

RC Report

# My Home Constructions Pvt Ltd

**Management System Certification**

**ISO 14001:2015, ISO 9001:2015, ISO 45001:2018**

Audit Start - End date	17/11/2025 - 20/11/2025
Project Number	PRJN-1021528
DNV Team Leader	Sreenivasa Rao Nellutla
Audit Team	Venugopal Buram
Prepared By	Sreenivasa Rao Nellutla
Reported date	20/11/2025

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## Introduction

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This report summarizes the results and conclusions from the performed audit. The audit is performed as a formal part of the certification process with the aim to obtain or maintain certification of the management system. The key objective of a management system audit is to determine the conformity of the management system with the standard. Additionally to evaluate the effectiveness of the management system to ensure your organization is capable to achieve specified objectives and meet applicable statutory, regulatory and contractual requirements.

### DNV

DNV is a global quality assurance and risk management company. Driven by our purpose of safeguarding life, property and the environment, we enable our customers to advance the safety and sustainability of their business. With origins stretching back to 1864 and operations in more than 100 countries, our experts are dedicated to helping customers make the world safer, smarter and greener.

As a world-leading certification body, DNV helps businesses assure the performance of their organizations, products, people, facilities and supply chains through certification, verification, assessment, and training services. Partnering with our customers, we build sustainable business performance and create stakeholder trust.

## General information

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### Scope of certification

C814066(Issued/Current) - ISO 45001:2018:

Management of Engineering, procurement, construction & handing over of residential, commercial buildings

C814066(Draft) - ISO 45001:2018:

Management of Engineering, procurement, construction & handing over of residential, commercial buildings

C814067(Issued/Current) - ISO 14001:2015:

Management of Engineering, procurement, construction & handing over of residential, commercial buildings

C814067(Draft) - ISO 14001:2015:

Management of Engineering, procurement, construction & handing over of residential, commercial buildings

C814068(Issued/Current) - ISO 9001:2015:

Management of Engineering, procurement, construction & handing over of residential, commercial buildings

C814068(Draft) - ISO 9001:2015:

Management of Engineering, procurement, construction & handing over of residential, commercial buildings

### Scheme and Accredited Legal Entity

ISO 45001:2018:RvA

DNV Business Assurance B.V.

Zwolseweg 1, 2994 LB, Barendrecht, Netherlands

ISO 9001:2015:RvA

DNV Business Assurance B.V.

Zwolseweg 1, 2994 LB, Barendrecht, Netherlands

ISO 14001:2015:RvA

DNV Business Assurance B.V.

Zwolseweg 1, 2994 LB, Barendrecht, Netherlands

### Statement of confidentiality

The contents of this report, including any notes and checklists completed during the audit will be treated in strictest confidence, and will not be disclosed to any third party without your written consent, except as required by the appropriate accreditation authorities.

## **Disclaimer**

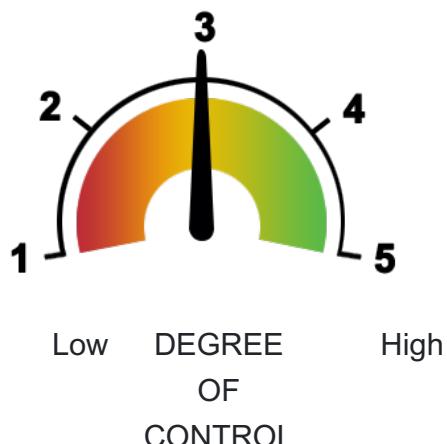
A management system audit is based on verification of a sample of available information. Consequently there is an element of uncertainty reflected in the audit findings. An absence of nonconformities does not mean that they do not exist in audited and/or other areas. Prior to awarding or renewing certification this report is also subject to an independent DNV internal review which may affect the report content and conclusions. An independent DNV internal review is also executed in case of major nonconformities raised during a periodic audit which may affect the conclusion and follow-up process indicated in this report.

## Focus Area results

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### Focus Area 1

Effective incident investigation



#### Positive indications

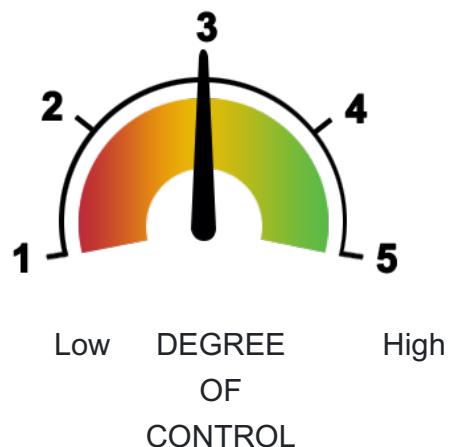
- OQSHA software is used to control work permits, observations on unsafe conditions and acts, near misses across all sites.
- Significant reduction evidenced in LTI for the last three years
- Participation of various agencies like contractors, third party consultants and workers found adequately in incident investigation

#### Main areas for improvement

- Incident investigation does not lead to systemic corrective actions

## Focus Area 2

### Effective management review



#### Positive indications

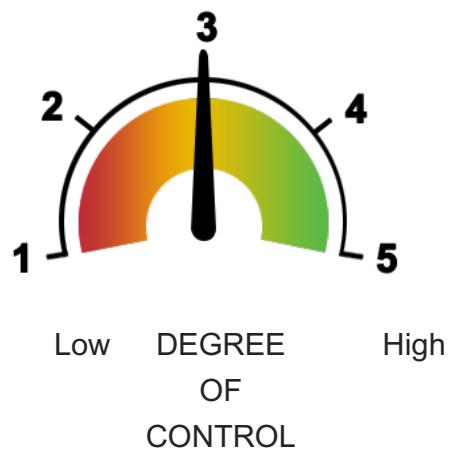
- Management review is attended by contractors, third party consultants apart from the project manager to discuss various issues related to project progress thoroughly

#### Main areas for improvement

- Minutes of MRM does not demonstrate site specific performance

## Focus Area 3

### Effective process controls



#### Positive indications

- Quality plans are exhaustively established for various activities
- Falcon software is used to monitor the entire inspection process for all projects
- Three level inspections are evidenced for all activities

#### Main areas for improvement

- Level 1 and level 2 inspections are not effective to identify the defects

## Other results

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Key points observed during the audit not included in the Focus Areas.

### Positive indications

- Delivery performance (handover of properties to customer, as per agreed timelines) is always 100%
- Organization received the 15th VISWAKARMA Awards (Trophy & Certificate) from CIDC, Govt of India, April 2024
- International Safety Award in Construction sector for year 2023, 2024 and 2025 by British Safety Council
- Awarded best site in recognition for appreciable achievement in Occupational Safety & Health in construction sector by National Safety Council – India, June 2024
- International Safety Award in Construction sector at the Parliament House of Lords London by the Global safety summit UK, Jul 2024
- National safety award from IINA for 2025
- Golden Five star award from National Safety Council for 2025
- WSO (USA) state-level award, Oct 2025
- Sword of Honour from the British Safety Council, UK, Oct 2025
- Awarded 5 star safety rating in Occupational Health & Safety from British Safety Council – UK (2025)

### Main areas for improvement

- Internal audits are not adequate
- Workers participation is not evidenced in safety committee meetings
- Health monitoring is not being done in some sites
- Quality plans are not adequate
- Inspection records are not evidenced as per quality plans
- Environment monitoring is not regular as per defined SOP
- Internal; quality NCs are closed without systemic actions
- Work permits are not adequate to show the nature of work and persons worked under the permit
- Training process does not consider the need identification as input

## Audit findings and compliance status

<b>Number of nonconformities identified during this audit</b>	<b>9</b>
Number of category 1 (major) nonconformities:	0
Number of category 2 (minor) nonconformities:	9
<b>Number of observations identified during this audit</b>	<b>4</b>
<b>Number of opportunities for improvement identified during this audit</b>	<b>0</b>
The status of corrective actions for nonconformities from previous audit was reviewed.	
<b>Number of nonconformities still not closed from previous audits</b>	<b>0</b>

### Notes

1. For details of nonconformities, observations and opportunities for improvement see List of findings
2. See definitions of findings in Annex B

# Conclusions

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## Overall Audit

- The audit was carried out without use of remote auditing techniques.
- The key audit objectives were achieved and the audit plan was followed without major changes.
- The general conclusions and key findings were presented, discussed and agreed at the closing meeting.
- There are no major changes affecting the management system since last audit.
- Except for the nonconformities identified and recorded, the management system was found to be effective and in compliance with the standard, based on the audit sample taken.
- The organization will be recommended for recertification by the team leader when all nonconformities have been reviewed and accepted.
- Necessary immediate corrections and corrective actions for the nonconformities are required to be implemented by the organization, see conditions in Handling of findings (annex).
- According to the conditions under Handling of findings the organization must give satisfactory response to the non-conformities within the given due date set by the Team Leader: 15/12/2025
- Although not an obligation, the Team Leader recommends that the observations are considered and responded to.
- Due to the positive result of the audit there is no need for a follow-up audit.
- The appropriateness of the certification scope (and boundaries) was evaluated by considering factors such as the organizational structure, site(s), processes and products/services. The conclusion is that the certification scope (and boundaries) is considered appropriate.
- The audit did not identify any issues that impact the periodic audit programme for the current certification cycle.

- Based on consideration of the status of relevant factors such as number of personnel, geographical locations, processes and products, and complexity level of the organization, the conclusion is that there is no need to review the audit time.

#### **Other**

In previous cycle BSI raised 2 minor NCs in ISO 45001:2018 in periodic audit 2. One in 8.1.2 and 8.2. For both NCs, corrective actions are implemented. Verified the corrective actions and closed the NCs.

The organisation is recommended for renewal of certification to ISO 9001:2015, ISO 14001:2015 and ISO 45001:2018, subject to satisfactory submission of corrective action plans

## Annex A - Auditor statements

### Overall Audit

Verified elements of the standard	Objective evidence and result
Effectiveness of processes for management review	<p>The minutes from the management review 22/9/2025 and associated documentation were assessed. The process for management review is not considered effective or compliant with the requirements of the standard. See nonconformities in the List of findings. Meetings are chaired by the Chairman and attended by all project managers, contractors, third party consultants to discuss the issues related to all sites. However, minutes of meeting do not reflect the site specific performance.</p> <p>Ref: NC</p>
Effectiveness of processes for internal audits	<p>The programme for internal audits for the period 11th - 12th Sep 2025, and records from performed audits were assessed. The process is not considered effective or compliant with the requirements of the standard. See nonconformities in the List of findings.</p> <p>The following records were assessed as basis for the conclusion: Verified the training records of auditors. 16 NCs identified and are closed with systemic actions. However, as per defined SOP MHCPL/IMSP-04, audit reports are not generated. No details found about the OFI and related recommendations. Ref: NC</p>

Effectiveness of processes for handling of nonconformities (including incidents and customer and/or stakeholder complaints)	Records of nonconformities including related corrections, cause analysis and corrective actions were assessed. The process is not considered effective or in compliance with the standard. See nonconformities in the List of findings. The following records were assessed as basis for the conclusion: Corrective actions are implemented as per the defined SOP MHCPL/IMSP-11. There are no customer complaints reported. No complaints found reported from the interested parties like PCB, RERA, HMDC etc. Two LTIs reported in one of the site and the corrective actions are not systemic. Corrective actions not timely and systemic in case of near miss and safety audits (ref: NC)
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Effectiveness of process for determining and addressing risks and opportunities relevant for the management system	The process is considered to be effective and no nonconformities towards the requirements of the standard were identified. The conclusion is based on interviews with relevant managers and verification of the following activities and records: Quality risk assessment, environment risk assessment (aspect / impact register), OHS risk assessment (HIRA) are verified. These documents are adequate w.r.t all risks and opportunities, function-wise and activity-wise. SOP for risk assessment defines the frequency of the review once in six months apart from the review when any nonconformity / incident happen. Current review of the risk registers is July 2025
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<p>Effectiveness of the processes to establish objectives, planning of actions and evaluation of progress and results</p>	<p>The process is considered to be effective and no nonconformities towards the requirements of the standard were identified. The conclusion is based on interviews with relevant managers and verification of the following records: objectives and targets are documented and reviewed on quarterly basis. Action plans are documented and evidenced to achieve these objectives. These objectives are reviewed in quarterly meetings. Some of the objectives are; Reduction of LTIFR – base line 0.72 / target is 0.68 (actual 0.62), QC NC closure – baseline minor &lt; 7 days and major &lt;14 days (actual 6 and 15), Billing cycle compliance: &lt;30 days (actual 28 days), Water proofing application rating (contractor) - <math>\geq</math> 3.5 (4.1), Steel wastage reduction – 3% (2.7%), Reduction of power by 5% (baseline - 2.65 units / day / person) – actual is 2.86%, Precast – 11.49, Grava – 8.57, Nishida 3.70, Progress plan vs actual 88% – target 90%, Zero NC – actual 20 / target 0, Training – 3 hrs /employee / year, compliance to legal requirements - 100%</p>
<p>Effectiveness of the management system to ensure the organization is capable to meet applicable legal and contractual requirements</p>	<p>The processes established to ensure fulfilment of requirements is considered effective and no nonconformities towards the requirements of the standard were identified. The conclusion is based on interviews with relevant personnel, and verification of the following activities and records: Verified the agreements with customers, RERA</p>

approvals, PCB & MoEF approvals and associated compliance monitoring. Compliance monitoring found to be satisfactory. Some of the licenses / orders and compliance found are; Compliance to various standards like IS 269, IS 455, IS 650, IS 1489, IS 6925, IS 12269, IS 8042, ASTM C150, IS 456, IS 516, IS 2722, IRC 18-2000, ASTM C 1240, AC1363, BS 3892, MORTH, National building code NBC-2016IS 1950, IS 8084, IS 4047, IS 8623 etc. RERA Approvals: Nishada site: P02400004696, MH 99 site: P02400005469, APAS site: P02400006182, Vipina site: P01100006053, Sayuk site: P01100004593, Avali site: P01100007443, GRAVA residential site: P02400007342. My Home Akrida, EC: SIA/TG/MIS/67266/2021 Dt. 28.07.2022, dt: 28.7.2022 / CFE: 210/TSPCB/CFE/SRD/RO- SRD/HO/2024 Dt. 08.03.2024, dt: 3/8/2024 / My Home APAS: EC: SIA/TG/INFRA2/425286/2023 Dt. 24.05.2023, dt: 24.5.2024, CFE: Order No. 234/TSPCB/CFE/RRD/RO-RR- I/HO/2023 Dt. 14.07.23, dt: 5.8.2023 / My Home Avali: EC: SIA/TG/INFRA2/408951/2022, dt: 10.1.2023, CFE: Order No. 174/TSPCB/CFE/SRD/RO- SRD/HO/2023 Dt. 11.08.2023 / Grava Residences, EC: SIA/TG/MIS/276026/2022 / Sayuk - Env Clearance: SEIAA/TS/OL/SRD-88/2019

	dt: 7/5/2021, SEIAA/TS/OL/SRD-351/2019, dt: 16/7/2021, CFE: 11/TSPCB/CFE/SRD/RO-SRD/HO/2020-138, dt: 07.05.2020 , CFO: Order No. 11/TSPCB/CFE/SRD/RO-SRD/HO/2020 Dt/ 30.06.2022 / Nishada EC: SIA/TG/MIS/70526/2021 Dt. 29/4/2022, CFE: Order No. 184/TPCB/CFE/RRD/RO-RR-I/HO/2022 Dt. 30.06.2022 / My Home Vipina, EC: SIA/TG/INFRA2/408951/2022, 10/1/2023, CFE: 173/TSPCB/CFE/SRD/RO-SRD/HO/2023, 5/8/2023 16/7/2022, CFE: Order No. 239/TSPCB/CFE/RRD/RO-RR-I/HO/2023 Dt. 21.8.2023 / Hyma Residential - 99 & Grava Commercial , EC: SEIAA/TS/OURRD-598/2020-421 dt: 13.10.2020, CFE: 69/TSPCB/CFE/RRD/RO-RR-I/HO/2020 , dt: 31.12.2020 / TTPL Phase- I
Effective control of the use of certification marks and reference to certification	The customer currently makes no use of certification marks.
Additional for multi-site certification based on a site sampling approach:  Effectiveness of the central unit's ability and authority to collect and analyse key data from all sites and to initiate change if required	Not applicable due to single site.
Other	My constructions private limited consists of group companies like Aqua space developers, Hyma Developers private limited, My Home Infrastructure Private Limited, Tellapur Technocity Private

Limited. Agreements with customers are entered into with these subsidiary names and construction is controlled accordingly. Audit was limited to management activities only for Engineering, procurement, construction & handing over only (through the subsidiary companies), hence temporary construction sites are not visited. Present properties under development are 1) Nishada (RERA no: P02400004696, Aqua Space Developers), MH 99 (RERA no: P02400005469, Hyma Developers), Apas ( RERA no: P02400006812, My Home Construction Private Limited), Vipina (RERA no: P01100006053, My Home Infrastructure Private Limited), Sayuk (RERA no: P01100004593, Tellapur Technocity Private Limited), Avali (RERA no: P01100006233, Tellapur Technocity Private Limited), Akrida (RERA no: P01100007443, Tellapur Technocity Private Limited), Grava Residential (RERA no: P02400007342, Hyma Developers Private Limited), Grava Commercial (Hyma Developers Private Limited). Environment monitoring reports: Ambient air monitoring report (INCHE25084290912140739, INCHE25084290912140813 dated: 11/9/2025, stack emission report INCHE25084290912140159 dt: 15/9/2025, noise monitoring reports INCHE25084290912140209, Test report INCHE25084290912140254 dt:

11/9/2025 indicate the noise level near tower 3 is 74.3 dB against the limit of 75 db. Test done as per SOP: MHCPL-OHS&W-M rev 2 dt: 28/5/2024. Verified the Safety cross audit report dated: 8/10/2025, 4/7/2025. Test reports of steel testing is based on tonnage and size (as per IS 1786). Monthly safety inspection records for Jan, March and Aug 2025 are verified. Environmental Aspects & impacts – Doc : MHCPL – EAIA – MK dated 15 –04 – 2025. Brochures 7 Price list of Akrida, Grava ,Vipina Consolidated Identification & tracking of Conditions specified in various approvals : Design Input for Akrida. GHMC Approved Drawing No 2722 dated 05 – 12 – 2025. GOMS 50 dated 22 – 04 -2025 specifying bye – laws. NOC from AAI ID : HYDE/SOUTH/B090/221/5732 dated 06 – 07 – 2021 RERA Approval No: P1100007443 dated 23- 12 -2023 valid up to 04/12/2028 Functional Procedure FHCPL – FP – SAP Rev ; 03 dated 15 – 04 -2025, Back up policy : MHCPL – FP – SAP – DBP dated 15 -04 -2025, Tickets Raised & Aging of the tickets. Calibration Records of TOWER CRANES – Anemometer, Calibration carried on 02 – 11 -2025 for 50 tonne cranes. Monthly Plan November 2025 – 1800 m3 Actual 1250 m3 Rework & Rejection data, NCR - reportOQSHA software is used to control work permits, observations on unsafe conditions and acts, near misses across all sites.

Project plan: high level plan indicates, Sub structure, super structure, podium stage and final each of the plan again divided to subcategories (floor wise). Fortnightly meetings happen with President and / or Vice President for the project progress. There are delays in construction causes are reviewed. Quality plan: SK/MYH/APAS/PQP rev no: R0 dated: 30/7/2024 (developed by Space SPACE/APAS/QCP/R0). Falcon brick app – is used for maintaining and ensuring all inspection records are documented and stored. Daily work inspection records (WIR), Material Inspection Reports (MIR), Site observation records (SOR), NCR, Tower wise quality rating, Quality dashboard. Construction is carried out through various contractors, including for design. Verified the monitoring and performance of contractors like Key Contracts: Design: Buro Happold Engineers India Limited, MA Consulting Services Private Limited, QDC India consulting private limited etc., Quality: CQRA Private Limited, CBRE South Asia Private Limited, Space Konstryst Private Limited etc., Construction: BSR Infra Ventures India Private Limited, KLC Constructions, Udharana Infra projects private Limited, Guruleela Constructions LLP. PHP / SAP software are being used to approve and finalize contracts and monitoring of contractor performance. Six level approval system exist. Contracting functional procedure

MHCPL-FP-CNTR rev 2, dt: 15/4/2025 /  
OHS & Wellbeing Manual. Some of the  
contracts verified are KLC  
Constructions: WO No: 4300030910 dt:  
25.5.2024, BSR Infra WO No:  
4300029179, dt: 30/12/2023 etc.

## Annex B - Handling of findings

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### Definition of findings

#### **Major nonconformity (Category 1)**

A nonconformity that affects the capability of the management system to achieve the intended results.

Nonconformities could be classified as major in the following circumstances:

- if there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements
- a number of minor nonconformities associated with the same requirement or issue that demonstrates a systemic failure and thus constitute a major nonconformity

#### **Minor nonconformity (Category 2)**

A nonconformity that does not affect the capability of the management system to achieve the intended results

### Observation

An observation is not a non-conformance, but something that could lead to a non-conformance, if allowed to continue uncorrected; or an existing condition without adequate supporting evidence to verify that it constitutes a non-conformance.

### Opportunity for improvement

Opportunities for improvement relates to areas and/or processes of the organization which may meet the minimum requirement of the standard, but which could be improved.

### Conditions for handling of nonconformities

The standard deadline to respond to nonconformities is maximum 90 days. Within this timeframe the following is expected to be performed by the organization:

- Immediate action(s) to eliminate the non-conforming situation (if relevant for the nonconformity).
- Root cause analysis to identify corrective actions to prevent recurrence of the nonconformity.
- Implement corrective actions and verify the effectiveness of action(s).

- Fill in the pertinent part of the “List of Findings” and submit to DNV’s team leader with relevant supporting documentation as evidence (when applicable).

Within the maximum timeframe and as a prerequisite before a certificate can be issued the following conditions apply:

- Major nonconformities: Evidence of root cause analysis and effectively implemented corrections and corrective actions shall be provided.
- Minor nonconformities: Preferred and normal status is the same as for major nonconformities. However, DNV's team leader may also accept a plan for implementing identified corrective actions. The implementation of planned actions will at latest be verified during next audit.

There is no obligation to investigate or respond formally to an observations or opportunity for improvement. However, to support an effective certification process DNV recommends that observations are also considered and responded to by the organization.

DNV will normally perform an on-site follow-up when major nonconformities are issued. For minor nonconformities follow-up is normally performed as a desk review based on received documentation.

Insufficient response to nonconformities or lack of corrective actions may result in suspension or withdrawal of a certificate.

### **Response deadline for re-certification**

Where the certificate expires within the 90 day period a shorter deadline will be set to ensure proper follow-up and renewal of the certificate within the expiry date. This is to provide for the continual validity of certification. If the expiry date is exceeded without the process being finalised, the current certificate is not allowed to be extended and will in effect be suspended until renewal of the certificate.

## **ViewPoint**

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We are the independent expert in risk management and assurance. Driven by our purpose, to safeguard life, property and the environment, we empower our customers and their stakeholders with facts and reliable insights so that critical decisions can be made with confidence. As a trusted voice for many of the world's most successful organizations, we use our knowledge to advance safety and performance, set industry benchmarks, and inspire and invent solutions to tackle global transformations.

DNV is one of the world's leading certification, assurance and risk management providers. Whether certifying a company's management system or products, providing training, or assessing supply chains, and digital assets, we enable customers and stakeholders to make critical decisions with confidence. We are committed to support our customers to transition and realize their long-term strategic goals sustainably, collectively contributing to the UN Sustainable Development Goals.