



Stage 2 Assessment

Report for:

Universitas Brawijaya

LRQA reference:	JKT 6003728/ 0007
Assessment dates:	11-19 Oct 2011
Assessment location:	Jl. Veteran Malang - Malang, Jawa Timur
Assessment criteria:	ISO 9001:2008
Assessment team:	Rusli Ananda (ID: 04946) Luhut Siahaan Anton Nurkholis Sugeng Hartono Dede Gunawan Firdha Basbeth (AUT)
LRQA office:	Surabaya



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Attachments

QA Register

This report was presented to and accepted by:	
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Name:	Mr. Prof. Dr. Ir. Yogi Sugito
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Job title:	Rector of UB
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1. Executive report

Assessment outcome:

Stage 2 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 assessment was done at Universitas Brawijaya (Brawijaya University) on 11-19 Oct 2011 with scope certification "**Provision of higher education academic service (graduated degree and post graduated degree) including all supporting activities**".

Based on sampling taken during assessment, it was summarized the typical discrepancy as follow.

- **Strategic planning formulation and deployment including evaluation.**
- **Management review meeting, particularly agenda of discussion and minute of meeting generation.**
- **Internal audit**
- **Documentation of mandatory procedures**
- **Document control and record control**
- **Teaching learning, particularly on curriculum development, control and final score composition.**
- **Infrastructure and work environment such as lighting of classroom, safety, cleanliness and road traffic management.**
- **Analysis of data and corrective action plan.**

Though a lot of discrepancy noted with grading NC minor, no major NC issued in this visit. Regarding to this result, therefore, organization was recommended to gain certification of ISO 9001:2008 and subjected to surveillance visit.

Next visit will take 12 man days with specific area planned prior to visit conducted.

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. Awareness of people in running quality system based on ISO 9001:2008 requirement well improved comparing to previous visit.

Areas for management attention:

All aspect and process that relates to minor NC noted in this finding log.



2. Assessment summary

Introduction:			
The stage 2 assessment was conducted on 11-19 Oct 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.			
Assessor: Rusli Ananda (Assessor-ID:04946),			
Assessment of:	Top Management interview	Auditee(s):	Mr. Prof Yogi Sugito (Rector) Mr. Prof Bambang Suharto (1st Deputy Rector). Mr. Prof. Soebarinoto (PJM) Mr. M. Bisri and other team.
Audit trails and sources of evidence:			
Strategic planning of Universitas Brawijaya (RENSTRA 2006 – 2011 and continued to RENSTRA 2011-2015).			
Evaluation and conclusions:			
<u>Top Management Interview.</u>			
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 Prof Yogi Sugito (Rector of UB) 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.			
<ul style="list-style-type: none">• Top level planning has been defined and established in a documented record namely Renstra UB 2006-2011 and 2011 to 2015.<ul style="list-style-type: none">• Vision and mission organization has been explained; commitment of Management to implement management system has demonstrated.• Strategy has been set and documented in “RENSTRA”; this strategy was deployed from DIKTI’s RENSTRA, alignment of strategy was showed. Program and performance indicator was developed.• Internal communication within university was defined and established.• People development for academic and supporting process was also defined and established.• Planning and objective was available. Relevant documented procedure was maintained.• Open mind and cooperative during assessment• Quality awareness improved from previous visit.• Continual improvement demonstrated such as accreditation with “A”grade increased.• Integrated management system that conceptually very good.• Competency of people that delivered teaching learning process.			
<u>Improvement Notes</u>			
Improvement need to be done regarding to indicator of “entrepreneur university” which become of university vision (a world class entrepreneur university). At current practice, the success indicator still on proxy indicator such as developing sense of business to student, not exact indicator such as percentage of alumni those become entrepreneur.			



Assessment of:	Fakultas Kedokteran Jurusan FK-PD Jurusan FK-Gizi	Auditee(s):	Mr. Prof. Karyono (Dean) FK Team (dr Sri Andini, Dr Sri Winarsih, dr Subandi, Dr dr Endang Sri W).
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Audit trails and sources of evidence:

Renstra FK / Business process mapping / Audit report /
Review Implementation of Quality Manual, Procedure , Work Instruction , Forms and Records, GBJP, SAP, Review Curricula, Lectures competency, Learning and teaching process observation, monitoring performance of lectures and curricula

Evaluation and conclusions:

- **Fakultas Kedokteran**
 - There was no evaluation on achievement of Renstra 2007-2012 though this activity stated as one of mandatory activity.
 - Annual program 2011/2012 was not available as record of strategy deployment from University to faculty. (Note: Later, organization has completed it).
 - It was also observed that “entrepreneurship” that was defined as one of vision of university has not included yet into Faculty Renstra. There was no aspect that deployed and refers to this aspect. In overall, strategy deployment from University to faculty and PS has not been done properly.
 - Not all of form that relates to man power recruitment has been established and controlled based on ISO standard. See man power plan identification, Man power recapitulation.
- **Ilmu Gizi**
 - Criteria to accept student at PBL phase has not been define in current Manual Procedure. This criterion was available on Student Guideline document but this document has not included yet as one of official document of this faculty.
 - There was no clear mechanism to manage final score resulting from remedial and short semester program. See final score of certain student for major AnFis and BioKimol that change from E to C without proper record of remedial. According to auditee, the respective lecturer has informed to admin staff via phone call.
 - Infrastructure has not been controlled in regard to lighting, safety (electrical plug) at Lab BioKimol.
- **Pendidikan Dokter**
 - There was documented procedure established for managing process within Lab skill. It was observed that such document had no title and document status (no, date effective, revision etc).
 - Stock opname at laboratory need to be done to ensure that inventory of lab in control.
 - **Process of curriculum development has been done with output document called “Pedoman akademik PS PD 2010/2011”.** It was noted that
 - Point of changes in this document has not been identified and recorded as required by ISO 9001:2008 clause 7.3.
 - There was no evidence can be demonstrated that input of design curriculum was available (such as feedback from user, student, evaluation of previous curriculum implementation).
 - Pedoman akademik has not been identified as quality record that shall be maintained.
 - Academic year 2011-2012 has been on going but Pedoman Akademik still use 2010/2011 period.

Note: Later, PD has completed this document.

- Survey on customer satisfaction was completed but need to be considered to include some aspect that relates to KHS issue, FRS process etc.
- Absenteeism of lecturer was available but need to be analyzed for further action.



Assessment of:	Jurusan FK- Kebidanan Jurusan FK-Farmasi	Auditee(s):	Mrs. Dr. Atikah Mr. Dr. Bambang
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Audit trails and sources of evidence:

Renstra FK / Business process mapping / Audit report / Pedoman akademik
Review Implementation of Quality Manual, Procedure , Work Instruction , Forms and Records, GBJP, SAP, Review Curricula, Lectures competency, Learning and teaching process observation, monitoring performance of lectures and curricula

Evaluation and conclusions:

- **FK- Kebidanan**
 - (+) Management review was completed with clear agenda; minute of meeting was generated with complete action plan, person in charge an due date of action. Verification was also done to evaluate effectiveness of action taken.
 - **There was no defined method to measure and analyze customer satisfaction perception though organization has conducted “student hearing” on last Sept 2011. this was not compliance to ISO 9001:2008 requirement clause 8.2.1.**
 - **Organization has defined quality objective that relate to customer satisfaction; however, measurement of this objective has not been done. See quality objective of customer satisfaction that was set at 80%.**
 - **Class observation was done and there was no discrepancy found unless recommendation to compile lecture material immediately, not waiting until lecture period finished.**
- **FK- Farmasi**
 - **Not all mandatory documented procedure has been established such as Internal audit.**
 - **MRM that required by ISO standard has not been completed. There was regular review but no action planned, due date and person in charge documented in official minute of meeting. (Note: Later, minute of meeting was prepared).**
 - **Quality objective has been defined but monitoring of actual result has not been completed. See all quality objectives such as ratio of lecturer and student, percentage of lecturer with S2 and S3 degree etc.**
 - **“Pedoman akademik” that was defined as reference to conduct teaching and learning process has not been established for 2011/2011 academic year. Latest “Pedoman Akademik” was established for 2009/2010 period.**
 - **Kurikulum 2011/2012 was defined to have 143 SKS for graduate level though Pedoman Akademik 2009/2010 has stated 144 SKS as minimum credit to get S1 strata.**
 - **There was no academic advisor appointed for the new student 2011/2012 period though “Pedoman akademik” has stated that appointment of them.**
 - **Not all RPKPS have been developed that cover all period of academic year. See RPKPS from 6th semester to 8th semester that was not developed yet.**



Assessment of:	Jurusan FK-Keperawatan Jurusan FK - PDG	Auditee(s):	dr Subandi, dr. Setyo
Audit trails and sources of evidence:			
Renstra FK / Business process mapping / Audit report / Pedoman akademik Review Implementation of Quality Manual, Procedure , Work Instruction , Forms and Records, GBJP, SAP, Review Curricula, Lectures competency, Learning and teaching process observation, monitoring performance of lectures and curricula			
Evaluation and conclusions:			
<ul style="list-style-type: none">• FK- Keperawatan<ul style="list-style-type: none">• Composition of final score that consist of examination and assignment was not always consistently followed. See English for Nurse subject that has 60% for exam, 5% for Present and 35 for assignment while Pedoman Akademik stated 70% for examination and 30% for assignment (for subject that has no laboratory practice).• Validation for test material has not been done though the manual procedure required it. The validation was only completed for answer sheet from student. (Note : Later, this document was completed).• FK - Gigi<ul style="list-style-type: none">• Academic advisor has not been defined and established for new student (academic year 2011/2012). According to auditee, this process was responsibility of Dean of Faculty. On the other hand, Pedoman Akademik stated that this activity was responsibility of Head of PS.• Some documented procedure has not been developed yet such as internal audit, doc control etc. Manual mutu was available but still not officially released.			



Assessment of:	LP3 LSIH JPC	Auditee(s):	Prof Agus Suman and Team Mr. Nur Hidayat / Ms. Fathia Mr. Prof Arief
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Audit trails and sources of evidence:

SK no 20/SK/ 98/ Organization structure / Annual program / Training plan and evaluation.
MP Pelayanan Lab / Report Analysis / Calibration report / Quality Objectives /
MP Rekrutment / Invoice / JPC Report

Evaluation and conclusions:

- **LP3**
 - (+) Planning and objective was available. Relevant documented procedure was maintained.
 - **Input of process has not been defined and identified with specific flow. See training need analysis that still done based on information received during Management meeting. There was no specific mechanism to identify training need from other faculty or bureau within university.**
 - **Quality objective was not always controlled. See evaluation of KBK that was not completed yet. (Note: Later, LP3 has been completed the manual procedure to evaluate KBK, evaluation report still not done yet).**
 - **Not all of quality objective was under control of LP 3. See quality objective that related to teaching learning that use multimedia which is the control is belong to respective faculty or lecturer.**
- **LSIH**
 - **There was no control to external document that was used as official reference for organization to conduct the process of business. See ISO 17025, SNI 01-2891 standard etc.**
 - **Not all part of documented procedure, particularly flow chart, that legible. Quality of copy was poor. See all manual procedure.**
 - **Work instruction that contain coding method for sample analysis has not been officially issued.**
 - For simplification purpose and efficient use of paper, it may consider combining process of order receiving and review into one sheet of paper. At current practice, it needs 4 pages of paper to process order receiving and review.
 - **Work environment was not always controlled to ensure that it will not impact to quality analysis. There was no standard for temperature and humidity of Laboratory.**
 - **An acceptance criterion has not been defined to judge whether the calibrated equipment status is OK or not. See distillation and titration unit that was reported has uncertainty level 0.02 PH and not decided yet whether this level is acceptable or not. It needs to be reviewed whether the uncertainty due to warm temperature (24 Celsius degree).**
 - **Expiry period for reagent that used for analyzing the sample was not defined yet.**
- **JPC**
 - (+) Customer satisfaction measurement has been done to stakeholder such as student and employer. Employer that used organization service was interviewed by assessor to know their perception and satisfaction. It was demonstrated during assessment that client (PT Bumi Tama) has given their testimony of satisfaction related to simple bureaucracy, cooperation and support including proper infrastructure.
 - **Manual procedure has not been defined for process of quotation and invoicing. It was observed some invoicing to certain client could not be evidenced. See client Honda Prospect Motor, Kalbe Nutritional.**
 - It may consider documenting client testimony and uploading it to JPC website as one of marketing tool.
 - JPC could also improve the website to enable it to be appeared at 1st page on Google search.



Assessor:	Dede Gunawan (ID 04315)/ Firdha Basbeth (New Assessor)
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Assessment of:	Faculty of Economy	Auditee(s):	Gugus Irianto , SE,MSA, PhD.Akt (Dean) Dr. Khusnul Ashar ,SE, MA (Vice Dean) other lector and staff
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Audit trails and sources of evidence:

Interview,
Quality Manual,
Procedure ,
Work Instruction ,
Objective achievement

Evaluation and conclusions:

The faculty have a clear vision, mission, objectives and target set for 2010 to 2014 and program to achieve its objectives and target. The faculty has three missions and set of objectives and program to translate the vision into daily action. There is a comprehensive draft Renstra 2011 – 2021 based on SWOT and Balanced Scorecard strategy, including data analysis of indicators achievement from 2007 to 2009. .

The business process and organization structure has been defined including supporting functions for administration and GJM. There are two new study program has been developed and operated newly in 2011, Finance Banking and Economics Syariah. This new study program has been legalized by (asked for doc).

BPSI has developed an information application SISKAs (Sistem Informasi Akademik) to capture student's feedback in desktop and web base (<http://siska.fe.unibraw.ac.id>),

There are some points for improvement highlighted below:

- 1. There was no performance indicator directly linked to satisfy the mission of research. The research productivity performance indicator could be the number of publications, citations, grants, and awards, number of licenses, patents, and invention disclosures; royalty income, etc. The objective is represented indirectly by the number of Program Study which has been accredited by BAN PT.**
- 2. BPSI has developed an information application SISKAs (Sistem Informasi Akademik) to capture student's feedback in desktop and web base (<http://siska.fe.unibraw.ac.id>), however there was no standard service to manage student feed back (response time, effectiveness of the response, etc). A minor non conformity note was issued, (see findings log).**
- 3. Auditor competencies were not stated in the new procedure of Internal Audit 002000403 dated on 16 Sept 2011. It was previously mentioned in the old procedure. There are two findings during the Internal Audit, without verification written in Lampiran 2 Klarifikasi dan Rencana Tindakan Koreksi.**
- 4. Management review has been conducted; however some of mandatory agendas have not reviewed yet. Minor non conformity note has issued (see finding log)**



Assessment of:	Jurusan Ilmu Ekonomi	Auditee(s):	Bp. Ghozali Maski, Bp Chandra Fajri, Bp Putu Mahardika
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Audit trails and sources of evidence:

Interview with management and staff,
Review Implementation of Quality Manual, Procedure , Work Instruction , Forms and Records, GBJP, SAP, Review Curricula, Lectures competency, Learning and teaching process observation, monitoring performance of lectures and curricula

Evaluation and conclusions:

The faculty have clear visions, mission, Strategic Plan (Renstra), objectives and target set for 2009 to 2013 and program to achieve its objectives and target. The faculty has three missions to provide high quality of education, research by providing output that published for the development of Economic science and , services to community through research. The Quality Objectives has been defined: and translated to performance indicators.

Internal Audit has been conducted from Faculty in June 2011 and the findings have been closed. Management Review has been done in 4th May 2011 and there was a Rapat Jurusan in 26th of November. Record for both meeting is available. Syllabus and SAPs are available in Jurusan Ilmu Ekonomi.

There are some points for improvement highlighted below:

- 1. There was no performance indicator or task program linked to the objectives “to provide graduates with the good interpersonal skill”.**
- 2. Data Analysis and of monitoring of the measurement was not fully implemented – A minor non conformity was issued (see finding log).**
- 3. Management Review has been conducted in several meeting during 2011 however feed back, process performance, status of corrective and preventive action was not discussed in the meeting. A minor non conformity was issued. (see findings log). The format of the minutes of meeting could be structured better by adding column of discussion, person in charge, date expected of corrective action plan/taken and the status of items discussion.**
- 4. Positive Note on the method of learning experience / participative method has been implemented in few area such as on the Macro Economics which consist of inter discipline area of geographic, and IT has been coordinate and invites participation student to work on the computer.**

Assessor:	Erisman Soediman / Firdha Basbeth (New Assessor)
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Assessment of:	Jurusan Ilmu Management	Auditee(s):	Misbachuddin, Prof Arman, Ratnawati, Fatchur
Audit trails and sources of evidence:			
Interview with management and staff, Review Implementation of Quality Manual, Procedure , Work Instruction , Forms and Records, GBJP, SAP, Review Curricula, Lectures competency, Learning and teaching process observation, monitoring performance of lectures and curricula			
Evaluation and conclusions:			



Objectives and target have been clearly defined and aligned with Vision, Mission and Renstra. There are five curricula supported and performance indicators to support the second mission of Jurusan which is to provide graduate with the entrepreneurship skills.

The fourth mission of the organization is to provide rewards to those who have done a great achievement is supported with Program Kerja and budget is allocated every year.

Quality Policy and Objectives have been communicated to student in the Ordik Program and Kontrak Perkuliahan.

The number of drop out has been kept low and efforts are taken to help student finish the study on time.

The recruitment process is managed by the faculty according to DIKTI rules. Successful candidates is announced in letter of announcement 007/PENG/2011 Penetapan Kelulusan Dosen Tetap / Asdos. During the audits three sampling was taken : Ikhtiar, Kaideni Isharina, Bayu Ari Pradana and Dian Ari Nugroho, and they are confirmed to all organization's requirements for skill and competencies during the process of recruitment.

There are some areas for improvement highlighted below:

- 1. The data collected from student feedback and tutor evaluation have not been analysed to evaluate the processes where continual improvement can be made. A minor NC was raised for data analysis and evaluation.**
- 2. Management review has been conducted; however some of mandatory agendas have not reviewed yet. Minor non conformity note has issued (see finding log)**
- 3. A Minor NC was issued for quality records system and implementation. (see findings log)**
- 4. There was no tool to monitor the progress and status of new hired lectures (Bayu Ari Pradana and Dian Ari Nugroho) during the process to prepare them to be competent.**
- 5. Teaching and learning process was observed during audits by visiting the administration office and attending classroom where International Business (D9) and Business Ethics (D12) were thought. Some observation were made during the process:**
 - a. GBPP was not attached in the file of Daftar Hadir Dosen Semester Ganjil 2011/ 2012 samples Tutor Fatimah M. Appli (external resource) for English subject MKDU**
 - b. The actual date of teaching process was not the same to date planned for lecture, however there is no correction after the teaching has been completed. For example Misbachuddin (Business Ethics) and Agung (International Business) , Sugeng Pinanda (Business Ethics).**
 - c. There was no control on the actual duration of the teaching process which has been stated 150 minutes in the teaching plan, samples Misbachuddin (Business Ethics) and Agung (International Business) , Sugeng Pinanda (Business Ethics).**
 - d. During the visit in D9 and D12, some note was issued:**
 - a. The teaching materials presented in the screen were hardly read because of the glare.**
 - b. The room was too warm and noise from traffic and construction near by was a disturbance.**
 - c. The room was too big which affected the voice of the tutor. The level of noise from construction outside the classroom was too high. There was no window glass installed.**
 - d. It was also observed that the lay out of classroom - chair and screen arrangement could be improved for examples to use U shape, V shape, round table group discussion instead of class room type.**



Assessment of:	PhD Management Program / PDIM (Program Doctor Ilmu Manajemen)	Auditee(s):	Prof Eka Afnan, Ratnawati, Prof Dumilah,
Audit trails and sources of evidence:			
Interview with management and staff, Review Implementation of Quality Manual, Procedure , Work Instruction , Forms and Records, GBJP, SAP, Review Curricula, Lectures competency, Observing thesis presentation by PhD candidate Nembah FH Ginting,			
Evaluation and conclusions:			



Objectives and target have been clearly defined and aligned with Vision, Mission and Renstra. There are four specific objectives and performance indicators in S3 (PhD) program to support the vision and mission to improve institution interaction with other academics community, to improve quality and competitiveness, to improve the quality of publications, and number of accredited PhD program accredited Journal of Applied Management, and number of PhD program which have A accreditation.

The performance indicators have been set, and monitored for its achievement. Forum Ilmiah have been arranged and entrepreneurship seminar conducted every October.

The PhD program has requirements to fulfil before a student can be accepted, and nine stages of processes to complete the program. Two samples were observed to confirm to the program's procedures and standard requirements: Triyonowati and Nembah FH Ginting.

Feed back from students are captured through the use of questionnaires in Tutor Performance Evaluation specific for PhD program. Open ended questions were added instead of closed end question, and there is an exit interview with the graduate of the PhD program.

There are some areas for improvement highlighted below:

- 1. It was found that the form use in the early process to select promoter and co promoter for Nembah FH Ginting was different from requirement and it was explained that because Nembah came from exchange program from other university and it was suggested that the procedure state the exception of conditions. No form????**
- 2. The data collected from PhD student's feedback and tutor evaluation in Semester Ganjil Year 2010/2011 have not been analysed to evaluate the processes where continual improvement can be made. A minor NC was raised for data analysis and evaluation.**
- 3. Management review has been conducted; however some of mandatory agendas have not reviewed yet. A Minor non conformity note has issued (see finding log).**
- 4. There was no record indicate that a person who has been qualified as a lecture for graduate PhD program (S3), for example**
 - a. Form Prof Dr Eka Afnan to Dr. Noermiyati SE, MTM**
 - b. From Prof Dr Djumilah Zain SE to Dr Mintarti Rahayoe SE ME**
- 5. There was no control document implemented in Daftar Calon Promotor dan Ko Promotor (no sign, date and number of document).**
- 6. The flow chart is used to describe step of the procedures to complete the PhD management program, however the record associated with every step was not link to procedure, for example doc no 002 02 06039, and record no UPD 6**
- 7. The objective and performance indicator could be changed to another meaningful indicators for example :**
 - a. The objective to standardize the PhD in 2010 – 2012 by achieving the one (1) of study program in S3 (PhD Management) accredited "A" could be changed since it has achieve in 2010.**
 - b. The number of graduates with Cum Laude predicate varies in every semester from a range of 13% to 27%. The number of Cum Laude graduate could be considered as a performance indicator to achieve high level of organization competitiveness, instead of timeliness indicator only.**



Assessment of:	PMIE (Program Magister Ilmu Ekonomi), Magister Management of Economics	Auditee(s):	Dwi Budi Santoso , SE, MS, PhD, Prof Dr Munawar SE, DEA,
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Audit trails and sources of evidence:

Interview with management and staff,
Review Implementation of Quality Manual, Procedure , Work Instruction , Forms and Records, GBJP, SAP, Review Curricula, thesis observation

Evaluation and conclusions:

Objectives and target have been clearly defined and aligned with Vision, Mission and Renstra. There are specific objectives and performance indicators in S2 (Master Degree) in PMIE to support the vision and mission to provide high quality graduate with deep knowledge in applied economics.

The business process has been defined with the emphasis more in the development of the curricula, and was considered as one of important resources that have been evaluated and up dated by the team. Tracer study and the input from the professional association ISEI (Ikatan Sarjana Ekonomi Indonesia) are two main inputs for the curricula review.

Student profile showed that mainly the students are the government employee who wants to be qualified and have a deep understanding of province and district economics. The process of intake to the program or student selection until end process of study was reviewed and sample was taken to observe the conformity to the procedures. Sample was taken for Sony Kristyanto who enters to program on 4 June 2009, and accepted as a student according to SK dated on 21 July 2009.

There are some areas of improvement as listed below:

- 1. It was said that the evaluation of curricula is every two years or less depending on the urgency, and the output of the evaluation mainly on the content, however there was no changes recorded and evaluation whether the changes leads to improvement.**
- 2. It was found there was no target indicator on percentage of the student in S2 graduate with academic index (IPK) > 3.00. It could be consider putting the number of cum laude to improve the quality of the graduation instead of IPK and time to finish the study.**
- 3. A Minor non conformity was issued for analysis of data that have been collected, and student input on lecture performance or Evaluasi Kinerja Dosen (see findings log)**
- 4. The progress of student's thesis is recorded in the Kartu Bimbingan and there is no evidence that Sony Kristyanto has his Kartu Bimbingan written since it is kept by the tutor.**
- 5. A minor non conformity was issued for the management review process (see findings log)**



Assessment of:	Magister Management (S2 Ilmu Manajemen)	Auditee(s):	Dr. Noermijati SE, MTM, Prof Dr Armanu, Prof Dr. Djumilah Hadiwidjojo, Prof Dr. Eka Afnan, Dr, Rofiaty SE, MM
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Audit trails and sources of evidence:

Interview with management and staff,
Review Implementation of Quality Manual, Procedure , Work Instruction , Forms and Records, GBJP,
Review Curricula, thesis observation

Evaluation and conclusions:

Objectives and target have been clearly defined and aligned with Vision, Mission and Renstra. There are specific objectives and performance indicators in S2 (Magister Management) to support the vision and mission to create interactive learning experience and active networking.

The business process and curricula has been defined. S2 MM has eight “mata kuliah wajib program “ and 4 mata kuliah “wajib minat” which are Marketing, Finance, Resources and Strategic management.

The process of intake to the program or student selection until end process of study was reviewed and sample was taken to observe the conformity to the procedures. There are three steps involved in the process: Submission of proposal, seminar and final test. Sample was taken for Lina Ariana who graduate with IPK 3.41 and her thesis was found in the UB DigiLib – Word of Mouth

Some areas of improvement are listed below:

- 1. There was limited evidence that the learning and teaching process has been conducted in an interactive ways – as its claimed in the mission. It was shown in the GBPP however it is only one supporting document found (Lecture Presence List – Daftar Hadir Dosen semester genap) for of Dr. Noermijati’s class in June 12, 2011 which showed that Journal of HR practice was discussed. .**
- 2. A Minor non conformity was issued for analysis of data that have been collected, and student input on lecture performance or Evaluasi Kinerja Dosen (see findings log)**
- 3. A minor non conformity was issued for the management review process (see findings log)**

Assessor:	Dede Gunawan (ID 04315)/ Firdha Basbeth (New Assessor)
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Assessment of:	Jurusan Akutansi	Auditee(s):	Dr. Unti Ludigdo, Prof Iwan Triyuwono, Ali Djamhuri PhD, Lutfi Harris MAk, Christine and Reza
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Audit trails and sources of evidence:

Interview with management and staff,
Review Implementation of Quality Manual, Procedure , Work Instruction , Forms and Records, Review Curricula, class and facility observation

Evaluation and conclusions:

Objectives and target have been clearly defined and aligned with Vision, Mission and Renstra. There are specific objectives and performance indicators in Jurusan Akutansi to support the vision and mission to provide high quality of accountant, and to support good governance. The link to good governance was shown in the content of curricula and teaching such as Business Ethics (EKA 1101), Forensic Accounting (EKA 1531) and Public Audits (EKA 1314).

The achievement of the objective is evaluated every semester, for example IPK has been monitored in 2010 (avg 3.25) and 2011 (avg 3.28). Number of student graduated with Cum Laude predicate is increase from 10% in 2010 to 16% in 2011-10-18.

The student intakes are managed through four (4) mechanisms: SNMPTN, invitations, Mandiri, and Alih program The output of the learning and teaching process is to produce graduate student with IPK >3.0 TOEFL 475 and time to enter the workplace is 3 month. Murih Yuwono, Eko Suwandono and Dewi Probowati were picked up as a sample and it was observed that Murih has IPK 2.86 (below average), time to finish study 6.86 years, TOEFL score 496 and passed the paper test with B qualification.

Lectures performance collected from questionnaire is evaluated briefly at the end of every semester. Visitation to classroom was conducted to observe teaching and learning process in room E13 Mrs Grace (Akuntansi Keuangan Lanjutan), and room E11 Mrs Endang (Akuntansi Keuangan). Self Access Centre (SAC) has also visited and it was explained that the SAC helped student to improved TOEFL score.

There are room for improvements as listed below:

- 1. The data collection of IPK and Kinerja Dosen during year semester one (1) and two (2) year 2010 and semester one (1) year 2011 has not been analysis in details. A minor Non Conformance was issued (see findings log).**
- 2. A minor non conformity was issued for the management review process (see findings log).**
- 3. It was found for Akuntansi Keuanagan and Akuntansi Keuangan Lanjutan, that syllabus and student and lecture's list of attendance were available, however there was no GBPP attached, and the syllabus for Mrs Endang was different with the new syllabus she had which shows in the material that she had taught.**
- 4. Samples were taken in Ruang Perkuliahan : Bambang Purnomo Sidi, Tuban Priyah, Helmy Adam, Aulia Fuad and there was no syllabus attached for lecture Bambang Purnomo Sidi and Aulia Fuad.**
- 5. It was observed that student's chair arrangement could be improved in Mrs Grace's class. The U shape or work group arrangement could be chose instead of class room type concentrated on the back side of the classroom, especially at the time of visit quiz and case study was discussed.**



Assessment of:	Poliklinik	Auditee(s):	Dr Andarini, Anita and other staff.
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Audit trails and sources of evidence:

Interview with management and staff,
Review Implementation of Visi dan mission, Procedures, Work Instruction, Forms and Records,
observation to pharmacy, laboratory, and day care facility.

Evaluation and conclusions:

Policlinic was intended to support civitas academia: student and lecture, family and for publics, to give an easy access to the health services. There are three main business of the services : Polyclinic Gigi, Poliklinik Umum, bagian Gizi, one day care and home care. It is supported with pharmacy, and medical laboratory.

Standard service has been defined and it was observed that the staffs was following the procedure written. Staff competence and training has been defined and it was observed that staff competency confirmed to the requirements.

Areas for improvements are the following:

- 1. It was not clear whether the Poly clinic has a commercial licence to operate as a medical service to community.**
- 2. There were two documents used to capture the feed back: questionnaire and suggestion form. The number of respondent who responded to the questionnaire was 10%, and none respondent has returned the suggestion form. It was suggested to increase the number of the respondent by merging two forms into one form.**
- 3. The medical waste bin was without lid and not identified and disposed every week to RSU Syaiful Aswan. It was found there that there are no legal document from RSU Syaiful Anwar whether the RSU can collect and discharge medical waste.**
- 4. Some observation on the operations, hygiene and work environments are listed below**
 - a. Scale calibration was done in PT Artha Multi Medika every 6 months. The latest date of calibration was in June 2011 and there was no evidence that the company has a competency to do the calibration for scale. ,**
 - b. There was no analytical balance used to distribute evenly the dosage of the medical formula.**
 - c. The cylinder gas for Oxygen in the day care room has not been identified**
 - d. It was found that the reagents and some pills and medicine were exceeding the expiry date. ,**
- 5. There were 25 feedback rated C from the customer satisfaction on the “quality of waiting room” and “on time services”, however there was no analysis and evaluation from the result of the customer feedback**



Assessment of:	Pusat Jaminan Mutu (PJM)	Auditee(s):	Prof Dr. M. Bisri, and staff
Audit trails and sources of evidence:			
Interview with management and staff, Internal Quality Audit Accreditation - BAN PT monitoring PJM Program Y 2007-2012			
Evaluation and conclusions:			
<p>PJM mainly has three main tasks: to develop internal quality assurance, maintain and improve university accreditation, and to monitor and evaluate the fund and grants received for research purposes. There is a significant improvement on the development of quality assurance indicated by the number of internal audits commenced, and the numbers of programs which has been accredited by the government with A classification.</p> <p>There are room for improvement in PJM highlighted below:</p> <ol style="list-style-type: none">1. A minor non conformity was raised to address issues in the process of Internal Audits (see findings log).2. The table of auditor competency was not updated, it was found that Prof Dr Diana Arfiati was an auditor to Fakultas Ekonomi in June 15th 2011, however at the time of the audit there was no evidence that Prof Diana qualified as an internal auditor.3. Routine meeting has been conducted every week and various matters have been discussed, however attendant's satisfaction on training conducted in PJM in 2011 was not captured in the minutes of meeting.4. The status and importance of the areas to be audited can be considered as an input to the audit program, as well as results of previous audits.			



Assessment of:	Satuan Pengawas Internal	Auditee(s):	Mr, Choiru, Mr. Osfar, Mr. Lutfi, Mr. Prapto
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Audit trails and sources of evidence:

Interview with management and staff,
 SPI audit program
 Audit report
 Followed up monitoring
 Procedure, Work Instruction, Forms and Records of SPI .

Evaluation and conclusions:

The main task of SPI is to do audit internally, to review the effectiveness of audit processes and result at the end of the year, and to accompany third party on the Finance Audit from Kantor Akuntan Publik.

There are five areas of internal audits: Human Resources (SDM), Facility (Sarana dan Prasarana), Civil and Buildings, Finance and Information Technology. Different standard of audits were used as a standard requirements in the audit process.

Findings are:

1. **A minor non conformity was issued for audit program and auditor competency documentation, see findings log.**
2. **There was no tool to effectively monitor the root causes of findings have been defined, and corrective – preventive action has been taken on time and properly.**
3. **A system to up-date the new regulations can be considered to have as it is a used as a reference or standard on the internal audit process.**
4. **A minor non conformity was issued for document control, see findings log.**
5. **It was found that findings no 606 on Sarana and Prasarana Audits about process of provision of cars was mixed with other findings for different issues. The use of different form for different findings could be considered to be implemented for better monitoring.**

Assessor:	Anton Nurkholis (ID 05891)
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Assessment of:	BAAK	Auditee(s):	Mrs. Welming;Mr. Bagus; Mr. Baryo; Mrs. Heni; Mrs. Sistri; Mr. Richard; Mr. Syukro; Mr. Cucu; Mr. Wiryanto; Mrs. Hernani and Team Guide: Mr. Barinoto
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Audit trails and sources of evidence:

- Quality Manual
- Mandatory Procedure
- Quality Objective and monitoring
- Internal audit and Management Review
- Customer survey
- Customer complain (e-complain)
- **A. Bagian Akademik**
- **B. Bagian Kemahasiswaan**

Evaluation and conclusions:

Generally activity of BAAK was documented and implemented. Several Mandatory procedures (*Document Control; Record Control; Audit Mutu Internal; Ketidaksesuaian Produk; Corrective Preventive Action Procedure*) and records were implemented to support activities in BAAK.

Internal audit and Management review was implemented and reported.

A. Bagian Akademik

Several procedures in Bagian Akademik were implemented, such as Penyusunan Kalender Akademik, Mahasiswa Baru, Registrasi Mahasiswa Lama, KTM, Penerimaan Mahasiswa Baru Ujian Tulis (SNMPTN ujian tulis, SPK Ins, SPKD, SPMK), Penerimaan mahasiswa pindahan Procedure, etc.

Online registration was conducted based on Petunjuk Teknis Pendaftaran online Jalur undangan (SNMPTN) tahun 2011. Recruitmen of student was implemented based on DIKTI regulation including proportion of student quantity. Sample was taken on Daftar Program Studi dan Daya Tampung UB tahun 2011. Other activity, such as registration for KTM was also monitored. Sample was taken on Jadwal foto KTM di gedung rektorat tahun 2011/2012.

B. Bagian Kemahasiswaan

Several procedures in Bagian Kemahasiswaan were established and implemented. Sample was taken on Pengajuan Ijin kegiatan lembaga kemahasiswaan, Pengajuan dana kegiatan lembaga kemahasiswaan, Program Kreatifitas Mahasiswa (PKM), MAWAPRES (Pemilihan Mahasiswa Berprestasi), Beasiswa, Ketrampilan Hidup Kemasyarakatan Procedure.

Implementation of Beasiswa process was demonstrated and shown. Sample was taken on Keputusan Rektor UB No. 367/SL/2011. Implementation of other student activity was monitored and approved by Rector. Sample was taken on Proposal, Permohonan Ijin Kegiatan and Persetujuan Rektor UB no: 4905.

Notes were raised in BAAK as follow:

- It is consider to review Survey Kepuasan Pelanggan by using scale number, such 1,2,3 and 4. It could be useful to make average for this survey and analyse this survey. By using analysis of this survey, gap was identified and corrective/preventive action could be implemented.
- Consider to be taken to analyse deeply customer complain. It could be useful to implement 5 Why or 4M (Man, Method, Machine, Material) analysis for root cause analysis. By using this methods, corrective/pereventive action could be implemented.



Assessment of:	TIK (Teknologi Informasi dan Komunikasi)	Auditee(s):	Mr. Harry Soekotjo; Mr. R. Arief Setyawan; Mr. Agus Naba and related staff Guide: Mr. Tunggul
Audit trails and sources of evidence:			
<ul style="list-style-type: none">• Quality Manual• Mandatory Procedure• Quality Objective and monitoring• Internal audit and Management Review• Work process of TIK (Web demonstration)• Server Room• IT Maintenance• Customer survey• Customer complain (e-complain)			
Evaluation and conclusions:			
<p>Overall, Quality manual, Quality Objective and mandatory procedure were established, implemented and monitored. During assessment document, records, site observation (server) and UB web demonstration were observed and discussed.</p> <p>Notes were raised as follow: It is consider to summarize Survey Pelanggan and analyze it. E-complain was implemented; however it consider to make filtering system in e-complain system. Followed up of complain from satuan kerja or faculty could be implemented by using soft copy. It consider to monitor server room temperature and record it. It could be useful to keep back up data in other building for safety and security reason.</p>			



Assessment of:	BAU (Bagian Pengadaan, Bagian Umum and Bagian Kepegawaian)	Auditee(s):	Mrs. Hernani and Team Guide: Mr. Tri Wahyono
Audit trails and sources of evidence:			
Biro Administrasi Umum Quality Manual Mandatory Procedure Quality objective and monitoring a. Bagian Pengadaan Customer Satisfaction survey (survey for Vendor/Supplier and survey for Customer/Satuan kerja and faculty) Customer complain (e-complain) Sampling in Tender and Penunjukkan langsung b. Bagian Umum Customer survey Customer complain Maintenance program for Car, AC, Electric Panel, Hydran and Genset c. Bagian Kepegawaian Customer survey Customer complain Training and competency Usulan Kenaikan Pangkat			
Evaluation and conclusions:			



Generally activity of BAU was documented and implemented. Several procedures (mandatory procedure), internal audit and management review were conducted.

Quality objective was established and implemented.

a. Bagian Pengadaan

Customer satisfaction survey for vendor/supplier was established. Form customer survey for user (Satuan Kerja and Faculty) was established; however implementation of it was not conducted yet.

Monitoring of Tender was conducted.

Notes were raised as follow:

- It is recommended to record condition of goods when receive the goods. If any non conformance product received; it could be useful to record it.
- It is consider to summarize and analyze evaluation of supplier.
- It is consider to implement ERP system for Pengadaan Barang (purchasing process). It could be useful to make simple and minimize purchasing process.
- It could be useful to copy customer complain from PPID and keep the data.

b. Bagian Umum

Customer survey was conducted and implemented.

i. Tata Laksana

Note were raised as follow:

- Consider to be taken to add a note for measure time of SK Rektor (from request to establishment).
- It could be useful to keep back up data for SK Rektor in different building.

ii. Security

Records and procedure were established including Kontrak Kerja for security. Sample was taken on Daftar Jaga Regu Satpam UB, Laporan kehilangan, Berita Acara Penangkapan Pencuri. Discussion for security equipment was also conducted.

Evidence for Security patrol was recorded in Serah Terima Tugas Jaga Satpam UB; however evidence or records that should be followed by Security was not established yet.

Consider to be taken to review regulation of Security. Current Practice, UB was open for public for 24 hours.

iii. Site Tour

Genset Room

- Several notes for improvement were raised in maintenance of tools for Genset in bagian umum such as:
 - APAR in Genset
 - Isolation for diesel oil (solar) in Genset room
 - 5R in Genset Room
- Evidence/record for Genset maintenance

Hydran and Panel Room

- It is consider to review hidran system in Rektorat and implement 5 R in Panel room Rektorat.

c. Bagian Kepegawaian

NC minor was raised in Kepegawaian regarding agenda of Management Review (Please see finding log).

Notes were raised as follow:

- Consider to be taken to measure receiving letter from faculty until sending letter to BKN or DIKNAS in log book monitoring.
- During discussion, it was observed that competency of PNS (non lecture) could be improved. Current Practice, competency in DP3 (Daftar Penilaian Pelaksanaan Pekerjaan) was too general. It could be completed by others data.
- Communication of complain could be improved. Sample was taken on Date 9 March 2011 and 5 January 2011.



Assessment of:	Fakultas Pertanian	Auditee(s):	Mr. Didik (MR. Fakultas Pertanian) Mrs. Nurul Aini (KAJUR Budidaya Pertanian); Mr. Arifin (SEKJUR Budidaya Pertanian); Mrs. Kusriyati; Mrs. Niken; Mr. Wisnu; Mrs. Lili Guide : Mr. Tunggul Son Haji
Audit trails and sources of evidence:			
Fakultas Pertanian <ul style="list-style-type: none">• Quality Manual• Mandatory Procedure• Quality Objective and monitoring• Internal audit and Management Review• Customer survey• Customer complain (e-complain) Jurusan Budidaya Pertanian <ul style="list-style-type: none">• Quality Manual• Mandatory Procedure• Quality Objective and monitoring• Internal audit and Management Review• Customer survey• Customer complain (e-complain)			
Evaluation and conclusions:			



Overall, Quality Manual, Quality Objective, internal audit and Mandatory Procedure (Internal audit, penanganan produk tidak sesuai, corrective preventive action, etc.) in Fakultas Pertanian, Jurusan Budidaya Pertanian, Jurusan Tanah and Jurusan SOSEK were established and implemented. Vision and Mision was established and referred to UB and DIKNAS.

Organisation structure was established and competency of lecture was well demonstrated. Survey of customer was implemented in Fakultas Pertanian, Jurusan Budidaya Pertanian, Jurusan Tanah and Jurusan SOSEK. Customer complain was followed up properly. Identification of resources was defined and Training or DIKLAT was also implemented. Competency and appraisal was conducted and recorded for Lecture and Staf Admin.

Administration function in Fakultas Pertanian was well shown and recorded. Sample was taken on Function Pengadaan and Logistic.

NC minor was raised regarding Agenda of Management Review. ([please see finding log](#))
During assessment, several Jurusan were observed and discussed.

Jurusan Budidaya Pertanian

Assessment of Jurusan Budidaya Pertanian was conducted. Teaching Learning situation and Laboratory was observed and discussed. Sample was taken on Teaching Learning of Genetika Tanaman, Lab. Bioteknologi, Lab. Pemuliaan and Laboratory Fisiologi.

Customer complain and customer survey was implemented and recorded.
NC minor was raised regarding Agenda of Management Review. ([please see finding log](#))

Notes were raised as follow:

- It is consider to add Competency of Lecture (Lecture certification) in Laporan Akhir Jabatan Ketua dan Sekretaris Jurusan.
- Consider to be taken to conduct internal calibration for tools in laboratory Bioteknologi and Fisiologi.
- It could be useful to complete code of tools in laboratory.
- During discussion, it was found complain about student point was not recorded. It could be useful to record it and analyse it.
- Class observation was conducted in subject Genetika Tanaman, no significant finding was raised during assessment.
- Consider to be taken to improve Lab. Bioteknologi such as 5R in laboratory, Cable arrangement for safety concern, ratio of student and laboratory room.
- It could be useful to set cold storage in Lab. Pemuliaan. During assessment it was found this equipment was not in good condition.



Assessment of:	Fakultas Tanah	Auditee(s):	Mr. Sugeng (SEKJUR Tanah); Mr. Sudarto; Mrs. Rini; Mr. Sigit; Mr. Syakhfani Mr. Syafrial (KAJUR SOSEK) and Team Guide : Mr. Tunggul Son Haji
Audit trails and sources of evidence:			
Jurusan Tanah <ul style="list-style-type: none">• Quality Manual• Mandatory Procedure• Quality Objective and monitoring• Internal audit and Management Review• Customer survey• Customer complain (e-complain) Jurusan SOSEK <ul style="list-style-type: none">• Quality Manual• Mandatory Procedure• Quality Objective and monitoring• Internal audit and Management Review• Customer survey• Customer complain (e-complain)			
Evaluation and conclusions:			



Jurusan Tanah

Assessment of Jurusan Tanah was conducted. Teaching Learning situation and Laboratory was observed and discussed. Sample was taken on Teaching Learning of Dasar Ilmu Tanah, Lab. Fisika Tanah and Kimia Tanah.

Customer complain and customer survey was implemented and recorded.

NC minor was raised regarding Agenda of Management Review. (please see finding log)

Notes were raised as follow:

- It is consider to make a complete monitoring of Indikator Kinerja (Quality Objective). During assessment it was not conducted completely.
- Consider to be taken to standardize Survey Kepuasan Pelanggan. This survey in Jurusan Pertanahan was not same with Jurusan Budidaya Pertanian.
- It could be useful to get a feedback from user of UB Alumni. This feedback could be analyzed, and UB can improve from this feedback.
- During assessment, class room observation was conducted. Some improvement could be implemented in class room such as standard for lighting in class room and reducing noise from other class.
- Lab. observation in Lab. Fisika Tanah was conducted. Some notes were raised regarding write off/separation of unused equipment/tools, Schedule for proficiency (uji lab ke lab lain), and Internal calibration program.
- Lab. Observation In Lab. Kimia Tanah was conducted. It was observed that Hasil Uji Lab Jan – June 2011 was not completed by BPT (Balai Penelitian Tanah). It could be useful to make a feedback or complain to BPT regarding this matter.
- Consider to be taken to conduct internal calibration and write off of unshed tools.
- It is recommended to identify secondary container in Lab. Kimia Tanah with appropriate label.
- It is recommended to provide Kain Majun/Serbuk Kayu in Lab. Kimia Tanah.

Jurusan SOSEK

Assessment of Jurusan SOSEK was conducted. Teaching Learning situation and Laboratory was observed and discussed. Sample was taken on Teaching Learning of Ekonomi Pertanian, Pengantar Ekonomi Pertanian and Ekonomi Mikro.

Customer complain and customer survey was implemented and recorded.

NC minor was raised regarding Agenda of Management Review. (please see finding log)

Notes were raised in Jurusan SOSEK as follow:

- It is consider to make a complete monitoring of Indikator Kinerja (Quality Objective). During assessment it was not conducted completely. Current practice It was monitored yearly.
- Consider to be taken to record clearly revision of RKPS if any change was raised. Sample was taken on subject Rancangan Usaha Agribisnis. Modul of subject could be revised based on actual implementation and evidence of Rapat Team Teaching could be reported clearly.

Assessor:	Luhut D Siahaan (ID:06181)
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Assessment of:	Fakultas MIPA <ul style="list-style-type: none">• Prodi S1: Kimia, Fisika, Biologi, Matematika• Prodi S2 : Fisika	Auditee(s):	Abdul Rouf, Widodo, Setyawan PS, Sri Widyarti, Retno Mastuti, Suharjono, Wuryansari, Endang Wahyu, Ratno Bagus, Rahma Fitriani, Adi Susilo, Ahmad Nadhir, Sulen, Aristo yudi,
Audit trails and sources of evidence:			
<ul style="list-style-type: none">• Visi & Misi Fakultas MIPA, RENSTRA 2007-2011,• Structure Organization,• Final Report Workshop Rekonstruksi Kurikulum & Evaluasi Pembelajaran• Syllabus Mata Kuliah, Rencana Program & Kegiatan Pembelajaran Semester (RPKPS)• Tracer Study (Reuni Akbar Alumni F.MIPA)• Jurusan Kimia Praktikum Kimia Analitik III,• Jurusan Biologi Praktikum Fitohormon• Jurusan Fisika Praktikum Elektronika			
Evaluation and conclusions:			



Fakultas MIPA:

- Quality Plan for Fakultas MIPA has been determined in “Rencana Strategis (RENSTRA)”. Objective Target was stated and achievement was monitored. Random was observed for objective target graduate for student 2005 was not achieved. Problem analysis and corrective action plan has been raised and monitored for implementation. Several records was maintained and shown during audit.
- Several findings from stage-1 assessment was observed and closed

Jurusan Kimia:

- Structure Organization has been determined and function process has been explained. Person of Management Representative was stated in Quality Manual (Manual Mutu) point 5.1.
- Document control was maintained including External Document was monitored well.
- Management review has been conducted.
- **It was suggested:** to improve several notes below:
 1. Mandatory agenda could be clear addressed follow ISO requirement
 2. Objective target for “Tingkat Kelulusan Tepat Waktu” could be same level with BAN PT requirement for A class was 50%, previously target was planned 34,4%
 3. Schedule for interval Management Review could be planned and coverage for all mandatory agenda.
- Laboratory activity was observed. Several activities have been reviewed starting from manual for “Praktikum Kimia Analitik III”, Equipment list, Label identification, up to environment arrangement. Several deficiencies were noted, therefore NC- minor was raised, see **Table Log Finding no: 0007JKALSD01**

Jurusan Matematika:

- Structure Organization has been determined and function process has been explained including Management Representative (MR) position.
- Sample taken has been reviewed for subject of “Linier Programming” was conducted by Mrs. Rahma.F. Several evident have been observed starting Diagram Kurikulum, Syllabus Mata Kuliah, RPKPS, up to Attendance List. RPKPS for 5th week has been planed for subject theme “Kasus Kusus & Interpretasi” however actual conducted “Pembahasan Model Metode Big M”.
- **It was considered** to consistency use RPKPS for guidance and monitoring actual subject was delivered, and minutes meeting of Management Review could be maintained.

Jurusan Biologi:

- Structure Organization has been determined and function process has been explained. Management review was conducted and mandatory agenda was observed. It was considered to make schedule conducting Management Review to remain all mandatory agendas will be covered.
- Document control for records retention was determined in Manual Procedure Pengendalian Dokumen dan Rekaman.
- Laboratory (Green House) activity has been observed. Sample taken for subject Fitohormon was reviewed. Several deficiencies were noted, therefore NC- minor was raised, see **Table Log Finding no: 0007JKALSD01**

Jurusan Fisika S1:

- Management Review has been conducted on 8 June 2011. Mandatory agenda has been observed.
- **It was considered:** to make schedule MR in interval period.
- Fisika S1 for subject “Proteksi Radiasi & Dosimetri” has been reviewed. Content of subject was met with syllabus and RPKPS.
- Laboratory for “Praktikum Elektronika Dasar 1” was observed, several deficiencies were noted, therefore NC- minor was raised, see **Table Log Finding no: 0007JKALSD01**

Jurusan Fisika Program Studi S2:

- Objective Target has been determined in Manual Mutu, Graduate achievement was monitored.
- Enter registration was observed for student name : Mr.Marsi Devid S. Several records was shown and maintained.
- **It was considered:** to register and controlled all forms used in student registration activity and set time limit to submitted TOEFL rather than “Boleh Menyusul”
- Back up data system could be determined to control periodic back up and storage external hard disc.
- Document control for records retention was not determined in procedure. NC-Minor was raised, see **Table Log Finding No: 0006JKALSD09**



Assessment of:	<ul style="list-style-type: none">• Jurusan Perencanaan Wilayah Kota (FT)• Prog. Studi S2 Teknik Sipil	Auditee(s):	Bp. Surjono (Kajur PWK) Bp. Ing Wardana (S2-TS) Bp. M Ruslin Anwar (S2-TS) Bp. Achmad Wicaksono (PJM) And others team PWK – S2TS
Audit trails and sources of evidence:			
<ul style="list-style-type: none">• Profil Jurusan Perencanaan Wilayah Kota (PWK), Visi-Misi, Sasaran Mutu Jurusan PWK• Interpretasi Important Performance Analysis• Pedoman Pendidikan Fakultas Teknik UB Jurusan Perencanaan Wilayah Kota (2011/12 – 2015/16)			
Evaluation and conclusions:			
<u>Jurusan Perencanaan Wilayah Kota</u> <ul style="list-style-type: none">• Vision & Mission was stated. Achievement of Objective Target was monitored. However target for next year period was not clear documented. It's was considered to determine next year target achievement.• Over due student graduate was monitor. Base on data, several students were not complete with period 4,5 to 7 years.• It was considered to made analysis and corrective action plan has been made.• Retention of records control was not determined in procedure Document and Records control. NC-Minor was raised see table Log Finding no: 006JKALSD09.			
<u>Program Studi S2 Teknik Sipil:</u> <ul style="list-style-type: none">• Enter registration was implemented as per procedure requirement. Random was observed for student Mr.Nyoman Darma. All requirement starting from transcript, Tesis, up to TOEFL was registered and records were maintained.• Sample was taken for subject "Kajian Lingkungan" content of subject was same with SAP. However RPKPS was not determined yet to all subjects.• It was considered to made and determine RPKPS for all subjects in all semesters.			



Assessment of:	Biro Administrasi Keuangan <ul style="list-style-type: none">• APBN• PNBP• Monitoring	Auditee(s):	<ul style="list-style-type: none">- Bp. Imam Safi'I (Kepala BAK)- Bp. Syarif Utomo (Kabag Akuntansi)- Bp. Sagiya (Kasubag APBN)- Ibu. Mulyaningwati (Kasubag PNBP)- Bp. Lulut Endhi (Kasubag Monitoring)- Bp. Suhartono (Kasubag Akuntansi Keuangan)- Bp. Sutikno (Kasubag Akuntansi Manajemen)
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Audit trails and sources of evidence:

- Manual Mutu BAK, Structure Organization
- Manual Procedure : Anggaran dan Pendapatan Negara, Penerimaan Negara Bukan Pajak
- Manual Prosedur : Monitoring, Akuntansi Keuangan, Akuntansi Manajemen
- Laporan Keuangan BA:203 Semester-1 Tahun Anggaran 2011

Evaluation and conclusions:

- Generally, activities Anggaran dan Pendapatan Negara (APBN) was comply with their procedure. Management Review was conducted on 3 Oct 2011, mandatory agenda and objective target was reviewed and founded in order. Therefore several finding from previous audit was verified and closed.
 - However method and system disposition of records was not determined yet. Sample taken was reviewed at Subag Anggaran dan Pendapatan Negara, therefore finding last audit still open, see Table Log Finding no: **0006JKALSD09**.
 - Several monitoring activity were observed at Sub Bag Penerimaan Negara Bukan Pajak (PNBP) and Sub Bag Monitoring.
 - Akuntansi Keuangan was observed starting from report of Rekonsiliasi Pagu Belanja antara Data SAU & SAI Tingkat KPPN, letter of "Berita Acara Rekonsiliasi", up to Laporan Keuangan BA:203. Records was maintained and demonstrated during audit.
 - Akuntansi Manajemen was reviewed and sample taken was observed for reporting "Laporan Posisi Persediaan di Neraca Tahun Anggaran 2011 Fakultas Hukum" and founded in order as per quality procedure requirement.
- **Suggestions were noted as below:**
1. PNBP & Monitoring: Target and plan receiving budget could be stated for monthly and achievement could be monitored.
 2. PNBP & Monitoring Lead time for finishing review of Surat Perintah Membayar (SPM) could be monitored.
 3. Validation & verification of asset data (ADK:Asset Data Komputer) could be random check and compare with actual condition together with team SPI & BAU.
 4. Records Room (Ruang Arsip) could be arrange with clear identification.
 5. Back up data system

Assessor:	Sugeng Hartono
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Assessment of:	Fakultas Teknik <ul style="list-style-type: none"> • Teknik Elektro • Teknik Sipil • Teknik Pengairan • Teknik Arsitektur • Teknik Mesin 	Auditee(s):	<ul style="list-style-type: none"> • Dekan FT : Prof. Ir. Harnen Sulistio, MSc. Ph.D • MR FT (PD 1) : Ir. Ludfi Djakfar, MSCE. , Ph.D • Kajur Teknik Mesin : Dr. Slamet Wahyudi, ST, MT • MR Teknik Mesin (Sekjur) : Dr. Eng Anindito Purnowidodo ST, M.Eng • Kajur Teknik Sipil : Ir. Sugeng P.Budio, MS • MR Teknik Sipil (Sekjur) : Ir. Siti Nurlina, MT • Kajur Teknik Elektro : Dr. Ir. Sholeh Hadi Pramono, MS • MR Teknik Elektro (Sekjur) : Muhammad Aziz Muslim, ST. MT. Ph.D • Kajur Teknik Pengairan : Ir. Dwi Priyantoro, MS • MR Teknik Pengairan (Sekjur) : Dr. Eng Donny Harisuseno, ST, MT. • Kajur Arsitektur : Dr. Agung Murti Nugroho, ST, MT • MR Arsitektur (Sekjur) : Ir. Damayanti Asikin MT
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Audit trails and sources of evidence: <ul style="list-style-type: none"> • Vision • Mission • RENSTRA DAN MONEV • RENOP DAN MONEV • PROGRAM KERJA DAN MONEV • Internal Audit (Borang Internal Audit Mutu dan Daftar Ketidaksesuaian, Borang Permintaan Tindakan Koreksi) • Management Review (Notulen Rapat Tinjauan Manajemen) • Customer Satisfaction (data from SINERGI) • Curriculum, RPKPS (Rencana Program dan Kegiatan Pembelajaran Semester, Jadwal Kuliah, Buku Pedoman Pendidikan) • Document Control • Visit to lab Pengujian Bahan • Visit to lab Motor bakar • Visit to lab Mekanika Tanah • Visit to lab Struktur dan bahan konstruksi. • Visit to lab Tegangan Tinggi • Visit to lab Elektronika daya • Visit to lab Hidrolika terapan • Visit to lab Building Science (Architecture)



Evaluation and conclusions:

- Overall, Vision, Mission, and Quality objective had been well established in every department with relevant. Monitoring to the quality objective had been in place.
- Internal Audit had been done in Faculty level and Program study level as per schedule. Overall complied with procedure.
- Management review had been all done as schedule. Overall all complied. Effectiveness was shown in Teknik Sipil.
- Customer Satisfaction including complaint
 - In term of PENDIDIKAN, customer satisfaction had been measured in every Program Study. Those were found comply.
 - In term of PENELITIAN and PENGABDIAN MASYARAKAT, measurement of customer satisfaction was done by LPPM. Please see report for area LPPM.
 - One Complaint from student had been found. It had been demonstrated in good handling.
- **Teaching Learning process needed to be improved. Some Jadwal Kuliah doesn't have the RPKPS (Or SAP). Please See Finding Log**
- **Control to the facility needed to be improved. See Finding Log**
- Working environment needed to be improved at Teknik Pengairan, it was found the wet wall in panel box that have risky in safety. Action was demonstrated as the Teknik Pengairan had send requisition of repairing to Fakultas Teknik dated 5 October 2011. Please do fast action.
- Overall, Non Conformance had been under controlled.
- Control of document and record found in place.
- Fulfilment of Human Resource clause was well demonstrated. Competence, awareness and development of teacher and staff were in order.
- Control of non conforming was in order. Corrective and preventive action was demonstrated from response to internal audit result, management review and from teaching and learning process as well as from last external ISO9001 audit. Please refer to audit finding log



Assessment of:	BAPSI	Auditee(s):	<ul style="list-style-type: none">• Dra. Ristika MM• Ir. Pudji Usmanto
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Audit trails and sources of evidence:

- Quality Objective
- Management Review
- Internal Audit
- Corrective and Preventive Action
- Competency and awareness
- Document and record control
- Infrastructure/Facility
- Customer satisfaction
- Rekap Payung Kerja Sama dan Tindak Lanjut tahun 2011
- Prosedure/ Instruksi kerja Prasetya On Line

Evaluation and conclusions:

- **In Quality Objective, target should be result oriented. For example, Pelaksanaan Survey Lapangan, the target stated 220 days. From discussion shown, the real target was accomplishment for specific Survey Lapangan. Please see Audit finding log.**
- Internal audit and management review had been done as per schedule. The implementations shown comply.
- Corrective and preventive action was found mainly from internal audit, management review and external audit. It was complying enough.
- **Mainly, control of document and record was demonstrated. However, in record control, the filing system needed to be improved. It took more than 2 minutes to find the KERJA SAMA file of Pemda Sumbawa. Identification of filing folder might be increased.**
- Activity for ensure competency and human development was demonstrated in general. However, improvement still needed to ensure all staff clear with available procedure or instruction. During audit, found one staff of HUMAS could not explain completely her own process as stated on instruction related to PRASETYA ON LINE.
- Control of facility of BASPSI was generally demonstrated.
- Customer satisfaction had been measured. It was complying.
- Activity related for Perencanaan fisik dan pengembangan, Kerja Sama, Sistem Informasi, and Humas was complying with their procedure in general. Planning, Implementation and monitoring was demonstrated. Overall, record was maintained.



Assessment of:	LPPM	Auditee(s):	<ul style="list-style-type: none">• Prof. Dr. Ir. Siti Chuzaemi. MS• Prof. Dr. dr. Noorhamdani A.S. Sp. MK
Audit trails and sources of evidence:			
<ul style="list-style-type: none">• Quality Objective• Management Review• Internal Audit• Corrective and Preventive Action• Competency and awareness• Document and record control• Infrastructure/Facility• Customer satisfaction• Visit to lab to see you evidence of Pengabdian Masyarakat process.• Prosedur MEMPROSES INFORMASI PENELITIAN DAN PENGABDIAN MASYARAKAT.			
Evaluation and conclusions:			
<ul style="list-style-type: none">• Overall, existing quality objective had been well measured. However target related of customer satisfaction (kepuasan peneliti dan kepuasan masyarakat terhadap kegiatan pengabdian masyarakat) should be also define, although the measurement of this customer satisfaction had been demonstrated.• How to get information regarding Penelitian (Research) and Pengabdian Masyarakat from external, how to process this information, and how to deliver this information to Kandidat Peneliti (Researcher candidate) was important related to LPPM main function. It was recommended to improve the procedure of MEMPROSES INFORMASI PENELITIAN DAN PENGABDIAN MASYARAKAT since the procedure was too general. Detail who, how and when might be more specific.• Control of facility was found in order.• Management Review and internal audit had been conducted as per schedule. The implementation of these activities found complies. Corrective and preventive action was demonstrated.• Document was found under control as well as the record.• Competency and awareness was found in order.			



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	Closed	<ul style="list-style-type: none"> 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. 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. 	(RAZ 19 Oct 2011) : Corrective action was taken found effectively implemented. See similar doc of quality objective report.	Doc review – Quality Objectives supporting process	27 Jun 11	1107RAZ01	5.5
Potential Major NC	Closed	<ul style="list-style-type: none"> 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. 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. <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>	(RAZ 19 Oct 2011) : Corrective action was taken found effectively implemented. See similar doc of Job Description report.	Doc review – Job competency supporting process	27 Jun 11	1107RAZ02	6.2.2
Potential Major NC	Closed	<p>DOC REVIEW AND SPOT ASSESSMENT (FAK KEDOKTERAN)</p> <ul style="list-style-type: none"> Control of document was not always managed properly. Approval and controlled stamp was not available. See doc at Nurse Dept of Medical Faculty. Normative reference to established documented procedure that relate to curriculum development was not always provided as well. 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. 	(RAZ 19 Oct 2011) : Corrective action was taken found effectively implemented. See similar doc of Manual Mutu and master list document.	Doc review – Doc control FK	27 Jun 11	1107RAZ03	4.2.4

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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.#

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Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Potential Minor NC	Closed	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.	(RAZ 19 Oct 2011) : Corrective action was taken found effectively implemented. See similar doc of Renstra that was already corrected.	Doc review – Renstra alignment FK	28 Jun 11	1107RAZ04	5.4
Potential Major NC	Closed	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"> • Checklist internal audit has not been prepared as requested by MP internal audit. • 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. • At PSIK, it was observed that auditee not clear stated. It only stated PSIK without specific area / process. 	(RAZ 19 Oct 2011) : Corrective action was taken found effectively implemented. See similar doc of internal audit report document.	Internal audit - Spot assessment at FK	28 Jun 11	1107RAZ05	8.2.1
Potential Major NC	Closed	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.	(RAZ 19 Oct 2011) : Corrective action was taken found effectively implemented. See similar doc of Management review document.	Management review - Spot assessment at FK	28 Jun 11	1107RAZ06	5.6
Potential Minor NC	Closed	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.	(RAZ 19 Oct 2011) : Corrective action was taken found effectively implemented. See similar doc of Pedoman akademik document.	Teaching learning - Spot assessment at FK	28 Jun 11	1107RAZ07	7.5
Potential Major NC	Closed	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.	(RAZ 19 Oct 2011) : Corrective action was taken found effectively implemented. See similar doc of job description document.	Doc control - Spot assessment at FK	28 June 11	1107RAZ08	6.2.2 4.2.3

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Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Potential Minor NC	Closed	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.
Minor NC	New	<ul style="list-style-type: none"> • There was no evaluation on achievement of Renstra 2007-2012 though this activity stated as one of mandatory activity. • Annual program 2011/2012 was not available as record of strategy deployment from University to faculty. (Note: Later, organization has completed it). • It was also observed that "entrepreneurship" that was defined as one of vision of university has not included yet into Faculty Renstra. There was no aspect that deployed and refers to this aspect. In overall, strategy deployment from University to faculty and PS has not been done properly. 		FK - Strategic Planning	12 Oct 11	1110RAZ01	5.4
Minor NC	New	<ul style="list-style-type: none"> • Criteria to accept student at PBL phase has not been define in current Manual Procedure. This criterion was available on Student Guideline document but this document has not included yet as one of official document of this faculty. • There was no clear mechanism to manage final score resulting from remedial and short semester program. See final score of certain student for major AnFis and BioKimol that change from E to C without proper record of remedial. According to auditee, the respective lecturer has informed to admin staff via phone call. • Infrastructure has not been controlled in regard to lighting, safety (electrical plug) at Lab BioKimol. 		Gizi	12 Oct 11	1110RAZ02	
Minor NC	New	<ul style="list-style-type: none"> • Process of curriculum development has been done with output document called "Pedoman akademik PS PD 2010/2011". It was noted that • Point of changes in this document has not been identified and recorded as required by ISO 9001:2008 clause 7.3. • There was no evidence can be demonstrated that input of design curriculum was available (such as feedback from user, student, evaluation of previous curriculum implementation). • Pedoman akademik has not been identified as quality record that shall be maintained. • Academic year 2011-2012 has been on going but Pedoman Akademik still use 2010/2011 period. <p>Note: Later, PD has completed this document.</p>		PD	13 Oct 11	1110RAZ03	7.3

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Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Minor NC	New	<ul style="list-style-type: none"> • There was no defined method to measure and analyze customer satisfaction perception though organization has conducted "student hearing" on last Sept 2011. this was not compliance to ISO 9001:2008 requirement clause 8.2.1. • Organization has defined quality objective that relate to customer satisfaction; however, measurement of this objective has not been done. See quality objective of customer satisfaction that was set at 80%. • Class observation was done and there was no discrepancy found unless recommendation to compile lecture material immediately, not waiting until lecture period finished. 		Kebidanan	14 Oct 11	1110RAZ04	8.2.1
Minor NC	New	<ul style="list-style-type: none"> • "Pedoman akademik" that was defined as reference to conduct teaching and learning process has not been established for 2011/2011 academic year. Latest "Pedoman Akademik" was established for 2009/2010 period. • Kurikulum 2011/2012 was defined to have 143 SKS for graduate level though Pedoman Akademik 2009/2010 has stated 144 SKS as minimum credit to get S1 strata. • There was no academic advisor appointed for the new student 2011/2012 period though "Pedoman akademik" has stated that appointment of them. • Not all RPKPS have been developed that cover all period of academic year. See RPKPS from 6th semester to 8th semester that was not developed yet. 			14 Oct 11	1110RAZ05	7.5
Minor NC	New	<ul style="list-style-type: none"> • Not all mandatory documented procedure has been established such as Internal audit. • MRM that required by ISO standard has not been completed. There was regular review but no action planned, due date and person in charge documented in official minute of meeting. (Note: Later, minute of meeting was prepared). • Quality objective has been defined but monitoring of actual result has not been completed. See all quality objectives such as ratio of lecturer and student, percentage of lecturer with S2 and S3 degree etc. 			17 Oct 11	1110RAZ06	4.2.2 5.6 5.4

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Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Minor NC	New	<ul style="list-style-type: none"> • Composition of final score that consist of examination and assignment was not always consistently followed. See English for Nurse subject that has 60% for exam, 5% for Present and 35 for assignment while Pedoman Akademik stated 70% for examination and 30% for assignment (for subject that has no laboratory practice). • Validation for test material has not been done though the manual procedure required it. The validation was only completed for answer sheet from student. (Note : Later, this document was completed). 		Keperawatan	17 Oct 11	1110RAZ07	7.5 7.6
Minor NC	New	<ul style="list-style-type: none"> • Academic advisor has not been defined and established for new student (academic year 2011/2012). According to auditee, this process was responsibility of Dean of Faculty. On the other hand, Pedoman Akademik stated that this activity was responsibility of Head of PS. • Some documented procedure has not been developed yet such as internal audit, doc control etc. Manual mutu was available but still not officially released. 		Gigi	17 Oct 11	1110RAZ08	7.5
Minor NC	New	<ul style="list-style-type: none"> • Input of process has not been defined and identified with specific flow. See training need analysis that still done based on information received during Management meeting. There was no specific mechanism to identify training need from other faculty or bureau within university. • Quality objective was not always controlled. See evaluation of KBK that was not completed yet. (Note: Later, LP3 has been completed the manual procedure to evaluate KBK, evaluation report still not done yet). • Not all of quality objective was under control of LP 3. See quality objective that related to teaching learning that use multimedia which is the control is belong to respective faculty or lecturer. 		LP 3	11 Oct 11	1110RAZ09	5.4
Minor NC	New	<ul style="list-style-type: none"> • There was no control to external document that was used as official reference for organization to conduct the process of business. See ISO 17025, SNI 01-2891 standard etc. • Not all part of documented procedure, particularly flow chart, that legible. Quality of copy was poor. See all manual procedure. • Work instruction that contain coding method for sample analysis has not been officially issued. 		LSIH	18 Oct 11	1110RAZ10	4.2.2

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Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Minor NC	New	<ul style="list-style-type: none"> • Work environment was not always controlled to ensure that it will not impact to quality analysis. There was no standard for temperature and humidity of Laboratory. • An acceptance criterion has not been defined to judge whether the calibrated equipment status is OK or not. See distillation and titration unit that was reported has uncertainty level 0.02 PH and not decided yet whether this level is acceptable or not. It needs to be reviewed whether the uncertainty due to warm temperature (24 Celsius degree). • Expiry period for reagent that used for analyzing the sample was not defined yet. 		LSIH	18 Oct 11	1110RAZ11	7.6, 6.3
Minor NC	New	Manual procedure has not been defined for process of quotation and invoicing. It was observed some invoicing to certain client could not be evidenced. See client Honda Prospect Motor, Kalbe Nutritional.			18 Oct 11	1110RAZ12	7.5

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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
Minor NC	New	It was found the SAP/ RPKPS was not complete. From 10 samples found 2 of MATA KULIAH (course subjects) had no SAP i.e FISIKA I (MK TKM4105) for Monday 10 October 2011 and KALKULUS (TKM4101) for Tuesday 11 October 2011. This was not complying with procedure Perkuliahan. (Jurusan TEKNIK MESIN)		Fakultas Teknik/Teaching Learning	19 Oct 11	1110SHS01	7.3
Minor NC	New	It was found some of the equipment not identified as listed on Daftar Barang Ruangan. Example : At Ruang Satya Tirta Teknik Pengairan; Lemari Kaca Besi for code 20701010, Computer set (Code 2120102001), Kursi (Code 2050201003).		Fakultas Teknik/Facility	19 Oct 11	1110SHS02	6.3
Potential Minor NC	Closed	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	SHS (19 Oct 2011) : Last Management Review had been conducted with complete agenda	Faculty of Engineering/Management Review	29 Jun 11	1106SHS02	5.6.2
Potential Minor NC	Closed	Internal audit had been established at manual and at procedure. However, clause 8.2.3 regarding selection the auditor shall ensure objectivity and impartially of audit process was not included at manual and at procedure.	SHS (19 Oct 2011) : Manual and procedure had been included the objectivity and impartially of audit process.	Faculty of Engineering/Internal Audit	29 Jun 11	1106SHS03	8.2.3
Potential Minor NC	Closed	Description of the interaction between clausal and work procedure were not determined in Quality Manual.	SHS (19 Oct 2011) : Finding was closed The interaction had been determined in manual.	BAPSI/Quality Manual	28 Jun 11	0006JKALSD01	4.2.2
Potential Minor NC	Closed	Objective target for has been determined, however consistency for monitoring achievement has not shown during audit.	SHS (19 Oct 2011) : Consistency for monitoring achievement had been demonstrated.	BAPSI/Quality Objective	28 Jun 11	0006JKALSD02	5.4.1
Minor NC	New	In Quality Objective, target should be result oriented. For example, Pelaksanaan Survey Lapangan, the target stated 220 days. From discussion shown, the real target was accomplishment for specific Survey Lapangan on time.		BAPSI/Quality Objective	19 Oct 11	1110SHS03	5.4.1
Potential Minor NC	Closed	Management review has been conducted, however some of mandatory agendas has not reviewed yet	SHS (19 Oct 2011) : Management review had been conducted with complete agenda.	BAPSI/Management Review	28 Jun 11	0006JKALSD03	5.6.1

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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
Minor NC	Closed	Exclude Clausal and Description of the interaction between clausal and work procedure were not determined in Quality Manual	Verification : 17 Oct 11 (LS): Corrective action has been reviewed (CLOSED)	BAK	28 Jun 11	0006JKALSD 04	4.2.2
Minor NC	Closed	Management review has been conducted, however some of mandatory agendas has not reviewed yet	Verification : 17 Oct 11 (LS): Corrective action has been reviewed (CLOSED)	BAK	28 Jun 11	0006JKALSD 05	5.6.1
Minor NC	Closed	Objective target for has been determined, however consistency for monitoring achievement has not shown during audit	Verification : 17 Oct 11 (LS): Corrective action has been reviewed (CLOSED)	BAK	28 Jun 11	0006JKALSD 06	5.4.1
Minor NC	Closed	Method for Control and Identification of records Retention was not determined. Clausal 4.2.4)	Verification : 11 Oct 11 (LS): Corrective action has been reviewed (CLOSED))	BAK	28 Jun 11	0006JKALSD 07	4.2.4
Minor NC	Closed	Quality Manual has not determine : • Exclude Clausal and explanation. • Description of the interaction between clausal and work procedure.	Verification : 11 Oct 11 (LS): Corrective action has been reviewed at FAKULTAS MIPA (CLOSED)	F.MIPA	28 Jun 11	0006JKALSD 08	4.2.2
Minor NC	Closed	Objective target for has been determined, however consistency for monitoring achievement has not shown during audit	Verification : 11 Oct 11 (LS): Corrective action has been reviewed (CLOSED)	F.MIPA	28 Jun 11	0006JKALSD 10	5.4.1
Minor NC	Closed	Management review has been conducted; however some of mandatory agendas have not reviewed yet.	Verification : 11 Oct 11 (LS): Fakultas MIPA and Jurusan Matematika Corrective action has been reviewed founded in order.	F.MIPA	28 Jun 11	0006JKALSD 11	5.6.1
Minor NC	Closed	External Document used was not monitored properly for listed and distributions controlled	Verification : 11 Oct 11 (LS): Corrective action has been reviewed at Jurusan Kimia (CLOSED)	F.MIPA	28 Jun 11	0006JKALSD 12	4.2.3

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Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Minor NC	New	<p>Laboratory Kimia & Fisika:</p> <ol style="list-style-type: none"> All equipment & Measuring tools were not listed and monitored consistency. Measuring equipment could be planned for calibration or verification retention. Label identification was not clear for all bottle, material, Sample test, etc. Environment was not kept clean and un-used material was placed with not properly <p>Laboratory(Green House) Biology:</p> <ol style="list-style-type: none"> Label identification was not clear for sample name, status, and expire date. Environment was not kept clean and un-used material was placed with not properly. 		F.MIPA (Kimia, Fisika, Biology)	14 Oct 11	0007JKALSD 01	7.6
Minor NC	Open	Method for Control and Identification of records Retention was not determined. Clausal 4.2.4).	<p>Verification : 11 Oct 11 (LS):</p> <ul style="list-style-type: none"> Fak. MIPA Jurusan. Biologi was not implemented well (OPEN) Fak. MIPA Jurusan Fisika Prodi-S2 was not implemented well (OPEN) Fak. Teknik Jurusan PWK was not implemented well (OPEN). BAK Sub Bag Anggaran & Pendapatan Negara: Retention of records were determined, however system/method for disposition if records was not determined yet (OPEN) 	- F.MIPA - PWK (FT) - BAK	28 Jun 11	0006JKALSD 09	4.2.4

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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
Minor NC	New	Management review of Kepegawaian was conducted; however the agenda of management review was refer completely to clausul 5.6 ISO 9001:2008.		BAU/Management Review	14 Oct 2011	1410_ANZ_001	5.6
Minor NC	New	Management review of Fakultas Pertanian was conducted; however the agenda of management review was refer completely to clausul 5.6 ISO 9001:2008.		Fakultas Pertanian/Management Review	18 Oct 2011	1810_ANZ_001	5.6
Minor NC	New	Management review of Jurusan Budidaya Pertanian was conducted; however the agenda of management review was refer completely to clausul 5.6 ISO 9001:2008.		Jurusan Budidaya Pertanian/Management Review	17 Oct 2011	1710_ANZ_001	5.6
Minor NC	New	Management review of Jurusan Tanah was conducted; however the agenda of management review was refer completely to clausul 5.6 ISO 9001:2008.		Jurusan Tanah/Management Review	17 Oct 2011	1710_ANZ_002	5.6
Minor NC	New	Management review of Jurusan SOSEK was conducted; however the agenda of management review was refer completely to clausul 5.6 ISO 9001:2008.		Jurusan SOSEK/Management Review	18 Oct 2011	1810_ANZ_002	5.6
Potential Minor NC	closed	There is no evidence of Internal Audit result.	11 October 2011 It was verified and closed	Document Review BAAK	27 Jun 11	1107ANZ_001	8.2.2
Potential Minor NC	closed	There is no evidence of Quality Objective monitoring such as every month, every quarter, etc.	11 October 2011 It was verified and closed	Document Review BAAK	27 Jun 11	1107ANZ_002	5.4.1
Potential Minor NC	closed	Some of Quality Objective was not reported frequently, such as Ketepatan pelaksanaan proses pengadaan barang.	11 October 2011 It was verified and closed	Document Review BAU	27 Jun 11	1107ANZ_003	5.4.1
Potential Minor NC	closed	Form Kalender Akademik was established; however revision number was not implemented yet.	11 October 2011 It was verified and closed	Spot Audit BAAK	28 Jun 11	1107ANZ_004	4.2.3
Potential Minor NC	closed	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.	11 October 2011 It was verified and closed	Spot audit BAAK	28 Jun 11	1107ANZ_005	7.5.1
Potential Minor NC	closed	Implementation of maintenance programs such as AC, Generator was conducted; however evidence of that activities were not established.	11 October 2011 It was verified and closed	Spot Audit BAU	28 Jun 11	1107ANZ_006	7.5.1

1. Grading of the finding *

2. New, Open, Closed

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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
Minor NC	New	<p>Currently polyclinic services covered also for public and insurance but have no a permit from regulator</p> <p>Some measuring equipment was not calibrated yet ;pipette, "tensimeter", weighing scale only by Supplier</p> <p>Expired Medicine and Reagent were found i.e. Widal, (2007) blood test (2010), corsabitol (August 2011) (It was followed up prior closing meeting)</p> <p>Recorded evidence the Daily QC of Cobas, prior analysis as per work instruction was not found</p>	Point -3-4 already followed up prior closing meeting however for point 1-2 still in process	Policlinic	24 Oct 11	1110DGX19	6.3.
Minor NC	New	The forms and records shown in the audits process were not controlled document for example Laporan Hasil Audit (LHA and LHR), audit questionnaires and borang-borang.	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	SPI	18 Oct 11	1110JKADGX /FBZ18	4.2.3
Minor NC	New	<p>Audit frequency, duration and exceptions condition which can affect audit plan, and auditor competency's requirements has not been defined the procedure of audit "Audit Chapter" Doc no 0001001000 Rev 2, dated on 19 Sept 2011.</p> <p>Integrated audit was initially planned to be conducted in February 2011, however it was delayed for five months to August, 2011</p>	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	SPI	18 Oct 11	1110JKADGX /FBZ17	8.2.2
Minor NC	New	<p>There was no requirements has been set to ensure that time to reporting audit result, and time to response corrective actions are taken without undue delay.</p> <p>The audit summary was not supported by the audit forms which define corrective actions and their causes, and Follow-up activities were not including the verification of the actions. Some evidences are: audit conducted in June 15, 2011 to Faculty of Economy, and June 17, 2011 to Jurusan Ekonomi</p>	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	PJM	18 Oct 11	1110JKADGX /FBZ16	8.2.2

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Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Minor NC	New	<p>There was a meeting in 3 March 2011 discussing preparation of the new semester and another meeting (without date) discussing 11 agenda, however feed back from student, status of corrective and preventive action, follow-up actions from previous management reviews and internal audit findings were not discussed in the meeting and recorded in the minutes.</p> <p>Minutes of meeting only stated bullet point of the item discussed and there was no explanation of the items had been discussed. The format of the minutes of meeting could be structured better by adding column of discussion, person in charge, date expected of corrective action plan/taken and the status of items discussion</p>	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	Jurusan Akuntansi	17 Oct 11	1110JKADGX /FBZ15	5.6.2
Minor NC	New	<p>Tutors performance is available for Semester 1 Year 2010/2011. A sample was taken of Dr. Ali Djamhuri, and he was rated high by the student: .4.17 (max 5) as a result of an averages value of Akuntansi Lanjut, Audit Laboratory, and Management Lintas Budaya. In some points in the questionnaires he was rated 3, and It was not found in details the data evaluation and analysis, corrective action plan and the status of the subject when he was rated low by the student, for tutor performance improvement.</p> <p>It was found in the Renstra 2007 to 2009 (page 15), there was a decrease significantly in the number of student interested to study in under graduate program, however there was no analysis to evaluate the data.</p> <p>It was found that IPK was summarized very briefly only on the average, and there was no further evaluation on the IPK to give a comprehensive analysis on the IPK, whether it is distributed normally or need further improvement. For example Murih Yuwono has IPK 2.86 and he was just passed paper test for undergraduate student, although the IPK is below average.</p>	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	Jurusan Akuntansi	17 Oct 11	1110JKAESX /FBZ14	8.4 a 8.4. b

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Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Minor NC	New	<p>Management Review has been conducted in 25 Feb 2011, however feed back from student, status of corrective and preventive action and follow-up actions from previous management reviews and internal audit findings were not discussed.</p> <p>The format of the minutes of meeting could be structured better by adding column of discussion, person in charge, date expected of corrective action plan/taken and the status of items discussion</p>	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	S2 MM (Magister of Management)	14 Oct 11	1110JKAFBZ 13	5.6.2
Minor NC	New	<p>It was found in the Renstra the data collection and analysis for timelines of study, IPK and number of student for the year 2007 to 2009; however there was no data analysis for those indicators in year 2010 and 2011, to see the trend and improvement.</p> <p>There was Evaluation written for lecture Noermijati in year 2010/2011, however The data collected in the Evaluasi Kinerja Dosen was not analyzed and evaluated for further improvement.</p>	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	S2 MM (Magister of Management)	14 Oct 11	1110JKAESX/ FBZ12	8.4.a 8.4.c
Minor NC	New	<p>Management Review has been conducted in 23 March 2011 and 26 Aug 2011, however feed back from student, status of corrective and preventive action and follow-up actions from previous management reviews were not discussed.</p> <p>The format of the minutes of meeting could be structured better by adding column of discussion, person in charge, date expected of corrective action plan/taken and the status of items discussion</p>	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	S2 PMIE (Magister of Economics)	14 Oct 11	1110JKAFBZ 11	5.6.2

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Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Minor NC	New	<p>It was found in the Renstra the data collection and analysis for timelines of study and IPK for the year 2007 to 2009; however there was no data analysis for those indicators in year 2010 and 2011, to see the trend and improvement.</p> <p>There was no Evaluation written for lecture Dwi Budi Santoso SE, MS, PhD from student and also it was not found in the Summary or Rekap Evaluasi Kinerja Dosen in year 2010/2011.</p> <p>The data collected in the Rekap Evaluasi Kinerja Dosed was not analyzed and evaluated for further improvement.</p>	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	S2 PMIE (Magister of Economics)	14 Oct 11	1110JKAESX/ FBZ10	8.4.a 8.4.c
Minor NC	New	<p>Management Review has been conducted in 10 Nov 2010, however feed back from student, status of corrective and preventive action and follow-up actions from previous management reviews were not discussed.</p> <p>The format of the minutes of meeting could be structured better by adding column of discussion, person in charge, date expected of corrective action plan/taken and the status of items discussion</p>	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	Ph D Management Program	13 Oct 11	1110JKAESX/ FBZ09	5.6.2
Minor NC	New	<p>Tutors performance is available for Semester Ganjil Year 2010/2011. Three samples was picked : Prof Eka Afnan, Dr Mintarti Rahayu, and Prof Armanu. They were rated high by the student: .4.9, 4.5 and .4.8 in the scale of max 5. There were also suggestions listed for the tutors concerning the teaching learning method and tutor's soft skills; however there was no evidence showed that the suggestions have been discussed and evaluate for tutor performance improvement.</p>	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	Ph D Management Program	13 Oct 11	1110JKAESX/ FBZ08	8.4 a

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Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Minor NC	New	<p>There were 40 student feedbacks of various matters during August 2010 to September 2011 captured in web based - online SISKAs - and there was no procedure and standard service to response the input from student.</p> <p>The data have been collected to figure the performance of tutors every year, for example it was found that in Ilmu Manajemen Atim Djazuli has index of 32 SKS compared to the requirements 12 – 18 max SKS the tutor can teach, however there is no evaluation where actions needs can be made for continual improvement.</p>	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	Jurusan Management	12 Oct 11	1110JKAESX/ FBZ07	8.4 a
Minor NC	New	There is a documented procedure established to define the record controls, however the list of records has not been completed with identification, storage, protection, retrieval, retention time and disposition of records.	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	Jurusan Manajemen	12 Oct 11	1110JKAESX/ FBZ06	4.2.4
Minor NC	New	<p>Management Review has been conducted in several meetings, 7 Feb 2011, 13 April 2011, 2 May 2011, and 6 June 2011, however feed back, process performance, status of corrective and preventive action and follow-up actions from previous management reviews were not discussed.</p> <p>The format of the minutes of meeting could be structured better by adding column of discussion, person in charge, date expected of corrective action plan/taken and the status of items discussion</p>	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	Jurusan Manajemen	12 Oct 11	1110JKAESX/ FBZ05	5.6.2
Minor NC	New	<p>Management Review has been conducted in several meeting during 2011 however feed back, process performance, status of corrective and preventive action was not discussed in the meeting.</p> <p>The format of the minutes of meeting could be structured better by adding column of discussion, person in charge, date expected of corrective action plan/taken and the status of items discussion</p>	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	Jurusan Ilmu Ekonomi	11 Oct 11	1110JKADGX /FBZ04	5.6.2

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Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Minor NC	New	Data Analysis and of monitoring of the measurement was not fully implemented, for example: a. Time to finish study less than 4 years is conducted every semester, and the number for 2011 is 30%, however it is not stated clearly whether the number is a target or actual achievement. b. The number of student who finish the study less than 4 years in 2010 was 29,5% while in 2009 is 34,8%, however there is no documented root-cause analysis and corrective or preventive action taken. c. It was discussed that one contributing factor that affecting the timeliness of study is score of TOEFL. The LDC is provided to the student, and so far no data available whether the LDC is an effective corrective answer to the timeliness of the student to finish the study. d. The number of drop out is considered small 0.89%. Preventive action was taken by sending letter to the students and his/her parents. Fifteen students with bad record of academic index was invited to the meeting in Feb 17, 2011 to prevent the number of drop out from being increase, and only five attended the meeting. List of attendance is available (dated on May 30 th 2011). The discussion during the meeting was not recorded. e. The Number of student who has academics index more than 3,00 at the end of semester 2010/ 2011 was not available yet. The number of student with academic index < 2.75 in 2010/2011 compared to 2009/2010 was increased from 0 to 5,	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	Jurusan Ilmu Ekonomi	11 Oct 11	1110JKAFBZ 03	8.4 a, 8.4. b
Minor NC	New	Management Review has been conducted in several meeting during 2011:3 January, 15 March, , 23 May, 15 July, 24 Aug (Internal Audits) and 5 April (Organizational change), however feed back, process performance, status of corrective and preventive action was not discussed. The format of the minutes of meeting could be structured better by adding column of discussion, person in charge, date expected of corrective action plan/taken and the status of items discussion.	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	Fakultas Ekonomi	11 Oct 11	1110JKADGX /FBZ02	5.6.2
Minor NC	New	The input of the feedback data has not been analyzed (categorized, percentage). For example feedback from Reny Yustina NIM 0910230115 in Sept 9, 2011 about schedule has not been responded.	Action plan has to be made by auditee and send to LRQA within 90 days from closing meeting. The action plan consist of investigation of root cause problem and corrective action to be taken.	Fakultas Ekonomi	11 Oct 11	1110JKADGX /FBZ01	8.4.a

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8. Assessment schedule

Management system elements to be assessed at each visit: <ul style="list-style-type: none"> • Management review • Management of change • Continual improvement • Internal audit 	<ul style="list-style-type: none"> • Corrective action • Preventive action and system planning • Use of LRQA logo and other marks 	Scheme specific elements: <ul style="list-style-type: none"> • Customer feedback and complaints • Legal compliance • Communications • Prevention of pollution
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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	April 2012	Oct 2012	April 2013	Oct 2013	April 2014	Oct 2014
Start date >	June 2011	TBA	TBA	TBA	TBA	TBA	TBA	TBA
End date >								
Assessor days >	10	33 MD	12	12	12	12	12	
Process / aspect <i>Final selection will be determined after review of management elements and actual performance</i>								
Management (Rector and all relevant staff)		√						
Teaching learning at Faculty and Dept, including laboratory.		√						
Supporting Processes		√						

Next visit details

Visit type	SV 1
Assessor days	12 MD
Due date	April 2012
Actual start / end dates	TBA
Locations	Universitas Brawijaya - Jl. Veteran Malang, Malang - Jawa Timur
Activity codes	8020
Team	TBA
Criteria	ISO 9001:2008
Remarks and instructions	
Note : Travelling from Surabaya to Malang may take 2 Hours.	



9. Assessment plan

Assessment type Initial / Re-certification / Change to Approval	Assessment criteria ISO 9001:2008	
Assessment team Rusli Ananda (ID: 04946), SHS, DGX, ANX, LSD	Assessment dates 11-19 Oct 2011	Issue date June 2011

(Day 1)

Introductory meeting with management to explain the scope of the visit, assessment methodology, method of reporting and to discuss the company's organisation (approximately 30 minutes). The Team Leader will agree a time to meet with top management to discuss policy and objectives for the management system.

LRQA team briefing for a team of two or more assessors or experts.

Discussion of all outstanding issues from previous visits.

Lunch.

Report writing.

Close.

(Day)

Review of findings from previous day. Review of the assessment plan for the day.

Lunch.

Report writing.

Close.

(Day)

Review of findings from previous day. Review of the assessment plan for the day.

Lunch.

Report writing

Close.

(Day)

Review of findings from previous day. Review of the assessment plan for the day.

Lunch.



Report writing

Close.

(Day)

Review of findings from previous day. Review of the assessment plan for the day.

Lunch.

Review of day's findings.

Preparation of final report.

Closing meeting with management to present a summary of findings and recommendations.

Note : assessment schedule was made in separated file due to several team member involved.

10. Continual improvement tracking log ([ISO 9001:2008], [Malang])

Baseline information				
1. Improvement objective reference number:		1110RAZ01	Date first recorded: 18 Oct 2011	
2. What is to be improved?	3. Baseline performance		4. Target performance	5. Target completion date
Running of E - Complaint	NA		Running effective by next 1 st surveillance visit	Mid of 2012
Progress information				
6. Visit type and date	7. Progress summary	8. Current performance		9. Findings log cross reference (if applicable)
				10. Status

11. Certificate details



DRAFT CERTIFICATE OF APPROVAL

This is to certify that the Management System of:

Universitas Brawijaya

**Universitas Brawijaya - Jl. Veteran Malang, Malang - Jawa Timur
Indonesia**

has been approved by Lloyd's Register Quality Assurance
to the following Management System Standards:

ISO 9001:2008

The Management System is applicable to:

**Provision of higher education academic service (graduated
degree and postgraduated degree) including all supporting
activities**

Technical review date:

Office use only

Certificate expiry: **Oct 2014**

Office use;
Assessor enter if
non-standard

Type of certificate:

<input checked="" type="checkbox"/> Single certificate <small>(Complete this form)</small>	<input type="checkbox"/> Certificate per location <small>(Complete separate forms for each location)</small>	<input type="checkbox"/> Multi-site certificate <small>(Complete additional multi-site form)</small>	<input type="checkbox"/> Multiple languages <small>(Complete separate forms for each required language)</small>
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Accreditation / number of certificates:

UKAS / 2	<input type="checkbox"/> RvA /	<input type="checkbox"/> /	<input type="checkbox"/> Not accredited /
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Reason for issue of certificate

<input type="checkbox"/> Initial certification	<input type="checkbox"/> Change of certification	<input type="checkbox"/> Certificate renewal
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Further instructions: (e.g. module and / or annex for directives):

UKAS Register entry (for UKAS accreditation only)	Required <input checked="" type="checkbox"/>	Not required <input type="checkbox"/>
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