HEVEA RUBBER TECHNOLOGIES PVT LTD

INTERNAL AUDIT SCHEDULE FOR THE YEAR 2026

Function / Departments	Months											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Top management												
Sales												
Purchase												
Production												
Stores												
Maintenance												
QMS Coordinator and HR												
Quality Control												

Audit planned

Audit completed

NC(s) observed

NC(s) closed

HEVEA RUBBER TECHNOLOGIES PVT LTD

INTERNAL AUDIT SCHEDULE FOR THE YEAR 2026

Function / Departments	Date	Auditee	Auditor	Method
Top management (including Sales)	20-04-2026 / 1000 to 1100 hours	Kurian Kurien	Vishnu Dasappan	Interview, record and document verification
Administration In-charge (Sales)	20-04-2026 / 1100 to 1200 hours	Arun Kumar		Interview, record and document verification
Top management (including Purchase)	20-04-2026 / 1000 to 1100 hours	Laila Kurien	Arya Devi A. O	Interview, record and document verification
Purchase In-charge		Sajitha Prasad		Interview, record and document verification
Production Manager	20-04-2026 / 1100 to 1300 hours	Joseph Mani	Jacob Kurien	Interview, record and document verification
Stores In-charge	20-04-2026 / 1100 to 1200 hours	Suresh Babu	Arya Devi A. O	Interview, record and document verification
Maintenance Supervisor	20-04-2026 / 1200 to 1300 hours	Shijin Thomas	Arya Devi A. O	Interview, record and document verification
QMS Coordination & HR	20-04-2026 / 1330 to 1430 hours	Arya Devi A. O	Kurian Kurien	Interview, record and document verification
Quality Control	20-04-2026 / 1430 to 1630 hours	Jacob Kurien and Vishnu Dasappan	Kurian Kurien	Interview, record and document verification

HEVEA RUBBER TECHNOLOGIES PVT LTD

INTERNAL AUDIT REPORT

Audit No – 1 of 2026

Date – 20/04/2026

Standard –

ISO 9001	ISO 14001	ISO 45001
✓	NA	NA

Function/ Process – Top management

Auditee – Mr. Kurian Kurien

Auditor – Mr. Vishnu Dasappan

Previous audit Nonconformities (if any)

Audit / **NC N**umber	**C**orrective **A**ction **T**aken	**E**ffectiveness
Nil	**NA**	**NA**

Audit observations

Please refer checklist enclosed with this report

Observations in bold italics are discrepancies which if not addressed may lead to nonconformities in subsequent audits

Present audit Nonconformities (if any)

NC Observed (**N**os)	**NC R**eport **R**ef **N**o.	**NC T**o **B**e **C**leared **B**y (**D**ate)
Nil	**NA**	**NA**

Signature of Auditee

Signature of Auditor

HEVEA RUBBER TECHNOLOGIES PVT LTD
INTERNAL AUDIT OBSERVATION CHECKLIST – TOP MANAGEMENT

Audit no: 1 of 2026 **Date: 20/04/2026**

Clause#	Clause title	Status C	Status NC	Document reference
4.1	Understanding the organization and its context	C		Adequately documented in guidelines on understanding the context of the organization and the needs of interested parties, GD 1.0 rev no 00 dated 01/09/2025.
4.2	Understanding the needs and expectations of interested parties	C		Adequately documented in guidelines on understanding the context of the organization and the needs of interested parties, GD 1.0 rev no 00 dated 01/09/2025.
4.3	Determining the scope of the quality management system	C		Scope of the quality management system documented in am 1.0 rev no 00 dated 01/09/2025 – manufacturing and sale of expansion joints, elastomeric bearings and pot bearings.
4.4	Quality management system and its processes	C		Verified through document Annex I, process mapping and Annex II, SIPOC diagram.
5.1.2	Customer focus	C		Management commitment is evidenced as observed through the interactions with the Managing Director and Executive Director during the audit. Legal documents verified and found adequate e.g. KSPCB consent KSPCB/KT/ICO/10028476/2023 valid till 30/06/2028, Factory license KTM/06/334/1999 valid till 31/12/2026, Rubber Board license M141623 valid till 31/03/2028, CIN number 09-09130 dated 14/06/1995 and Udyog Aadhar number KL07B0001616
5.2.1	Establishing the quality policy	C		The policy documented in AM 3.0 rev 00 dated 01/09/2025. Found in line with the organizational activities and overall intention of the top management of providing customer satisfaction.
5.2.2	Communicating the quality policy	C		Boards have been exhibited at strategic locations in the factory. A copy is displayed near the factory gate for the general public.
5.3	Organizational roles, responsibilities and authorities	C		Organization chart documented in Annex IV, rev no 01 dated 01/09/2025 and responsibility and authority of key personnel documented in Annex V, rev no 01 dated 01/09/2025. Verified and found adequate.
6.1	Actions to address risks and opportunities	C		Risks have been identified in HRT/ROO 1.1, rev no 00 dated 01/09/2025 e.g. Lack of communication with internal and external interested parties leading to non fulfilment of requirements. Mitigation methodology adopted includes top management ensuring commitment in the day to day functioning of the organization. Opportunities have been identified in HRT/ROO 2.1, rev no 00 dated 01/09/2025 and found adequate.
6.2	Quality objectives and planning to achieve them	C		Objectives, targets and programs have been established for quality management systems and are being monitored periodically. The relevant functions have also been identified in the list of objectives, Annex V rev no 00 dated 01/09/2025.

Signature of Auditee **Signature of Auditor**

Audit no: 1 of 2026 **Date: 20/04/2026**

6.3	Planning of changes	C		No major changes
7.1.2	People	C		Competent manpower provided.
7.1.3	Infrastructure	C		Adequate infrastructure has been provided.
7.4	Communication	C		Channels of internal and extern communication have bee documented in AM 7.0, rev no 00 dated 01/09/2025 section 7.4.
7.5	Documented information	C		All documents have been approved by the Managing Director
9.1.3	Analysis and evaluation	C		Objective analysis reports verified and found adequate.
9.2	Internal audit	C		Internal audits are conducted every 6 months as per guidelines on internal audit, GD 10.0 rev no 00 dated 01/09/2025. Last conducted in the month of December 2025. Records are adequately maintained.
9.3	Management review	C		Management reviews are conducted every 6 months as per guidelines on internal audit, GD 11.0 rev no 00 dated 01/09/2025. Last management review carried out on 15/12/2025 chaired by the Managing Director. Records of management review are adequately maintained.
10.2	Nonconformity and corrective action	C		No major issues observed.
10.3	Continual improvement	C		Quality objectives are being reviewed for continuing suitability.

Signature of Auditee **Signature of Auditor**

HEVEA RUBBER TECHNOLOGIES PVT LTD

INTERNAL AUDIT REPORT

Audit No – 1 of 2026

Date – 20/04/2026

Standard –

ISO 9001	ISO 14001	ISO 45001
✓	NA	NA

Function/ Process – Production

Auditee – Mr. Joseph Mani

Auditor – Mr. Jacob Kurien

Previous audit Nonconformities (if any)

Audit / **NC N**umber	**C**orrective **A**ction **T**aken	**E**ffectiveness
Nil	**NA**	**NA**

Audit observations

Please refer checklist enclosed with this report

Observations in bold italics are discrepancies which if not addressed may lead to nonconformities in subsequent audits

Present audit Nonconformities (if any)

NC Observed (**N**os)	**NC R**eport **R**ef **N**o.	**NC** T**o B**e **C**leared **B**y (**D**ate)
1	**PD-1/1-2026**	**24/04/2026**

Signature of Auditee

Signature of Auditor

HEVEA RUBBER TECHNOLOGIES PVT LTD
INTERNAL AUDIT OBSERVATION CHECKLIST – PRODUCTION

Audit no: 1 of 2026 **Date: 20/04/2026**

Clause#	Clause title	Status C	Status NC	Document reference
6.1	Actions to address risks and opportunities	C		Risks have been identified in HRT/ROR 1.5, rev no 00 dated 01/09/2025 e.g. incorrect feeding of dimension parameters can lead to generation of nonconforming products thereby causing wastage of material. Risk mitigation includes process monitoring by competent personnel. Opportunities have been identified in HRT/ROO 2.5, rev no 00 dated 01/09/2025 and found adequate.
7.5	Documented information		NC	Guidelines on production control, GD 8.0, rev no 00 dated 01/09/2025 documented and implemented. Planning of production however is not adequately documented in the procedure.
7.1.4	Environment for the operation of processes	C		Adequate infrastructure has been maintained. Quality plan for in-process inspection verified.
8.1	Operation planning and control	C		Production is planned every week starting Monday based on the customer order. In-process is carried out under controlled conditions.
8.5	Production and service provision	C		The process flow of expansion joints / POT bearings include receipt of MS Angles, shot blasting, welding, mixing of chemicals, extrusion, assembling, pointing, quality control checks, witness testing (optional), storage and dispatch The process flow of elastomeric bearings include steel plate cutting, acid treatment, primer application, drying, bonding agent application, mixing, extrusion, assembly, pressing and vulcanization, finishing, quality control, storage and dispatch. Documented instructions have been displayed at key processing areas to ensure compliance of in-process material to requirements. Samples are drawn and tested against quality plan QP 3.0 and results are retained as documented information
8.7	Control of nonconforming process outputs, products and services	C		Rejection record verified.
10.2	Nonconformity and corrective action	C		No major issues reported since September 2025.

Signature of Auditee **Signature of Auditor**

HEVEA RUBBER TECHNOLOGIES PVT LTD

INTERNAL AUDIT NONCONFORMITY REPORT

Report #: PD-1/1-2026 Year: 2026 Date of audit: 20/04/2026

Function / ~~department~~ audited: Production

Details of nonconformity raised and type (**~~Major~~** / **Minor**):

The documentation maintained does not evidence that documented information maintained adequately captures the current practice e.g. the guideline on production, GD 8.0, rev no 01, dated 15/12/2025 does not adequately address the production planning process.

Reference to clause: 7.5

Reference to documents: GD 8.0

Root cause identified:

Isolated error due to inadequate review.

Corrective actions proposed:	Target date
It will be ensured that the guideline is revised to incorporate the production planning process adequately.	24/04/2026

Signature of auditor Signature of function / ~~department head~~ / representative

Details of corrective action taken:	Date
Proposed corrective action taken. GD 8.0 has been revised vide amendment to incorporate the requirement.	24/04/2026

Effectiveness of corrective action: **Satisfactory** / **~~not satisfactory~~**

Status of report: **Closed** / **~~down graded~~** / **~~open~~**

for SN

Signature of auditor / ~~verifier~~ Signature of function / ~~department head~~ / representative

Remarks (if any)

Nil

Designation and signature of verifying authority