



# Stage 1 Assessment

Report for:

## Universitas Brawijaya

<b>LRQA reference:</b>	JKT 6003728/ 0001
<b>Assessment dates:</b>	27-28 June 2011
<b>Assessment location:</b>	Jl. Veteran Malang - Malang, Jawa Timur
<b>Assessment criteria:</b>	ISO 9001:2008
<b>Assessment team:</b>	Rusli Ananda (ID: 04946) Luhut Siahaan Anton Nurkholis Sugeng Hartono Dede Gunawan Firdha Basbeth (AUT) Dr. Sudiyono K (Expert)
<b>LRQA office:</b>	Surabaya



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Attachments
CIF

<b>This report was presented to and accepted by:</b>	
Name:	Mr. Prof. Dr. Ir. Yogi Sugito
Job title:	Rector of UB

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## 1. Executive report

### Assessment outcome:

Stage 1 assessment was completed. Some Potential Findings (Major, Minor, and observation) were identified related to company system documentation and implementation against ISO 9001:2008 requirement.

This assessment was conducted by Rusli Ananda as TL and accompanied by several members (Mr. Dede Gunawan, Mr. Sugeng Hartono, Mr. Anton Nurkholis, Mr. Luhut Siahaan and also Mrs. Firdha as AUT). The team was also accompanied by expert, Mr. Dr. Sudiyono.

The assessment was done at Universitas Brawijaya (Brawijaya University) on 27-28 June 2011 with scope certification "**Provision of higher education academic service (graduated degree and post graduated degree) including all supporting activities**". This scope still in a draft and will be finalized at stage 2 assessment.

**Based on sampling taken during assessment, it was summarized the finding as follow.**

- 1. Potential Major NC was 6 findings.**
- 2. Potential Minor NC was 31 findings.**
- 3. Most of NC was observed on internal audit, Management review, and Document control. It means that improvement shall be addressed to basic awareness of ISO 9001:2008.**

***Corrective action and correction must be taken to response LRQA's findings and completed before stage 2 assessment, otherwise will impact to recommendation of certification.***

Although some potential major and minor findings were issued, it is recommended to conduct stage 2 as scheduled (Sept - Oct 2011).

### System effectiveness and continual improvement:

Several system benefits and improvements have been highlighted by organisation in terms of quality system documentation and system implementation in helping all personnel in performing their tasks. More measurable results of management indicators shall however be able to be shown in the stage-2 visit to prove effectiveness of system and continual improvement.

### Areas for management attention:

All findings identified during stage 1 have to be followed up properly before stage 2, and will be reviewed at stage 2 visit.



## 2. Assessment summary

<b>Introduction:</b>
The stage 1 assessment was conducted on 27-28 June 2011 covered relevant organization quality system documentation and some system implementation (Quality Manual, Procedures, and other relevant documentation). Detail of finding as reported on the following process table and audit finding log. Opening and Closing meeting was held in organization premises and attended by its Management and staff.
<b>Assessor:</b> Rusli Ananda (Assessor-ID:04946),



<b>Assessment of:</b>	Top Management interview Quality system documentation (QM, Procedure, etc) and Spot Audit	<b>Auditee(s):</b>	Mr. Warkum Sumitro SH, MH (2 <sup>nd</sup> Deputy Rector ) Mr. M. Bisri and other team. FK Team (Dr. dr Karyono M, dr Sri Andini, Dr Sri Winarsih, dr Subandi, Dr dr Endang Sri W ).
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### Audit trails and sources of evidence:

Strategic planning of university

**Supporting Dept (JPC, LSIH, TIK, PPA, LMKU, UB, UB Press, PIBLAM, and Polyclinic).**

**Spot Assessment (Medical Faculty).**

Quality Manual, job description and personnel qualification, quality objective.

Mandatory doc procedures (document control, record control, corrective action, preventive action, internal audit, control of NC product);

Other procedure and work instruction.

QA activity (Management review, internal audit, customer survey, corrective and preventive action).

### Evaluation and conclusions:

#### Top Management Interview.

Management interview was done to know overall strategic planning of UB to achieve their vision which was stated as “**World Class Entrepreneurial University**”.

It was explained by Mr. Warkum Sumitro (2<sup>nd</sup> Deputy Rector) that all planned arrangement of UB to achieve their vision was already documented at RENSTRA 2006 – 2011 and continued to RENSTRA 2011-2015.

It was also presented design of quality management system by Mr. M. Bisri (Deputy Head of PJM UB) that was used to manage overall process of teaching learning, research and community development at UB.

In general, it can be concluded as following.

- Top level planning has been defined and established in a documented record namely Renstra UB 2006-2011 and 2011 to 2015. [The period of Renstra need be verified again since there was different period of Renstra stated at Website and its actual document. It was also found that at Medical faculty, their Renstra period was lead than University.](#)
- This Renstra was cascaded down into lower lever at faculty / Dept and continually measured and reviewed in regular manner.
- Internal communication within university was defined and established.
- People development for academic and supporting process was also defined and established.
- Design of system to manage overall quality of education process has been defined; it included supporting processes.
- Internal audit that conducted by PJM (Quality Assurance Center) was a tool to measure overall effectiveness of management system; scoring system was used to quantify level of achievement for each dept.

Document structure consists of Quality Manual, Manual Procedure, Work instruction form etc. Some findings for improvement were identified during this visit as described and detailed in audit finding log.

There was no exclusion of ISO 9001:2008 requirements in quality management system implementation of this organization.

Commitment management was shown to support system implementation by appointing some personnel to involve in “Tim Sertifikasi ISO 9001:2008 UB” managing and organising ISO 9001:2008 implementation.

Some potential deficiencies were identified during this document review and spot assessment as detailed in audit finding log.

<b>Assessor:</b>	Dede Gunawan (ID 04315)
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<b>Assessment of:</b>	Document Review SPI and Faculty of Economy	<b>Auditee(s):</b>	Mr. Iqbal, Mr. Khusnun, Mr. Fuad, Mrs Lilik and other Head of Bureau
<b>Audit trails and sources of evidence:</b>			
Reviewing Quality Manual Procedure Work Instruction Forms			
<b>Evaluation and conclusions:</b>			
<p>Base on sampling , in general documentation system in both department was comply with ISO 9001:2008 requirement such as Quality Manual, Procedure and Work instruction such as academic process, Finance, General Affair, Internal audit, management review, corrective and preventive action procedure however some finding were identified see finding log: and Required Correction was highlighted as below :</p> <ul style="list-style-type: none"><li>• <b>Matrix of competence of SPI auditors was not included in current the manual procedure and was not as a control document</b></li><li>• <b>Schedule of auditors need to be defined in detail on the Audit planning for 2011 instead of globally.</b></li></ul>			



<b>Assessment of:</b>	Faculty of Economy (S1 Management, S2 Accounting and S3 Economic	<b>Auditee(s):</b>	Mr. Surahcman, Mr. Fathurahman, Mrs Lilik , Mr, Tri Mr. Sudiono Mr Chaidar, Mr Gozali, Mr Sasiongko, Mr . Putu other head of bureau
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### Audit trails and sources of evidence:

Quality Plan  
Objective and monitoring  
Curriculum  
Student recruitment  
GBPP  
SAP  
Lecturer presenting  
KHS

### Evaluation and conclusions:

Base sampling data at S1 (management), S2 (Accounting) and Economic (S3) academic activities (Student Recruitment, curriculum , lecturer present, objective achievement monitoring was observed that Quality management system was well implemented and , recorded evidence also was well maintained. Such as Quality Plan , Objective and monitoring, Curriculum, Student recruitment, GBPP, SAP, Lecturer presenting, KHS and some other positive finding were identified as below :

- Base sampling data at S1 (management), S2 (Accounting) and Economic (S3) academic activities ( Student Recruitment, curriculum , lecturer present, objective achievement monitoring was observed that Quality management system was well implemented and , recorded evidence also was well maintained.
- Course material have been improved as customer feed back and market for example : Business consulting , risk management. In S2 Accounting: updating latest development based on the international issues about Enron and Sarbane Oxley on course material delivered i.e. Business Ethics 19 and 31 May 2011 .
- There has been more variance in terms of thesis subject linkage to the mission and target of Accounting postgraduate dept (S2 Accounting)
- Lead time of new graduated absorb in market is 2,5 month only (S1 Management)

However some room for improvement also were identified as below:

- **It recommended to define that Objective for each education level such as S1 , S2 and 3 instead of for faculty only**
- **There is an objective and target and evaluations in six months, however monthly data collection and monitoring would help analyzing trend and identify root cause and define corrective and preventive action as early as possible.**

<b>Assessor:</b>	Sugeng Hartono ID(06118)
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<b>Assessment of:</b>	Document Review Agriculture Faculty	<b>Auditee(s):</b>	Prof. Ir. Sumeru Ashari MAgr. Sc, Phd Ir, Didik Suprayogo, MSc, Phd Prof. Dr. Ir. Zainal Kusuma SU Dr. Ir Djoko Kustiono, MS Dr. Ir. Syamsudin MS Dr. Ir. Agus Sunyoto, MS
<b>Audit trails and sources of evidence:</b>			
<ul style="list-style-type: none"><li>• Scope of certification</li><li>• Quality Policy, Objectives, Targets and Top level planning/Management</li><li>• Key roles and responsibility</li><li>• Statutory, regulatory and other requirement.</li><li>• Review of documentation to the requirements of ISO 9001:2008</li><li>• Review of Continual improvement</li><li>• Review of internal audits</li><li>• Review of Management review</li><li>• Review of Document and record control</li></ul>			
<b>Evaluation and conclusions:</b>			
Scope : <b>Provision of higher education academic service (graduated degree and post graduated degree) including all supporting activities</b>			

<b>Assessment of:</b>	Document Review Faculty of Engineering	<b>Auditee(s):</b>	Prof. Ir Harnen Sulistio Msc. Phd Ir. Ludfi Djakfar MSCE. PhD Dr. Ir. Pitoyo MT Ir. Ary Wahyudi MT Dra. Suprihartini MM Ir. Achmad Wicaksono M.Eng. PhD Dr. Ir. Ery Suhartono, MT
<b>Audit trails and sources of evidence:</b>			
<ul style="list-style-type: none"><li>• Scope of certification</li><li>• Quality Policy, Objectives, Targets and Top level planning/Management</li><li>• Key roles and responsibility</li><li>• Statutory, regulatory and other requirement.</li><li>• Review of documentation to the requirements of ISO 9001:2008</li><li>• Review of Continual improvement</li><li>• Review of internal audits</li><li>• Review of Management review</li><li>• Review of Document and record control</li></ul>			
<b>Evaluation and conclusions:</b>			
Scope : <b>Provision of higher education academic service (graduated degree and post graduated degree) including all supporting activities</b>			





<b>Assessment of:</b>	Spot Audit Laboratory of Food Preparation and Nutritional Assessment	<b>Auditee(s):</b>	Ms. Titis Sari SGZ Ms Iva Salisafrina SGZ.MPH Mr. Fajar Ari Nugroho SGZ
<b>Audit trails and sources of evidence:</b>			
Lab Visitation			
<b>Evaluation and conclusions:</b>			
See detail finding at assessment log.			
<b>Assessor:</b>	Anton Nurkholis		



<b>Assessment of:</b>	Document review BAAK	<b>Auditee(s):</b>	Mrs. Welmin; Mr. Bagus; Mr. Baryo; Mrs. Heni; Mrs. Sistri; Mr. Richard; Mr. Syukro; Mr. Cucu; Mr. Wiryanto; Mrs. Hernani and Team Guide : Mr. Marsoedi
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### Audit trails and sources of evidence:

#### Document review BAAK

Organization Structure  
Quality Manual and quality objective  
Quality Procedure  
Document Internal and External  
Internal Audit  
Management Review

### Evaluation and conclusions:

#### Document Review BAAK

The organisation chart and job description were demonstrated and properly defined. The requirements of quality manual and ISO-9001: 2008 were also clearly established.

It was confirmed that the proposed scope of application was applicable to the current business. Objective evidence of implementation QMS at BAAK has to be presented during stage-2 assessment. The final scope of certification will be decided refer to these objective evidence.

The quality policy and quality objectives, including strategy to achieve, have been defined and documented. Some other requirements (e.g. Internal Communication, Working Environmental, and Infrastructure have also clearly defined in the quality manual.

The requirement of mandatory documented procedures were also developed, e.g. : *Document Control procedure; Record Control; Audit Mutu Internal; Kefidaksesuaian Produk; Corrective Preventive Action*. Their implementations were also observed, e.g. master list of documents, records and distribution.

Management review was also implemented and recorded. *Management review should be implemented in fixed schedule, such as every 6 month or every year. (RC/Required Correction)*

*Findings were issued in Document Review BAAK (please see finding log).*



<b>Assessment of:</b>	Document Review BAU	<b>Auditee(s):</b>	Mrs. Hernani and Team Guide : Mr. Marsoedi
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**Audit trails and sources of evidence:**

**Document review BAU**

Organization Structure  
Quality Manual and quality objective  
Quality Procedure  
Document Internal and External  
Internal Audit  
Management Review

**Evaluation and conclusions:**

Document Review BAU

Overall, requirement for ISO 9001:2008 in BAU was developed and implemented. Organization chart was defined.

It was confirmed that the proposed scope of certification was applicable. The quality policy and quality objectives, including strategy to achieve, have been defined and implemented. Other requirements, such as Internal Communication, Working Environmental, and Infrastructure have also clearly defined in the quality manual.

The requirement of mandatory documented procedures were also developed, such as: *Document Control procedure; Record Control; Audit Mutu Internal; Ketidaksesuaian Produk (non conformance product) and Corrective Preventive Action.*

RC/Required Correction were raised as follow:

- It is recommended to separate internal audit result from Procedure of Internal audit result. Current practice, internal audit result was recorded on internal audit procedure. (RC).
- It is recommended to review Bagan alir pengendalian produk tidak sesuai not just keluhan rektor. (RC)

Findings were issued in Document Review BAU (please see finding log).

<b>Assessment of:</b>	Spot Audit : BAAK	<b>Auditee(s):</b>	Mrs. Welming;Mr. Bagus; Mr. Baryo; Mrs. Heni; Mrs. Sistri; Mr. Richard; Mr. Syukro; Mr. Cucu; Mr. Wiryanto; Mrs. Hernani and Team Guide : Mr. Marsoedi and Mrs. Sinta
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**Audit trails and sources of evidence:**

- Work Process of BAAK
- Procedures and records in BAAK (focus on Academic and Kemahasiswaan )

**Evaluation and conclusions:**



Spot audit in BAAK was conducted. Several programs, procedures and records were observed during assessment.

Activity in BAAK academic was implemented and monitored. Several programs, such as planning of kalendar academic, penerimaan mahasiswa baru non ujian tulis (SNMPTN, Undangan dan PSB non akademik), and Penerimaan Mahasiswa baru ujian tulis (SNMPTN ujian tulis, SPKIns, SPKD, SPMK) were documented and monitored.

Activity in BAAK kemahasiswaan was monitored and documented. Several programs were observed during assessment, such as Program Beasiswa, program kreativitas mahasiswa, and pengajuan ijin kegiatan lembaga kemahasiswaan.

- SFI/Scope for improvement was raised regarding Asrama Mahasiswa. Consider to be taken to make prosedur pengelolaan Asrama Mahasiswa. (RC)

Finding was raised in spot audit BAAK (please see finding log).

<b>Assessment of:</b>	Spot Audit in BAU	<b>Auditee(s):</b>	Mrs. Hernani and Team Guide : Mr. Marsoedi
<b>Audit trails and sources of evidence:</b>			
Work process of BAU Procedures and records (focus on Kepegawaian, Umum and Pengadaan (purchasing))			
<b>Evaluation and conclusions:</b>			
Work process of BAU was well shown and demonstrated. Several procedures and records were observed during assessment.  Programs in BAU was documented and monitored. Several programs, such as Pengadaan pegawai negeri sipil, penyusunan rencana kebutuhan ketenagaan (formasi) year 2011, Daftar Keadaan Pegawai 31 Desember 2010, Program in Bagian Umum (security, Hukum Tata Laksana and Pengelolaan Asset), and Purchasing were observed and discussed.  Findings were raised in Spot Audit BAU (please see finding log).			



<b>Assessment of:</b>	Document review: LP3	<b>Auditee(s):</b>	Mr. Agus Suman; Mr. Syauki; Mrs. Diana; Mrs. Lily Ekawati; Mr. Kurnadi Guide : Mr. Marsoedi
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### **Audit trails and sources of evidence:**

#### **Document review LP3**

Organization Structure  
Quality Manual and quality objective  
Quality Procedure  
Document Internal and External  
Internal Audit  
Management Review

### **Evaluation and conclusions:**

#### **Document Review LP3**

Overall, requirement for ISO 9001:2008 in LP3 was implemented and documented. Organization chart was established.

It was found that proposed scope of certification was applicable in LP3. Quality policy and quality objectives, including strategy to achieve, have been defined and implemented. Other requirements, such as Internal Communication, Working Environmental, and Infrastructure have also clearly defined in the quality manual.

The requirement of mandatory documented procedures was also established, such as: *Document Control procedure; Record Control; Audit Mutu Internal; Ketidaksesuaian Produk (non conformance product) and Corrective Preventive Action.*

Sample was taken on Gap Analysis, monitoring of Quality objective, tinjauan manajemen, manual prosedur kerjasama and monitoring program kerja of LP3.

RC/Required Correction was raised as follow:

- Management review should be implemented in fixed schedule, such as every 6 month or every year. (RC).
- Draft MoU/Contract should be standardized. (RC)

Findings were issued in Document Review LP3 (please see finding log).



<b>Assessment of:</b>	Document review LPPM	<b>Auditee(s):</b>	Mrs. Siti Chuzaemi; Mrs. Multidiah; Mr. Nurhamdani; Mr. Eko Guide : Mr. Marsoedi
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### **Audit trails and sources of evidence:**

#### **Document review LPPM**

Organization Structure  
Quality Manual and quality objective  
Quality Procedure  
Document Internal and External  
Internal Audit  
Management Review

### **Evaluation and conclusions:**

#### [Document Review LPPM](#)

Overall, requirement for ISO 9001:2008 in LPPM was developed, implemented and monitored. Organization chart was established to support activity in LPPM.

It was confirmed that the proposed scope of certification was applicable. The quality policy and quality objectives, including strategy to achieve, have been defined and implemented. Other requirements, such as Internal Communication, Working Environmental, and Infrastructure have also clearly defined in the quality manual.

The requirement of mandatory documented procedures were also developed, such as: *Document Control procedure; Record Control; Audit Mutu Internal; Ketidaksesuaian Produk (non conformance product) and Corrective Preventive Action.*

Sample was taken on internal audit result, tinjauan manajemen and Project monitoring on DIKTI Project.

RC/Required Correction were raised as follow:

- It is recommended to make Procedure of Internal audit in general (no need to put Internal audit result in procedure. (RC)
- It is recommended to add note about desentralisasi/sentralisasi in Prosedur pengelolaan informasi, penelitian, pengabdian kepada masyarakat. (RC)
- It is considered to make Survey pelanggan compare with others university or expectation of customer.

Findings were issued in [Document Review LPPM](#) (please see finding log).



<b>Assessment of:</b>	BAPSI & BAK (Document & Spot Review)	<b>Auditee(s):</b>	Mrs. Titin, Mr.Puji, Mr.Sugeng Mr. Sarif Utomo, Mr. Hartono, Mrs. Sari, Mr.Sutikno, Mr Lulut.
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**Audit trails and sources of evidence:**

- Manual Mutu BAPSI
- Structure Organization BAPSI
- Manual Mutu BAK
- Structure Organization BAK
- Bulletin Prasetya edition 545-XIX and 546-XIX
- Some Procedures
- Mangement Review Report
- Internal Audit Report

**Evaluation and conclusions:**

BAPSI & BAK:

The requirement of mandatory documented procedures was developed, e.g. *Document Control procedure; Record Control Procedure; Audit Mutu Internal; Ketidaksesuaian Produk (Non-conformance) Procedure, and Corrective Preventive Action*. Their implementations were also observed, e.g. master list of documents and records, and result of internal audit report. The management review was also implemented and recorded.

The organization chart and Job description were demonstrated and properly defined.

**Potential Minor Finding** was raised for some of important point Quality Manual and Mandatory activities. See log finding table for detail.

**Requires For Improvement** was noted for BAPSI & BAK :

BAPSI:

- Require improvement to maintain an activity for handling non conformance product, e.g. List Report and Corrective Action Plan. During audit founded "Bulletin Prasetya" edition 545-XIX has been identified have mistake person name was printed; however records of List Report and corrective action plan was not maintained.

BAK:

- Require improvement to conducted internal audit for all work process area. During audit founded records of latest internal audit (9-Jun-11) was not coverage all work process area as per mentioned in structure organization.



<b>Assessment of:</b>	Review Dokumen: Fakultas MIPA & Jurusan Kimia	<b>Auditee(s):</b>	Mr. Marjono. Mr. Setyawan, Mr.MF Rahman, Mr Agung Pramana, Mrs.Endang and others was listed in Attendance List.
<b>Audit trails and sources of evidence:</b>			
<ul style="list-style-type: none"><li>• Manual Mutu Fakultas MIPA</li><li>• Structure Organization FAKultas MIPA</li><li>• Manual Mutu Jurusan Kimia</li><li>• Structure Organization Jurusan Kimia</li><li>• Some procedures</li><li>• Management Review Report</li><li>• internal Audit Report</li></ul>			
<b>Evaluation and conclusions:</b>			
<ul style="list-style-type: none"><li>• In general, Quality Management system has been implemented following procedure. The requirements of mandatory documented procedures were also developed, e.g. <i>Document Control procedure; Record Control Procedure; Audit Mutu Internal; Ketidaksesuaian Produk (Non-conformance) Procedure, and Corrective Preventive Action.</i></li><li>• Their implementations were also observed, e.g. master list of documents and records, internal audit report. The management review was also implemented and recorded. <b>Require for Improvement</b> was noted for implementation Internal audit shall be coverage all work process area.</li></ul> <p><b>Potential Minor Finding</b> was raised for some of important point Quality Manual and Mandatory activities. See log finding table for detail</p>			





### 3. Assessment Findings Log - ISO 9001:2008

Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Potential Major NC	New	<ul style="list-style-type: none"> <li>DOC REVIEW (Supporting activities such as LSIH, TIK, Poliklinik, PPA, PIBLAM, UB Press, etc)</li> <li>Quality objective was observed different between indicator and object to be measured. The indicator was "Info vacancy 10% growth from last year" but measurement was "number of company that registered vacancy information". See JPC report.</li> <li>Objective to measure service level agreement (SLA) of internet connection has been set. However, summary report has not been prepared yet though raw data was already available. See TIK.</li> </ul>		Doc review – Quality Objectives supporting process	27 Jun 11	1107RAZ01	5.5
Potential Major NC	New	<ul style="list-style-type: none"> <li>Job specification / competency requirement was not always provided to ensure that personnel who in charge for respective process was qualified to execute the job. See job at LSIH for position Technical manager and Quality manager.</li> <li>Not all documented procedure has included arrangement to control quality record. LSIH has established documented procedure namely "Prosedur pengendalian dokumen and rekaman" but aspect of quality record control was not available.</li> </ul> <p>Note : actually, LSIH has established doc that refer to ISO 17025; organization just need to add ISO 9001:2008 as normative reference then such doc can be used as ISO 9001:2008 document.</p>		Doc review – Job competency supporting process	27 Jun 11	1107RAZ02	6.2.2
Potential Major NC	New	<p>DOC REVIEW AND SPOT ASSESSMENT (FAK KEDOKTERAN)</p> <ul style="list-style-type: none"> <li>Control of document was not always managed properly. Approval and controlled stamp was not available. See doc at Nurse Dept of Medical Faculty.</li> <li>Normative reference to established documented procedure that relate to curriculum development was not always provided as well.</li> <li>System to control external document was not always defined to ensure that all document that used as reference to established internal document always updated. See at PD Dept.</li> </ul>		Doc review – Doc control FK	27 Jun 11	1107RAZ03	4.2.4

1. Grading of the finding \*

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

7. YYMM<Initials>seq.#

8. Clause of the applicable standard

\* Major NC = Major nonconformity

Minor NC = Minor nonconformity

RC = Requires correction

SFI = Scope for improvement

xLRQA = Issue for follow-up by LRQA at next visit



Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Potential Minor NC	New	Renstra that has been developed at Medical Faculty was not always inline with those at University level. For instance, it was stated that indicator of graduate quality is international recognition from WFME; however, in document Renstra of University aspect of graduate quality has not been defined yet. See also indicator of process quality of education defined at faculty that was not found its relevancy to University Renstra.		Doc review – Renstra alignment FK	28 Jun 11	1107RAZ04	5.4
Potential Major NC	New	Internal audit and management review has been done with refer to documented procedure (MP) and also Manual Mutu (MM); however, it was observed that following discrepancy noted. <ul style="list-style-type: none"> <li>• Checklist internal audit has not been prepared as requested by MP internal audit.</li> <li>• Frequency of internal audit has not been defined in related documented procedure which was not compliance with ISO clause 8.2.2. See at PSIG.</li> <li>• At PSIK, it was observed that auditee not clear stated. It only stated PSIK without specific area / process.</li> </ul>		Internal audit - Spot assessment at FK	28 Jun 11	1107RAZ05	8.2.1
Potential Major NC	New	Management review was completed in regular manner but no specific documented procedure was defined to explain the nature of management review in term of frequency, discussion agenda, to ensure all mandatory agenda required by ISO standard has met. See at PSIG and PSIK.		Management review - Spot assessment at FK	28 Jun 11	1107RAZ06	5.6
Potential Minor NC	New	Evaluation of teaching learning was defined in “MP Evaluasi proses belajar mengajar”. It was stated that formulation to get final score is “50% x TM and 50% of KU”. However, this formulation has no valid justification from normative reference such as Pedoman akademik and Guideline from BAN PT.		Teaching learning - Spot assessment at FK	28 Jun 11	1107RAZ07	7.5
Potential Major NC	New	Competency requirement was not defined in a documented procedure and record to ensure that personnel who in charge to do the job is suitable. Actually, competency requirement was available in the form statutory regulation; however, those documents was not identified and referred as normative document. See PSIK and PD Dept.		Doc control - Spot assessment at FK	28 June 11	1107RAZ08	6.2.2 4.2.3

1. Grading of the finding \*

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

7. YYMM<Initials>seq.#

8. Clause of the applicable standard

\* Major NC = Major nonconformity

Minor NC = Minor nonconformity

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xLRQA = Issue for follow-up by LRQA at next visit



Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Potential Minor NC	New	In regard to lab visit, it was observed (3). System to maintain laboratory equipment such as microscope, spectrometer, autoclave etc was not defined yet. Cleanliness of room that use for storing lab equipment has to be improved. See microscope store room. List of equipment need to be distributed at all relevant lab, not only kept at administrative room.		Infrastructure - Spot assessment at FK	28 June 11	1107RAZ09	6.3.

1. Grading of the finding \*

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

7. YYMM<Initials>seq.#

8. Clause of the applicable standard

\* Major NC = Major nonconformity

Minor NC = Minor nonconformity

RC = Requires correction

SFI = Scope for improvement

xLRQA = Issue for follow-up by LRQA at next visit



#### 4. Assessment Findings Log - SUB REPORT ISO 9001:2008

Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Potential Minor NC	New	Description of the interaction between clausal and work procedure were not determined in Quality Manual.		BAPSI	28 Jun 11	0006JKALSD 01	4.2.2
Potential Minor NC	New	Objective target for has been determined, however consistency for monitoring achievement has not shown during audit.		BAPSI	28 Jun 11	0006JKALSD 02	5.4.1
Potential Minor NC	New	Management review has been conducted, however some of mandatory agendas has not reviewed yet		BAPSI	28 Jun 11	0006JKALSD 03	5.6.1
Potential Minor NC	New	Exclude Clausal and Description of the interaction between clausal and work procedure were not determined in Quality Manual.		BAK	28 Jun 11	0006JKALSD 04	4.2.2
Potential Minor NC	New	Management review has been conducted, however some of mandatory agendas has not reviewed yet		BAK	28 Jun 11	0006JKALSD 05	5.6.1
Potential Minor NC	New	Objective target for has been determined, however consistency for monitoring achievement has not shown during audit		BAK	28 Jun 11	0006JKALSD 06	5.4.1
Potential Minor NC	New	Method for Control and Identification of records Retention was not determined. Clausal 4.2.4)		BAK	28 Jun 11	0006JKALSD 07	4.2.4
Potential Minor NC	New	Quality Manual has not determine : <ul style="list-style-type: none"> <li>• Exclude Clausal and explanation.</li> <li>• Description of the interaction between clausal and work procedure.</li> </ul>		F.MIPA	28 Jun 11	0006JKALSD 08	4.2.2
Potential Minor NC	New	Method for Control and Identification of records Retention was not determined. Clausal 4.2.4).		F.MIPA & Jurusan Kimia	28 Jun 11	0006JKALSD 09	4.2.4
Potential Minor NC	New	Objective target for has been determined, however consistency for monitoring achievement has not shown during audit		F.MIPA	28 Jun 11	0006JKALSD 10	5.4.1
Potential Minor NC	New	Management review has been conducted; however some of mandatory agendas have not reviewed yet.		F.MIPA	28 Jun 11	0006JKALSD 11	5.6.1
Minor NC	New	External Document used was not monitored properly for listed and distributions controlled		F MIPA	28 Jun 11	0006JKALSD 12	4.2.3

1. Grading of the finding \*

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

7. YYMM<Initials>seq.#

8. Clause of the applicable standard

\* Major NC = Major nonconformity

Minor NC = Minor nonconformity

RC = Requires correction

SFI = Scope for improvement

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## 5. Assessment Findings Log - SUB REPORT ISO 9001:2008

Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Potential Minor NC	New	There is no evidence of Internal Audit result.		Document Review BAAK	27 Jun 11	1107ANZ_001	8.2.2
Potential Minor NC	New	There is no evidence of Quality Objective monitoring such as every month, every quarter, etc.		Document Review BAAK	27 Jun 11	1107ANZ_002	5.4.1
Potential Minor NC	New	Some of Quality Objective was not reported frequently, such as Ketepatan pelaksanaan proses pengadaan barang.		Document Review BAU	27 Jun 11	1107ANZ_003	5.4.1
Potential Minor NC	New	Form Kalender Akademik was established; however revision number was not implemented yet.		Spot Audit BAAK	28 Jun 11	1107ANZ_004	4.2.3
Potential Minor NC	New	Implementation of Penerimaan mahasiswa baru ujian tulis (SNMPTN ujian tulis, SPKIns, SPKD, SPMK) was monitored; however Procedure of that activity was not reviewed regarding online registration.		Spot audit BAAK	28 Jun 11	1107ANZ_005	7.5.1
Potential Minor NC	New	Implementation of maintenance programs such as AC, Generator was conducted; however evidence of that activities were not established.		Spot Audit BAU	28 Jun 11	1107ANZ_006	7.5.1
Potential Minor NC	New	Hasil keliling Kampus was implemented; however follow up of it such as PIC and due date was not recorded. It is important to do that for easy monitoring.		Spot audit BAU	28 Jun 11	1107ANZ_007	7.5.1
Potential Minor NC	New	Evaluation of Supplier/rekanan/penyedia jasa was implemented; however It is recommended to summarize and analyze Evaluation of supplier/rekanan/penyedia jasa.		Spot Audit BAU	28 Jun 11	1107ANZ_008	7.4.1
Potential Minor NC	New	There is no evidence of monitoring of pelaksanaan workshop as quality objective of mapping kompetensi.		Doc Review LP3	27 Jun 11	1107ANZ_009	5.4.1/7.5.1
Potential Minor NC	New	Realization of program kerja LP3-UB should be recorded in Program kerja LP3-UB.		Doc Review LP3	27 Jun 11	1107ANZ_010	7.5.1
Potential Minor NC	New	Agenda of Management review should be referred to clausul 5.6.2		Doc Review LP3	27 Jun 11	1107ANZ_011	5.6.2
Potential Minor NC	New	Follow up of hasil peta kompetensi was not yet implemented, such as Internal auditor ISO 9001:2008.		Doc Review LP3	27 Jun 11	1107ANZ_012	6.2.2

1. Grading of the finding \*

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

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## 6. Assessment Findings Log - SUB REPORT ISO 9001:2008

Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Potential Minor NC	New	Control of document had been established both at quality manual and at quality procedure. However, the scope was only for internal document (Quality Procedure, Quality Manual), the control of external document was not established as required by ISO 9001:2008 clause 4.2.3 f. (MINOR)		Faculty of Agriculture - External Document	29 Jun 11	1106SHS01	4.2.3.f
Potential Minor NC	New	Management review had been established on quality manual; however the input of management review was only result of Internal Audit. Clause 5.6.2 request : Customer feed back Process performance and product conformity Status of preventive and corrective action Follow up from previous management review Changes that could affect the quality management system Recommendation for improvement (MINOR)		Faculty of Engineering/Management Review	29 Jun 11	1106SHS02	5.6.2
Potential Minor NC	New	Internal audit had been established at manual and at procedure. However, clause 8.2.3 regarding selection the auditor shall ensure objectivity and impartiality of audit process was not included at manual and at procedure. (MINOR)		Faculty of Engineering/Internal Audit	29 Jun 11	1106SHS03	8.2.3
Potential Minor NC	New	There was no approval from lab responsible for any student use the lab facility for Dwi Rahayu and Rois Al-Farisi. Such facility had been delivered to user. It was not comply with the organization procedure 00803 07 034. The procedure requests an approval before the facility deliver to user. (MINOR)		Laboratory of Nutritional Assessment/Facility at FK	29 Jun 11	1106SHS04	6.3

1. Grading of the finding \*

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

7. YYMM<Initials>seq.#

8. Clause of the applicable standard

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## 7. Assessment Findings Log - SUB REPORT ISO 9001:2008

Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Potential Minor NC	New	<ul style="list-style-type: none"> <li>Exclusion of ISO 9001:2008 requirement in QMS implementation was not clear defined in Quality Manual</li> <li>Reference related documents/procedure was not found in Quality Manual and Manual Procedures. Per/87/m.pan/8/2005 was discussed in the manual procedure however it was not listed as reference document. Attachment on the manual procedure was not control documents for example form efektifitas, form ketaatan terhadap peraturan, program pengembangan karyawan.</li> <li>Not all agenda of Management review meeting was not defined in Quality Manual as per ISO 9001 : 2008 requirement (Clausal 5.6) such as : customer feed back, process performance, corrective and preventive action status , follow up action of previous management , changes that could affect to the QMS, recommendation for improvement</li> </ul>		Documentation review	28 Jun 11	1106DGX01	4.2.2

1. Grading of the finding \*

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

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## 8. Assessment schedule

<b>Management system elements to be assessed at each visit:</b> <ul style="list-style-type: none"> <li>• Management review</li> <li>• Management of change</li> <li>• Continual improvement</li> <li>• Internal audit</li> </ul>	<ul style="list-style-type: none"> <li>• Corrective action</li> <li>• Preventive action and system planning</li> <li>• Use of LRQA logo and other marks</li> </ul>	<b>Scheme specific elements:</b> <ul style="list-style-type: none"> <li>• Customer feedback and complaints</li> <li>• Legal compliance</li> <li>• Communications</li> <li>• Prevention of pollution</li> </ul>
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Visit type >	Stage 1	Stage 2	Surveillance 1	Surveillance 2	Surveillance 3	Surveillance 4	Surveillance 5	Certificate renewal
Due date >		Oct 2011						
Start date >	June 2011	TBA						
End date >								
Assessor days >	10	33 MD						
<b>Process / aspect</b> <span style="float: right;"><i>Final selection will be determined after review of management elements and actual performance</i></span>								
Management (Rector and all relevant staff)		√						
Teaching learning at Faculty and Dept, including laboratory.		√						
Supporting Processes		√						

### Next visit details

<b>Visit type</b>	Stage 2				
<b>Assessor days</b>	33 MD	<b>Due date</b>	Oct 2011	<b>Actual start / end dates</b>	TBA
<b>Locations</b>	Universitas Brawijaya - Jl. Veteran Malang, Malang - Jawa Timur				
<b>Activity codes</b>	8020				
<b>Team</b>	TBA				
<b>Criteria</b>	ISO 9001:2008				
<b>Remarks and instructions</b>					
Note : Travelling from Surabaya to Malang may take 2 Hours.					





## 9. Assessment plan

<b>Assessment type</b> Initial / Re-certification / Change to Approval	<b>Assessment criteria</b> ISO 9001:2000	
<b>Assessment team</b> Rusli Ananda (ID: 04946) and team (will be attached in separated sheet)	<b>Assessment dates</b> TBA	<b>Issue date</b> 04 July 2011

(Day 1)

Travelling Surabaya to Malang (Campus); note travelling from airport to campus  $\pm$  2 hours.

Note: Assessment schedule will be prepared in a separated form due to a lot of man-days used.