# Audit Report

Of organization:

## INSTITUT TEKNOLOGI NASIONAL MALANG

Client number: QU160232

Report Author: Rudy Wijaya

Visit date: August 28-29, 2017

Visit duration 6.0 onsite + 0 desktop (man-day)

## Audit objectives

The objective of the audit was to determine that all planned elements[1] of the management system(s), relevant to the scope of certification, at the sites specified, are effectively addressed by the organisation. These are detailed in the following table:

| Visit type | Certification standard(s) | Level of integration | Certification Number |
|---|---|---|---|
| Surveillance Audit | ISO 9001:2008 N/A<br>N/A N/A | NA | QU160232 |
| **Certification scope:** | Provision of Higher Education Including Faculty of Civil Engineering and Planning ( such as : Civil Engineering , Architecture , Geodesy Engineering , Environmental Engineering , Urban and Regional Planning , Civil -Structure Engineering (Diploma)) and Faculty of Industrial Technology ( Such as : Mechanical Engineering ( Undergraduate and Diploma ) , Electrical Engineering ( Undergraduate and Diploma ) , Industrial Engineering ( Undergraduate and Diploma ) , Informatics Engineering, Chemical Engineering ) | | |
| **Status:** | Quality Management System audit was conducted, No changes | | |
| **Exclusions:** | 7.6 | | |
| **Status of Organization and Employees** | Any changes from previous audit? ☐ YES ☒ No<br><br>(Please detail the changes here) | | |

| Head Office Address | No. of employees (FTE) |
|---|---|
| Jl. Bendungan Sigura Gura No.2, Malang , Jawa Timur, Indonesia | 24 |
| **Additional locations covered by this report (Record site name, address, the number of employee and the period of the temporary/construction site in case where multiple site or construction/temporal site is applicable)** | |
| | |
| | |

[1] **See notes.**

## Conclusion

It is recommended to EQA Head Office that the management system continues to meet, subject to corrective action, the requirements of EQA certification..

Transition to ISO9001: 2015 is not yet recommended..

A total of 0 major non conformities and 3 minor non conformities were raised during this visit. Full details are given within the body of this report

Based upon these findings **a Corrective Action Plan is required.**

**Where required, the Corrective Action Plan must:**

- Be submitted as a MS Word document.
- Reference your company name, the visit date and each nonconformity reference number, given in this report.
- Confirm the specific corrections made to address the issue (s) raised in the nonconformity and ensure the problem has been contained, together with the responsibilities and timescales for this (f it has not been completed already).
- Define the action plan to be taken that will identify and address the root cause(s) of the nonconformity, together with the responsibilities and timescales for completion.

The corrective action plan and its evidence must be submitted to EQA no later than **2 month.**

It will be reviewed by your auditor for adequacy and EQA will confirm to you in writing the result of this review. The effectiveness of these actions will then be reviewed at your next planned visit..

**Auditor notes (Overall performance, legal compliance, deviations from plan, significant issues impacting the audit program, significant changes, auditor notes, any changes to the audit program including any additional time required for transition, any unresolved issues etc.):**

- **Overall performance :**

  The Quality Management System is conducted and held by the National Institute of Technology of Malang, the auditor's observation in this monitoring audit, the auditor checks to evaluate the implementation, including the effectiveness of the management system. This revised Quality Policy is still in effect; This QMS implementation document has been recorded, including external and internal documents, as well as manuals and procedures, largely in accordance with the requirements of ISO 9001: 2008. Planning to run the management system has been determined, the program is right to achieve policy and management objectives
- **Legal compliance :**

  Relevant regulation/ requirements to procesess and QMS has comply and monitored, such as :

  - Act No. 20/2013, national education system, comply = registration on coordination of private universities area 7 east java

  - Decision of the national education minister No. 045/U/2002 the core curriculum of higher education comply = the preparation of the curriculum until 2019 has been adjusted to the regulation
- **Deviations from plan :**

  Audit notification and audit program had been received by clients , and they were already informed within organization , and there was no deviations from the plan.
- **Significant issues impacting the audit program :**

  There was no significant issues that impact to the audit program. Your management system is run properly to achieve your policy and management goal.
- **Significant changes :**

  There was no significant changes
- **Auditor notes :**

  There is 3 Minor Nonconformities and 2 observation were raised during this visit .
- **Any changes to the audit program including any additional time required for transition :**

  This audit was conducted as scheduled in audit program and achieved the objectives
- **Any unresolved issues :**

  There was no unresolved issues during audit. Top management commit to support the management system. The client's business processes are confirmed to be managed properly in accordance with PDCA cycle

## Internal Audit and Management Review

- **Internal Audit**
  - Date: July 7-8, 2017
  - Evaluation on its Effectiveness: Lembaga Penjamin Mutu (Quality Audit Internal team) was conduct acivity plan from Top Management, Auditor was select, Plan of internal audit was determined, All Faculty i.e.: Civil construction and plan; Faculty of Industrial, including the study programme were audited. All of audit findings such as about incompletely distribution of QMS documentation were verified by lead auditor , and report to TOP Management the last status was "Monitored"

- **Management Review**
  - Date: August 2017
  - Evaluation on its Effectiveness: The inputs of management review adequate as required: 1. results of internal audits , 2. customer feedback, 3. process performance and product conformity, 4. status of preventive and corrective actions, 5. follow-up actions from previous management reviews, 6. changes that could affect the quality management system, 7. recommendations for improvement. And the review output (such as: action plan, resource needs) has been determined on minute of

meeting management review also. Top management (Dr. Ir. Lalu Mulyadi, MTA) has reviewed the quality management system

## ☐ Evaluation on the level of management system integration(Only required in case where two or more management system are applicable)

○ The level of management system and its operation
- An integrated documentation set, including work instructions to a good level of development, as appropriate (☐ Y, ☐ N)
- Management Reviews that consider the overall business strategy and plan (☐ Y, ☐ N)
- An integrated approach to internal audits (☐ Y, ☐ N)
- An integrated approach to policy and objectives (☐ Y, ☐ N)
- An integrated approach to systems processes (☐ Y, ☐ N)
- An integrated approach to improvement mechanisms, (corrective and preventive action; measurement and continual Improvement) (☐ Y, ☐ N)
- Integrated management support and responsibilities (☐ Y, ☐ N)

○ Have auditors involved been qualified for each management system? ☐ Y, ☐ N

## ☐ Organizational context and complexity

Organizational context that influences main stockholder, customers, status of subcontractor, whether or not it has foreign workers and complexity of production process is as below :

the context of this higher education organization (national technology institute-Malang), is to provide and organize higher education in the field of engineering to meet market needs such as, community, higher education, private college coordination, and government. the hope of the community is to obtain higher education, so that they can get a job after this higher education, for the government also benefit and fulfilled, for example the availability of candidates with high education and sufficient competence so that productivity can be achieved. to meet all of ITN-Malang (this organization), has provided various resources to support this higher education process from curriculum planning, infrastructure provision, and quality assurance by internal team

## ☐ Evaluation on compliance and effectiveness of management system

Evaluation opinion on compliance and effectiveness of management system (including new management system in case of transition audit for new standard) application is as below :

The complexity of operational processes has been designed and defined in the educational guidelines that refer to the 2014-2019 edition of the ITN-Malang educational manual, the outlines of strategies for educational implementation described in this manual, such as the design of curricula that have been adapted to national regulations on education ( has been done), scheduling / determining the educational calendar has also been fulfilled, as well as the implementation of teaching and learning activities and practicum has been implemented and still in the process and the exam must be done to determine the graduation of students have been designed, the entire operational process of the organization is in accordance with the system the quality management that has been executed, to monitor its achievement is done quality assurance of the internal audit team and the results reported as the evaluation material for management review

## Personnel involved

The following personnel from your company were involved in this audit and or the opening and meeting:

| Name | Job Title | OM | CM |
|---|---|---|---|
| Dr. Ir. Lalu Mulyadi, MTA | Rektor / Head of Institute | ☒ | ☒ |
| Dr. Ir. Julianus Hutabarat,MT | Wakil Rektor 1 / Deputy 1 | ☒ | ☒ |
| Dr. Ir. Kustamar, MT | Wakil Rektor 2 / Deputy 2 | ☒ | ☒ |
| Ir. Daim Triwahyono, M.S.A | Management Representative – LPM Head | ☒ | ☒ |
| Ir. Subandiyah Aziz, CES | Dean | ☒ | ☒ |
| Ir. Hery Setyobudiarso, M.Sc | Dean | ☒ | ☒ |
| Endah Kusuma, Ssi,M.Kes | Head of Administration | ☒ | ☒ |
| Sibut, ST, MT | Head of Program | ☒ | ☒ |
| Ir. Yususf Ismail, MT | Head of Program | ☒ | ☒ |
| Ir. Harimbi Setyawati, MT | Head of Program | ☒ | ☒ |
| Kartika sari, ST | Staff | ☒ | ☒ |

**OM** Indicates if opening meeting attended, CM if closing meeting attended.

The audit was conducted for EQA by:

| Name | Role |
|---|---|
| Gugup Sunarko | Lead Auditor |
| Temter Ganda Pissa | Auditor |
| Rudy Wijaya | Auditor |

## Audit Progamme

Three-year audit program (Annex 1) is to manage checking 'core processes', which should be checked at every audit, monitoring audit plan and implementation for 'general management process', which should be checked at least once per certification cycle, and checking 'main quality/environmental/health & safety activities' in terms of management system aspect. This 3-year audit program should be updated at every audit and provided for next term of audit for reference.

## Follow up actions from the previous audit

Where applicable, the effectiveness of proposed corrective actions from nonconformities raised (NCR) at the previous audit has been reviewed and is detailed in the table below:

## Nonconformities raised at this audit

The following nonconformities (NCR) and observations were raised at this visit, against your current standards.

| Ref. No. | Category of NCR / Status | Details of nonconformity | Follow up action reviewed by L.Auditor | Clause |
|---|---|---|---|---|
| 1. | Minor / Open | Several issues related to the controlling of QMS documentations such as the following thats against to requirements clause 4.2.3<br>- No complete record of change documents, registration and its distribution e.g. SOP/02/08/2013 – 20/2/2017 and some SOPs for Pasca Sarjana (no approval for realeased)<br>- The code number as document ID did not match with defined standard of code e.g. SOP/Month/Sequence no/Year VS SOP/Unit code/Sequence no/Month/Year – SOP/02/01/2016 | | cl. 4.2.3 |
| 2. | Minor / Open | Several issues realted to the lessoning plan documents such as the following thats against to requirements clause 7.5.1.<br>- In Pasca Sarjana (Prodi MI), The defined learnining objective for TI-312 didn't match between syllabus and RPS<br>- In Pasca Sarjana (Prodi MI), the lessoning subject T1213 (Analisa Risiko & Pengambilan Keputusan) was not fully match between RPS and lessoning report. Seem this subject was overlapping with subject of reasearch method / Metode Penelitian.<br>- Several subject of lessoning were no documented RPS e.g. TI 322 (S2), TI 112 (S2), AR 4106, AR4111, SP 5124, PW 1201 | | cl. 7.5.1 |
| 3. | Minor / Open | It was found the Elementery English Training at Lab Bahasa while the period of training April - July 2016 , where the participants have not been traced in the list of students, but the presence certificate is available, this is against to the clause of ISO 9001: 2008, section 8.2.3. | | cl. 8.2.3 |

**Note:** Closure at this stage is based upon proposed actions, which are subject to verification at the next visit.

And the observation that were raised during this audit , i.e. :

| Ref. No. | Observation |
|---|---|
| 1 | Seen detail internal audit schedule Y2017 but will be beneficial if including the scope of processes for each department |
| 2 | Seen the worksheet / checklist provided by internal auditor but should be included its sampled objective evidances (not limited to checklist of avaibility of documents or SOP) |
| 3 | Key Performance Indicator (KPI) for BAAK should be clearly and measurable target e.g. Improve skill on IT application and SERQUAL |
| 4 | In BAAK , the evaluation on graduation ceremony / Wisuda should be done and reported in the end of ceremony or activity |
| 5 | In Library Department, System for book collection planning should be improved to linked with literatures used by each PRODI. |
| 6 | In BAAK, the reminding system for student who temporary stop study / cuti should be determined and implemented to prevent overdue date of study |
| 7 | In Pasca Sarjana (MK), several code of program study in curricullum, syllabus, RPS didn't match each others e.g. TS 3207 vs TS 27 vs TS2107 |
| 8 | The references books or literatures used by each program study should be up to date. Several references books were not up to date (1989, 1994,etc. |
| 9 | Consider to make "list of job vacancies" at the UPT Pusat Karir, for example job vacancy in 2017, so it can be monitored in the current year , such as : how many vacancies have been announced. |
| 10 | It is advisable to better monitor the condition of the madicine on site ( UPT Klinik), eg: madicine "mycetin" ,the expired date was Jan 2017. |
| 11 | it is recommended that there is a system to monitor the damage / down of the network, the web, with the reporting system of the user and the actions taken, for example by using a ticket system. |
| 12 | SKPI application has been created but the module / reference is not yet available. |
| 13 | It is expected that students who take the final exam have a minimum attendance level of 75% in accordance with the provisions, for example: Chemical Engineering program, student no 1614908 (absence 45%), 1314022 (absence 60%), for subject: Math II. |
| 14 | Competencies required for operations have been determined, one of the tools used is the TPA test (Academic Potential Test), it is recommended to set the standard test in order to be reviewed to meet the requirements of teaching personnel (lecturers) |
| 15 | curriculum designation in the S1 course Mechanical engineering has been established in the STD / MS-FTI / A.03 guidelines (14 May 2011), it is recommended to add to the curriculum reference section with the BNSP curriculum (national personnel certification body) |

## Next visit plan

The next planned visit will be your second surveillance. This will be due in approximately six months; your auditor will contact you at least one month before the visit is due, to agree the exact date. It is EQA policy to use the same auditor for the full audit cycle, however, EQA reserves the right to change your auditor as required by operational or accreditation requirements.

The plan for next term of audit shall be notified before the audit. The visit date could be varied depending on any changes your organizations in-between.

- Followings should be included as audit activities at the next visit;
  - Opening Meeting, Checking any organizational change, Management Interview, Site tour, Effectiveness check of corrective actions for previous nonconformities (for the last 3 years at recertification audit), Work process audit, site audit, Closing Meeting

## Notes

1) The audit is based upon sampling and as such nonconformities may exist that have not yet been identified.
2) The report is confidential to your organisation. All EQA auditors have signed individual confidentiality agreements.
3) If any significant changes occur to your organisation following this visit, please inform EQA who will advise you of the action required to maintain the validity of your certification.

4) **Major nonconformities** will be raised where management standard requirements have been left out, were not implemented in practice or a number of minor nonconformities raised, which collectively indicate entire management system is not effective.
5) **Minor nonconformities** will be raised where the management standard requirements have been addressed and implemented in general but there are minor gaps in meeting requirements or in their implementation.
6) Any comments made in **Auditor Notes** should not be considered as consultancy or mandatory in any way.
7) Where required, a Corrective Action Plan must be submitted by email **no later than 30 days** after the completion of the audit.
8) If there are any significant details contained within this report that you do not agree with and would like amending, then please notify EQA of these within 30 days of the visit.
9) First surveillance is typically due within 9 months of the initial audit. Annual surveillance is due at either 6 or 12 month intervals. Reassessments are generally scheduled 3 months before the certificate expiry and an agenda will be provided before the visit.
10) An electronic copy of the report will be made available to the management representative at the end of the visit. Nonconformities are indexed with auditor initials and are sequential across a certification cycle.
11) An electronic copy of this report (together with the appropriate completed checklist) will be submitted to the EQA office within one week of the visit. It will be maintained as a record of the visit by EQA and further copies are available upon request.
12) Opening & Closing Meeting agenda shall follow that given in UK Auditor Manual
13) Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g. safety), at the discretion of the Lead Auditor, the audit will be terminated.
14) If you have any queries, please contact EQA by email at eqa@eqaworld.com.
15) Audit objectives are varied from audit types as below;

**15-1) The generic surveillance audit objectives are the:**

Inquiry on your certification in terms of the relation with EQA

a) Declaration on your system operation e.g. promotional brochure or website
b) Request for Document and Records (via letter or electrical media)
c) Methods to monitor your performances
d) Internal audits and management review
e) A review of actions taken on nonconformities identified during the previous audit
f) Treatment of complaints
g) Effectiveness of the management system with regard to achieving the certified client's objectives
h) Progress of planned activities aimed at continual improvement
i) Continuing operational control
j) Review of any changes
k) Use of marks and/or any other reference to certification

15-2) **For stage 1 audits the objectives are;**

a) review the client's management system documented information;
b) evaluate the client's site-specific conditions and to undertake discussions with the client's personnel
c) determine the preparedness for stage 2;
d) iew the client's status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the management system;
e) ain necessary information regarding the scope of the management system,
f) iew the allocation of resources for stage 2 and agree the details of stage 2
g) ide a focus for planning stage 2 evaluate if the internal audits and management reviews are being planned and performed, and that the level of implementation of the management system substantiates that the client is ready for stage 2.

**15.3) For stage 2 audits the objectives are:**

a) information and evidence about conformity to all requirements of the applicable management system standard or other normative documents;
b) performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document);
c) the client's management system ability and its performance regarding meeting of applicable statutory, regulatory and contractual requirements;
d) operational control of the client's processes;
e) internal auditing and management review;
f) management responsibility for the client's policies.

**15.4) For recertification audits the objectives are;**

a) To confirm the continued conformity and effectiveness of the management system
b) To confirm its continued relevance and applicability for the scope of certification
c) The effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the certification.
d) Demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance
e) The effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system

Annex 1. 3-year audit program

| 3-Year Audit Program | | | | | | Explanatory notes | P : Plan<br>A : Action |
|---|---|---|---|---|---|---|---|
| Audit Stage | | | Stage 1 | Stage 2 | Surv. 1 | Surv. 2 | Re-Certificate |
| Multisite(s) | | | NA | NA | NA | NA | NA |
| Visit duration(MD) | | | 1 | 2 | 1 | 1 | 2 |
| Main aspects and activities | Main Quality/Environmental/H&S aspects and activities | | 2016/04 | 2016/06 | 2017/08 | 2018/07 | 2019/06 |
| | Planning | Curriculum Plan | A | A | | P | P |
| | | Survey to student | A | A | | P | P |
| | | Regulation | A | A | | P | P |
| | | Trial of curriculums | A | A | | P | P |
| | Processing | Learning Processes | | A | A | | P |
| | | Presentation | | A | A | | P |
| | | Practicum | | A | A | | P |
| | | Examination | | A | A | | P |
| | checking | Monitoring report | A | A | | P | P |
| | | Customer Survey | A | A | | P | P |
| | | Graduate monitoring | A | A | | P | P |
| | | Journal System | A | A | | P | P |
| | Decisions | Processes Review | | A | A | | P |
| | | Instrument System | | A | A | | P |
| | | New Targets | | A | A | | P |
| Must-check process(es) | Items to be checked at every visit | Internal Audit | A | A | A | P | P |
| | | Management Review | A | A | A | P | P |
| | | Quality policy, quality goal and quality goal achievement plan | A | A | A | P | P |
| | | Legal Compliance | A | A | A | P | P |
| | | Infrastructure | A | A | A | P | P |
| | | Nonconformities and corrective actions | A | A | A | P | P |
| | | Design and development program | A | A | A | P | P |
| General Management Processes | Understanding of organization and organizational situation | | A | A | A | | P |
| | Communication | | A | A | A | | P |
| | Documented information | | A | A | A | | P |
| | Support | | | A | A | | P |
| | Appropriateness | | | A | | P | P |
| | Customer satisfaction/Customer importance | | A | A | | P | P |
| | Nonconformity output/Product control | | A | A | A | | P |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Control of processes, products and services provided from third parties | A | A | A | | P |
| | Analysis and evaluation | | A | | P | P |
| | Customer satisfaction | A | A | | P | P |
| | Monitoring and evaluation resources | | A | | P | P |

Note
1) Audit team leader carrying out initial/recertification audit, shall .
2) Audit team leader carrying out surveillance shall update the information including organizational changes after the audit.
3) Audit team leader, carrying out surveillance, shall mark "A (Action)" to