. Course along with B.A. and B.SC General Course, Diploma/Certificate courses like Hospitality Management, Tourism, Retail Management, etc. UG and PG courses of different subjects considering Environment friendly and Energy efficient manner in College Green Campus.	
Technical Area	Teaching, Learning and Evaluation, Capacity Enhancement, Institutional Social Responsib	<u> </u>
Audit Team	Lead Auditor: Amalesh Kr. Mandal Auditor: Technical Expert	Audit duration Man day(s): Technical Expert
Starting date of Audit	19.06.2023	
End Date of Audit	19.06.2023	
Brief about the organization	Nestling in the midst of open green fields in the western fringe of Jalpaiguri District, Maynaguri College has taken an important role in the educational scenario of the northern part of West Bengal. This seat of education lies 4 K.M. North of Maynaguri town en route to Siliguri via Sevoke. The College was established on 18th November 1999. It is an Undergraduate Degree college affiliated to the University of North Bengal. In 2007-2008, Maynaguri College was accredited by NAAC with "B" grade and in 2016, the same was reaccredited by NAAC with a "B+" Grade. The College rests on an idyllic and rural environment with a demographic dominance of SC/ST population. There is about 70 percent of the total population that belongs to the Scheduled Caste/Tribe community. Lack of infrastructural facilities and prevalence of backwardness are the hindrances to the growth of education system in the region. In such circumstances, the establishment of this College was very important to spread the light of education among the host of the population of the region. One salient feature of the College is that most of the students are first generation learners. Since for a long time the region was deprived of higher education and it is because of this, the young generation of	

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	 the area flock to this College with full enthusiasm. Thus, in spite of its infancy and relatively young academic run, the College has been able to acquire remarkable progress in the field of disseminating higher education in the region. In 2002, among the first batch of this College, the percentage of
	students who passed the Graduate level examination in all disciplines was 75 percent, while in 2003 it reached 77 percent. In 2004, this rate jumped to a remarkable 88 percent in respect of the total number of students enrolled. In 2012, this figure of total enrolment of students was about four thousand with a pass percentage of 94 percent and 72 percent in the Honours and General levels of Graduation, respectively. These figures reflect as to how this relatively new institution grew day by day over the years since
Audit Objective	its inception, both in terms of its quality and quantity as well.To evaluate the client's documented system, location & site-specific conditions and gather other details through discussions with the client's personnel to determine the organization's readiness for the Stage 2 Audit for Certification

CHANGE DETAIL

Audit Duration for Stage 1		
Are quoted man-days adequate?	Yes	
Any change in employee detail?	None	
Any Change in Scope?	None	
Any additional Information:	None	

ATTENDENCE SHEET:

NAME OF PERSON	DESIGNATION
Amalach war mandel	Lead Auditor
Regission Ry.	Coordinator, IQAC, Maynaguri College.

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Bur	Member, IQAC, Maynaguri College.
Jet w	Member, IQAC, Maynaguri College.
Budit	Bursar, Maynaguri College.
ange and	Member,Eco Club, Maynaguri College

SUMMARY OF AUDIT

AREA OF IMPROVEMET

(Areas of Improvement Which May be Identified as Non Conformities During Stage 2 Audit)

1	Communication/Display of policy
2	Communication/Display of Objectives

Non Conformities Raised

0 Minor/Major Nonconformance identified in the Stage 1 audit, details of Non Conformance in F50.

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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

Tear	Team Leader Declaration (Tick or cross Each Column as per applicability)		
	Auditing is based on a sampling process of the available information		
	Audit is combined, joint or integrated;		
	The effectiveness of corrective actions taken regarding previously identified		
	nonconformities has verified		
	Outcomes are effective and complying.		
	The internal audit and management review process are effective and complying with the		
	requirements.		
	The scope of certification is appropriate.		
	The capability of the management system to meet applicable requirements and expected		
	The audit objectives has been fulfilled and achieved.		
REC	COMMENDATION		
	Recommended Proceeding With Stage 2 (within 60 days from this audit date)		
×	Recommend not proceeding to stage 2 until audit evidence has been submitted to AQC		
	showing that the concerns raised by the auditor (s) have been rectified. A date for stage 2		
	will then be agreed.		
×	Recommend not proceeding without a further stage 1 Audit due to the severity of the		
	concerns raised by the audit team		

Sign Off : Date 19.06.2023	
AQC Report Submission	Client Acceptance for Report
Name of Auditor: Amalesh Kr. Mandal	Name: Dr. Debkumar Mukherjee
Signature: Amalesh Kumar Mandal	Principal Maynaguri College Jalpaiguri
	Sign Designation: Bringingh Marmaguri Callage
	Designation: Principal, Maynaguri College

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AUDIT CHECKLIST

REQUIREMENTS	COMMENTS	Status C/NC/O
Is the Information is documented as required as per the ISO 50001:2018?	Manual and other documented information available. (Doc. Ref. No. ENMS/L1, dtd. 02.04.2022)	С
Has the discussion held with personnel of the Client company for readiness for stage-2?	Yes	С
Has the Client site specific conditions are evaluated?	Established, implemented and the Scope has set as per Site specific. (Under clause 4.3 of ENMS/L1 Manual)	С
Has the company identified energy performance indicator, Energy baseline, Energy objectives, energy targets and energy management action plans?	Respective Energy project found taken by Authority. Like "Efficient use of Energy Resources"	С
Has the client having understanding with the ISO 50001:2018 Standard requirement?	Yes. Awareness training has conducted by external consultant.	С
Is the scope is having boundaries and specific to client organization?	Yes scope found suitable as per client specific.	С
Is client having Multisite then level of control is established.	Not applicable	С
Is organization analyse energy used and consumption based on measurement and other data: (Identify current energy sources/evaluate past and present energy use and consumption?	Measurement done on Bill monitoring, list of energy sources are available, significant energy sources identified.	С
Based on the analysis of energy used and consumption, Is organization identify the areas of significant energy use.(identify the facilities,	List of energy sources are available, significant energy sources identified. Energy program found established.	C

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equipment, systems, processes and		
personnel working for, or on behalf		
of, the organization that significantly		
affect energy use and consumption?		
Has organisation identified EnPIs	Energy baseline declared as last year	С
(energy performance indicators)	consumption. EnPI set in the form of	
appropriate for monitoring and	Energy Projects.	
measuring your energy		
performance?		
Has organisation identified,	No such mandatory protocol applied on	С
implemented and have access to the	them. They has identified their own	
applicable legal requirements and	improvements parameters.	
other requirements to which		
organisation subscribes related to		
energy use, consumption and		
efficiency?		
Is the resource are adequate for stage	Yes	С
2 audit?		-
Is Internal Audit planned and	Last Internal scheduled on 01.03.2023	С
performed and effective?		
performed and effective.		
Is MRM planned and performed and	Last MRM held on 09.03.2023	С
Effective?		
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END OF REPORT

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Stage 2 Energy Audit Report

Name of the Organization	Maynaguri College	
Address	NH31, Bagzan, Maynaguri, Jalpaiguri, West Bengal 735224	
Site Address (If any)	Teaching 50 Non-teaching 25 House hearing	2 Security 2
No. of Employees	Teaching = 59, Non-teaching = 25, House-keeping =2, Security =3, Electrician=1, Total = 90	
No. of Shift	1	
E mail id	collegemaynaguri@gmail.com,	
Contact Person	DR. DEBKUMAR MUKHERJEE	
Telephone/Fax	+91-3561-234298	
Scope	Teaching, Learning and Evaluation processes relating to awarding of B.A. and B.SC Hons. Course along with B.A. and B.SC General Course, Diploma/Certificate courses like Hospitality Management, Tourism, Retail Management, etc. UG and PG courses of different subjects considering Environment friendly and Energy efficient manner in College Green Campus.	
Technical Area	Teaching, Learning and Evaluation, Capacity Build Enhancement, Institutional Social Responsibility.	ling, Skill
Audit Team	Lead Auditor: Amalesh Kumar Mandal	No of Mandays:
	Auditor:	1
	Technical Expert	
Starting date of Audit	10.07.2023	
End date of Audit	10.07.2023	
Brief about the	Nestling in the midst of open green fields in the	e western fringe of
organization	10.07.2023Nestling in the midst of open green fields in the western fringe of Jalpaiguri District, Maynaguri College has taken an important role in the educational scenario of the northern part of West Bengal. This seat of education lies 4 K.M. North of Maynaguri town en route to Siliguri via Sevoke. The College was established on 18th November 1999. It is an Undergraduate Degree college affiliated to the University of North Bengal. In 2007-2008, Maynaguri College was accredited by NAAC with "B" grade and in 2016, the same was reaccredited by NAAC with a "B+" Grade.The College rests on an idyllic and rural environment with a demographic dominance of SC/ST population. There is about 70 percent of the total population that belongs to the Scheduled Caste/Tribe community. Lack of infrastructural facilities and prevalence of backwardness are the hindrances to the growth of education system in the region. In such circumstances, the establishment of this College was very important to spread the light of education among the host of the population of the region. One salient feature of the College is that most of the students are first generation learners. Since for a long time the region was deprived of higher education and it is because of this, the young generation of the area flock to this College with full enthusiasm. Thus, in spite of its infancy and relatively young academic run, 	

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	the total number of students enrolled. In 2012, this figure of total enrolment of students was about four thousand with a pass percentage of 94 percent and 72 percent in the Honours and General levels of Graduation, respectively. These figures reflect as to how this relatively new institution grew day by day over the years since its inception, both in terms of its quality and quantity as well.
Purpose of Audit	To verify the implementation of the Energy Management System as per the ISO 50001:2018 Standards Requirement, verification of records for the conformity of the implementation.

CHANGE DETAIL:

Audit Duration for Stage 2		
Are quoted man-days adequate?	Yes	
Any change in employee detail?	None	
Any Change in Scope?	None	
Any additional Information:	None	

ATTENDENCE SHEET:

NAME OF PERSON	DESIGNATION
Amalach war mandel.	
Rejicinia Ry .	Coordinator, IQAC, Maynaguri College.
Bur	Member, IQAC, Maynaguri College.
bet n	Member, IQAC, Maynaguri College.
Budit	Bursar, Maynaguri College.
man	Member, Eco Club, Maynaguri College

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SUMMARY OF AUDIT

	AREA OF IMPROVEMENTS			
1	1 No such significant area identified as critical w.r.t energy consumption			

Non Conformities Raised

0 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

Tear	Team Leader Declaration (Tick or cross Each Column as per applicability)		
	Auditing is based on a sampling process of the available information		
	Audit is combined, joint or integrated;		
	The effectiveness of corrective actions taken regarding previously identified		
	nonconformities has verified		
	Outcomes are effective and complying.		
	The internal audit and management review process are effective and complying with the		
	requirements.		
	The scope of certification is appropriate.		
	The capability of the management system to meet applicable requirements and expected		

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 $\sqrt{}$ The audit objectives has been fulfilled and achieved.

Recommendation:

\checkmark	Congratulations, on the basis of the ab	th the requirements of the reference standard: bove summary, Lead Auditor is pleased to put forward a cate. The organization can use the AQC Mark	
×	exception of minor NC: Congrat recommendation for Issuance of the closure of all minor NC within 60 day conformances should be submitted to a allow for off-site verification. In respo consider the root cause of the non-conf of system.	the requirements of the reference standard with tulations, Team Leader is pleased to put forward a certificate of Organization upon off-site verification of rs from the date of Stage 2 audit. Responses to the non- AQC and must include supporting evidence of closure to onding to the non-conformances, the organization should formance and the potential for related issues in other parts 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 recommended. If all non-conformances are not closed within 60 days, a full reassessment may be required. 		
×	Not Recommended: Organization is a Full Stage 2 audit is required as the org pace.	not recommended for Issuance of certificate at this time. ganisation has not implemented the system and process at st Surveillance Audit 09.07.2024 (mm/dd/yy)	
Sign	Off : (Date) 10.07.2023		
0	Report Submission	Client Acceptance for Report	
	e of Team Leader: Amalesh Kr. Mandal	Name: Dr. Debkumar Mukherjee	
Signa	iture: Amalesh Kumar Mandal	Principal Maynaguri College Jalpaiguri	

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AUDIT CHECKLIST

VERIFICATION OF DOCUMENTED INFORMATION & RCORDS 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 the organization		
4.1 Understanding the organization	С	Identified and included in Manual. (Under clause 4.1 of
and its context		Doc. Ref. No. ENMS/L1, dtd. 02.04.2022)
(External and Internal Issues) 4.2 Understanding the needs and	С	Identified and included in Manual. (Under clause 4.2 of
expectations of interested parties	C	Doc. Ref. No. ENMS/L1, dtd. 02.04.2022)
(Need & Expectation of Interested		Doc. Ref. No. $ENNIS/E1$, did. $02.04.2022$)
parties)		
4.3 Determining the scope of the	С	Scope established and included in Manual. (Under
energy management system		clause 4.3 of ENMS/L1 Manual)
4.4 Energy management system	С	Process Flow found established and as per UGC norms.
5 Leadership		
5 1 Leadauchin and commitment	0	
5.1 Leadership and commitment	C	Interviewed with Top Management, found committed to
(Ensure Top Management		communication of respective Energy Policies, Projects and implementation of Energy specific Projects.
Commitment)		and implementation of Energy specific Projects.
5.2 Energy policy	С	Energy Policy established and displayed in notice board.
(Documented, communicated,	C	Advise them to display for others stakeholders as well as
availability and Review)		in Website.
5.3 Organization roles, responsibilities	С	Defined in Manual and found as per Government
and authorities	C	protocol.
(Assigned and communicated by Top		protocol.
Management)		
6 Planning	1	
6.1 Actions to address risks and	С	Risk Register found maintain (Doc. Ref. No.
opportunities		EnMS/POT/E-RISK/01),
		Initially, 4 nos energy risks has identified and proper
		action plan has initiated.

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6.2 Objectives, energy targets and planning to achieve them (Consistent with Energy Policy, SEU, documented, measurable, communicated and updated)	С	Energy Objectives found established and planned to achieve action (MAP), Projects taken Like "Efficient use of Energy Resources" and monitoring methodology found set to achieve the goal.
6.3 Energy review (Current type of energy use, past and current consumption, documented and updated)	С	Energy review has done based on Meter reading study and kept as documented information. Current list of Energy sources found available including Significant energy sources.
6.4 Energy performance indicators (Documented and updated)	С	Documented in the form of Energy projects.
6.5 Energy baseline (Documented and review periodically and retention)	С	Energy baseline declared as last year Power consumption, accordingly projects taken to review and reduce the Power.
6.6 Planning for collection of energy data (Accuracy and repeatable, documented and retention)	С	Electrical Energy bill statements kept available for further review.
7 Support		
7.1 Resources (Determination of resource required)	С	Found available
7.2 Competence (determine, documented and retain the competence)	С	Training planning and related training records found available. Awareness training conducted by External consultant.
7.3 Awareness (Objective, Policy, Non Conformance of EnMS)	С	Done through training and display
7.4 Communication (What, When, With Whom, How & Who)	С	Done in the form of minutes and display.
7.5 Documented information (Creation, Updating, Control, Retention, External Origin, Storage & Preservation)	С	Control of documented information procedure established.
8 Operation		
8.1 Operational planning and control (Documneted, Plan, Implement, Control the process related to SEU and communication)	C	Operational procedures established supported with work instructions and related records.
8.2 Design (Documented, Specification, design consideration)	С	Design part not included
8.3 Procurement (Establish & Implement criteria for evaluating energy performance)	С	Effectively implemented, tendering system applicable in procurement.
9 Performance evaluation		
9.1.1 General (Monitoring, measurement, analysis and evaluation of energy performance and the EnMS)	С	Criteria set against each Project mapping, to monitor the performance and effectiveness of the Energy performance. Current Status: 1. Project mapping Vs. monitoring

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9.1.2 Evaluation of compliance with	C	Compliance register found available
legal requirements and other		
requirements		
9.2 Internal audit	C	Yearly frequency and Internal Audit plan/records found
(Frequency and Effectiveness)		available, Last Internal scheduled on 01.03.2023.
9.3 Management review	С	MRM agenda and minutes found available. Last MRM
(Frequency and input/output)		held on 09.03.2023.
10 Improvement		
10.1 Nonconformity and corrective	C	Procedure established and monitored through project
action		planning.
10.2 Continual improvement	С	Objective and monitoring data found available.

END OF REPORT