



Surveillance 3

Report for:

Universitas Brawijaya

LRQA reference:	JKT 6003728/ 0011
Assessment dates:	24-26 April 2013
Assessment location:	Rectorat Building, 6th Floor, Jl. Veteran Malang, East java
Assessment criteria:	ISO 9001:2000
Assessment team:	Sugeng Hartono Anton Nurkholis Rusli Ananda Hatta Djamil
LRQA office:	Jakarta



Contents

1.	Executive report	3
2.	Assessment summary	4
3.	Assessment Findings Log - ISO 9001:2008	25
4.	- SUB REPORT ISO 9001:2008.....	27
5.	- SUB REPORT ISO 9001:2008.....	28
6.	Assessment Findings Log - SUB REPORT ISO 9001:2008	29
7.	Assessment Findings Log - SUB REPORT ISO 9001:2008	30
8.	Assessment Findings Log - SUB REPORT ISO 9001:2008	31
9.	Assessment Findings Log - SUB REPORT ISO 9001:2008	32
10.	Assessment schedule	33
11.	Continual improvement tracking log ([ISo 9001:2008], [Malang])	34
12.	Visit theme selection	35

Attachments

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

Lloyd's Register Quality Assurance Limited, its affiliates and subsidiaries and their respective officers, employees or agents are, individually and collectively, referred to in this clause as "LRQA". LRQA assumes no responsibility and shall not be liable to any person for any loss, damage or expense caused by reliance on the information or advice in this document or howsoever provided, unless that person has signed a contract with the relevant LRQA entity for the provision of this information or advice and in that case any responsibility or liability is exclusively on the terms and conditions set out in that contract.



1. Executive report

Assessment outcome:

Assessment

An assessment was conducted at the location on the dates cited above. The purpose of this audit was to ensure that the auditee was continuing to maintain quality system, to meet the organization's objectives, in conformance with ISO 9001:2008 requirements.

The scope of the assessment was a review of the scheduled processes and any area(s) of nonconformance cited and/or remaining open from the previous audit.

Some nonconformities finding were cited during this audit event. None of the findings in major category.

Recommendation :

Based on the assessment, the organization was able to demonstrate the capability to implement and maintain its quality system in conformance with ISO 9001:2008 requirements. Therefore, the assessment team recommends approval for continued registration.

System effectiveness and continual improvement:

Commitment management as demonstrated by organization capability to implement quality management system has effectively shown. A lot of achievement has attained during last six months such as international accreditation. Regular activity such as management review, internal audit and monitoring quality objective (in term of "Renstra") was done.

Areas for management attention:

All finding which listed in Audit Finding Log



2. Assessment summary

Introduction:
<ul style="list-style-type: none"> • This assessment was conducted by Sugeng Hartono, Rusli Ananda, Hatta Djamil, Anton Nurkholis 12 Man Days. Team lead in this assessment was Sugeng Hartono • Evaluation and conclusion from each process/aspect/area was written on each process table. Some corrections needed and room for improvement may be noted by this report. The notes would be issued when deviated process and activities found but not reach minor or major category. • Minor or Major finding would be specifically note in “Assessment Finding log”. • For minor finding, the organization shall send the written action plan to LRQA within 90 days after closing meeting. • Opening meeting had been conducted before assessment. The meeting was attended by MR and Top Management representation and related staff. In this meeting, method of assessment had been conveyed and agenda of assessment had been agreed. • Result of assessment had been conveyed on Closing Meeting which is held after assessment event. The meeting was attended by MR and representation of Top Management and related staff. • Next assessment would be Surveillance 4. Detail of next visit could be seen in “Next Visit Detail” (below table “Asessment Schedule”) • The audit team would like to thank all personnel for their hospitality and cooperation during the assessment.

Assessor:	Sugeng Hartono
------------------	----------------

Assessment of:	Discussion with top Management	Auditee(s):	Prof. Dr. Ir. Yogi Sugito Prof. Dr. Ir. Bambang Suharto Prof. M. Bisri
-----------------------	--------------------------------	--------------------	--

Audit trails and sources of evidence:
<ul style="list-style-type: none"> • Vision and mission • Development Roadmap

Evaluation and conclusions:
<p>From the discussion with top management :</p> <ul style="list-style-type: none"> • The commitment of top management is very good. • Vision of UB : “Being international standard university had been implemented” was well maintained and always in progress. On year 2012 two program study Economic and Business and Teknologi Hasil Pertanian had been internationally accredited. In 2014, 14 program studies is targeted to be internationally accredited (Asean Network Quality Assurance). • 3 stars of QS was achieved in 2012; In 2011 it was 2 star shows the good improvement achieved by UB. • In general, problem had been identified and the management had been documented the focus, priority of activities in this year in Renstra and Program Kerja. • Tightness ration (“Rasio Ketetapan”) was increase from 1 : 8 to be 1 : 12. It was shown that UB succeed to improve the satisfactory perception of customer.

Areas for attention:
<i>None</i>



Assessment of:	PJM	Auditee(s):	Prof M Bisri and team
Audit trails and sources of evidence:			
<ul style="list-style-type: none">• Training• Control of Accreditation• Internal Audit• Management Review• Documentation			
Evaluation and conclusions:			
<ul style="list-style-type: none">• Training for quality management system awareness had been in good plan and controll.• A deficiency found in controlling the accreditation. Please find Assessment Finding Log.• Internal audit had been well implemented in October 2012. These activities had been reviewed by assessor in last audit. The now audit was focus on action plan and how the auditor from PJM verified the finding. Please see in areas of attention.• Management review had been conducted on 7-8 January 2012. Specifically for audit result, it was done in December 2013. Input of review found complete as required by clause. Result of review was clear which is Renstra and Program Kerja. Overall process was good.• In documentation matter. Control of document and record control found good.• Quality objective had been established properly and had been measured consistently.			
Areas for attention:			
<ul style="list-style-type: none">• <i>Control of action plan from Internal Audit need to be improved.</i><ul style="list-style-type: none">○ <i>Corrective action shall be specific</i>○ <i>Verification of action shall be documented as required by procedure.</i>• <i>Pendidikan Kedokteran and Ilmu Keperawatan FK accreditation would be expired on 2 May 2013 and 26 April 2013. However there was no status/score for readiness of accreditation (BAN PT) as required by Accreditation Control Procedure. (Minor)</i>			



Assessment of:	BAUK	Auditee(s):	Mr. Imam Ms. Lies Mr. Katri Ms. Rosada
-----------------------	------	--------------------	---

Audit trails and sources of evidence:

- Manual Prosedur Kenaikan Jabatan Fungsional Lektor Kepala dan Guru Besar.
- Data Kepegawaian : Farah Himah; Rosalita Rachman
- Surat Usulan Kenaikan Pangkat
- Laporan Kegiatan Rutin kebersihan dan pertamanan
- Rencana pemeliharaan genset, mobil
- Daftar Inventaris
- Program Kerja Kebersihan dan Pertamanan
- E-complaint
- Buku Ekspedisi SK Rektor
- Rekapitulasi surat keluar/masuk
- Sasaran Mutu.

Evaluation and conclusions:

- Audit was focused on process and objective of : recruitment of new employee; processing the proposal of grading increment, infrastructure and maintenance of rectorat and Administration of incoming and outgoing letter for rectorat.
- ***A minor deficiency was found in processing the proposal of grading increment, it was found by that the proposal of Dr. Ir. Jhohanes Bambang Rahardi W.Ms; Ir. Wahono Hadi Susanto Ms; Ir. Aji Sutrisno Phd had been received on 18 Januari 2013, however until now the proposal was not forwarded yet to Jakarta. Procedure MP 00006 02030 require 2 weeks. Please see in Assessment finding log.***
- In recruitment of employee, in general the process and activities was found in order; however it was needed that the evidence of passing the test was well filed. It was found that test file for Farah Himmah was missing.
- Infrastructure identification and maintenance found good in general. However it was needed to detail the activities on maintenance plan. For example for Mitsubishi Bus N 7025 AP.
- For Administration of incoming and outgoing of letter found good.
- Quality objective basically had been measured. However the objective was not specific. Example : "Peningkatan pelayanan administrasi tugas belajar".

Areas for attention:

- ***Please control the process of handling proposal for grade increment (Minor)***
- Please complete the employee file with evidence of pass test (written and interview test).
- Please specify the planning of maintenance.
- Please be specific and specifically measurable when making the quality objective.



Assessment of:	SPI	Auditee(s):	Dr. Ir. Osfar Mr. M Khoirul R Mr. San Rudiyanto SE Mr.Moch Agung K St.
Audit trails and sources of evidence:			
<ul style="list-style-type: none">○ Rencana Kerja 2013○ Laporan hasil Audit 2011-2012 Fakultas Hukum○ Laporan hasil Audit 2011-2012 Fakultas Perikanan dan Ilmu Kelautan○ Training plan 2013: Sertifikasi Internal Auditor); July akan training di BPKP Auditor Pengawasan Pengadaan Barang○ Training 2012 : Sertifikasi auditor oleh JFA (BPKP) ; LKPP Sertifikasi Pengadaan Barang;.○ Personnel file : Mr. Gigih (hukum) Mr. Agung; Ms. Nia Rahmadani○ MP "tindak lanjut"○ Quality Objective			
Evaluation and conclusions:			
<ul style="list-style-type: none">○ Process and activities in SPI found good. It was included Keuangan, Sarana Prasarana, TI, Pembangunan and Kepegawaian.○ Planning for doing auditing had been well documented and monitoring. It was found the time line was well followed.○ Report of audit was in good file. Sample taken for report of Fakultas Hukum and Fakultas Perikanan dan Ilmu Kelautan. Findings had been clear and specific. Evaluation and conclusion had been taken. Report to top management had always done in good manner.○ Quality Objective had been established and measured.○ In this audit, the development of employee was also identified. Training for auditor was always planned for develop auditor.			
Areas for attention:			
<i>None</i>			



Assessment of:	PIDK	Auditee(s):	Mr. Ubayd Afafa R.K.A. Md Miss Drs Susantinah R And team
Audit trails and sources of evidence:			
<ul style="list-style-type: none">○ SK rektor 478/SK/2012○ E-complain.○ Tugas dan wewenang PIDK○ UB dalam Angka.○ Quality Objective			
Evaluation and conclusions:			
<ul style="list-style-type: none">○ In general the PDIK had fulfilled the task of department which is handling documentation, information and complaint. However any attention may be needed. This attention may require attention not only from PIDK but from all management. Please see the bellow Area for Attention box.			
Areas for attention:			
<ul style="list-style-type: none">○ <i>As a data centre of complaint, the PIDK had done the process business appropriately, however improvement may be needed in :</i><ul style="list-style-type: none">○ <i>Established the procedure in handling complaint until verification in all UB in term of UB.</i>○ <i>To develop more detail report</i><ul style="list-style-type: none">▪ <i>What topic had most complaint</i>▪ <i>On time response report from all unit</i>○ <i>To specify quality objective</i>○ <i>Structure organization had been established with SK rektor 478/SK/2012; however the person in charge was not yet available. (Kepala Pangkalan data indormasi dan keluhan, Kepala Seksi Data dan Kepala Seksi Pelayanan Informasi dan Keuangan)</i>			



Assessor:	Hatta Djamil (ID 06411)
------------------	-------------------------

Assessment of:	BAK	Auditee(s):	Mrs. Dra. Ernani, MM, Mr. Drs. Sagiya and Team Guide: Ms. Herawati
-----------------------	-----	--------------------	---

Audit trails and sources of evidence:

Program Kerja BAK UB Tahun 2013, Keputusan Menteri PAN No. KEP/25/M.PAN/2/2004, Pendapat Responden Tentang Pelayanan Publik, MP Beasiswa 090000206026, Petunjuk Singkat Program Bidikmisi 2013, Keputusan Rektor UB No. 340/SK/2010, Daftar Calon Penerima Bidikmisi UB 2012, Surat Permohonan Penertiban SK Penerima Beasiswa Bakti BCA, Perjanjian Kerjasama anatar BI dengan UB Tentang Program Beasiswa No.14/1/DSDM/MI and No. 59/UN10/DN/2012, Jadwal Monitoring Pelaksanaan Kegiatan Bidang Penalaran UB Tahun 2013, Borang Laporan Audit Internal Mutu dan daftar Ketidaksesuaian, Sasaran Mutu

Evaluation and conclusions:

Procedure and records in BAK were observed and discussed during assessment. There was no customer complain (e-complain) that officially recorded in BAK in year 2013

Several program in BAK such as Beasiswa and Laporan Pertanggung jawaban were shown and discussed.

Overall, good management was evident. Basis the records reviewed for operation (customer survey, complaint, activities report, quality objective, etc), all relevant processes assessed were found satisfactorily implemented to support the requirements of the manual procedure

Areas for attention:

- *Care should be taken to reviewed customer survey analysis to ensure the organization's capability that conforms to regulation requirements (KEP/25/M.PAN/2/2004)*
- *Consideration could be taken to establish master list of documents in relation to applicable regulations to ensure that changes and the current revision status of documents are identified*
- *Care should be taken the corrective action of internal audit findings should be clearly defined properly due to the prevent recurrence was accommodated by the standard*
- *Care should be taken to review root cause of quality objectives was not achieved to ensure the organization's implement actions necessary to achieved planned result and continual improvement of these processes*
- *Care should be taken scholarship list issued by academic should be signed by personal authority to ensure that relevant versions of applicable documents are available at points of use*



Assessment of:	BAAK	Auditee(s):	Mr. Agus and Team Guide: Mr. Tri Wahono
-----------------------	------	--------------------	--

Audit trails and sources of evidence:

Struktur Organisasi, Promotion Plan, Laporan Hasil Kunjungan Dalam Rangka Sosialisasi Jalur Masuk ke PTN, MP Promosi dan Sosialisasi Pendidikan 090000206010, Daftar Program Studi dan Daya Tampung UB Seleksi Masuk Semua Jalur Tahun 2012 dan 2013, Jadwal Penerimaan Mahasiswa Baru S1 dan Vokasi (Diploma), Program Kesepakatan Bersama No. 01/UN10/DN/2013, Perjanjian Kerjasama No.011/OSCT/SK/13, Kartu Kendali, MP Pembuatan dan Penandatanganan Piagam Kesepakatan Bersama/Perjanjian Kerjasama 0000302009, Pengumuman SNMPTN Undangan, Borang Klasifikasi Keluhan Pelanggan, Hasil Rekap Evaluasi Kepuasan Pengguna Jasa Layanan Umum Di Bagian Akademik dan Pembelajaran, Sasaran Mutu

Evaluation and conclusions:

Generally, the activities in this area has been reviewed and found to be in order according to the documented system. Monitoring of students registration, memorandum of understanding and customer satisfaction measurement has been properly recorded and maintained.

Areas for attention:

- *Consideration could be taken to establish parameter evaluation of promotion to ensure performance effectiveness of the actions taken*
- *Consideration could be taken to reviewed manual procedure that define acceptance of changes to contracts in agreement (MOU) to ensure the organization has the flexibility in case it was not accordance with planned arrangement*
- *Customer complaints handling was reported but it needed further analyse appropriate data regarding information trends of problems for reviewing the effectiveness of corrective action and opportunities for preventative action*
- *Consideration could be taken to separate customer measurement classification based on students, lecturer and employees. These objective needs to make sure implement effective arrangements for communicating with customers*



Assessment of:	- Program Pasca Sarjana - PS S-2 Pengelolaan Sumberdaya Lingkungan dan Pembangunan - PS S-2 Kajian Wanita	Auditee(s):	Mr.Prof. Dr. Ir. Soemarno, MS Mr. Dr. Bagio Y Mrs. Dr. Hesti Guide: Mr. Amin Setyo Leksono
-----------------------	---	--------------------	---

Audit trails and sources of evidence:

Borang Tindakan Perbaikan (CAR), Laporan Kinerja Program Studi, Rencana Perkuliahan Program Magister Pengelolaan Sumberdaya Lingkungan Program Pasca Sarjana 2012, Kurikulum PSL1012, Analisis Soal Ujian Thesis dan Tindakan Solusi Perbaikannya, Analisis Evaluasi Kepuasan Pelanggan (Mhs) dan Tindakan Solusi Perbaikannya, Sasaran Mutu

Evaluation and conclusions:

In order to quality of post graduates is the skill of building the abilities of assimilating the knowledge in the area of educational needs and the implementation of this knowledge to creating mechanisms allowing to fulfilled expectations of stakeholders was found to be in order.

In the view of the general, it can be accepted, that the quality of the post graduates which it fulfils the growing requirements of surroundings and helps in the students' development.

Areas for attention:

- In order to define an effective quality model for post graduates, consideration could be taken to review model of curriculum design. These may include the following, although this is not an exhaustive list: respect for stakeholder's needs and requirements, work force training and participation, focus on processes, partnership with suppliers, measuring results and continuous improvement. This enables to the post graduate verify that detect whether or not the work is done in accordance to the requirements, which, together with the defined planes, gives the institution the opportunity to detect and analyse any organizational activity*
- Consideration could be taken to review matrix competency of lectures to ensure the necessary competence for personnel performing work affecting conformity to learning process*
- Care should be taken to review root cause of quality objectives was not achieved to ensure the organization's implement actions necessary to achieved planned result and continual improvement of these processes*
- Consideration could be taken to establish criteria for selecting of partnership body (national) in order to their ability to fulfil agreement in accordance with the organization's requirement*
- Evaluation of thesis examination was carried out however consideration could be taken to further analyse appropriate data regarding information trends of adequacy for reviewing the learning processed*
- Consideration could be taken to segregation laboratory facility standard used for research and practicum to ensure reliability of microbiology laboratory results*
- Care should be taken to clearly defined that storage monitoring to maintain product quality during storage implemented accordingly regarding control of temperature specification for microbiology media and or samples to ensure suitability its used*



Assessment of:	BAKP	Auditee(s):	Mr. Imam Syafii, SE.MM, Drs. Syarif Utomo, MM, Mr. Sutikno, S.Sos.MM, Mr. Heri Prawoto, S.Sos, Mr. Bambang Heriyanto, SE.M.AB, Mr. Lulut E S, SE.M.AB, Drs. Suhartono and Team Guide: Mr. Tri Wahono
-----------------------	------	--------------------	---

Audit trails and sources of evidence:

Organization Structure, Laporan Akuntabilitas Kinerja Instansi Pemerintah (LAKIP) 2012, Rencana Kerja Anggaran Kementerian / Lembaga (RKA-KL), DIPA (Daftar Isian Pelaksanaan Anggaran) Tahun Anggaran 2013 No. DIPA-023.04..2.414989/2013, Sasaran Mutu, Berita Acara Rekonsiliasi, Pengawasan Kredit Dana PNBPN, Surat Perintah Pencairan Dana, Kartu Kendali, Aplikasi SAKPA 2013, Surat Permintaan Koreksi Data, SIMAK BMN, Kebijakan Penyusutan Peralatan dan Mesin Lainnya, Berita Acara Penyusutan Aset, Sistem Akuntansi Keuangan, Kartu Kendali Dokumen Pengajuan BUPTN 2012, Sasaran Mutu

Evaluation and conclusions:

It was demonstrated that financial performance and planning deliverables are controlled in accordance with planned arrangements (LAKIP, RKA-KL, PBNP and DIPA). The objectives appeared to cover the main business processes and risks (reconciliation).

The activity related to collection including monitoring and reporting was observed to be in order as required by company procedure. Account Receivable and summary of financial report was made and reported in monthly. Based on sample taken, no negative point was noted

Overall, good management was evident. Basis the records reviewed for operation, all relevant processes assessed were found satisfactorily implemented to support the requirements of the quality management system.

The system was well established and no non conformity finding to be reported from the BAKP however a note was given as below:

Areas for attention:

- *Consideration could be taken to establish history form regarding application regulation in order to suitable identification to them if they are retained for any purpose*
- *Consideration could be taken to review depreciation the reliability of machinery and others in financial report to ensure the maintenance needed to achieve conformity to product requirement*
- *Consideration could be taken to calculate adequacy of storage capacity in order to maintain of the records*



Assessment of:	Program Pasca Sarjana - PS S-2 Kajian Wawasan Nusantara dan Ketahanan Nasional - PS S-3 Kajian Lingkungan dan Pembangunan	Auditee(s):	Mr. Prof. Zaenal Fanani Mr. Dr. Sasmito Djati and Team Guide: Mr. Tri Wahono
-----------------------	---	--------------------	--

Audit trails and sources of evidence:

Alur Pembelajaran PDKLP-PPSUB, KATPD, Kuisoner Proses Pembelajaran Program Pasca Sarjana, Kartu Konsultasi KATPD, Kartu Hasil Studi, Evaluasi Hasil Seminar, Borang Penilaian Artikel Publikasi Jurnal International, Berkas Penilaian Seminar Hasil Penelitian, Program Kesepakatan Bersama, Laporan Kinerja Program Studi, Program dan Laporan Kerja Program Studi, Kurikulum Program Magister Kajian Wawasan Nusantara dan Ketahanan Nasional, Rencana Program dan Kegiatan Pembelajaran Semester, Curriculum Competency, Sasaran Mutu

Evaluation and conclusions:

PS S-2 Kajian Wawasan Nusantara dan Ketahanan Nasional

The core objective of the programmed is to serve the community and to support the government in finding solutions for the strategic development. In view of the fact that the objectives were consistent with Indonesian development policies and programs. In long term perspective, it would contribute to ensure Indonesia development sustainable

PS S-3 Kajian Lingkungan dan Pembangunan

To improve the internal efficiency of education, the quantitative and qualitative improvements in postgraduate education were established, and strengthen research an activity was found to be in order.

Areas for attention:

PS S-2 Kajian Wawasan Nusantara dan Ketahanan Nasional

- *Care should be taken to establish practical program implementation to ensure appropriate skill in accordance with planned arrangement*

PS S-3 Kajian Lingkungan dan Pembangunan

- *Consideration could be taken to establish parameter effectiveness of "Program Alih Tahun" was accomplished in accordance with planned arrangement before continue to next step program (Kuliah Semester 1)*
- *Care should be taken to review evaluation standard regarding consultancy card KATPD to ensure the measurable result*
- *Care should be taken to reviewed UV lamps for room sterilization as necessary (verification) to ensure that monitoring and measurement can be carried out to provide evidence of conformity of product (sterilization for room) in LSIH Laboratory*

Assessor:	Anton Nurkholis (ID: 05891)
------------------	-----------------------------



Assessment of:	Fakultas MIPA	Auditee(s):	Mr. Marjono; Mr. Yudi; Mr. Farid Rachman; Mr. Agung; Mrs. Vira; Mrs. Nunung; Mrs. Diah; Mrs. Watik; Mr. Wisnu; Mr. Didik; Mr. Hari; Mrs. Rini; Mrs. Eva Guide: Mr. Marsoedi
-----------------------	---------------	--------------------	--

Audit trails and sources of evidence:

- 1) Quality Manual Fakultas MIPA
- 2) Mandatory Procedure, (Internal Audit, Tindakan Perbaikan dan Pencegahan, Control document dan Catatan, Penanganan ketidaksesuaian Produk)
- 3) RENSTRA Fakultas MIPA
- 4) e-complain from Rektorat (Pusat)
- 5) Internal Complain in FMIPA
- 6) Quality Objective/Sasaran Mutu
- 7) Internal Audit by PJM in Fakultas MIPA
- 8) Management Review in Fakultas MIPA
- 9) Competency of Dosen/Lecturer in Fakultas MIPA

Evaluation and conclusions:

- Quality Manual, Mandatory Procedure, RENSTRA were established and implemented. Understanding of QMS ISO 9001:2008 was demonstrated during assessment.
- Mandatory Procedure (Internal Audit, Tindakan Perbaikan dan Pencegahan, Control document dan Catatan, Penanganan ketidaksesuaian Produk) and records in Fakultas MIPA were demonstrated and shown during assessment.
- Internal audit by PJM was conducted in Fakultas MIPA. Result of internal Audit Cycle 11 was followed up and closed. Management Review in Fakultas MIPA was conducted and reported. The Agenda of Management Review was also referred to Standard ISO 9001:2008.
- Previous findings during stage 2 was also followed up and could be closed.
- Almost, there was no complain from e-complain in year 2012. It was sight that competency of Lecturer in Fakultas MIPA was comply with BAN PT and almost all of the Program Study was A grade from BAN PT.
- Positive finding was raised regarding commitment of Team Fakultas MIPA regarding implementation of Quality Management System ISO 9001:2008.
- **Notes for Improvement were raised in FMIPA as follow:**
 - *Consider to be taken to review **MP Penanganan Keluhan dan evaluasi kepuasan Pelanggan**. The frequency of Evaluation was not described clearly.*
 - *Consider to be taken to update result of AIM cycle 11 in **Intranet FMIPA**.*

Areas for attention:

- a) **MP Penanganan Keluhan dan Evaluasi kepuasan Pelanggan**
- b) **Result AIM cycle 11 in Intranet FMIPA.**



Assessment of:	PS S1 Biologi and PS S2 Biologi	Auditee(s):	Mr. Widodo; Mrs. Sri W.;Mrs. Rafina; Mrs. Rodiati; Mrs. Mastuti; Mr. Suharjono; Mr. Triadi Guide: Mr. Marsoedi; Mr. Yudi
Audit trails and sources of evidence:			
PS S1 Biologi <ul style="list-style-type: none">a) Renstra Jurusan Biologib) Quality Manual in Jurusan Biologic) Mandatory Procedure in Jurusan Biologid) Procedure in Laboratorye) List of Tools/Daftar Alat in Laboratoryf) Jadwal Mata Kuliah and Teaching Learning Process in S1g) Competency of Lecturer/Dosen and Evaluasi Kinerja Dosenh) Laboratory Observationi) Tracer Studyj) Survey Kepuasan Pelanggank) e-complainl) complain internalm) Evaluation of curriculumn) BAN PT Accreditation PS S2 Biologi <ul style="list-style-type: none">a) Renstra Jurusan Biologib) Quality Manual in Jurusan Biologic) Mandatory Procedure in Jurusan Biologid) Procedure in Laboratorye) List of tools/Daftar Alat in Laboratoryf) Laboratory Observation			
Evaluation and conclusions:			



- Mandatory Procedure (Internal Audit, Tindakan Perbaikan dan Pencegahan, Control document dan Catatan, Penanganan ketidaksesuaian Produk) Jurusan Biologi, RENSTRA, Evaluation of Curriculum and records in PS S1 and PS S2 Biologi were demonstrated and shown during assessment.
- Internal audit by PJM AIM Cycle 11 in PS S1 Biologi was conducted and followed up by PS S1 Biologi. It was verified and closed.
- Management Review in Jurusan Biologi was conducted and agenda was comply with ISO requirement.
- Competency of Lecturer was shown and Evaluasi Kinerja Dosen was conducted and reported in PS S1 Biologi and PS S2 Biologi.
- Teaching Learning and Laboratory Observation were conducted during assessment. Sample was taken on Ruang Biologi, Lab. Physiology Tumbuhan, Lab. Micro Teknik, Lab Physiology Hewan, and Lab Biokomputasi.
- *No significant finding was found in PS S2 Biologi.*
- Minor finding was raised in PS S1 Biologi during site visit in Laboratory ([Please see finding log](#)).
- **Notes for Improvement (Required Correction) were raised in PS S1 Biology as follow:**
 - *Consider to be taken to put date in **Daftar Keluhan Jurusan Biologi tahun 2012**.*
 - *It could be usable to **measure time to close Keluhan/complain** and **set a target** for this matter.*
 - *During site visit in class room (Ruang Biologi), several notes could be improved in Ruang Biologi, such as roof of class room was leakage, arrangement of cable in class room and lamps in class room.*
 - *Even though cleanliness was maintained in Lab. Physiology Tumbuhan; consider to be taken to review capacity of Laboratory.*
 - *Consider to be taken to make analysis deeply regarding **Hasil Evaluasi Proses Belajar Mengajar (PBM)**. Based on data in biologi umum, there was a gap in upaya dosen untuk mengembangkan jiwa kewirausahaan.*
 - *Training for English could be reported and recorded.*
 - *In year 2013, Tracer study could be implemented to get the improvement. Last tracer study was conducted in year 2008.*

Areas for attention:

- a) Deficiency (minor NC) in Laboratory***
- b) Daftar Keluhan Jurusan Biologi***
- c) Measure time to close Complain***
- d) Infrastructure improvement***
- e) Capacity of Lab. Fisiologi Tumbuhan***
- f) Hasil Evaluasi Proses Belajar Mengajar***
- g) Training of English***
- h) Tracer Study***



Assessment of:	PS S1 Fisika, PS S2 Fisika	Auditee(s):	Mr. Adi Susilo; Mr. Abdul Rouf; Mr. Nadir; Mr. Masruroh; Mr. Yudi; Mr. Didik Guide: Mr. Marsoedi; Mr. Yudi
Audit trails and sources of evidence:			
PS S1 Fisika <ul style="list-style-type: none">a) Renstra Jurusan Fisikab) Quality Manual in Jurusan Fisikac) Mandatory Procedure in Jurusan Fisikad) Procedure in Laboratorye) List of Tools/Daftar Alat in Laboratoryf) Jadwal Mata Kuliah and Teaching Learning Process in S1g) Competency of Lecturer/Dosen and Evaluasi Kinerja Dosenh) Laboratory Observationi) Tracer Studyj) Survey Kepuasan Pelanggank) e-complainl) complain internalm) Evaluation of curriculumn) BAN PT Accreditation PS S2 Biologi <ul style="list-style-type: none">a) Renstra Jurusan Fisikab) Quality Manual in Jurusan Fisikac) Mandatory Procedure in Jurusan Fisikad) Procedure in Laboratorye) List of tools/Daftar Alat in Laboratoryf) Laboratory Observation			
Evaluation and conclusions:			



- Quality Manual, Mandatory Procedure (Internal Audit, Tindakan Perbaikan dan Pencegahan, Control document dan Catatan, Penanganan ketidaksesuaian Produk), RENSTRAT and records in PS S1 Fisika dan PS S2 Fisika were demonstrated and shown during assessment.
- Internal audit cycle 11 by PJM was followed up and reported.
- Minor NC was raised regarding management review and Quality Objective (please see finding log).
- Competency of Lecturer, Evaluasi Kinerja Dosen, and Evaluation of Curriculum were conducted and reported.
- Teaching Learning Observation and Lab Observation were discussed during assessment. Tracer Study was conducted and reported. Acoustic room, in focus, Air condition were implemented in class room SF1.
- *There was no significant finding in PS S2 Fisika.*
- **Notes for Improvement were raised as follow:**
 - *Summary of Questioner PBM Semester ganjil 20012/2013 could be implemented.*
 - *IT System for Penilaian was demonstrated. It could be implemented in other PS.*
- **Teaching learning observation:**
 - *Audio Tools was not used to cover the class room SF1 effectively.*
- **Lab Observation:**
 - *House keeping for Acid room in Lab Biofisik could be improved.*
 - *Several tools in Lab. FISMAT was not in good condition, such as FTIR, Thermometer Digital, Uji Tarik and Printer. Based on discussion, these tools were used for research not for regular.*

Areas for attention:

- a) Management Review Agenda and Quality Objective**
- b) Audio tools**
- c) House Keeping in Acid Room**
- d) Tools in Lab FISMAT**



Assessment of:	PS S1 Kimia, PS S2 Kimia	Auditee(s):	Mr. Edy Susilo; Mr. Ahmad; Mr. Masruri; Mrs. Ani M.; Mr. Sarjito; Mr. Dinar; Mr. Suratmo; Mr. Sutrisno; Mrs. Ana Rosdiana; Mrs. Barla; Mr. Ahmad S. Guide: Mr. Marsoedi; Mr. Yudi
Audit trails and sources of evidence:			
PS S1 Kimia <ul style="list-style-type: none">a) Renstra Jurusan Kimiab) Quality Manual in Jurusan Kimiac) Mandatory Procedure in Jurusan Kimiad) Procedure in Laboratorye) List of Tools/Daftar Alat in Laboratoryf) Jadwal Mata Kuliah and Teaching Learning Process in S1g) Competency of Lecturer/Dosen and Evaluasi Kinerja Dosenh) Laboratory Observationi) Tracer Studyj) Survey Kepuasan Pelanggank) e-complainl) complain internalm) Evaluation of curriculumn) BAN PT Accreditation PS S2 Biologi <ul style="list-style-type: none">a) Renstra Jurusan Kimiab) Quality Manual in Jurusan Kimiac) Mandatory Procedure in Jurusan Kimiad) Procedure in Laboratorye) List of tools/Daftar Alat in Laboratoryf) Laboratory Observation			
Evaluation and conclusions:			



- Quality Manual, Mandatory Procedure, RENSTRA and records in PS S1 Kimia dan PS S2 Ilmu Kimia were demonstrated and shown during assessment. Internal audit and Management Review were conducted in Jurusan Kimia.
- There was no e-complain in PS S1 Kimia and PS S2 Ilmu Kimia.
- Competency of Lecturer/Dosen, Evaluasi Kinerja dosen was shown and reported. Evaluation of curriculum was conducted.
- Teaching Learning were demonstrated and Lab observation was conducted during assessment. Tracer Study was conducted and reported.
- *There was no significant finding in PS S2 Ilmu Kimia.*
- **Notes for Improvement/required correction in PS S1 as follow were raised as follow:**
 - *It was observed that capacity of electric could be reviewed especially for oven usage in Lab. During the visit, several times electricity was down.*
 - *Even though Raw Data of PBM was provided, Consider to be taken to analyze result of PBM completely.*
 - *Consider to be taken to measure how long the complain could be closed and set the target to close the complain.*
- **Class Observation:**
 - *Ac condition could be reviewed in Ruang RK2. Class room condition was still hot and door of class was open.*
 - *White board could be prepared, without note from last lesson. It could be useful to implement white board effectively.*
 - *Display of In focus could be larger. Consider to be taken to use In focus effectively with appropriate setting.*
- **Lab Observation:**
 - *Secondary container (label identification) was improved, however consider to be taken to separate sample for Tugas Akhir with regular reagent.*
 - *Blower/exhaust for acid room (one of four blower in acid room) in Lab analytic could be improved.*

Areas for attention:

- Laboratory Analytic and An organic**
- Capacity of Electric**
- Analyze result of PBM**
- AC condition Ruang RK2**
- White board preparation and In focus Display**
- Separate sample Tugas Akhir**
- Blower/Exhaust Fan**



Assessment of:	PS S1 Matematika; PS S2 Matematika	Auditee(s):	Mr. Abdul Rouf; Mr. Sobri; Mr. Agus W.; Mr. R. Bagus; Mrs. Rahma Fitriani; Mrs. Wuryansari; Mrs. Endang Guide: Mr. Marsoedi
-----------------------	------------------------------------	--------------------	--

Audit trails and sources of evidence:

PS S1 Matematika

- Renstra Jurusan Matematika
- Quality Manual in Jurusan Matematika
- Mandatory Procedure in Jurusan Matematika
- Procedure in Laboratory
- List of Tools/Daftar Alat in Laboratory
- Jadwal Mata Kuliah and Teaching Learning Process in S1
- Competency of Lecturer/Dosen and Evaluasi Kinerja Dosen
- Laboratory Observation
- Tracer Study
- Survey Kepuasan Pelanggan
- e-complain
- complain internal
- Evaluation of curriculum
- BAN PT Accreditation

PS S2 Biologi

- Renstra Jurusan Matematika
- Quality Manual in Jurusan Matematika
- Mandatory Procedure in Jurusan Matematika
- Procedure in Laboratory
- List of tools/Daftar Alat in Laboratory
- Laboratory Observation

Evaluation and conclusions:

- Procedure and records in PS S1 Matematika dan PS S2 Matematika were demonstrated and shown during assessment, including RENSTRA and Curriculum. Internal audit by PJM was followed up and management Review was conducted and reported.
- Competency of lecturer was reported and evaluasi Kinerja Dosen was also conducted. Tracer Study was conducted and reported.
- Teaching Learning Observation and Lab. Observation were conducted during assessment.
- Notes for Improvement/Required Correction were raised in PS S1 Matematika as follow:**
 - Consider to be taken to approve sasaran mutu in Jurusan and PS. Based on discussion, it was still draft until Sasaran mutu FMIPA was approved.*
 - Analysis result of PBM could be implemented deeply. Based on observation, Bidang Matematika Industri dan Keuangan was implemented deeply.*
 - Log book or soft copy for internal complain could be implemented, to get feedback from students or customer.*
 - Evaluation of Training/Pelatihan was conducted with providing certificate. It could be useful to evaluate implementation of result training after 6 months or 1 year.*
 - Consider to be taken to analyze Tracer Study deeply and completely.*
 - It is recommended to provide Tracer Study in Final report for Curriculum.*
- Notes for improvement was raised in PS S2 Matematika as follow:**
 - Evaluation for curriculum was not implemented yet in PS S2 Matematika. Based on discussion, it will conducted in year 2015.*

Areas for attention:



- a) *Sasaran mutu approval*
- b) *Analysis result of PBM*
- c) *Log Book for Internal Complain*
- d) *Evaluation of Training*
- e) *Tracer Study*
- f) *Evaluation of curriculum in PS S2 Matematika*

Assessor: Rusli Ananda



Assessment of:	Day 1 PTI IK, Informatic, computer system, computer science	Auditee(s):	Mr. Sutrisno / Himawat / Heru / Edi / Suprpto / Madji / Ms. Rekyan and team
Audit trails and sources of evidence:			
Visi dan Misi / Program pendidikan / monev program kerja / MONITA / MP Tugas Akhir / Data mahasiswa tugas akhir / daftar kelulusan Feb 2013 MP Competency requirement / Quality manual / man power mapping			
Evaluation and conclusions:			
<ul style="list-style-type: none">• Process management was done in accordance to documented procedure. Vision and mission of organization has been defined and at some extent it was cascaded down into department.• Management commitment to continually improved quality management system was demonstrated.• Consistency in implementing quality system demonstrated as proper record maintenance, control of objective and continues people development. See activity of final score calculation and recapitulation, customer survey, handling of critical student.• Most of previous finding have been followed up though in certain issues it was not done completely.			
Areas for attention:			
<ul style="list-style-type: none">• <i>Competency assessment system has been established but actual gap analysis was not done yet. According to auditee, it will be done by end of this semester.</i>• <i>Presence target of lecturer has been set (80%) and measured. In general it was achieved; it may consider to revising the target as per BAN PT requirement (95%). Revision of current Rector decision letter related to this matter need to be done.</i>• <i>Validation and difficulty analysis for examination material has been done but formal system has not been established yet.</i>• <i>Final assignment system has been set. It was named as "MONITA"; consistency to update the data should be improved. It was found different title between MONITA and actual final assignment. In MONITA the title is "Implementasi high availability....in actual it was efisiensi penggunaan...". See final assignment of Angga Agung. It was also found Final Assignment of Angga Hardika has not been updated yet in MONITA application.</i>• <i>Criterion or quota of student to be advised / guided by lecturer during final assignment need to be defined in order to ensure that all students were well managed and able to complete the task in timely manner. At current practice, there was no formal quota defined.</i>• <i>Program and Dept has established system to handle or treat student who specified as critical (due to GPA under 2.0 for the last 2 years). One of the treatments planned is using psycho diagnostic test; however, this test has not been done for critical student due to first priority is student at final year. According to auditee, it will be done by end of May 13.</i>• <i>Considering that discontinued student always happen due several reason, it was recommended to formally hold a session to new student in order to make them at home and enjoy new environment.</i>			



Assessment of:	Day 2 LP 3 LPPM	Auditee(s):	Mr. Agus suman and team Ms. Chuzaemi and team
Audit trails and sources of evidence:			
Program kerja 2013 LP3 (P2RP, P3AP etc) / Surat Perjanjian / Laporan kegiatan Proker 2013 Proker 2013 LPPM / proposal research and community services			
Evaluation and conclusions:			
<ul style="list-style-type: none">• Process management was done in accordance to documented procedure. Vision and mission of organization has been defined and at some extent it was cascaded down into department.• Management commitment to continually improved quality management system was demonstrated.• Consistency in implementing quality system demonstrated as proper record maintenance, control of objective and continues people development. See activity control of proposal of research and community services,• Most of previous finding have been followed up though in certain issues it was not done completely.			
Areas for attention:			
LP3 <ul style="list-style-type: none">• <i>Activity plan for 2013 has been established and executed; it consists of regular and accidental or project based activity. Control of activity was done and documentation properly maintained.</i>• <i>In regard to new development of department or faculty, documented procedure has not been established / approved yet though draft of this document already made since last year. This was not compliance with ISO 9001:2008 clause 7.3 (design and development) that require formal management approach in developing new service or product.</i>• <i>Where applicable, specific objectives or indicator may be established to certain activity plan in order to make easier control. I.e. success indicator of activity "Pembinaan prestasi akademik nasional" need to be defined.</i>• <i>Organization has set instrument to measure infrastructure readiness. It used checklist / questionnaire to gather data from faculty / dept. In order to make it easier in calculating the gap between requirement and actual condition, it may consider to adding score or point of each question.</i>• <i>Management of university need to give attention and control to organization development to ensure that all functions and interaction among them is clear and not overlapping one to each other. Otherwise, potential problem related to human resource management such as excessive and incompetent people will be faced by organization.</i>• 			
LPPM <ul style="list-style-type: none">• <i>Activity plan for 2013 has been established, for further improvement, following notes need to be considered,</i><ul style="list-style-type: none">• <i>Person in charge, due date of action and where applicable, performance indicator need to be added to make it more tangible.</i>• <i>Proposal of community service made by lecturer has been made but it need additional tangible conclusion. Most of conclusion statement was qualitative and not easily understood by the common reader / community.</i>• <i>Where applicable, follow up visit can be provided for certain project to ensure that community service project is sustainable, not stop after handed over to community.</i>			



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
Minor NC	Closed	<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>	<p>Point -3-4 already followed up prior closing meeting however for point 1-2 still in process</p> <p>Calibration and permit form regulator still in process hence this finding still open</p> <p>(RAZ 14 Dec 12) : Due to time limitation, status of finding could not be verified yet. It will be done on next visit.</p> <p>(SHS 24 April 2013) : Finding was closed, Calibration had been done and expired medicine had been well amanged.</p>	Policlinic	24 Oct 11	1110DGX19	6.3.
Minor NC	Open	<p>Some deficiency were noted at food quality Laboratory - ITP :</p> <ul style="list-style-type: none"> • Calibration of measuring equipment at microbiology which using for Analysis was not taken i.e. incubator, weighing scale , and Food Quality testing laboratory i.e. thermometer, Ph meter , pressure gauge etc • Some expired reagent were found i.e. Pati, NaOH expired since 2006 • Cleanness of Food quality Laboratory need to be improved since some web spider was observed 	<p>(RAZ 14 Dec 12) : Due to time limitation, status of finding could not be verified yet. It will be done on next visit.</p> <p>(SHS 24 April 2013) : Due to time limitation, status of finding could not be verified yet. It will be done on next visit</p>	TIP- Laboratorium Facilities	10 May 12	1205DGX01	6.3, 7.6
Minor NC	Open	<ul style="list-style-type: none"> • Renstra 2011-2015 has been established, it cascaded down into annual action plan including its performance indicator. However, record of evaluation activity could not be shown to measure achievement of that Renstra. For instance, it was stated that during 2011/2012, target achievement is establishment of good governance system in the organization and improvement of infrastructure, but no specific record intended available. • Process management, including awareness of quality system, was lack as evidence on unclear responsibility of Renstra evaluation activity. • Note : Later on, evidence of evaluation can be shown though date of sign was wrong (evaluation period was 2011 but signature 6 Dec 12). 	(SHS 24 April 2013) : Due to time limitation, status of finding could not be verified yet. It will be done on next visit	Renstra FPIK	12 Dec 12	1301RAZ	5.3, 5.4

1. Grading of the finding *

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

7. YYMM<Initials>seq.#

8. Clause of the applicable standard

* Major NC = Major nonconformity

Minor NC = Minor nonconformity

RC = Requires correction

SFI = Scope for improvement

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



Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Minor NC	New	Pendidikan Kedokteran and Ilmu Keperawatan FK accreditation would be expired on 2 May 2013 and 26 April 2013. However there was no status/score for readiness of accreditation (BAN PT) as required by Accreditation Control Procedure.		PJM/Accreditation control	24 Apr 13	1304SHS01	7.5
Minor NC	New	A minor deficiency was found in processing the proposal of grading increment, it was found by that the proposal of Dr. Ir. Jhohanes Bambang Rahardi W.Ms; Ir. Wahono Hadi Susanto Ms; Ir. Aji Sutrisno Phd had been received on 18 Januari 2013, however until now the proposal was not forwarded yet to Jakarta. Procedure MP 00006 02030 require 2 weeks..		BAUK/Handling proposal of grade increment	25 Apr 13	1304SHS02	7.5
Minor NC	New	In regard to new development of department or faculty, documented procedure has not been established / approved yet though draft of this document already made since last year. This was not compliance with ISO 9001:2008 clause 7.3 (design and development) that require formal management approach in developing new service or product.		LP3	25 Apr 13	1304RAZ02	7.3
Minor NC	New	•Final assignment system has been set. It was named as "MONITA"; consistency to update the data should be improved. It was found different title between MONITA and actual final assignment. In MONITA the title is "Implementasi high availability....in actual it was efisiensi penggunaan...". See final assignment of Angga Agung. It was also found Final Assignment of Angga Hardika has not been updated yet in MONITA application.		Final Assisgnment by MONITA	25 Apr 13	1304RAZ	7.5

1. Grading of the finding *

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

7. YYMM<Initials>seq.#

8. Clause of the applicable standard

* Major NC = Major nonconformity

Minor NC = Minor nonconformity

RC = Requires correction

SFI = Scope for improvement

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



4. - 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>Deficiencies were found in PS S1 Biologi as follow:</p> <ul style="list-style-type: none"> Housekeeping of Lab physiology Hewan in floor 1 was not maintained. Smell of animal will affect to comfortable of student. Used reagent was not maintained by proper label in Lab. Micro Teknik. Rack of Tools in Lab Biology molecular was full by tools. The capacity of rack should be improved. 		PS S1 Biologi/Laboratory Observation	25 Apr 13	0425JKAANZ 01	6.3/6.4/7. 5.1
Minor NC	New	<p>Deficiencies were found in PS S1 Fisika as follow:</p> <ul style="list-style-type: none"> Agenda of Management review was not referred to clausal 5.6 ISO 9001:2008. Quality Objective/Sasaran mutu year 2013 was not defined yet in Quality Manual. 		PS S1 Fisika/Management Review and Quality Objective	26 Apr 13	0426JKAANZ 02	5.6/5.4.1
Minor NC	New	<p>Deficiencies were found in PS S1 Kimia as follow:</p> <ul style="list-style-type: none"> Exhaust in Lab. Analytic and An organic was mal function. Used reagent was not maintained by proper label in Lab. Analytic. 		PS S1 Kimia/Lab Analytic and An organic	26 Apr 13	0426JKAANZ 03	6.3/6.4/7. 5.1

1. Grading of the finding *

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

7. YYMM<Initials>seq.#

8. Clause of the applicable standard

* Major NC = Major nonconformity

Minor NC = Minor nonconformity

RC = Requires correction

SFI = Scope for improvement

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



5. - SUB REPORT ISO 9001:2008

Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8

1. Grading of the finding *

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

7. YYMM<Initials>seq.#

8. Clause of the applicable standard

* Major NC = Major nonconformity

Minor NC = Minor nonconformity

RC = Requires correction

SFI = Scope for improvement

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



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	Some deficiencies were found in PS S1 Pemanfaatan Sumber Daya Perikanan and PS S1 Teknologi Hasil Perikanan as follow: <ul style="list-style-type: none"> Approval document ISO, such as mandatory Procedure was not conducted. There was no records for RPK year 2012. 		PS S1 Pemanfaatan Sumber Daya Perikanan and PS S1 Teknologi Hasil Perikanan	12 Dec 2012	1212JKAANZ 01	4.2.3
Minor NC	New	Management review was not fully refer to ISO 9001:2008 clausal 5.6 in PS S1 Teknologi Hasil Perikanan; PS S1 Manajemen Sumber Daya Perairan and PS S1 Sosial Ekonomi Perikanan.		PS S1 Pemanfaatan Sumber Daya Perikanan; PS S1 Teknologi Hasil Perikanan and PS S1 Teknologi Hasil Perikanan	13 Dec 2012	1213JKAANZ 02	5.6
Minor NC	New	Some deficiencies were found in UB Hotel as follow: <ul style="list-style-type: none"> Agenda of Management Review/Tinjauan Manajemen was not completely referred to ISO 9001:2008 clausal 5.6. Approval of Quality Manual/Manual Mutu, Mandatory Procedure/Prosedur Mutu Wajib was not approved prior to used. Procedure for training, schedule of training and evaluation of training were not established in UB Hotel. 		UB Hotel	14 Dec 2012	1214JKAANZ 03	5.6/4.2.3

1. Grading of the finding *

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

7. YYMM<Initials>seq.#

8. Clause of the applicable standard

* Major NC = Major nonconformity

Minor NC = Minor nonconformity

RC = Requires correction

SFI = Scope for improvement

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



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

1. Grading of the finding *

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

7. YYMM<Initials>seq.#

8. Clause of the applicable standard

* Major NC = Major nonconformity

Minor NC = Minor nonconformity

RC = Requires correction

SFI = Scope for improvement

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



8. 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
------------	-------------	--------------	-------------------------------	-----------------------	-----------	----------------	-------------

1. Grading of the finding *

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

7. YYMM<Initials>seq.#

8. Clause of the applicable standard

* Major NC = Major nonconformity

Minor NC = Minor nonconformity

RC = Requires correction

SFI = Scope for improvement

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



9. 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
------------	-------------	--------------	-------------------------------	-----------------------	-----------	----------------	-------------

1. Grading of the finding *

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

7. YYMM<Initials>seq.#

8. Clause of the applicable standard

* Major NC = Major nonconformity

Minor NC = Minor nonconformity

RC = Requires correction

SFI = Scope for improvement

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



10. Assessment schedule

<p>Management system elements to be assessed at each visit:</p> <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 	<p>Scheme specific elements:</p> <ul style="list-style-type: none"> • Customer feedback and complaints • Legal compliance • Communications • Prevention of pollution
--	--	--

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 > End date >	June 2011	TBA	TBA	12-14 Dec 12	24-26	TBA	TBA	TBA
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 4
Assessor days	12 MD
Due date	Oct 2013
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	

11. Continual improvement tracking log ([ISo 9001:2008], [Malang])

Baseline information				
1. Improvement objective reference number:		CI_1110_RAZ01	Date first recorded: Oct 11	
2. What is to be improved?	3. Baseline performance		4. Target performance	5. Target completion date
Running of E complaint	NA		Go live	2012
Progress information				
6. Visit type and date	7. Progress summary	8. Current performance	9. Findings log cross reference (if applicable)	10. Status
Sv 1/May 12	On progress	Go live at certain faculty	NA	continue
SV 2/ Dec 12	On progress	Go live at certain faculty	NA	continue
SV3/	Achieved	Go live at all faculty	NA	Continue



12. Visit theme selection

Visit type:	SV2		
Due date (yy-mm):	Oct 12	Location:	Malang
Actual date:	12-14 Dec 12	Team:	RAZ, SHS, LSD, ANX, Djamil Hatta
Duration:	12 MD		
Selected theme(s) (include reasons for theme selection)		Processes	
Biz process assessment		See assessment schedule as enclosed	