NO.	CATEGORY	REF. NO.	KCDIO	AUDITOR	CLAUSE NO.	SUB-CLAUSE DESC.	FINDINGS	OBJECTIVE EVIDENCE (if applicable)
1	NCR (Minor)	KA01	Academic Management & Admission Division	Kamarrudin Ali	6.1	Actions to address risks and opportunities	It was found that the Office DID NOT review its risks and opportunities as required in their risk register table and did not evaluate all risks. The last update was in 2017.	a) No evidence of risks being reviewed b) All risks were not evaluated c) No date of update d) Risks statement are not reflecting the real risks
2	NCR (Minor)	KA02	Academic Management & Admission Division	Kamarrudin Ali	6.2	Quality Objectives and Planning to achieve them	During the audit, it was found that the Division did not update and maintain the quality objectives appropriately.	Quality Objectives with no achievements recorded and could not produce the right quality objectives.
3	OFI	KA01	Academic Management & Admission Division	Kamarrudin Ali	7.4	Communication	The Website of AMAD states 3 main functions in "About US". Since, the website is highly used by prospective students to know about IIUM admission requirements, it is suggested that AMAD: a) to review the way it displays its functions e.g. put it in a more visible place. b) To improve the function statements to reflect its current roles.	
4	OFI	KA02	Academic Management & Admission Division	Kamarrudin Ali	7.5	Documented Information	It is proposed for AMAD to have an official file for each of the following: a) Context of organization/Strategic Planning & Interested parties b) Risk Management c) Quality Objective & Plan The files will give updated information on the items and AMAD could track their progress and changes.	
5	OFI	KA03	Academic Management & Admission Division	Kamarrudin Ali	4.1	Understanding the organization and its contents	From the discussion during the audit, it was found that certain important risks such as the student data are being kept by external party. As such, it is suggested that, AMAD reviews its risks properly and categorized them appropriately so that the University could give them more attention and emphasis in its mitigation plan	
6	OFI	KA04	Academic Management & Admission Division	Kamarrudin Ali	7.2	Competence	It is noted that most of the staff were given the chance attend training despite their tight daily routines. However, it is found that the knowledge among the staff on the Quality Management System and risks are still lacking. As such, it is proposed for the Quality Manager and Risk Manager to be exposed to the training in this specific area e.g Understanding ISO 9001:2015 and Managing Risks.	
7	OFI	NAM01	Academic Management & Admission Division	Nor Adilah Mohd Nor	9.1.1	Monitoring, measurement, analysis and evaluation	AMAD COUNTER SERVICES SATISFACTION SURVEY It was found out that comments and suggestions given by respondents are stated in the analysis but the actions taken for continual improvement are not being documented. Suggestion: Analysis should include the action planning which indirectly will improve the quality services provided by AMAD. Additional item: Semester, Date and Specification of waiting time (open-ended) should be included in the survey.	

8	OFI	NAM02	Academic Management & Admission Division	Nor Adilah Mohd Nor	7.3	Awareness	It was found out that Sr Zulaifah bt Sharif, Senior Administrative Officer (N44), Senata & Quality is on medical leave starting from April 2019 until November 2019. She is responsible as the Quality Manager and Sr Jamilah Saidin has been appointed as the covering for Sr Zulaifah. Suggestion: 1) The handover notes from Sr Zulaifah to Sr Jamilah should be documented to ensure the smooth transition of the job scope. 2) To have further consultation or workshop on Risk Management with Office of Knowledge for Change and Advance (Formerly known as OQM) as it was found out that the risk template was last updated in July 2017.	
9	OFI	ZUL01	Academic Management & Admission Division	Ahmad Zulhilmi Ahmad Hizam	8.3.5	Design and development outputs	It was found that during the audit of EAS, there was no real time status of application for applicants to see. There are only "Approved, Rejected or Incomplete" shown. Suggested that AMAD can engage ITD for the system enhancement and provide more detailed info to applicants.	
10	OFI	ZUL02	Academic Management & Admission Division	Ahmad Zulhilmi Ahmad Hizam	8.5.1	Control of production and service provision	It was found that payment of the fees only restricted to Bank Muamalat. Suggested that payment of fees can be extended to Bank Islam.	
11	OFI	ZUL03	Academic Management & Admission Division	Ahmad Zulhilmi Ahmad Hizam	8.3.3	Design and development inputs	It was found that students key in the marks in EAS but the results could not be directly transferred to the admin system. So, staff needs to key in results manually.	
12	OFI	ZUL04	Academic Management & Admission Division	Ahmad Zulhilmi Ahmad Hizam	7.1.3	Infrastructure	It was found that the process to access the offer letter for Malaysians with Malaysian Qualifications is not standardized whereby staff and applicants can only access the offer letter for Malaysian with international qualification. Suggest that AMAD communicate with ITD on the same process.	
13	NCR (Minor)	ZMY01	Ahmad Ibrahim Kulliyyah of Laws	Dr. Zulkefli Muhammed Yusof	6.1	Actions to address risks and opportunities	It was found that AIKOL have not been adequately integrating and implementing the actions to address risks and opportunities, and evaluate the effectiveness of the actions.	The Risk Register Planning and KII file - 2019-2020 Strategic Planning, , Quality Objectives.
14	NCR (Minor)	ZMY02	Ahmad Ibrahim Kulliyyah of Laws	Dr. Zulkefli Muhammed Yusof	7.5	Documented information	It was found that the documents and records are not well maintained as most of the records are kept and managed on ad hoc basis. There are weaknesses in creating and updating, and control of documented information	There was no Master List. With the decentralized filing system the files are being kept by individual at the respective location. Most locations have no proper list of the files. There are many files, especially operational documents, which have no file reference numbers. Documents related to the implementation of QMS are not filed properly, and only appeared when required, and not kept in specific files that can be easily accessible.
15	OFI	RDY01	Ahmad Ibrahim Kulliyyah of Laws	Rusnani Din @ Yaakob	8.1	Operational Planning and Control	During the audit it was found that course files were not updated even though reminder through emailed were issued on 18 June 2018 and 18 June 2019 for Semester 1 2018/2019 and Semester II 2018/2019 respectively.	a) LAW 7015 b) LAW 7518
16	OFI	RDY02	Ahmad Ibrahim Kulliyyah of Laws	Mdm. Rusnani Din @ Yaakob	7.2	Competence	CTD point of staff in charge of postgraduate were checked and it was found that the staff were not expose to training related to their assigned task. The training needs analysis was not available for staff s' knowledge enhancement. It is proposed that the Kulliyyah to invite CPS for briefing and training on PG related matters to improve their skills and knowledge in handling PG related matters.	CTD report for 2019 for Sr. Norhanieza and Sr. Hamizah

17	OFI	RDY03	Ahmad Ibrahim Kulliyyah of Laws	Mdm. Rusnani Din @ Yaakob	8.1	Operational Planning and Control	During the audit it was sighted that 24 students were in the list of missing in action status. No application for leave of absence received by Kulliyyah. However, no action taken by the Kulliyyah.	List of Population of PG students Sem 2 2018/2019 (list by status)
18	OFI	RDY04	Ahmad Ibrahim Kulliyyah of Laws	Mdm. Rusnani Din @ Yaakob	8.1	Operational Planning and Control	The Kulliyyah needs to strengthen the process related to viva of PG students. During the audit it was found that the process flow was not in order and not properly monitored by Kulliyyah eg the application tabled in the meeting prior to approval by DDPG and no date of received recorded It is suggested that the Kulliyyah to identify mechanism to record on document/form submitted by students.	a) G1516777 Application date : 10/2/2017 Signed by Dep. Dean (PG Affairs) : 13/9/2017 Application table in the AIKOL PG Committee Meeting : 17/2/2017 b) G1624954 Application date : 19/9/2018 Signed by Dep. Dean (PG Affairs) : 19/12/2018 Application table in the AIKOL PG Committee Meeting : 23/11/2018
19	OFI	RDY05	Ahmad Ibrahim Kulliyyah of Laws	Mdm. Rusnani Din @ Yaakob	9.1.2	Customer Satisfaction	a) During the audit it was found that no survey was conducted to PG students in order to identify their perception of the degree to which their needs and expectation have been fulfilled. The whatapps group(resource centre) was shown during the audit however, no record on their complaint or suggestion be done and analyzed. Analysis on SFS was also not in place.	
20	OFI	NJ01	Ahmad Ibrahim Kulliyyah of Laws	Norashikin Jaafar	8.3.6	Design and development changes	<u>Academic Affairs</u> The changes made to the total graduation hours for Bachelor of Laws (Honours) and Bachelor of Shariah (Honours) has no evidenced of Senate endorsement.	Samples sighted: i. Bachelor of Laws (Honours) : Previous total graduation hours - 166 CH; Existing total graduation hours – 172CH (as per the New Curriculum Structure 2017/2018 used for students' batch 171 onwards). ii. Bachelor of Shariah (Laws) Previous total graduation hours – 214CH; Existing total graduation hours – 208CH (as per the New Curriculum Structure 2017/2018 used for students' batch 171 onwards).
21	OFI	NJ02	Ahmad Ibrahim Kulliyyah of Laws	Norashikin Jaafar	8.3.4	Design and development changes	Academic Affairs The 438th Senate dated 25/8/2017 has endorsed the revised University Required Courses (UNICORE) for 20CH. However, it was sighted that in the study plan of the New Curriculum Structure 2017/2018 used for students' batch 171 onwards stated that the UNICORE is 22CH. This is contradictory with the total UNICORE credit hours required as endorsed in the said Senate Meeting. It is suggested that the course "Bahasa Melayu Kerjaya (Perundangan) Malaysia" (2CH) to be transferred to the Kulliyyah Required Course's Listing.	i. Minutes of 438th Senate Meeting dated 25/8/2017 (UNICORE – 20CH). ii. New Curriculum Structure 2017/2018 used for students' batch 171 (UNICORE - 22CH)

22	OFI	KDIN01	Ahmad Ibrahim Kulliyyah of Laws	Kamaruddin Abdul Hamid	7.1.5	Monitoring and measuring resources	Course Offering Meeting is done every semester as to finalize the courses offered in any particular semester. Best practice in conducting a meeting is to produce minutes or notes for members for further action. Meeting on Course Offering for Semester 2, 2018/2019 Session was successfully conducted on 15th November 2018. It was found that there was no minutes or notes distributed to member. The current practice by AIKOL is the finalize list of courses offered will be approved/signed by respective HOD. However, the signatory of the list of Course Offering for Semester 2, 2018/2019 Session for Department of Islamic Laws was by the Senior Administrative Assistant.	**Objective Evidence:** Class Schedule Semester 2, 2018/2019 Session
23	OFI	KDIN02	Ahmad Ibrahim Kulliyyah of Laws	Kamaruddin Abdul Hamid	7.5.3	Control of documented information	Course File is a documented information that consists of class attendance, course content and etc. These files are placed in respective HOD's office for easy access, retrieval, monitoring and record purposes.	**Objective evidence:** Sample no. 1 It was found that course file for LAW 3111 section 4 for Semester 2, 2018/2019 Session was not available. Auditing for previous semester on the same lecturer, course file for Semester 1, 2018/2019 Session also not available, LAW 3111 section 3. Sample no 2. It was found that course file for LAW 4110 section 4 for Semester 2, 2018/2019 Session was not available. Auditing for previous semester on the same lecturer, course file for Semester 1, 2018/2019 Session also not available, LAW 3111 section 3.
24	OFI	KDIN03	Ahmad Ibrahim Kulliyyah of Laws	Kamaruddin Abdul Hamid	7.1.5	Monitoring and measuring resources	Student Academic Performance Evaluation (Undergraduate) Regulations 2015 stated the minimum attendance requirement for AIKOL students is 80%. It was found that one student was not barred from examination even though he was absent for 16 classes throughout the Semester 2, 2018/2019 Session. However, the lecturer managed to issue Warning letter to him. Details are as follow: Matric no. / Name: Br. Faruq Rafiq bin Zainudin (1414117) Course / Section : SHA 4010 Section 3 CAM : 4%	**Objective Evidence:** Class attendance
25	OFI	ZMY01	Ahmad Ibrahim Kulliyyah of Laws	Dr. Zulkefli Muhammed Yusof	8.2.3	Review of the requirements for products and services	It was found that a committee called Standing Committee on Course Assessment and QMS Curriculum has only met once. This is inadequate for such an importance committee to review the relevant academic matters.	Objective Evidence: 2018 AIKOL Standing Committee on Course Assessment and Quality Management Curriculum (Blue file – not numbered)
26	OFI	ZMY02	Ahmad Ibrahim Kulliyyah of Laws	Dr. Zulkefli Muhammed Yusof	9.1.2	Customer satisfaction	There are various channels to obtain feedback such as the Student Feedback Survey (SFS) and WhatsApp. The feedbacks have been reviewed but not done systematically. Proper analysis and action plans should be produced to allow continuous quality improvement to take place.	Objective Evidence: EXCO meeting no 7/2018 9/8/2018 Minute item 3.1.7 (Blue file – not numbered)

27	OFI	ZMY03	Ahmad Ibrahim Kulliyyah of Laws	Dr. Zulkefli Muhammed Yusof	7.1.2	Resources - People	It was found that a part timer was assigned a teaching workload, which exceed the number of hours allowed to be paid. Also, it was found that the AIKOL academics from the same department had been spending more time than the supposedly assigned contact hours. A strategize effort may be needed to have a good lecturer/students ratio.	Objective Evidence: File IIUM/303/5/18/1 Part-time lecturer/Tutor 2016 Appointment of Part-time lecturer for Semester 2/2018-19 Case: En. Affendi bin Othman Total numbers of hours allocated for lectures/week was 17 hours for 11 credit hours courses (LAW 4210 & LAW 4211). Maximum claimed allowed was RM3,200 per month (8 hours/week only).
28	OFI	ZMY04	Ahmad Ibrahim Kulliyyah of Laws	Dr. Zulkefli Muhammed Yusof	7.5	Documented Information	It was found that there are two versions of Course outlines – the one approved by the Senate while the other one is called Course outline with reading list and rubrics. Only the course outlines approved by the Senate should be used, while the reading list and rubrics can be in a separate document called Semester Teaching Plan.	Objective Evidence: Course outline with reading list and rubrics for LAW 4210 & LAW 4211
29	NCR (Minor)	WSO01	Alumni Relations Division	Wan Surbani Wan Omar	4		Non-compliance of ARD to the Article 52 of IIUM Constitution.	The establishment of Interest Based Chapter like Royal Malaysian Police and Persatuan Seni Silat Cekak Malaysia,. The number of Alumni at certain countries are less than 30
30	OFI	WSO01	Alumni Relations Division	Wan Surbani Wan Omar	8.2.1	Customer communication	Customer communication is part for requirements for services. It is suggested that Alumni Relation Division enhances its website by providing much formal information related to its services.	
31	NCR (Minor)	SBA01	Centre for Islamisation	Sa'idatul Bariah Ahmad	7.5.3	Control of documented information	It was found that under Islamisation Unit, documents such as analysis of Quality Objectives 2018 & 2019, MRM 2018, events' reports and analysis were not available and retrievable due to the following issues: (1) No handover notes from the previous officer (2) The replacement of N44 at CENTRIS was vacant for 4 months (March – June 2019). New officer reported for duty on 17/6/2019. (3) Filing system was not in place. (4) Only 1 officer and 1 administrative assistant to handle Islamisation activities. SHAS Mosques staff are not able to support as they are already assigned to their respective tasks.	Documents requested were not available and retrievable.
32	OFI	RK01	Centre for Islamisation	Robita Khalid	7.1.4	Environment for the operation of processes	During the audit, it was found as follows; 1. Ramp for disables was not available at Level 1 nearby male washroom 2. Travellers' room was found humid, sound proof and air circulation. No monitoring of services available for checking. Fire extinguisher are not enough to support if fire occurs	
33	OFI	RK02	Centre for Islamisation	Robita Khalid	8.5.1 (f)	Control of production and service provision	1) It was found that income collection file No. 1, 2019 IIUM 208/10/2/5 on total collection report (Misc and Tax Exempt) summary collection by payment mode was seen not tally for Friday collection dated 25/4/2019.	

34	OFI	SBA01	Centre for Islamisation	Sa'idatul Bariah Ahmad	9.1.3	Analysis and evaluation	1) Customer Satisfaction Survey (CSS) 2019 under comments and suggestions, it is recommended that a form of template be prepared to address the actions taken towards the comments / complaints / suggestions and date of action taken. 2) CSS conducted need to be analyzed and action is to be taken for continual improvement. Currently only the results of the CSS are tabled. The same goes for participants' feedback after each programme conducted.	
35	OFI	SBA02	Centre for Islamisation	Sa'idatul Bariah Ahmad	4.2	Understanding the needs and expectations of interested parties	It was found that the PESTLE and SWOT analysis under Islamisation need to be improved before combining it with SHAS Mosque.	
36	OFI	SBA03	Centre for Islamisation	Sa'idatul Bariah Ahmad	6.1.1	Actions to address risks and opportunities	It was found that the Risk Statements under Islamisation : 1) Need to be revised and rephrased accordingly 2) Need to be identified and ensure that it is a risk on Islamisation 3) Mitigation needs to be more concrete and with evidence available	
37	OFI	AA01	Centre for Languages and Pre University Academic Development	Ayunita Atan	10	Improvement	It is suggested that Exam Grade analysis presented for BOE to be generated via Examination System in order to reduce the workload of Course Coordinator.	
38	OFI	AA02	Centre for Languages and Pre University Academic Development	Ayunita Atan	8.2.1	Customer communication	a) It was cited that results of manual registrations were not communicated to the students. i.e Office of Deputy Director (Academic) b) Warning and barring letters issued to students were not reached to students. i.e BM division It is proposed that CELPAD uses Registration System to send any important message to students. Students will get the message through Student Portal. Barring and warning letters could be sent to students via their emails.	
39	OFI	WSO01	Centre for Languages and Pre University Academic Development	Wan Surbani Wan Omar	9.1.1 (b)	Monitoring, measurement, analysis and evaluation	The clause stated that the organization shall retain appropriate documented information as evidence of the result.	File workshop IIUM/ 502/18/7/2 Vol. 8 No records to show that the evaluation of the 17 various types of workshops were done. The control of records could be improved if all the evaluations were put in the one file. The workshop for academic staff is important since 95% (240) of staff at CELPAD consist of Academic Staff and CELPAD has to ensure that they are equipped with the latest teaching methodology, This is also part of knowledge transfer programme.

40	OFI	FD01	Centre for Postgraduate Studies	Fakhrurrazi Danial	7.1.4	Environment for the operation of processes	The organization shall provide and maintain the environment necessary for the operation processes. It is suggested that proper fire extinguisher (CO2 type) to be provided in the vicinity of the filing room to protect the important documents in case emergency happened e.g. fire.	
41	OFI	FD02	Centre for Postgraduate Studies	Fakhrurrazi Danial	7.1.4	Environment for the operation of processes	The organization shall provide and maintain the environment necessary for the operation processes including staff welfare. It is suggested that the first-aid kit is periodically updated and can be properly used by staff. Therefore: i) Expired first-aid kit contents to be replaced and refilled with new one. ii) Assign PIC to take care of the kit e.g. monitor expiry contents. iii) Create and display kit content list.	
42	OFI	PA01	Centre for Postgraduate Studies	Pauziah Abas	7.5.3.2	For the control of documented information, the organization shall address the following activities, as applicable; a) Distribution, access, retrieval and use	It was found that there was a delay in handing over the file to the auditor	Objective evidence 1. File for active student by mixed-mode was not deliverd as requested 2. Retrieving of student's file take longer time
43	OFI	PA02	Centre for Postgraduate Studies	Pauziah Abas	8.5.1 (g)	production and service provision. The organization shall implement production and service provision under controlled condition; (g) the implementation of actions to prevent human error	It was found that the acknowledgement letter was issued before submission of application form.	Objective evidence 1. Bro Mahmood Hameed Mahmood (G1413561) Programme: PhD Engineering 24/3/2014 – issuance of acknowledgement letter from CPS to applicant 25/3/2014 – submission of application form from applicant to CPS
44	OFI	RK01	Centre for Professional Development	Robita Khalid	9.1.3	Analysis and evaluation	During the audit, it was found that the customer complaint on services was not documented and analyzed by CPD. It was recommended a template to be prepared of any complaints/comments/suggestions CPD is required to analyses and evaluate appropriate data and information from the monitoring and measurement	
45	OFI	RK02	Centre for Professional Development	Robita Khalid	7.1.3	Infrastructure	During the audit, it was found that the doorknob at Learning Space Classroom, Level 1, CPD was hardly opened. CPD is required to maintain the infrastructure necessary for the operation of its processes. This is to avoid the case of emergency in the case of fire.	
46	OFI	RK01	Counseling & Career Services Centre	Robita Khalid	5.1.2 (b)	Customer focus	During the audit, it was cited that Quality Objectives on employability through special programme FLY High did not received good feedback from KCDIO. It was also mentioned in the R1 that in order to increase number of unemployed graduate the risk will be significant if the University is unable to provide support to students to attend programme conducted by CCSC. Current percentage is below target 45.4/50%. The risk and opportunities can affect conformity of services and the ability to enhance customer satisfaction are determined and addressed.	

47	OFI	RK02	Counseling & Career Services Centre	Robita Khalid	7.2 (d)	Competence	Staff Training for Counsellors Competency for counselors are appropriate to be kept in file or record for reference purposes.	
48	OFI	MHS01	Development and Planning (Gombak)	Mohd Hafiz Sulaiman	8.4.3	Information for external providers	The OSHBE office has provided the guideline on submission of notification of HSE Incident. However, the Audit team views that the guideline for the above notification can be simplified by flow chart method. The process of understanding for the submission of notification of HSE will be easier.	
49	OFI	NAMN01	Development and Planning (Gombak)	Nurul 'Ain Mohamed Noor	5.3	Organizational roles, responsibilities and authorities	Job Description (JD) of OSHBE staff: During the audit, it was found that JD for all staff were not signed by the assigned staff (for legality purposes all JD should be signed by all staff). As mentioned in clause 5.3 top management shall ensure that the responsibilities and authorities for relevant roles are assigned, communicated and understood within the organization.	
50	OFI	JS01	Development and Planning (Gombak)	Jamaludin Said	6.1	Actions to address risk and opportunities	The Division has identified several potential risks that might develop while they are implementing the core activities of the Division. However, the Audit team views that potential risks registered are only focusing on operational processes. The Division is advised to come up with a strategic level of risks and opportunities so that the potential negative impact on the services provided could be minimised.	
51	OFI	FRR01	Development and Planning (Kuantan)	Faisal Razul Razali	8.1	Operation Planning and Control	In the Standard Operating Procedure for Management of Upgrading Project (pre Contract) : IIUM/DEV/RENOV/01, it is stated that the given time frame for call for quotation is 15 days and the evaluation of quotation is 14 days. However it was found that for the Proposal landscaping work for construction building Kulliyyah of Nursing at the IIUM Kuantan Campus, the call for quotation process took 17 days and the evaluation took up to 32 days. It is advice to review the SOP for Management for Upgrading Project (Pre Contract) to use Working Days instead of just Days for their time frame. This is to count out the weekends and public holidays in the processing days.	
52	OFI	FRR02	Development and Planning (Kuantan)	Faisal Razul Razali	8.1	Operation Planning and Control	In the Standard of Procedure for Management of Upgrading Project (pre Contract) : IIUM/DEV/RENOV/01, it is stated that it reference document for procurement is the Kaedah Perolehan Kerajaan 2.1. In the Kaedah Perolehan Kerajaan 2.1, Perkara 7 (vi(c)) stated that only the person whose name is in the Contractor Registration Certificate or in the Certificate of Company Registration can buy the quotation document and it cannot be bought by any representative. However it was found that there was no proof of company owner provided by the persons who came and bought the quotation document for the Proposal landscaping work for construction building Kulliyyah of Nursing at the IIUM Kuantan Campus. The secretariat did not request and keep any document as proof of company ownership.	
53	OFI	FRR03	Development and Planning (Kuantan)	Faisal Razul Razali	8.1 (b)	Establishing the criteria for ; 1) The processes; 2) The acceptance of product and services	It was found that there was no Standard Operating Procedure or Work flow or policy regarding complaint received from Daya Bersih as Development Division Sub Contractor. Therefor there was no monitoring process for any complaint received from and Work Order to Daya Bersih.	

54	OFI	FRR04	Development and Planning (Kuantan)	Faisal Razul Razali	8.4.1	The organization shall ensure that externally provided processes, products and services conform to requirements. The organization shall determine the controls to be applied to externally provided processes, products, and services.	It was found that Daya Bersih did not submit its work process time frame to Development Division in order for Development Division to monitor the start and end time of each process. Without this time frame, Daya Bersih is freely to complete any work at any time period. It is also found that in the Daya Bersih Work Order Form, there is no column for date and time for requestor in "part D : Certification of Work Completion". Therefor, the completed time and date stated by the technician cannot be verified by the requestor.	
55	OFI	FRR05	Development and Planning (Kuantan)	Faisal Razul Razali	8.1	Operation Planning and Control	It was found that the Letter of Award for Proposal landscaping work for construction building Kulliyyah of Nursing at the IIUM Kuantan Campus was sign by the successful vendor but not dated. This shows no proof of time of when did the vendor received the offer.	
56	OFI	RK01	Entrepreneurship and Development Centre	Robita Khalid	9.1.3	Analysis and evaluation	During the audit, it was found as follows; EDC did not establish evaluation form for training. The management must plan and review some of the processes of EDC before carried out or taking consideration the opportunities for improvement.	
57	OFI	RK02	Entrepreneurship and Development Centre	Robita Khalid	8.5.1 (f)	Control of production and service provision	During the audit and visit the Student Mall, it was found there is no evidence or proven any maintenance has been carried out by the third party. A template of maintenance and services has to be establish in order to maintain the facilities at the Student Mall. On the other hand, any maintenance services carried out by the third party must be kept in file.	
58	OFI	AZAH01	Finance Division	Ahmad Zulhilmi Ahmad Hizam	8.2.1	Customer communication	Customer Feedback Survey (IEF) During the audit, it was sighted that customer survey only being conducted for staff whereas the services rendered by IEF are covering for both staff and students. It is suggested for the survey to be extended to the students as well.	Analysis form Customer Satisfaction Towards the Service IEF (2018)
59	OFI	AHAS01	Finance Division	Ahmad Hidayat Ahmad Saufi	8.1	Operational planning and control	Inconsistency Between SOP and Its Implementation It was observed that the following processes were inconsistent between the documentation (SOP) and its actual implementation: - (a) Budget Unit The actual implementation of process flow is different from the documented process flow.	Evidence: i. Preparation for Budget Submission to the Central Agencies ii. Distribution of Approved Budget to Kulliyyahs / Divisions / Centres
60	OFI	AHAS02	Finance Division	Ahmad Hidayat Ahmad Saufi	8.1	Operational planning and control	Inconsistency Between SOP and Its Implementation It was observed that the following processes were inconsistent between the documentation (SOP) and its actual implementation: - Procurement Unit, Finance Division/ Finance Unit Zone 2 The process flow referred by Finance Unit Zone 2 is different from Procurement Unit Finance Division.	Evidence: i. Procurement of Goods and Services Under Operating Budget

61	OFI	FD01	IIUM Academy of Graduate and Professional Studies	Fakhrurrazi Danial	8.5.2	Identification and traceability	The organization shall identify the status of outputs with respect to monitoring and measurement requirements throughout service provision. It was found that the payment received as stated in Financial Statement retrieved from Student Information System (SIS) is not tally with the MS Excel record at IIUM Academy for students with matric no. G1514971, G1616025 and G1528973.	
62	OFI	FD02	IIUM Academy of Graduate and Professional Studies	Fakhrurrazi Danial	8.7.1	Control of nonconforming outputs	The organization shall ensure that outputs that do not conform to their requirements are identified and controlled to prevent their unintended use or delivery. It was found that students status in Student Information System (SIS) e.g. Graduated is not appeared or updated in Integrated Student Information System (ISIS). This could cause difficulty in monitoring student status.	
63	OFI	FD03	IIUM Academy of Graduate and Professional Studies	Fakhrurrazi Danial	7.1.4	Environment for the operation of processes	The organization shall determine, provide and maintain the environment necessary for the operation of its processes. It is suggested that IIUM Academy to have evacuation plan as preparation in case emergency occurred in building.	
64	OFI	FD04	IIUM Academy of Graduate and Professional Studies	Fakhrurrazi Danial	8.5.1	Control of production and service provision	The organization shall implement production and service provision under controlled condition. It is suggested that IIUM Academy to follow the University requirements starting from registration until graduation for all its postgraduate students including using form for extension of study beyond normal period.	
65	OFI	RNA01	IIUM Academy of Graduate and Professional Studies	Raja Noor Ashikin Raja Alias	7.5.3	Control of documented Information	Documented information required by the quality management system and by this International Standard shall be controlled as to ensure it is available and suitable for use, where and when it is needed as well as it is adequately protected (e.g. from loss of confidentiality, improper user, or loss of integrity). During the audit, it was found that : i. No proper filing system. ii. All files were kept at the individual workstation. No centralized filing/files established. Instead the manager kept the original documents in her room. iii. Documents in the student's personal file were not updated Files : i. Validation Sheet ii. Lecturer's Appointment letter iii. Examination Result iv. Invigilator's appointment letter	
66	OFI	RNA02	IIUM Academy of Graduate and Professional Studies	Raja Noor Ashikin Raja Alias	8.5.1	Control of production and service provision	The organization shall implement production and service provision under controlled conditions. i. The availability of documented information that defines: a. The characteristics of the products to be produced, the services to be provided or the activities to be performed During the audit it was found that there were no proper SOP/guidelines for the processes i.e. SOP for training programme and academic programme i.e. the process flows, the person in charge or the tasks assigned to the officer. SOP i. SOP for training programme ii. SOP for academic programme	

67	OFI	SBAH01	IIUM Academy of Graduate and Professional Studies	Dr. Syamsul Bahrin Abdul Hamid	9.1.3	Analysis and evaluation	The organization shall analyze and evaluate appropriate data and information arising from monitoring and measurement. Customer feedback analysis is not comprehensive. No analysis on course, facilities and recommendation on Academy programme from participants. For one with analysis on lecturer, no minutes of meeting to discuss the analysis or action forward available. Objective Evidence: Short Courses Evaluation File	
68	OFI	SBAH02	IIUM Academy of Graduate and Professional Studies	Dr. Syamsul Bahrin Abdul Hamid	8.2.2	Determining the requirements for products and services	In determining the stages and control for design and development, the organization shall consider g) the need for involvement of customers and users in the design and development process. Engagement for marketing is not measured. No official customer/marketing survey on customer need from the public. Customer needs analysis not available.	
69	OFI	SBAH03	IIUM Academy of Graduate and Professional Studies	Dr. Syamsul Bahrin Abdul Hamid	9.1.3	Analysis and evaluation	The organization shall analyze and evaluate appropriate data and information arising from monitoring and measurement. e) The effectiveness of action taken to address risk and opportunities. Strategy for customer acquisition is not clear. Shown the Academy short courses. Shown the marketing plan for 2019, but no target on conversion for marketing funnel evaluation. Unclear customer person for the short courses. Interview with Hisan	
70	OFI	SBAH04	IIUM Academy of Graduate and Professional Studies	Dr. Syamsul Bahrin Abdul Hamid	7.4	Communication	The organization shall determine the internal and external communication relevant to the quality management system. – what, when, who, how and who. It is observed that there are communication mismatch between ABAC, UMC, and KCDIO, on the dissemination of information and knowledge. Risk Register 6 – Not Yet Achieve – Requested ABAC on 25/5/2919. Awaiting final directive. Risk Register 11 – Pre-discussion with audit on business operation. Preapprove model still under discussion but yet to be finalized. Meeting 30/5/2019. Synronization of timing in term of communication.	
71	OFI	SBAH05	IIUM Academy of Graduate and Professional Studies	Dr. Syamsul Bahrin Abdul Hamid	6.2.1	Quality objectives and planning to achieve them	The organization shall establish quality objectives at relevant function, level and processes need for the quality management system. Highlight: 1. Consistent with quality policy – X 2. Measurable – X 3. Applicable requirement – ? 4. Conformity of services –X / Customer Satisfaction –X 5. Monitored – X 6. Communicated - ? 7. Updated ? No official process for development of quality objectives. Number supplied for both target and actual are based on informal meeting. Last review of quality objective on the 21 Jun 2019. No minutes of meeting available, the quality objective output base in not available. The target development is not available. No evidence of analysis being performs. No evidence of any calculation performs. All based on gut feeling.	

72	OFI	SBAH06	IIUM Academy of Graduate and Professional Studies	Dr. Syamsul Bahrin Abdul Hamid	6.1	Actions to address risks and opportunities	6.1.1 When planning for the for QMS, the org. shall consider the issues and requirements. 6.1.2 Org. shall plan – integrate and implement action into processes, evaluate these actions. No quality of service (QoS) noted for HR function from request to onboarding. Need to clarify on policy and timing for staff onboarding for both Contract of Service and Contract for Service. Open Ended QoS (No Schedule Timing) Request -> Advert -> Interview -> Endorse/Decision -> Offer -> Acceptance Contract of Service Azfar Interview Meeting Date 8 June 2018 Appointment Date 19 July 2018 No duration given from start to finish. Contract for Service Nabil, Syabil. Interview Meeting 29 May 2019 Appointment 29 May 2019 No signature from Dean noted – in the meeting minutes. Appointment letter available.	
73	NCR (Minor)	KA01	IIUM Health & Wellness Centre	Kamarrudin Ali	6.1	Actions to address risks and opportunities	It was found that the Office DID NOT: a) Consider the external issues as per required by Clause 4.1 b) Have the planning to address opportunities c) Did not review its risks as required in their risk register table.	a) No documentation on opportunities and their actions plan b) No documentation on external issues being discussed c) No evidence of risks being reviewed
74	NCR (Minor)	NAM01	IIUM Health & Wellness Centre	Nor Adilah Mohd Nor	8.2.1	Customer Communication	It was found out that the complaints from the customers / patients are following the existing Standard of Procedure (SOP) designed by IWHC. However, there is no written evidence and feedback given to the complainers on the findings of the complaints or at least the status of the complaint.	Refer to Appendix 1.
75	NCR (Minor)	NMZ01	IIUM Health & Wellness Centre	Assoc. Prof. Dr. Nora Mat Zin	8.1	Operation planning and control	It was found that the organization decided to have regular meeting 4 times per year with executive director as stated in minute of meeting (5/4) but it was not implemented. The ICHW also do not have regular meeting at departmental level although there is whatsapp and informal communication. No formal and minuted meeting to help in monitoring and follow up of any decision	1) The latest Minute of coordination meeting is second July 2014 2) Meeting with Executive Director 5/4/2018
76	OFI	KA01	IIUM Health & Wellness Centre	Kamarrudin Ali	6.2	Quality Objective and Planning to Achieve them	The organization has come out with the Quality Objectives encompassing three essential elements for its operation namely expectation of stakeholder, expected quality of service and quality of equipment. Basic planning table was also present. However, for improvement, it is proposed for the IHWC to improve it further as follows: a) To re-phrase one of the QO3 to "% of equipment calibrated before the expiry date" b) To add "Achievement" column in the QO table c) To re-phrase the KPI statements for each initiative in the QO planning table. This is to ensure easy monitoring and evaluation of execution plan. To add "Achievement" Column in the QO planning table.	

77	OFI	KA02	IIUM Health & Wellness Centre	Kamarrudin Ali	7.2	Competence	It was found that most of the staff were given the chance attend training despite their tight daily routines. However, it is found that the knowledge among the staff on the Quality Management System and risks were still lacking. As such, it is proposed for the Quality Manager and Risk Manager to be exposed to the training in this specific area e.g Understanding ISO 1901:2015 and Managing Risks.	
78	OFI	KA03	IIUM Health & Wellness Centre	Kamarrudin Ali	8.5.1	Control of production and service provision	It was found that there an element of medicine stock ordering system. It was done by using Bing card to detect the time for re-stocking. The Clinic system is already in place and functioning well for the doctors and other staff. However, it was found that it is long overdue for the current stock data to be deposited into the system, so that the inventory of the medicine module could be used and thus ensure the system is fully functioning. As such, it proposed that a conclusive deadline is set for the current stock of medicine to be made available in the Clinic system.	
79	OFI	KA04	IIUM Health & Wellness Centre	Kamarrudin Ali	6.1.2	Actions to address risks and opportunities	The planning for risks was presented in a very basic form with only stated the Risk owner. It is proposed that the Risk plan should be improved further by including initiatives and respective KPI as well as timeline for each risk. This is for easy monitoring and evaluation.	
80	OFI	KA05	IIUM Health & Wellness Centre	Kamarrudin Ali	7.5.3	Control of Documented Information	It was found that the filing system was adequately put in place. However, for easy retrieval and filing, it is proposed for the following to done: a) To review and ensure that all file reference numbers are as per the IIUM Filing Code. b) To include location in its file Master list c) To add location address on its individual physical file	
81	OFI	NAM01	IIUM Health & Wellness Centre	Nor Adilah Mohd Nor	9.1.1	Monitoring, measurement, analysis & evaluation	CUSTOMER SATISFACTION SURVEY 2018 It was found out that comments and suggestions given by respondents for each category / domain are stated in the analysis but the actions taken for continual improvement are not being documented. Suggestion: Analysis should include the action planning which indirectly will improve the quality services provided by IWHC.	
82	OFI	NAM02	IIUM Health & Wellness Centre	Nor Adilah Mohd Nor	7.1.4	Environment for the Operation of Process	It was found out that there is a room called "Dark Room" at the X-Ray section in IWHC. Previously, the Dark Room was used to develop, process and store high volume of x-ray film without any penetration of light by using a machine called as tabletop film processor. The machine was not being used anymore and the chemicals (alkaline & acid) used to process the film are leaking in the room and will cause a hazard to the staff in radiology section. Suggestion: The vendor has to come and collect the machine as soon as possible and the room should be cleaned and transformed to be the workstation for the radiographer therefore the space will be occupied wisely.	
83	OFI	NMZ01	IIUM Health & Wellness Centre	Assoc. Prof. Dr. Nora Mat Zin	7.2	Competence	It was found that administrative staff who was hired for administrative job performed clinical work as dental assistant although was informed to be trained by dentist. However no proper training schedule and regular assessment were recorded to certify the competency of the staff. No records on the training and short courses for the staff on the related job was found.	Evidence: 1) Appointment letter for the administrative staff

84	OFI	NMZ02	IIUM Health & Wellness Centre	Assoc. Prof. Dr. Nora Mat Zin	7.5.2	Creating and Updating	It was found that the letterhead for the center still using the symbol of ISO 9001: 2008 although it has been few years that IIUM is certified ISO 90001:2015.	Evidence: 1. Letterhead of the center
85	OFI	NMZ03	IIUM Health & Wellness Centre	Assoc. Prof. Dr. Nora Mat Zin	8.1	Operational Planning and Control	It was found that clinic has a work process for ambulance service. However there is unclear process or procedure of transferring client to the hospital and unclear procedure of handling client with emergency physical or mental health issue in the area of the involvement of other disciplines (security, Mahallah, Clinic, Kuliyyah)	Evidence: 1. Ambulance flowchart process 2. One memo was issued on the transferring client to the hospital
86	OFI	NMZ04	IIUM Health & Wellness Centre	Assoc. Prof. Dr. Nora Mat Zin	7.1.4	Environment for the operation of processes	The organization shall determine, provide, and maintain the environment necessary for the operation of its process and to achieve conformity of products and services. It was found that the clinical staff work in three shift and possible expose to security threat and violence by the client. However, no security personnel were stationed at the clinic and possible alert system couldn't be found.	Evidence: 1. No security guard during observation
87	OFI	KA01	IIUM Institute of Islamic Banking and Finance	Kamarrudin Ali	4.1	Context of the organization	It is good to find that IIBF has come out with PESTEL and SWOT analysis for the organization. However, since IIBF plays such an important role for the University in achieving its aspiration to make IIiBF as a special hub in Islamic Banking and finance, it is proposed for IIBF to come out with a proper and more structured strategic plan i.e. with scenario planning by analyzing its position (current and future state), external environment, strengths, weakness and risks. With that information, a more concrete plan with strategic objectives, strategies and initiatives could be formulated.	
88	OFI	KA02	IIUM Institute of Islamic Banking and Finance	Kamarrudin Ali	6.1	Actions to address risks and opportunities	It was found that IIBF has determined the risks and opportunities arising from the raised from analysis of external and internal environment as well as interested parties. However, it is proposed that IIBF: a) Review and revise the risks' and opportunities' statements so that they reflect the real risks for IIBF such as losing core staff etc. b) Identify all risks from PESTEL and SWOT analysis and evaluate them in the Risk Register/ profile. c) Provide more details for the plans for the risk and opportunities by including the elements of "what", "who" and "when".	
89	OFI	KA03	IIUM Institute of Islamic Banking and Finance	Kamarrudin Ali	7.5.2	Creating and Updating	During the audit, it was found that IIBF does have a good filing management practice as required by the IIUM Record Management policy. However, to help IIiBF improve its documents searching and filing without depending too much on the staff responsible for the files and documents, it is proposed that IIBF improve its filing method especially by using a more informative File Masterlist which includes "File title", "reference no", "location", "status", "date created", "date closed".	
90	OFI	WSO01	IIUM Institute of Islamic Banking and Finance	Wan Surbani Wan Omar	10.1	The organization shall determine and select opportunities for improvement and implement any necessary actions to meet customer requirements and enhance customer satisfaction.	As part of continual improvement efforts, It is suggested for IIBF to improve in the management of relevant documents/ materials in the lecturer's course files.	

91	OFI	AA01	IIUM Library (Gombak)	Ayunita Atan	10.3	Continual improvement	It was found that some of the complaints compiled in 2019 were unsolved due to budget constraint. It is suggested the some of the requests can be obtained through donation or crowdfunding etc. Customer Complaint Tabulation 2019 SB/03/19 - on printing SB/08/19 – rooms for PhD and printing services SB/10/19 – for disable - 3 seater sofa	
92	OFI	AWA01	IIUM Library (Gombak)	Assoc. Prof. Dr. Amelia Wong Azman	7.5.3.2 (c)	Control of documented information	During reviewing job description (JD) of the staff, different forms were found for one staff. It is suggested to improve the documentation of the JD file.	Objective finding: The job description form for Sr Nur'aini Abu Bakar in the file was not signed and using an older version of the JD form
93	OFI	AWA02	IIUM Library (Gombak)	Assoc. Prof. Dr. Amelia Wong Azman	7.5.3.2 (c)	Control of documented information	Google drive listing for submission of IREP which claimed to be used internally has different time stamps. IREP system also to be updated. It is suggested to request for a system update from the IREP system vendor and that the internal document information tally with the ones in the system.	Objective finding: Missing "Deposited date" and "Checked date" from the working internal file. IREP also failed to capture the important dates at the main page.
94	OFI	AWA03	IIUM Library (Gombak)	Assoc. Prof. Dr. Amelia Wong Azman	7.5.3.2 (c)	Control of documented information	Inventory listing for archive missing information of date of retrieval and owner's information to keep track on the record made. It is suggested to include date of items retrieved, owner's information and other relevant details for future references.	Objective finding: Listing of the inventory for archive media obtained do not have important information such as date of retrieval and owner's information.
95	OFI	AWA04	IIUM Library (Gombak)	Assoc. Prof. Dr. Amelia Wong Azman	8.1 (e)	Operational planning and control	Documents to support tasks distribution is not visible or properly identified for better management. It is suggested that instructions in writing to be produced or assignment to be captured in the minutes.	Objective finding: In the 20th March 2019 meeting, for the inventory project, the role of Br Hafit was not mentioned in the minutes. For the Read@IIUM, no standing instruction to Sr Yusrina can be found.

96	OFI	FAD01	IIUM Library (Gombak)	Fazlinda Ayu Daud	7.1.4	Environment for operation	LOCATION: GOMBAK AND ISTAC FUNGUS AT GOMBAK LIBRARY LEVEL 1: LAWS COLLECTION It was obviously the appearance of fungus at every level especially at Laws Collection at Level 1. - Suggested to call the technical experts for advice and further inspection.	
97	OFI	ACI01	IIUM Library (Kuantan)	Asmawati Che Ismail	6.2	Quality objectives and planning to achieve them	Clause 6.2.1b: The organization shall establish quality objectives at relevant functions, level and processes needed for the quality management system	Objective evidence It was found that the following quality objective QO5 of Library is to shelve 100% of books returned and in-house used within 24 hours. The data excluded for weekends and public holidays due to non-shelving days. It is not plausible to achieve 100% within 24 hours from the date of collecting the book as 24 hours is equivalent to 1 day. It is suggested for the Library to revise the KPI and make sure the target to achieve can be measurable e.g. within two (2) working days from the date of books collected.
98	OFI	RDY01	IIUM Library (Kuantan)	Mdm. Rusnani Din @ Yaakob	8.2.1	Customer communication	It was found that achievement for satisfaction in Liaison Kulliyyah partnership was below target and it was reported that the Kulliyyah expected the Librarian to be more visible and actively update Kulliyyah on library activities. During the audit it was found that communication to Kulliyyah on acquisition request need to be improved i.e to communicate on the progress of their request	Customer Satisfaction Survey LO communication with Kulliyyah
99	OFI	RDY02	IIUM Library (Kuantan)	Mdm. Rusnani Din @ Yaakob	8.4	Control of external provided processes, product and services	Issue related to services provided by DBSB. It was reported that problem with air condition has been forwarded frequently to DBSB. However, corrective action has been done to resolve short term problem only. Complaints on aircond were received from customer and fungus also available in few areas	Work order form a) 13/5/2019 b) 18/4/2019 c)17/4/2019 d) 16/4/2019 Photo - fungus
100	OFI	RDY03	IIUM Library (Kuantan)	Mdm. Rusnani Din @ Yaakob	7.1.3	Infrastructure	a) The roof at Level 2, Wing A & B experienced severe leakage since 2011 is still not being repaired yet . Reading material affected. b) Wall crack also found in few area. The same finding was recorded in internal audit 2018 and the Library has taken necessary step to follow up with Development Division(DD). Refer letter to DD dated 13/5/2019 and reply from DD dated 14/5/2018. The Library and university authority to closely look into this issue to avoid major damages on the collections and building	Photo

101	OFI	MBM01	IIUM Press	Mazlina Mustafa	6.1	Actions to address risks and opportunities	a) It was found that the risk element were not adequately addressed. The risk profile document to be reviewed accordingly so that the risk mitigation, monitoring and control of the risk could be evaluated effectively. b) PESTEL and SWOT Analysis was inadequate and need to be reviewed	
102	OFI	MBM02	IIUM Press	Mazlina Mustafa	7.2	Competence	During the audit, training record attended by administrative staff was not evident. Therefore the competency level of staff could not be evaluated effcetively.	
103	OFI	MBM03	IIUM Press	Mazlina Mustafa	7.5.3.2	Control of documented information	It was observed that files were not kept in a designated area /filing room. Files were placed at open area and accessible to all. There is risk of confidential document not adequately protected	
104	OFI	MBM04	IIUM Press	Mazlina Mustafa	9.1.3	Analysis and evaluation	It was found that the Journal Unit conducted series of workshops, However, no evidence of evaluation was done. Therefore, effectiveness of the workshops conducted could not be evaluated.	
105	OFI	MBM05	IIUM Press	Mazlina Mustafa	8.1	Operational planning and control	It was observed that no time frame for issuance of reminder to editor is stated in the procedures. Therefore, there is lacking in control of journal publication schedule.	
106	OFI	MBM06	IIUM Press	Mazlina Mustafa	8.2.3	Review of the requirements for products and services	It was observed that the policies & guidelines for IIUM Journal (2015) need to be reviewed since there are changes in practice based on decision by top management.	Objective evidence: Policies & Guidelines for IIUM Journal Publication 2015.
107	OFI	WSO01	IIUM Press	Wan Surbani Wan Omar	9.1.1 (b)	Monitoring, measurement, analysis and evaluation	No evidence to show that analysis of customer complaint was done.	
108	No finding		IIUM World Debate and Oratory	Ahmad Hidayat Ahmad Saufi			NIL	
109	OFI	AWA01	Information Technology Division	Assoc. Prof. Dr. Amelia Wong Azman	7.5.3.2	Control of documented information	During reviewing job description of the staff, incomplete documentations were found in the file. The older folder file was also incomplete. It is suggested that the DDs verified submissions made their subordinates and that the coordinator to ensure a complete documentation is done.	Objective finding: An incomplete JDs found for F44 and F41.
110	OFI	AWA02	Information Technology Division	Assoc. Prof. Dr. Amelia Wong Azman	8.5.6	Control of changes	When reviewing the post delivery process, it was found that some PIR forms were never returned to ITD. It is suggested to review the SOP of the Management of IT Project.	Objective finding: Missing condition line and no condition after PIR process in the Management of IT Project SOP.
111	OFI	SBAH01	Information Technology Division	Dr. Syamsul Bahrin Abdul Hamid	9.3.1	Management review	It was observed that the representative from Kuantan, IIUM Medical and Deputy Director from Centre of Foundation Studies is not available during the said time. From the MRM conducted on 2/7/2018 at 3.30pm, minutes and attendance indicate that only Management from Gombak Campus is available.	
112	OFI	SBAH02	Information Technology Division	Dr. Syamsul Bahrin Abdul Hamid	6.1	Actions to address risks and opportunities	Project Developer in ITD is performing multitasking including maintenance and other load. However, workload balance for the developer is not updated on a real-time basis when these additional load are added, which would have a project over-run risk. Thus mitigation of risk for off-track project is insufficient. From the on-track system and the monthly scheduling by Sr. Laila, it shows that the additional load is not added, and the project management is not fully updated.	

113	OFI	SBAH03	Information Technology Division	Dr. Syamsul Bahrin Abdul Hamid	8.2.2	Determining the requirements for products and services	The interview with the Sr. Laila and Br. Abu, indicate that there are issues with the customer requirement of which there are changes after the storyboard are given. Issues such as user changes during the project also complicate the project progress. Further from the investigation, multiple user requirement changes, there is a need for fast user requirement identification such as using an agile or lean system or MBP implementation. Current industry software based implementation benchmarking is not available. From the ITPMO, it is shown that the current uses a waterfall technique of implementation.	
114	OFI	SBAH04	Information Technology Division	Dr. Syamsul Bahrin Abdul Hamid	7.2 (d)	Competence	One of the emails is not printed in the training file. However, the original link to the email is available. There is still a risk of the email to deleted by all the relevant part sent/receive. Training on Microstrategy (Basic Reporting) does not have the appropriate email in file for the assessment.	
115	OFI	SBAH05	Information Technology Division	Dr. Syamsul Bahrin Abdul Hamid	10.3	Continual improvement	Customers satisfaction survey indicate that the from student view the wifi have a 64% and 49% satisfaction for year 2019 sem 1 and sem 2 respectively. Based on the interview it was found that there are two type of wifi issues (hardware / signal strength), of which the former is actionable and latter is not. However, no official analysis is perform on the different customer complain. iSDS data, which are unable to breakdown on customer complain which is actionable or non-actionable.	
116	OFI	SBAH06	Information Technology Division	Dr. Syamsul Bahrin Abdul Hamid	7.2 (b)	Competence	From the finding and filing, it is shown that the skill inventory is available for all developers, with appropriate basic, intermediate and advance). But, there no two main finding: 1. Strategy for competencies upgrade/improvement not available for staff 2. No official assessment for competencies for developers. (available only for hardware) List of competencies and interview sent by Fazlinda	
117	NCR (Minor)	HS01	International Institute for Halal Research and Training (INHART)	Haslina Shamsuddin	4.2	Understanding the needs and expectations of interested parties	There was no evidence that the needs and expectations of interested parties that are relevant to the Quality Management System were determined by the INHART.	Objective Evidence: The needs and expectations of interested parties were not available during the audit.
118	NCR (Minor)	HS02	International Institute for Halal Research and Training (INHART)	Haslina Shamsuddin	8.4.3	Information for external providers	There was no evidence that the terms and conditions for outsourcing the Muslim Friendly Tourism Ecosystem Training (MFTET) to the IIUM Entrepreneurship & Consultancies Sdn. Bhd. were communicated clearly.	Objective Evidence: 1. The Quotation addressed to Sektor Pelancongan, Penjagaan Diri dan Kesihatan, Maktab Koperasi Malaysia (MKM), Petaling Jaya dated 4th March 2019 2. An email from IECSB to INHART dated 24 May 2019 on confirmation of payment for the MFTET by MKM.

119	OFI	HS01	International Institute for Halal Research and Training (INHART)	Haslina Shamsuddin	6.1	Actions to address risks and opportunities	It was observed that the level of impact and likelihood of the risks still remained the same after the mitigation plans were implemented.	Objective Evidence 1) R1 : More attractive package (academic, training, consultancy) from other Higher Institution of learning training providers may cause drop in INHART students / participants enrolment, securing consultancy project. **Before Mtigation** Impact - 3 (moderate) Likelihood - 3 (possible) **After Mitigation** Impact - 3 (moderate) Likelihood - 3 (possible) 2) R2 : Limitation of budget from research and commercial grant providers may result in reduction of research activities and research outputs. Publication (journal articles, book and book chapters), IP, prototypes / products. **Before Mtigation** Impact - 3 (moderate) Likelihood - 3 (possible) **After Mitigation** Impact - 3 (moderate) Likelihood - 3 (possible)
120	OFI	RDY01	International Institute for Halal Research and Training (INHART)	Rusnani Din @ Yaakob	8.1	Operational planning and control	a) Document related to academic matters shall be updated and improved. Course file for compulsory subject with details document such as student project, quizzes, assessment etc to be updated. b) Usage of form- most form related to viva without signatories	Objective Evidence a) HART 6197
121	OFI	RDY02	International Institute for Halal Research and Training (INHART)	Rusnani Din @ Yaakob	8.1	Operational planning and control	During the audit it was sighted that 18 students were in the list of missing in action status. No application for leave of absence received by Kulliyyah. It is suggested Kulliyyah to liaise with CPS for further action.	Objective evidence List of Population of PG students Sem 2 2018/2019 (list by status)
122	OFI	RDY03	International Institute for Halal Research and Training (INHART)	Rusnani Din @ Yaakob	7.2	Competence	It is proposed that INHART to analyze job descriptions of each staff (N and C) to ensure that equal distribution of jobs and to avoid redundancy (all categories) The Institute may propose for new staffing to MSD if necessary a) Organizational Chart b) Staff Job Description	
123	OFI	RDY04	International Institute for Halal Research and Training (INHART)	Rusnani Din @ Yaakob	9.1.2	Customer satisfaction	During the audit it was found that no survey was conducted to PG students in order to identify their perception of the degree to which their needs and expectation have been fulfilled. INHART to have their own survey	

124	OFI	NKA01	International Institute for Muslim Unity	Nur Khamsiah Ahmad	7.2	Competence	During the audit, it was observed that the Training Need Analysis is not available for the Administrative Staff. It is very important to plan for staff training based on their job task as to ensure the specific skills and knowledge needs by the staff are addressed officially.	
125	OFI	NKA02	International Institute for Muslim Unity	Nur Khamsiah Ahmad	6.1.2	Actions to address risks and opportunities	There is a need to improve the planning to address the opportunities based on items identified in SWOT and real opportunities get by IIMU	
126	OFI	MAMN01	International Institute of Islamic Thought & Civilization (ISTAC)	Mohd Azhari Mohd. Nadzari	8.1	Operational planning and control	It was found that a student sample; Br. Al Hajri Fahad Hadi F A : PY19160690 admission was processed more than 20 working days, not as per requirement. It is suggested that ISTAC should follow the SOP.	
127	OFI	SBA01	International Institute of Islamic Thought & Civilization (ISTAC)	Sa'idatul Bariah Ahmad	6.1	Action to address risks and opportunities	It was found that the list of opportunities was not identified clearly and was not listed out accordingly in a template with initiatives to address each of the opportunities respectively.	
128	OFI	SBA02	International Institute of Islamic Thought & Civilization (ISTAC)	Sa'idatul Bariah Ahmad	7.2	Competence	It was found that the administrative staff have not had any ISO9001:2015 awareness training for more than 2 years.	
129	OFI	SBA03	International Institute of Islamic Thought & Civilization (ISTAC)	Sa'idatul Bariah Ahmad	5.3	Organizational roles, responsibilities and authorities	It was found that the posts of Quality Manager, AQAL and Project Leader of ISTAC's Flagship are being held by the one person. One person holding 3 major posts will result in not being able to focus, not able to attend information briefings or trainings and may not be able to convey important information to the Institute. It is proposed that the Quality Manager is delegated to one of the administrative officers.	
130	OFI	SBA04	International Institute of Islamic Thought & Civilization (ISTAC)	Sa'idatul Bariah Ahmad	6.1	Action to address risks and opportunities	It was found that the comments/complaints from the Customer Satisfaction Survey conducted from 12/3/2019 – 17/4/2019 has yet to be analysed and actions taken upon them.	
131	OFI	SBA05	International Institute of Islamic Thought & Civilization (ISTAC)	Sa'idatul Bariah Ahmad	7.5.3.2	Control of documented information	It was found that there is inconsistency of documented information in several students' files as follows: 1) No letter of appointment of supervisors. 2) Research progress reports were not available.	
132	NCR (Minor)	NKA01	Kulliyyah of Allied Health Sciences	Nur Khamsiah Ahmad	8.7	Control of nonconforming outputs	Based on the audit, it was found that repetition of finding as OFI No. 2 during the previous Internal Audit for the process of appointment of Part Time Academic Staff – unavailability of important documents.	Objective Evidence: 1. Appointment Letter for Asst. Prof. Dr. Mohd Hazimin Course Code/Title: AHB 3322 Letter issued: 29/1/2019 No acceptance No CV 2. Appointment Letter for Dr. Azrin Esmady Ariffin Course Code/ Title: AHV 4122 Letter Issued 24/1/2019 No acceptance No CV 3. Appointment Letter for Asst. Prof. Dr. Suriati Sidek Course Code/Title: AHND 3322 Letter Issued 11/2/2019 No acceptance CV available

133	NCR (Minor)	NKA02	Kulliyyah of Allied Health Sciences	Nur Khamsiah Ahmad	7.5.3.2	Control of documented information	Based on the audit, it was found that records and documents are not properly documented, outdated and take long time for retrieval.	Objective Evidence: 1. Internal Audit – latest document in the file is year 2014 document 2. K/C/D/I Management Meeting – latest document in 2017 3. Most of the documents are kept in soft copy but only one person know how to search the documents since the arrangement is not systematic. 4. Evidence of Quality Objective Achievements also not recorded and accessible
134	OFI	ACI01	Kulliyyah of Allied Health Sciences	Asmawati Che Ismail	9.1.2	Customer satisfaction	The organisation shall monitor customers' perceptions of the degree to which their needs and expectations have been fulfilled. The organisation shall determine the methods for obtaining, monitoring and reviewing this information	Objective evidence 1. It was noted that the Optometry Clinic had conducted their Patient Satisfaction Survey. The online survey form started in the Semester II, 2018/2019. Number of patients visited the Clinic for Semester II, 2018/2019 is 1,537 patients. Total of patients responded to the survey was 1.5% from the registered patients. 2. The details of Completes Patient Satisfaction Survey are as follows:- Type of survey 1. Online form - Automatically analysed by the google form to excel sheet. 2. Paper based form - Date manually transferred to excel sheet. 3. It was also noted that the generated result of survey be presented in the department meeting and the relevant officers to take appropriate action based on the outcome of the meeting. 4. Based on the lowest percentage of patient responded, it is suggested for the Kulliyyah to provide SOP for the students to promote the Patient Satisfaction Survey through QR Code. Example SOP for students on clinical practice i. Greet the patients ii. Follow Clinical SOP iii. Assist the completes patient to fill-in the online survey form
135	OFI	ACI02	Kulliyyah of Allied Health Sciences	Asmawati Che Ismail	7.1	Resources	Clause 7.1.3b The organisation shall determine, provide and maintain the infrastructure necessary for the operation of its processes and to achieve conformity of products and services i.e. equipments, including hardware and software. Physical evidence 1) It was observed there was no Fire Extinguisher equipped at the following clinic. i. Optometry Clinic ii. Hearing and Speech Clinic 2) It was also observed that there was no Evacuation/Fire Plan at the three (3) following clinics i. Optometry Clinic ii. Hearing and Speech Clinic iii. Physio Clinic 3) It was found that the Fire Extinguisher at Pharmacology and Toxicology Lab has expire on 17th January 2019.	

136	OFI	NHA01	Kulliyyah of Allied Health Sciences	Nurul Hidayah Abdullah	9.1.2	Customer satisfaction	No monitoring on customer perceptions on their needs and expectation. DDPG office shall determine the methods for obtaining, monitoring and reviewing this information. No customers feedback survey for postgraduate.	
137	OFI	NHA02	Kulliyyah of Allied Health Sciences	Nurul Hidayah Abdullah	7.1.4	Environment for the operation of processes	Rearrangement in the PG office especially on the documents and files. If there is an emergency, the staff has difficulty to exit the room. No workplace inspection has been conducted. No record of first aid inventory in the office.	
138	OFI	NHA03	Kulliyyah of Allied Health Sciences	Nurul Hidayah Abdullah	8.1	Operational planning and control	KAHS shall implement the SOP for IIUM purchasing. During the document reviewed, found that: 1. Quotation not signed by supplier 2. Different department practicing different for purchasing.	
139	OFI	NHA04	Kulliyyah of Allied Health Sciences	Nurul Hidayah Abdullah	7.1.3	Infrastructure	KAHS shall determine, provide and maintain the infrastructure necessary for the operation of its process. Based on the interviewed with the postgraduates: 1. Lack of lab facilities for postgraduates. Not well maintain and no basic instrument for analysis.	
140	OFI	NKA01	Kulliyyah of Allied Health Sciences	Nur Khamsiah Ahmad	6.1.1	When planning for the Quality Management System, the organization shall consider the issues referred to in 4.1 and the requirements referred to in 4.2 and determine the risk and opportunities that need to be addressed to: …	During the audit, it was observed that the risk register is not finalized with proper existing and proposed mitigation. In addition, the objective evidence and progress need to be documented. Action to address risk and opportunities also not available.	
141	OFI	NKA02	Kulliyyah of Allied Health Sciences	Nur Khamsiah Ahmad	6.2.1	The organization shall establish quality objectives at relevant functions, levels and processes needed for the quality management system..	The quality objective and KPI developed for KAHS need further review since there are few items which can be categorized under the same quality objective/ KPI - High impact programmes - Percentage of increase in patients attending Kulliyyah Clinics - Satisfaction survey	
142	OFI	NKA03	Kulliyyah of Allied Health Sciences	Nur Khamsiah Ahmad	9.1.3	Analysis and evaluation	It was found that the result of SFS and Customer Feedback Survey was not analyzed in detail and no record of corrective and preventive action made in respond to the survey comments.	
143	OFI	RAR01	Kulliyyah of Allied Health Sciences	Dr. Roslina Abdul Rahim	7.5.2	Creating and updating	1) Cam sheet for AHSC 3321 section 2 not signed by course coordinator 2) Cam entry mark not signed by hod (please check the cam entry file).	
144	OFI	RAR02	Kulliyyah of Allied Health Sciences	Dr. Roslina Abdul Rahim	7.5.2	Creating and updating	1) Excuse letter from KAHS not available: a) RazliqahRaghazli (1510622) – 17April 2018 b) Inter department game Heals – 13 February 2018 c) Muhammad Danial Adham (1812231) – 13 December 2018 d) Muhammad NurHaziqAiman (1713399) – 17 October 2018 2) File Study leave due to Medical Reason (UG). 2018 – no updates; 2019 – 7 cases; 2017 – 2 cases.	

145	OFI	RAR03	Kulliyyah of Allied Health Sciences	Dr. Roslina Abdul Rahim	8.3.4	Design and development control	1. Course file not updated: a) AHNS 2221 b) AHRD 4362 c) AHRD 3113 d) AHMI 2313 e) AHMI 2224 2. Course Outline without signature: a) AHBS 2316 b) AHP 1124 c) AHP 1263 d) ASLP 2213 e) ASLP 3252 f) ASLP 3203 g) AHP 1114 h) AHHA 2311 i) AHC 4152 j) AHC 4182 k) AHP 1254 (WRONGLY LABELLED) l) AHMI 3521 m) AHMI 3321 n) AHDV 1321 3. No teaching plan – AHRD 4116	
146	OFI	RDY01	Kulliyyah of Allied Health Sciences	Rusnani Din @ Yaakob	5.2.2	Communicating the quality policy	During the audit it was found that the quality policy was not updated and communicated to all staff in the Kulliyyah.	Objective evidence a) QP in meeting room, labs and clinics b) Staff Deskfile (Siti Idayu Zulkifli, Nik Ahmad Aminuddin
147	OFI	RDY02	Kulliyyah of Allied Health Sciences	Rusnani Din @ Yaakob	7.4	Communication	It was found that staff at clinics unaware on target set by Kulliyyah resulted no action plan or initiative by each clinic to increase their performance No. of patients of Optometry Clinic Target 2018: 2021 Target 2019: Increase by 5% 2019: 1537 No. of patient at Audiology Clinic Target 2018: 1500 Target 2019: 1650 2019: 1140 No. of patient to Physiotherapy Clinic Target 2018: 600 Target 2019: Increase by 10% - 2019: -	
148	NCR (Minor)	NHA01	Kulliyyah of Architecture & Environmental Design	Noor Hidayah Arasad	7.1.3	Infrastructure	It is found that no latest calibration of equiptment has been done in Herbarium Lab (Research lab) and Environmental Lab 1	i) Herbarium Lab - Equipment, Lab Dryer - Latest calibration, 27 Oct. 2016 ii) Herbarium Lab - Equipment, Fume Hood - Latest calibration, No record iii) Environmental Lab 1 - Equipment, Lab dryer - Latest calibration, No record iv) Environmental Lab 1 - Equipment, Fume hood - Latest calibration, No record
149	NCR (Minor)	NHA02	Kulliyyah of Architecture & Environmental Design	Noor Hidayah Arasad	7.1.4	Environment for operation process	Disposal of waste management (Chemical Disposal) is not being conduct and no proper labeling was done.	a) Environmental Lab Some of the chemical (that should be disposed) are store at one of the closed cabinet b) Herbarium Lab It was found that 3 bottles (with fluid) are been put on the floor without any labeling. (i.e corrosive, oxidizer, poison, flammable ect)
150	OFI	KBK01	Kulliyyah of Architecture & Environmental Design	Khairul Bariyah Kamaruddin	8.4.1	Control of Externally Provided Processes, Products and Services (General)	Statement It was found that no documented information/ evidence on evaluation, monitoring of performance, and re-evaluation of external providers (part-time lecturers) to provide services in accordance with requirements.	Objective Evidence: No evaluation done for the part-time lecturers: (a) Ar. Hasan Hamzah (teaching AAR 3201 for Sem. 2, 2018/2019) (b) Br. Nik Mohd. Ruiz Nik A F Razy (teaching AAR 6201 for Sem. 2, 2018/2019)

151	OFI	KBK02	Kulliyyah of Architecture & Environmental Design	Khairul Bariyah Kamaruddin	8.1	Operational Planning and Control	Statement It was sighted that the timeline set by KAED to revise the criteria of appointment to consider also professional qualifications is November 2018. The revised criteria were only presented to the MCM in May 2019.	Objective Evidence: OFI form raised in 2018 by the internal auditor and proposal paper for MCM
152	OFI	KBK03	Kulliyyah of Architecture & Environmental Design	Khairul Bariyah Kamaruddin	7.4	Communication	Statement It was found that internal communication relevant to the management system was not sighted.	Objective Evidence: Job description for the administrative staff, was not communicated/ provided and not acknowledged by the staff.
153	OFI	MM01	Kulliyyah of Architecture & Environmental Design	Assoc. Prof. Dr. Murni Mahmud	7.5.3.1	Control of documented information	(1) It was found that some parts of filing management need to be improved based on the following: (a) Minutes of files not up-to-date for files that been cited (2) It was found that the filing system was adequately put in place for Research office. However, for easy retrieval, filing and traceability, it is proposed for the following to be done: a) To review and ensure that all file reference number are as per the IIUM Filing Code. b) To include location in its file Master list	Evidences: 1. Minute file in course file are not updated and sign 2. Filing for Research related matters
154	OFI	MM02	Kulliyyah of Architecture & Environmental Design	Assoc. Prof. Dr. Murni Mahmud	8.5.2	Identification and traceability	It was found that detail carry mark (CAM) has not been provided for the selected course. This was observed in the validation sheet submission file. It is suggested that the CAM Sheet to be submitted together with validation sheet.	Evidences: 1. Result submission for AAR6131 – Urban Design Discourse
155	OFI	MM03	Kulliyyah of Architecture & Environmental Design	Assoc. Prof. Dr. Murni Mahmud	8.5.2	Identification and traceability	It was found that not all course files for PG courses have been submitted to DDPGR office at the end of semester.	Evidences: 1. Course file submission monitoring list indicated: Sem 1 18/19 – 11/31 submission Sem 2 18/19 – 15/25 submission
156	OFI	NHA01	Kulliyyah of Architecture & Environmental Design	Noor Hidayah Arasad	7.5.3	Control of documented information	a) It was cited that no Effective Date, Revision Number and Version Number are available in the following forms: i) Change of Programme (within kulliyyah) ii) Application for Leave from Tutorial iii) Request for Data Collection b) It was cited that, course offering submitted by the departments are without the date. The date of submission is needed soo that ODDAIL could offer the latest courses and could avoid confusion. Sample: (Course offering by Department) Department of Architecture: No Date Department of Landscape: No Date Department of Urban Planning: 11/3/19 Department of QS: 8/3/19	
157	OFI	NHA02	Kulliyyah of Architecture & Environmental Design	Noor Hidayah Arasad	7.1.3	Infrastructure	a) Geomatic Lab and QSICT lab are using old operating system (Window XP). The old version of OS are not compatible with the new software. Hence, the old software is still being used for teaching purposes. Sample: Lab: Geomatic Lab, OS: XP, Software: Geomatica 2010 Lab: QSICT lab, OS: XP, Software: Auto CAD 2011 b) KAED Gallery needs to be maintained and upgraded. The rail of the partition is too old and need to be replaced.	

158	OFI	NHA03	Kulliyyah of Architecture & Environmental Design	Noor Hidayah Arasad	8.5.1 (b)	Control of product and services (availability and use of suitable monitoring and measuring resources)	a) It was found that some of the students are registering below minimum load. According to SAPER (Revised 2015), student should register minimum 15 credits. Sample: i. 1122729, Credit registered: 11, Credit Earned: 66 ii. 1327787, Credit registered: 13, Credit Earned: 87 iii. 1428512, Credit registered: 12, Credit Earned: 99 iv. 1511487, Credit registered: 11, Credit Earned: 89 v. 1610648, Credit registered: 12.5, Credit Earned: 99 vi. 1615655, Credit registered: 11.5, Credit Earned: 106 vii. 1813621, Credit registered: 12.5, Credit Earned: 12.5 b) It was found that some of the lecturer are not issue warning and barring letter Sample: i) AQS 4192: Civil Eng. Construction 2 1516745, absent more than 20% - no barring letter ii) AQS 1250: Intro to process of Construction 1815556, absent more than 20%, no warning letter & barring letter	
159	OFI	NHA04	Kulliyyah of Architecture & Environmental Design	Noor Hidayah Arasad	8.3.2	Design and development planning	It has been practiced by KAED, to include the feedback from industrial people (Student's Industrial Training supervisor) when they are designing a course/ Reviewing their curriculum. However it could be improved by having feedback from the Alumni and other stakeholders. Sample: AQS 11101: Principle of Measurement Building 1	
160	OFI	MFA01	Kulliyyah of Dentistry	Mohd Farouq Alias	7.2 (a)	Competence	It was observed that only 20 out of 61 administrative and technical staff has completed 42 CTD points for training.	
161	OFI	MFA02	Kulliyyah of Dentistry	Mohd Farouq Alias	8.5.1 (g)	Control of production and service provision	It was found that the location of the computers in MLT lab are very closed to the sink and water tap.	
162	OFI	NAB01	Kulliyyah of Dentistry	Nursiah Abu Bakar	8.2.2	Determining the requirements for products and services	Course offering- there are discrepencies between credit hour and contact hour in course offering files and course file/course outline files. For example DEN 5432, credit hr stated in course offering is 9.8, contact hr is 392 but in course outlines file , Credit Hr is stated as 10 and contact hr as 186. For DEN 5434, credit hr stated in course offering is 280 and contact hr is 7 but in course outlines file, credit hr is 9, while contact hr is 234.	
163	OFI	NAB02	Kulliyyah of Dentistry	Nursiah Abu Bakar	7.5.2	Creating and updating	Problematic course file- DEN 5424- did not follow standard procedure. The course used new course outline format but did not provide details on senate endorsement ref./date , version no and effective date.	
164	OFI	NAB03	Kulliyyah of Dentistry	Nursiah Abu Bakar	8.5.1	Control of production and service provision	Issue of warning/barring for student name Norul Madihah binti M. Ashaari(Matric No.1513036) in particular was not conform with flowchart for monitoring of students' attendence. For DEN/DENT 4431 Norul Madihah received two warning letters for being absent. 10% in block one and 10% in block two. She was also absent 10% in block three. However, there is no barring letter was issued and no excused letter received from her.	
165	NCR (Minor)	KA01	Kulliyyah of Economics and Management Sciences	Kamarrudin Ali	4.1	Understanding the Organization and its context.	There was no evidence of that being done despite being mentioned in the last year's audit.	No documentation on PESTEL, SWOT analysis & interested parties
166	NCR (Minor)	KA02	Kulliyyah of Economics and Management Sciences	Kamarrudin Ali	6.1	Actions to address risks and opportunities	From the audit, it was found that there is no evidence could be presented on this.	No documentation on risk register and its actions plan.

167	NCR (Minor)	KA03	Kulliyyah of Economics and Management Sciences	Kamarrudin Ali	6.2	Quality Objectives and Planning to Achieve Them	During the audit, it was found that the Kulliyyah did not update and maintain the quality objectives appropriately.	Quality Objectives with no achievements recorded and could not produce the right quality objectives.
168	NCR (Minor)	KA04	Kulliyyah of Economics and Management Sciences	Kamarrudin Ali	10.2	Non-conformity and corrective action	It was found that the Kulliyyah has managed to close a few of the last year cases of 2 non-conformances and 11 opportunities for improvement reports. However, there are still feedback requested by the auditors dated 5 October 2018 and 13th September 2018 which have yet to be responded.	There is no evidence of any effort has been done to correct NCR1. Evidence: NCR 1 & NCR2, OFI7, OFI8, OFI9, and OFI11 have not yet been closed
169	OFI	AHAS01	Kulliyyah of Economics and Management Sciences	Ahmad Hidayat Ahmad Saufi	8.1	Operational Planning and Control	The audit at the Research Unit of the Kulliyyah was given an indication that all research performance is up to the individual staff. The Unit monitors the performance of the staff using RMC system. This system, however, does not include the staff with no grants. It is proposed to have a special mechanism how to monitor the performance of all staff in research and publication activities at the Kullliyyah. This may include the inclusion of staff performance status in KBM as an agenda.	
170	OFI	KA01	Kulliyyah of Economics and Management Sciences	Kamarrudin Ali	8.1	Operational Planning and Control	In order to better address the issue of non-conformance to the ISO 9001:2015 standard even though the University has started it 3 years ago, it is highly recommended for the Kulliyyah to organize a special workshop for its relevant staff and complete all necessary requirements at once.	
171	OFI	KA02	Kulliyyah of Economics and Management Sciences	Kamarrudin Ali	7.5	Documented Information	During the audit for PG programmes, it was found that all files were given when requested. All course files seem to have all the necessary elements inside them. Considering the course files are official document of the University and very important to the Kulliyyah's operation, their method of documentation and filing needs to be emphasized. As an improvement, it is suggested for all course files from different semesters are to be consolidated into one official file (with one particular filing code from the IIUM File Reference Code). By doing this, the Kulliyyah would have a better record of each course and can track its progress and evolution over time. In order to do this, all files given to lecturers are considered temporary and must be returned to department or Kulliyyah at the end of semester so that their contents could be transferred to the respective official files.	
172	OFI	KA03	Kulliyyah of Economics and Management Sciences	Kamarrudin Ali	7.2	Competence	It was found that most of the staff were given the chance attend training despite their tight daily routines. However, it is found that the knowledge among the staff on the Quality Management System and risks are still lacking. As such, it is proposed for the Quality Manager and Risk Manager to be exposed to the training in this specific area e.g Understanding ISO 2001:2015 and Managing Risks.	
173	OFI	KA04	Kulliyyah of Economics and Management Sciences	Kamarrudin Ali	7.5	Documented Information	It is proposed for the Kulliyyah to have an official file for each of the following: a) Context of organization/Strategic Planning & Interested parties b) Risk Management c) Quality Objective The files will give updated information on the items and the Kulliyyah could track their progress and changes.	

174	OFI	KA05	Kulliyyah of Economics and Management Sciences	Kamarrudin Ali	8.1	Operational Planning and Control	The ISO 9001:2015 requires the organization to plan, implement and control the process needed to meet the requirements of products and services, and to implement the actions determined in action plans. Under the Clause 8.1 (d), it is required for the organization to implement control of the process in accordance to the criteria: During the audit of Postgraduate activities, it was found that 1 of the 3 samples of course files for SEM1, 2018/19, the course assessments are different from what are stated in the courses' outline. This shows the lack of a proper control on the course outlines. In addition, this may bring dissatisfaction and disputes among the students. Objective Evidence: a) Channel Management (MKTG6510/6250) Dr Suharni Maulan. Course Outline: Case Studies (20%), Oral Assessment (25%), Project Report (25%) and Test (30%) Final Marks Case (20%), Project Report (15%), Retail Business Project (30%), Test (30%, News (5%) As such, it is proposed for the Kulliyyah to find measures to ensure that this will not happen in the future.	
175	OFI	JS01	Kulliyyah of Education	Jamaludin Said	6.1	Actions to address risk and opportunities	Risks register established by KOED is more to operational risks. The Kulliyyah is suggested to revisit the risks register and to identify the risk at the strategic level and to come up with its mitigation plans. The current environmental analysis should be reviewed as it was developed in 2015 and not reflected the current strength and impact of the Kulliyyah.	
176	OFI	JS02	Kulliyyah of Education	Jamaludin Said	5.1	Leadership and commitment	The Kulliyyah to revisit overall of HR planning on its Academic staff since many of their academic staff has reached the retirement age. Furthermore, the number of postgraduate students keep increasing, as a result, the staff and student ratio is very high not following MQA requirement.	
177	OFI	JS03	Kulliyyah of Education	Jamaludin Said	10.1	Improvement	To include SDG project on Dasar Pendidikan Kebangsaan as one of the main agenda of the Kulliyyah in 2019 programme since the Kulliyyah was appointed as the Champion of the project to promote it at National Level.	
178	OFI	WSO01	Kulliyyah of Education	Wan Surbani Wan Omar	10.1	The organization shall determine and select opportunities for improvement and implement any necessary actions to meet customer requirements and enhance customer satisfaction.	As part of continual improvement efforts, It is suggested for KOED to improve in the following areas: 1) To have a list of all grants and their status /progress report so that actions should be taken to avoid late or no submission. 2) AS for the Academic Review, KOED should prepare a checklist in order to tighten the procedure.(PG Office)	

179	NCR (Minor)	MAMN01	Kulliyyah of Engineering	Mohd Azhari Mohd Nadzari	7.1.3	Infrastructure	During the audit, it was found that there is no proper cabinet for flammable liquids, a few corrosive liquids are placed on the floor, the air-conditioner was broken, the windows were not tinted and rusty stain visible on the floor which indicates the shelves is not safe to use.	BTE Department; Chemical Store Room; Located at E5:L2(as per appendix attached)
180	OFI	MM01	Kulliyyah of Engineering	Assoc. Prof. Dr. Murni Mahmud	7.5.3.1	Documented information required by the QMS and by this Malaysian Standard shall be controlled to ensure: (a) it is available and suitable for use, where and when it is needed; (b) it is adequately protected	(1) It was found that some parts of filing management need to be improved based on the following: (a) Minutes of files not up-to-date for files that been cited (2) It was found that the filing system was adequately put in place for PG office. However, for easy retrieval, filing and traceability, it is proposed for the following to be done: a) To complete the filing of documentation b) To review and ensure that all file reference number are as per the IIUM Filing Code.	Evidences: 1. Minute file not up-to-date IIUM/304/13/10/2 Vol 2, IIUM/304/PG/13/9/2/ Vol 3, IIUM/304/PG/C/13/16/1 2. Exam Paper submission filing for Sem 2 18/19 has not been completed 3. Checklist for course file is not consistent e.g. EECE 6103 has a checklist, BTEN 6306 does not have checklist
181	OFI	MM02	Kulliyyah of Engineering	Assoc. Prof. Dr. Murni Mahmud	8.5.2	Identification and traceability The organization shall use suitable means to identify outputs when it is necessary to ensure the conformity of products and services	Despite of reminders and monitoring by DDPG office, it was found that final examination paper for four (4) courses have not been submitted to PG office for further processing and preparation for final exam.	Evidences: As viewed in the Final Examination monitoring list, KOE Sem 2, 2018/2019: MECH 6310, MECH 6517, MCTE 6210, MCTE 6212
182	OFI	MM03	Kulliyyah of Engineering	Assoc. Prof. Dr. Murni Mahmud	8.5.2	Identification and traceability The organization shall use suitable means to identify outputs when it is necessary to ensure the conformity of products and services	Despite of reminders and monitoring by DDPG office, it was found that validation sheet for four (4) courses have not been submitted to PG office before the approval of results in BOE. It is proposed the Kulliyyah to strengthen the process of monitoring of validation sheet submission and compilation.	Evidences: The validation sheet was kept by the lecturers: MECH 6310, MECH 6517, MCTE 6210, MCTE 6212
183	OFI	MM04	Kulliyyah of Engineering	Assoc. Prof. Dr. Murni Mahmud	8.5.2	Identification and traceability The organization shall use suitable means to identify outputs when it is necessary to ensure the conformity of products and services	It was observed Departments in KOE have variation in vetting process monitoring. For example, vetting process in Department EECE is closely monitored with submission and follow-up checklist but not in another Department. It is suggested that process/monitoring of vetting of final exam can be adopted from Department EECE or the UG final examination paper vetting process.	Evidences: Vetting forms for the following courses were kept by the lecturers: MECH 6310, MECH 6517
184	OFI	MAMN01	Kulliyyah of Engineering	Mohd Azhari Mohd Nadzari	8.1	Operational Planning and Control	It was found that few cabinets are not labelled which will caused difficulties to retrieve items. It also sighted that few items were still on workbench even there is nobody using it as per appendix.	
185	OFI	NJ01	Kulliyyah of Information & Communication Technology	Norashikin Jaafar	7.5.3.1 (a)	Control of Documented information	The risk register for year 2017 and 2018 were not evidenced to show improvement of the risks being assessed.	
186	OFI	NJ02	Kulliyyah of Information & Communication Technology	Norashikin Jaafar	7.5.2	Creating and updating	There was no proper controlled mechanism e.g. reviewed date and verification of the risk register being used.	

187	OFI	NJ03	Kulliyyah of Information & Communication Technology	Norashikin Jaafar	8.3.6	Design and development changes	There was no evidence of endorsement of Senate on the revised study plan which affect the changes in total graduation credit hours.	Objective evidence: Changes of graduation credit hours from 135CH (students batch 150 onwards) to 132CH (students batch 171 onwards).
188	OFI	NJ04	Kulliyyah of Information & Communication Technology	Norashikin Jaafar	7.5.3.2 (c)	Control of documented information	There was no proper control of changes such as revision number and effective date of implementation of the forms being used for the research and publication processes.	Objective evidence: 1. Approval Form for Utilisation of KICT Trust Fund 2. KICT Publication Fee Facilitation Form.
189	OFI	NJ05	Kulliyyah of Information & Communication Technology	Norashikin Jaafar	8.1	Operational planning and control	An initiative to assist the lectures for grant application from the kulliyyah trust fund has implemented. However, there was no proper processes/procedures evidenced to show the handling of the grants application which includes the requirements and the set criteria.	Objective evidence: 1. Approval Form for Utilisation of KICT Trust Fund 2. KICT Publication Fee Facilitation Form.
190	OFI	NJ06	Kulliyyah of Information & Communication Technology	Norashikin Jaafar	7.1.5.1	Monitoring and measuring resources	Process: Academic Affair – Teaching Facilities It was found that outdated Personal Computers (PCs) purchased in 2009 were still being used for the teaching of IT core courses.	Objectives Evidence: i. Teaching Lab 3 (Lenovo ThinkCentre M58p with processor AMD Phenom 9600) ii. Teaching Lab 4 (Dell Optiplex 740 with processor AMD Athlon 2.7 GHz) iii. Teaching Lab 5 (Dell Optiplex 330 with processor Intel Pentium, Celeron, Core 2 Duo Socket 775) Please refer to the list as attached.
191	OFI	NKA01	Kulliyyah of Information & Communication Technology	Nur Khamsiah Ahmad	7.2	Competence	During the audit, it was observed that the Training Need Analysis is not available for the Administrative Staff. It is very important to plan for staff training based on their job task as to ensure the specific skills and knowledge needs by the staff are addressed officially.	
192	OFI	NKA02	Kulliyyah of Information & Communication Technology	Nur Khamsiah Ahmad	8.4.2	Type and extend of control	The audit session unable to track the purchasing and procurement process at Kulliyyah level due to unavailability of softcopy or hardcopy of the documents.	
193	OFI	NKA03	Kulliyyah of Information & Communication Technology	Nur Khamsiah Ahmad	7.4	Communication	It was found that there is no communication between the Kulliyyah and CPS on the revised Standard Operating Procedure which has been implemented at CPS. Sample 1: Appeal Admission of PG Students Sample 2: Application for Deferment	
194	OFI	RDY01	Kulliyyah of Information & Communication Technology	Rusnani Din @ Yaakob	8.1	Operational Planning and Control	a) Record on attendance was not completed i.e no date recorded and not enough contact hours b) Course files are available in google drive. Reminder to all staff was issued on 25 February 2019 and deadline on 1 May 2019. However, during the audit, it was found that few lecturers not submitted/updated information in the google drive.	Objective Evidence a) CSC 2602, CSC 2706, CSC 3401 b) NFO 2103 Database Programming INFO 3305 Web Application Development

195	OFI	RDY02	Kulliyyah of Information & Communication Technology	Rusnani Din @ Yaakob	7.1.5.1	Monitoring and measuring resources	a) During the audit it was found that no record on inventory was established and updated except for PCs at labs. It is recommended for the Kulliyyah to establish and update inventory of all equipment according to venue and location for record and planning purposes. b) It is proposed that Kulliyyah to identify methods to overcome issue on missing PC mouse at lab. c) Preventive maintenance of PCs shall be done not only at labs but also all PCs available in the offices in KICT and record on preventive maintenance	Objective Evidence Record of missing mouse at Lab 6 (5 units), Lab 8 (1 unit) and Multimedia Lab (3 units)
196	OFI	ZAT01	Kulliyyah of Islamic Revealed Knowledge & Human Sciences	Zenita Arryani Tiyunin	8.5.1	Control of production and service provision	**<u>No Issuance of Barring and Warning Letter</u>** It was sighted that there were no barring and warning letters issued to the students: (a) RKUD 2010(A) – Section 7 i. 1815197 ii. 1817797 (b) RKUD 2010 (A) – Section 6 i. 1621037 ii. 1624830 iii. 1623038	(a) RKUD 2010(A) – Section 7 i. 1815197 ii. 1817797 (b) RKUD 2010 (A) – Section 6 i. 1621037 ii. 1624830 iii. 1623038
197	OFI	ZAT02	Kulliyyah of Islamic Revealed Knowledge & Human Sciences	Zenita Arryani Tiyunin	7.5.3.2 8.5.2	Control of documented information	**<u>Control of Document / Identification & Traceability</u>** It was sighted that the nomination award winners from each department is deliberated in the meeting chaired by the Deputy Dean (Student Affairs) dated 9th August 2018 and brought to KBM No. 8/2018 dated 21st September 2018 for endorsement. However, the minute of KBM meeting has not stated the names of award winners whom they deliberated and endorsed.	
198	OFI	ZAT03	Kulliyyah of Islamic Revealed Knowledge & Human Sciences	Zenita Arryani Tiyunin	7.5.3.2	Control of documented information	**<u>Adherence to the Forms – Application for Leave of Absence (Form UG10)</u>** It was sighted that few application forms for 'Leave of Absence' by the following students were not filled or incomplete according to the section of the form. (a) Form Section D: Approval by the Dean but signed by DD(SA) i. Student No. 1411849 ii. Student No. 1626483 (b) Form Section E: Incomplete without verification by academic office i. Student No. 1626483	(a) Form Section D: Approval by the Dean but signed by DD(SA) i. Student No. 1411849 ii. Student No. 1626483 (b) Form Section E: Incomplete without verification by academic office i. Student No. 1626483
199	OFI	DAS01	Kulliyyah of Islamic Revealed Knowledge & Human Sciences	Dr. Ashurov Sharofiddin	7.5.3.2 (b)	Control of documented information	**<u>Record & Documentation</u>** It was sighted that few forms of 'Research Completion Project' were found missing from the file.	
200	OFI	II01	Kulliyyah of Islamic Revealed Knowledge & Human Sciences	Ilmyzat Ismail	7.5.3.2	Control of documented information	**<u>Underload Registration Form</u>** It was found that most of the second page of the filled 'Underload Registration Form' were removed. Thus, there was no evidence of the decision made by the Deputy Dean (Academic Affairs) in Section B and Section C of the form.	

201	OFI	II02	Kulliyyah of Islamic Revealed Knowledge & Human Sciences	Ilmyzat Ismail	9.1.3	Analysis and evaluation	**Analysis and Evaluation** The kulliyyah shall analyse and evaluate appropriate data and info rising from monitoring. Therefore, the following items need to be further improved: - i. Training Need Analysis ii. Quality Objective iii. Students Feedback Survey	
202	OFI	II03	Kulliyyah of Islamic Revealed Knowledge & Human Sciences	Ilmyzat Ismail	7.1.3	Infrastructure	**Emergency Exit Door for Studio IIUM.FM** It was observed that there is only one door (magnetic controlled door) used for entrance/exit of staff at the studio of IIUM.FM which the venue being used for 24 hours of broadcasting. There might be a risk of personnel being trapped during the electrical outage especially at night and over the weekend due to unavailability of the emergency exit door.	
203	NCR (Minor)	KA01	Kulliyyah of Languages and Management	Kamarrudin Ali	8.1	Operational planning and control	It was found that the organization DID NOT implement adequate control of the process in accordance to the criteria set by KLM	Objective Evidence: The Course assessments for below courses are different from the what were stated in the courses' outline: a) ENCO4104 (Corporate Communication, SEM 1/2018/19, Dr M Shamsul Ibrahim) Course Outline: Forum (10%), Quizzes(20%), Project Particpation (20%), Presentation (20%), Project Report (30%) CAM: Industry (20%), Interaction (30%), Proactive (20%), Written Report (30%) b) TPHM 3161 (Transportation and Infrastructure in Travel Agency, SEM 1/2018/19, Sr Azien binti Jamin.) Course Outline: Assignment (20%), Presentation (5%), Quiz & Test (20%), Final Exam (50%), Participation (5%) CAM: Assignment (10%), Group Assignment (5%), Participation (5%), Presentation (10%), Test (20%), Final Exam (50%
204	NCR (Minor)	NMZ01	Kulliyyah of Languages and Management	Assoc. Prof. Dr. Nora Mat Zin	8.1	Operational planning and control	It was found that the changes for Course MESP 7307 was offered prior to obtaining endorsement from KBM. In the SOP, all changes in the courses must be endorsed by KBM first before it can be implemented.	Objective Evidence: 1) KBM Minutes of year 2019 2) Course file Semester II, 2018/2019 for MESP 7307

205	NCR (Minor)	SBA01	Kulliyyah of Languages and Management	Sa'idatul Bariah Ahmad	7.5.3	Control of documented information	(1) It was found that the filing rooms and filing system in the General Office and Office of the Deputy Dean Academic needs to be improved based on the following: (a) Minutes of files not available for all files. (b) Filing room has no master list for all filing rooms. (c) Arrangement and tidiness in the filing rooms need to be improved. (d) Many cabinets are not labelled accordingly. (e) Function of the active filing room at the Office of the Deputy Dean (Academic) is shared as a storeroom and a musolla. (2) It was found that course files for UG courses need not be changed every semester but be filed in one file according to each course/subject so that its changes can be traceable. (3) It was found that the filing system was adequately put in place. However, for easy retrieval and filing, it is proposed for the following to be done: a) To review and ensure that all file reference number are as per the IIUM Filing Code. b) To include location in its file Master list c) To add location address on its individual physical file (4) It is found that the Kulliyyah has implemented the IIUM record management policy. Most of its files are categorized as per requirements of the policy. However, the filing system could be improved further. As such, it is proposed that all admin staff be exposed to record management system. This is to ensure that the Kulliyyah do not too much depend on a particular person for record management and easy to retrieve and keep their records.	
206	NCR (Minor)	SBA02	Kulliyyah of Languages and Management	Sa'idatul Bariah Ahmad	9.1.3	Analysis and evaluation	It was found that the students' comments in the SFS report for Semester I & II, 2018/2019 has not been analysed accordingly and if any actions taken is not available or documented accordingly.	Objective Evidence: 1) List of students' comments in SFS Report for Semester I, 2018/2019 2) List of students' comments in SFS Report for Semester II, 2018/2019
207	NCR (Minor)	SBA03	Kulliyyah of Languages and Management	Sa'idatul Bariah Ahmad	10.2	Non-conformity and corrective action	It was found that the internal audit findings for year 2018 has not been closed officially. However, it was found that several corrective actions have been taken but the documents were not submitted to the internal auditors to be closed. There were 3 NCRs and 11 OFIs.	Objective Evidence: 1) NCR forms for year 2018. 2) OFI forms for year 2018.
208	OFI	KA01	Kulliyyah of Languages and Management	Kamarrudin Ali	8.1	Operational planning and control	It was found that the organization implement the attendance system for its courses and the attendance sheet was provided to the lecturers. However, as an improvement, to prevent forgery in attendance, it is suggested that KLM to come out with standard guidelines so that all lecturers cross out the attendance sheet of those who failed to show up during classes. By doing this, the student will not able to do the backdated signature.	
209	OFI	KA02	Kulliyyah of Languages and Management	Kamarrudin Ali	4.1	Understanding the Organizational Context	The planning for risks and opportunities was adequately addressed by having the risk register and planning to address. For improvement, it is proposed that the risk statements are to be refined to reflect the real risks for Kulliyyah and avoid taking issues as risks.	
210	OFI	NMZ01	Kulliyyah of Languages and Management	Assoc. Prof. Dr. Nora Mat Zin	8.4.2	Type and extent of control	It was found that works performed by the Sime Darby external service provider was not verified by the person-in-charge in KLM including the PPM for IT labs.	Evidence: 1) PPM for IT labs 2) Monthly progress report for facilities and maintenance

211	OFI	NMZ02	Kulliyyah of Languages and Management	Assoc. Prof. Dr. Nora Mat Zin	7.1	Resources	It was found that for the students' welfare: 1) There is no certified health provider for KLM especially for the students. 2) There is sickbay with no medical staff in-charge 3) There are no SOPs to manage students in emergency situations including referrals. 4) There is also no dedicated transport to bring students to clinic/hospital 5) There is no SOP for each party to play their role e.g. OSeM, Mahallah, Kulliyyah Suggestions: 1) IIUM to address the above issues on medical support for the KLM staff and students.	
212	OFI	NMZ03	Kulliyyah of Languages and Management	Assoc. Prof. Dr. Nora Mat Zin	7.1.5	Monitoring & Measuring Resources	It was found that the fire extinguisher on the way to the computer lab has expired.	Evidence: APA No. SR10201541 285544. Expired on 21/5/2019.
213	OFI	NMZ04	Kulliyyah of Languages and Management	Assoc. Prof. Dr. Nora Mat Zin	7.5.2	Creating and updating	It was found that KLM is still using the letterhead with the ISO9001:2008 certification.	Evidence: Outgoing letters from the PG Office
214	OFI	NMZ05	Kulliyyah of Languages and Management	Assoc. Prof. Dr. Nora Mat Zin	8.3.4	Design and development controls	It was found that for research progress report: 1) HOR is to be trained to use the RMSV2 2) HOR is to remind researchers with overdue progress reports.	
215	OFI	NMZ06	Kulliyyah of Languages and Management	Assoc. Prof. Dr. Nora Mat Zin	8.3.6	Design and development changes	It was found that for the PG assessment, there is no examination for the last 40% of the assessment. The last 40% depends on their project paper and continual assessment. There is an unclear mechanism for students to voice out their grievances on the end result.	
216	OFI	SBA01	Kulliyyah of Languages and Management	Sa'idatul Bariah Ahmad	7.2	Competence	1) It was found that the KLM staff has not been given any ISO9001:2015 awareness training. The last training to the senior staff on ISO was in 2017. 2) It was also found that the staff need training in Records Management. The senior staff are aware of the requirements, however, they still need a refresher training.	

217	OFI	SBA02	Kulliyyah of Languages and Management	Sa'idatul Bariah Ahmad	5.1.1 (h)	Leadership and commitment	It was observed that members of the KBM who were absent for more than 3 consecutive KBM meetings, were not given any warning letters or a request for show-cause letter from the absentees.	
218	OFI	SBA03	Kulliyyah of Languages and Management	Sa'idatul Bariah Ahmad	5.3	Organizational roles, responsibilities and authorities	It was found that all job descriptions have not been signed by the staff and their respective supervisors. Legality of the document was not met. It was also found there is no effective date of the job description.	
219	OFI	SBA04	Kulliyyah of Languages and Management	Sa'idatul Bariah Ahmad	6.1	Actions to address risks and opportunities	It was found that KLM has not submitted its Strategic Planning and BSC to OSIC whereas it has been instructed by the Rector that all of the above documents are to be submitted at least a month after the Rector's visit to KLM.	
220	NCR (Minor)	AZAH01	Kulliyyah of Medicine	Norazah Ishak	8.2.2	Determining the requirement for product and services	1. Lab Chairs at Practical lab 1 and 2 (BMS), Level 2, Kulliyyah of Medicine are not suitable for teaching and learning. No proper documentation and specification evidence provided. (see attachment) 2. Safety issue-obstruction of exit and teaching and learning activities	Objective Evidence: - The chairs will lead to poor ergonomics for teaching and learning.
221	NCR (Minor)	AZAH02	Kulliyyah of Medicine	Norazah Ishak	7.1.3	Infrastructure	1. Fungus at level 2 lab, Kulliyyah of Medicine 2. Aircond are not functioning at Kulliyyah of Medicine (students sit in exam without proper airconditioning)	
222	OFI	AZAH01	Kulliyyah of Medicine	Norazah Ishak	7.1.2	People	The organization shall determine and provide the person necessary for the effective implementation of its quality management system and for the operation and control of its process. It was reported that lack of staff available for IIUM Family Health Clinic.	Objective Evidence: Lack of number of permanent staff and alternatively practical students i.e KOP, KON to assist the operation of the Family Health Clinic
223	OFI	AZAH02	Kulliyyah of Medicine	Norazah Ishak	7.1.4	Environment for the operation of process	The organization shall determine, provide and maintain the environment necessary for the operation of its processes and to achieve conformity of products and services Venue: Family Health Clinic 1. PG discussion room does not conducive for students and lecturer. 2. Storage room for medicine was too small and the existing bigger storage room does not support certain medication that should be kept under certain temperature.	
224	OFI	AZAH03	Kulliyyah of Medicine	Norazah Ishak	7.5.3	Control of documented information	Documented information required by the quality management system and by this International Standard shall be controlled to ensure: a) it is available and suitable for use, where and when it is needed b) it is adequately protected (e.g from loss of confidentiality, improper use or loss of integrity) Venue: Admin Office, KOM	
225	OFI	AZAH04	Kulliyyah of Medicine	Norazah Ishak	7.1.5	Monitoring and measuring resources	Cold Room, KOM Only 1 cold room out of 5 are functioning. Laboratories staff have no other alternatives.	
226	OFI	AZAH05	Kulliyyah of Medicine	Norazah Ishak	8.4	Control of externally provided processes, products and services	Expired Fire extinguisher at Family Health Clinic 10 units of fire extinguisher at Family Health Clinic have expired on October 2018 although DBSB was informed after safety inspection by OSHBE in July 2018	

227	OFI	NEB01	Kulliyyah of Medicine	Dr. Noor Ezailina Badarudin	9.1.3	Analysis and evaluation	No evidence of analysis was done for patients' complaints/feedback at Family Health Clinic	Objective Evidence Complaint/Suggestion File
228	OFI	NEB02	Kulliyyah of Medicine	Dr. Noor Ezailina Badarudin	8.5	Control of production and services Provision	Vetting form was not signed by HOD.	Objective Evidence MED 3311 course file.
229	OFI	NEB03	Kulliyyah of Medicine	Dr. Noor Ezailina Badarudin	8.1	Operational planning and control	Research 6 PIs who received RIGS 2016 and 2017 are not aware of their expired completion date	Objective Evidence: Name of PI and expiry date a) Dr Nazri - 30/10/18 b) Dr Yahia -1/2/18 c) Dr Imad -19/12/18 e) Dr Ateeq -6/12/18 f) Dr Suhaila -6/12/18 g) Dr Adham – 6/12/18
230	OFI	NEB04	Kulliyyah of Medicine	Dr. Noor Ezailina Badarudin	7.1.4	Environment for the operation of process	Formaldehyde bottles are not kept in a safe place. Left on the sink in the dissection room	
231	OFI	RDY01	Kulliyyah of Medicine	Rusnani Din @ Yaakob	8.4	Control of externally provided processes, products and services	Appointment of part time staff. The evaluation, selection, monitoring of performance and re-evaluation of part time staff were not done accordingly.	Objective Evidence a) Dr. Mohamed Sapian Mohamed (Nov 2017-Nov 2019) b) Dr. Mohd Rahim Sulong(Nov. 2017-Nov 2019) c) Dr. Saadiah Yahya (Oct 2017-Oct 2019)
232	OFI	RDY02	Kulliyyah of Medicine	Rusnani Din @ Yaakob	8.5.1 (d)	Control of production and service provision	Monitoring of individual students were done manually due to incompatible of CPS system to cater block system.	Objective Evidence Excel sheet (PG record database) for students' record
233	OFI	RDY03	Kulliyyah of Medicine	Rusnani Din @ Yaakob	8.5.1 (d)	Control of production and service provision	IIUM Family Health Clinic to plan for online system integrated with staff and student record to improve their record and services. It was sighted that the IFHC proposed to use system established by IIUM Health and Wellness Centre	
234	OFI	RDY04	Kulliyyah of Medicine	Rusnani Din @ Yaakob	8.1	Operational Planning and Control	Course File – Course Outlines were not updated as the current template endorsed in Senate (29/4/2016) even though affected batch starting from 2018/2019. Objective Evidence Master of Anesthesiology Master of Medicine (Family Medicine)	
235	OFI	RDY05	Kulliyyah of Medicine	Rusnani Din @ Yaakob	6.1	Action to address risk ands and opportunities	Risk assessment template was not updated. Record on mitigation plan by KOM. Details and evidences on risk related matters shall be available for monitoring.	Objective Evidence Risk assessment information
236	OFI	MFM01	Kulliyyah of Nursing	Dr. Mohd Fuad Miskon	6.1.2	Actions to address risks and opportunities	No evidence of update taken for risk registry. Date reported was May 2018 with immediate effect.	
237	OFI	MFM02	Kulliyyah of Nursing	Dr. Mohd Fuad Miskon	9.2	Internal audit	Previous internal audit report. No evidence of closed report due to moving process. Need to address the report accordingly.	Objective evidence: (OFI05 - Clause 9, 9.3.1 - Safety committee meeting)
238	OFI	MFM03	Kulliyyah of Nursing	Dr. Mohd Fuad Miskon	7.1	Resources	Infrasturucture - It was identified that several infrastructure and safety equipments aspects are showing risk and not compliance.	Objective evidence: Infrasturucture - 1. Upper Hall Auditorium – Low wall. Waist height. 2. Lecturer room – Door dampener not tally with the door. 3. Window – Not permanent lock. Too low. Below waist. Safety equipment - 1. No evidence of evacuation plan on each floor. 2. No appearance of fire extinguisher in Clinical Skill Centre.

239	OFI	MRH01	Kulliyyah of Nursing	Dr. Mohd Radzi Hilmi	8.1	Operational planning and control	Issue ●Course file not standardised within and between departments (eg. vetting questions, timetable, redundancy) ●There is confidential information included in course file (TOS, SFS, CAM marks and endorsed final exam marks) ●Course outline not signed; mid sem-examination should be in the course file not in strong room. Only final examination in strong room General suggestions: 1) Checklist for course file need to be revised 2) TOS, SFS, CAM marks and endorsed final exam marks should be kept in a separate file at each of the departments offices – to protect confidentiality	
240	OFI	SAK01	Kulliyyah of Nursing	Siti Aishah Kamaliah Mohamed	7.5.1	Documented information – General	It was found that Kulliyyah did not adopt a proper IIUM filing system code.	Objective evidence: No official IIUM filing code for files: i- Appointment of part time lecturers ii- Evaluation and verification for graduating students
241	OFI	SAK02	Kulliyyah of Nursing	Siti Aishah Kamaliah Mohamed	8.5.1 (c)	Control of production and service provision – the implementation of monitoring and measurement activities at appropriate stages to verify that criteria for control of processes or outputs, and acceptance criteria for products and services, have been met;	It was observed that there was lack of monitoring of research project which belongs to researcher who is on study leave that lead to OVERDUE status.	Objective evidence: 1. Grant utilization is 17% (RIGS16-280-0444) 2. Nurul 'Inayati Binti Abdul Rahman
242	NCR (Minor)	CNZ01	Kulliyyah of Pharmacy	Che Nor Zarida Che Seman	4.4	Quality management system and its processes	Finding/Nonconformity: The purchasing process was not properly followed the IIUM Purchasing Policies and Procedures. Eg: There was a purchase order for answer sheets and cover pages that requested by Br. Mohd Akmal Hakin (staff no: 6975) on 19 June 2019. It was found that open quotation/tender form has been signed by administrative assistant and assistant financial only but no sign from administrative director.	Objective Evidence: To make sure that the organization shall establish, implement, maintain and continually improve a quality management system including the process needed and their interaction, in accordance with the requirements of this International Standard.
243	OFI	CNZ01	Kulliyyah of Pharmacy	Che Nor Zarida Che Seman	4.4	Quality management system and its processes	There was no evidence of endorsement from kulliyyah for selected best student award, bachelor of pharmacy for 34th iium convocation ceremony	
244	OFI	CNZ02	Kulliyyah of Pharmacy	Che Nor Zarida Che Seman	7.5.3	Control of documented information	The documentation of purchasing was not easily traceable to retrieve. There were separated files for purchase requisition form, purchase order (PO) and delivery order (DO).	
245	OFI	CNZ03	Kulliyyah of Pharmacy	Che Nor Zarida Che Seman	7.2	Competence	There was no record of training need analysis and training matrix for non-academic staff at kulliyyah level in order to ensure the competence of staff	
246	OFI	CNZ04	Kulliyyah of Pharmacy	Che Nor Zarida Che Seman	7.1.3	Infrastructure	External calibrations for analytical weight balance and pipettes have not been carried out for some time. Eg : 20 units of analytical weight balance in Dispensing Laboratory. Monthly internal calibration of analytical weight balance has been done but not record in proper form/logbook. Pipettes in Analytical Research Lab 1 and Organic Research Lab which may jeopardize the accuracy and precise of experiment	

247	OFI	CNZ05	Kulliyyah of Pharmacy	Che Nor Zarida Che Seman	7.1.5	Monitoring and measuring resources	Some of the chemicals in laboratory are expired. No chemical registry and no safety data sheet (sds) available for each chemicals. Eg: in dispensing lab, the list chemicals expired are as below: - Light Magnesium Carbonate, Expiry date: may 2011 - Chlorocresol BF, Expiry date: april 2018 - Lactose, Expiry date: 2 March 2014. In tissue culture lab, the list chemicals expired are as below: - 3,5-dinitrosalicylic acid, 98%, Expiry date: april 2009 - Thiamine hydrochloride, Expiry date: 31 aug 2012 - Pro-analysis, Expiry date: 31 aug 2012	
248	OFI	CNZ06	Kulliyyah of Pharmacy	Che Nor Zarida Che Seman	7.1.4	Environment for the operation of processes	Expired fire extinguishers were found in dispensing lab (expiry date: 20 march 2019) and outside the Tissue Culture Lab (expiry date: 9 February 2019).	
249	OFI	CNZ07	Kulliyyah of Pharmacy	Che Nor Zarida Che Seman	7.1.4	Environment for the operation of processes	During walk through audit at the area of crack building, it was found unused paint container becomes a breeding place of aedes larvae.	
250	OFI	CNZ08	Kulliyyah of Pharmacy	Che Nor Zarida Che Seman	7.1.4	Environment for the operation of processes	First aid boxes were found not maintained properly Eg: in Organic Research Lab, oral medication such as panadol and ORS available in the first aid box. Betasome cream was expired on May 2016 and prime's criflavine solution was expired on April 2017. In dispensing lab, non-adherent dressing was expired on march 2019.	
251	OFI	CNZ09	Kulliyyah of Pharmacy	Che Nor Zarida Che Seman	7.1.4	Environment for the operation of processes	Fungus was found in basic medical sciences lab 3 around ceiling that mounted one of the air-conditioner.	
252	OFI	NJ01	Kulliyyah of Pharmacy	Norashikin Jaafar	4.1	Understanding the organization and its context	Context of organisation There was no evidence that the external and internal issues have been determined for the kulliyyah level.	
253	OFI	NJ02	Kulliyyah of Pharmacy	Norashikin Jaafar	4.2	Understanding the needs and expectations of interested parties	Context of organisation There was no evidence that the interested parties and the requirements of these interested parties have been determined for the kulliyyah level.	
254	OFI	NJ03	Kulliyyah of Pharmacy	Norashikin Jaafar	9.1.3 (d)	Analysis and evaluation	Student Feedback Survey (SFS) The kulliyyah has done an analysis based on the comments received from the students as in the SFS for Semester 1, 2018/2019. The comments were sighted been highlighted in the Kulliyyah Administration Meeting (KAM) No. 3/2019 (12/3/2019). However, the status of actions taken were not clearly stated and continuously monitored.	
255	OFI	NJ04	Kulliyyah of Pharmacy	Norashikin Jaafar	8.4.1 (c)	Control of externally provided processes, products and services	Appointment of Invited Lecturers There were no clear processes and selection criteria sighted for the appointment of invited lecturers for the kulliyyah for Semester II, 2018/2019: Objective evidences: i. En. Abu Sapian b. Suhaimi ii. En. Abd Aziz Jamaluddin iii. Puan Norhafiza bte Ibrahim	

256	OFI	NJ05	Kulliyyah of Pharmacy	Norashikin Jaafar	8.4.1	Control of externally provided processes, products and services	Re-appointment of Invited Lecturers There was no evaluation of services been sighted for the re-appointment of the invited lecturers of the kulliyyah.: Objective evidences: All of the following invited lecturers had been appointed for Semester II, 2017/2018 and Semester II, 2018/2019. i. En. Abu Sapian b. Suhaimi (appointed on 17/1/2018 & 11/2/2019) ii. En. Abd Aziz Jamaluddin (appointed on 17/1/2018 & 11/2/2019) iii. Puan Norhafiza bte Ibrahim (appointed on 12/1/2018 & 11/2/2019)	
257	OFI	NJ06	Kulliyyah of Pharmacy	Norashikin Jaafar	7.1.3	Infrastructure	Infrastructure The issue of the sign of cracks from level 5 to the ground floor at the main building of KOP was still not closed from previous audit finding. Relevant offices such as the Development Division need to closely monitor and to take appropriate action on the issue.	
258	OFI	NJ07	Kulliyyah of Pharmacy	Norashikin Jaafar	7.2	Competence	Staffing The issue on appointing a competent technical staff to handle on the related technical tasks such as manning the audio visual system for lectures room and auditorium, and also the computer laboratory was still not closed from the previous audit findings. Currently, the said tasks are being performed by an administrative staff who is also incharge for handling financial matters of the kulliyyah.	Objective evidence: Br. Mohd Akmal Hakim Asmara (Administrative Asssistant)
259	OFI	TSS01	Kulliyyah of Pharmacy	Thandar Soe @ Sumaiyah	7.5.3.2	Control of documented information	i. It was found that all related documents for Masters' and PhDs' programmes were compiled and mixed up in a file. In which during the audit there was a difficulty in retrieving documents related to specific programmes when requested by the auditor. Objectives Evidence: Samples from the following programmes. - PHPM 7999 - Master in Pharmaceutical Sciences Pharmacology - PHPY 7999 - Master in Pharmaceutical Sciences (Physiology) - PHPC 7999 - Master in Pharmaceutical Sciences (Pharmaceutical chemistry) - PHPY 8999 (Doctor in Pharmaceutical Sciences (Physiology)) - PHPC 8999 (Doctor in Pharmaceutical Sciences (Pharmaceutical chemistry)) - PHPT 8999 (Doctor in Pharmaceutical Sciences (Pharmacy Technology)) - PHPP 8999 (Doctor in Pharmaceutical Sciences (Pharmacy practice)) ii. The following course outlines for research proposal were not evidenced during the audit, thus it is suggested that these courses need to have its own course files. Objectives evidence: a. PHRP 7994 b. PHRP 8994 iii. It was found that recently the course code for PHRM 6212 (Research Methodology) need to be changed to PHRM 7212. However,	Objective evidences: i. Issues on the request to operate Kulliyyahs' Cafetaria. ii. Issues on the air-conditioner at the Main Auditorium. iii. Issues on the air conditioner at the Lecture Halls shows that it has been fixed – KAM No. 5/2019 – however, there was no evidence of verification that the work was completed and verified by the kulliyyah. iv. Issues on KOP Musolla related to the cleanliness and lighting was only highlighted in KAM No. 3/2019 but no follow up action on the status in the KAM Meeting No. 4/2019. v. Water filter issues – unchanged filter was only found highlighted in KAM No. 3/2019 and KAM No. 4/2019 and still not closed. But the issue was not highlighted in KAM No. 5/2019. There were no supporting evidences and DBSB work order number to verify the action taken by them.

							the updated course outline could not be evidenced.	
260	OFI	TSS02	Kulliyyah of Pharmacy	Thandar Soe @ Sumaiyah	8.3.4 (f)	Design and development control	It was found that postgraduate students (Master and PhD) are facing difficulties in sharing of HPLC instrument due to not enough number of the instrument and they need to have long queue to use that instrument in their study for the following programs; - PHPC 7999 (Master in Pharmaceutical Sciences (Pharmaceutical chemistry) - PHPT 7999 (Master in Pharmaceutical Sciences (Pharmacy Technology) - PHPT 8999 (Doctor in Pharmaceutical Sciences (Pharmacy Technology) The booking processed for the said instrument was reviewed and found that this particular instrument is sharing by PG and UG students. Sometime, student need to go other universities to use the HPLC instrument due to long queue, malfunction of the instrument and awaiting for the part of instrument to change or maintenance. Its affect the students for extra costs in their study. Student also raised the issue on the collaboration and cooperation among departments should be improved. For instance, there are 3 HPLC instruments available in KOP and when department A 's HPLC is broke down department B should be warmly welcome student's from department A to use the instrument. Research Methodology - It was found that student should be well informed on their study plan such as what are the course that they are going through during their study. Because some of the course are imposed on extra payment and student need to prepare on this from advanced.	

261	OFI	TSS03	Kulliyyah of Pharmacy	Thandar Soe @ Sumaiyah	7.5.3.2	Control of documented information	Graduation and Awards Process During the audit there was a difficulty in retrieving documents related to Masters and PhD students' award selection when requested by the auditor. It is suggested that proper files based on programmes to be established. Objectives evidence: - PHPM 7999 - Master in Pharmaceutical Sciences (Pharmacology) - PHPY 7999 - Master in Pharmaceutical Sciences (Physiology) - PHPC 7999 - Master in Pharmaceutical Sciences (Pharmaceutical chemistry) - PHPT 7999 - Master in Pharmaceutical Sciences (Pharmacy Technology) - PHPP 7999 - Master in Pharmaceutical Sciences (Pharmacy practice) - PHPM 8999 - Doctor in Pharmaceutical Sciences (Pharmacology) - PHPY 8999 - Doctor in Pharmaceutical Sciences (Physiology) - PHPC 8999 - Doctor in Pharmaceutical Sciences (Pharmaceutical Chemistry) - PHPT 8999 - Doctor in Pharmaceutical Sciences (Pharmacy Technology) - PHPP 8999 - Doctor in Pharmaceutical Sciences (Pharmacy practice)	
262	OFI	TSS04	Kulliyyah of Pharmacy	Thandar Soe @ Sumaiyah	8.3.4 (f)	Design and development control	It was found that all UG course files arrangement should be improved such as timetable, teaching plans, allocation of lab slots for practical subjects, evidence of student's performance or assessment are should be included in the course files. PHMT 4122 (Advanced Drug Delivery System) - It was found that still using old references. It should be reviewed and updated. E.g Chein, Y. W (1992). Novel Drug Delivery System. - It was found that the student's assessment was not in the course file and it can be questionable on whether students are achieved their course learning outcome no 3 which is representing the skill performance. PHM 3152 (Body system IV: GIT & Hepatobiliary system) - It was found that, this is 2 credits hours and sharing by 8 lecturers. This can be questionable on how to maintain the quality of teaching and the workload distribution among lecturers. PHM 2143 (Physical Pharmacy II) - It was found that no documented lab slots for this course although this course has 12 hours practical session and 142 students. It can be questionable on whether students achieved their course learning outcome "measure parameter associated with the properties of liquids and disperse systems". - It was also found that this course outline is not sign by the respective officers.	

263	OFI	ACI01	Kulliyyah of Science	Asmawati Che Ismail	9.1	Monitoring, measurement, analysis and evaluation	Clause 9.1.3: The organization shall ensure that monitoring and measurement activities are implemented in accordance with the determined requirements and shall retain appropriate documented information as evidence of the results.	Objective evidence The Kulliyyah fail to provide Student Feedback Survey for partime lecturer namely Dr. Muhammad bin Majid. It was noted that the new Administrator for KOS just reported for duty recently due to transfer exercise. However, the Kulliyyah should have proper handover on the SFS access system between the previous Administrator and new Administrator as to ensure the smooth running of the operation. SFS for lecturer individual report is needed for the renewal of part-time lecturer at Kulliyyah.
264	OFI	ACI02	Kulliyyah of Science	Asmawati Che Ismail	7.5.3	Control of documented information	Clause 7.5.3.1a: Documented information required by the quality management system and by this International Standard shall be controlled to ensure it is available and suitable for use, where and when it is needed.	Objective evidence Upon checking the course file, it was found that the hardcopy of the Student Attendance in the two course file for lecturer under Department of Physics, namely Dr. Azni Abdul Aziz and Dr. Jesni Shamsul from Department of Plant Science has missing. The Kulliyyah has to ensure that the important documents are back up or by utilising the i-Taleem System as a proof of student attendance.
265	OFI	HS01	Kulliyyah of Science	Haslina Shamsuddin	4.2	Understanding the needs and expectations of interested parties	There was no evidence that the needs and expectations of interested parties are reviewed.	Objective Evidence No evidence was sighted at the Kulliyyah of Science.
266	OFI	HS02	Kulliyyah of Science	Haslina Shamsuddin	6.2.1	Quality objectives and planning to achieve them	There was no evidence that the Quality Objectives for 2018 were established.	Objective Evidence -Minutes of MRM 1/2018 held on 16th July 2018. -Report for University Management Review meeting 2018 dated 20th July 2018 : 2(b) Quality Objectives "The 2018 Quality Objectives for of kulliyyah is in the process to be reviewed by KOS QMS team."
267	OFI	HS03	Kulliyyah of Science	Haslina Shamsuddin	9.1.3	Analysis and evaluation	There was no evidence that the effectiveness of actions taken to address risks and opportunities were appropriately analysed and evaluated.	Objective Evidence List of risks according to departments.
268	OFI	HS04	Kulliyyah of Science	Haslina Shamsuddin	8.2.4	Changes to requirements for products and services	It was found that Procedure IIUM/TNL/AMAD/21 (Evaluation and Verification of Graduating Students) was not amended to reflect the current practice.	Objective Evidence Procedure 5.2 of IIUM/TNL/AMAD/21 (Evaluation and Verification of Graduating Students)

269	OFI	HS05	Kulliyyah of Science	Haslina Shamsuddin	6.1	Actions to address risks and opportunities	There was no evidence that the Kulliyyah provides the people necessary for the effective implementation of QMS	Objective Evidence 1) CREAM – one staff needs to handle a few labs e.g. General lab at ground floor : Analytical Section; Microscopy Section; Molecular Biology Section; Histology Section. The lab provides services to students and external parties. 2) INOCEM – Only one permanent staff (Asst. Science Officer) to look after the place where the asset value is RM2,352,604. INOCEM also provides services to external parties. The teaching arrangement of the academic staff also needs to be considered to allow travelling time between INOCEM and IIUM Kuantan.
270	OFI	HS06	Kulliyyah of Science	Haslina Shamsuddin	7.1.3	Infrastructure	There was no evidence that the infrastructure necessary for the operation of processes at INOCEM were adequately maintained.	Objective Evidence 1) Nikon Ni-U microscope – last maintenance record : 17/5/2017 2) Centrifugal water pump (bugati) – last maintenance record : 28/9/2016
271	OFI	FAD01	Management Services Division	Fazlinda Ayu Daud	7.4	Communication	IMPLEMENTATION OF UNIVERSITY JOBS DESCRIPTION It was observed that MSD has embarked on standardizing staff job description for KCDIO of the University, which is considered as a huge and important project for the University. However, there is no specific deadlines and target identified and communicated to the KCDIO in the JD preparation. Without a clear timeline and guideline, theproject may not be able to achieve a comprehensive response. The unit of recruitment and HRD are suggested to improve in its communication with KCDIO for better execution.	
272	OFI	MM01	Management Services Division	Maswa Mokhti	7.5.3.1	Control of documented information	STANDARD OPERATING PROCEDURES (SOP) Some of the units do not have their SOP clearly written and documented even though the practice is in place. Even though their processes were not ISO certified, ISO 9001:2015 require control of documented information and SOP is considered as having clear procedure and standardization. Specific areas concerned identified during the audit: - I-recruit (pre-interview procedure) - Transfer of staff and reshuffling - Data and record management unit Therefore, the division is suggested to plan for developing clear SOP for standardization and consistency in practice for the various activities within the division.	
273	OFI	SBA01	Office for Strategy and Institutional Change	Sa'idatul Bariah Ahmad	9.1.3	Analysis and Evaluation	It was found that Customer Satisfaction Survey and participants' feedback from events conducted was tabled out well. However, outputs, comments and suggestions were not analysed accordingly. Sample: 1) 2nd Quarter Performance Review 2018 2) Feedback Survey on IIUM Flagship Projects Workshop on 13/4/2019.	

274	OFI	SBA02	Office for Strategy and Institutional Change	Sa'idatul Bariah Ahmad	6.1	Actions to address the risks and opportunities	It was found that :- 1) OSIC needs to be improved its risks statement and to suit the current process. Being in-charge of the University's Risk Unit, their Risk Register need to be correct and an exemplary one. 2) Analysis is available based on report presented in the Audit & Risk Committee Meeting No. 1/2019 on 13/3/2019. However, the report need to be tabled in the Risk Register. 3) OSIC sent out 3 reminders (19/1/2019, 19/2/2019 and 15/5/2019) which were already been issued out to KCDIOs who have yet to submit their Risk Register for year 2018. OFI should be given to the respective KCDIOs who have not submitted the Risk Register which affects the report presented by the Risk Unit (AIKOL, CFS, ISTAC, KAED, KENMS, KOED, KLM, KON, KOS, ACAD, ALUMNI, CPD, EDC, FD, IHWC, IIMU, OCCM, OSeM, ODRIGN, IIUMMC, SDC, STADD, BUDI, IIUM Press and IIUM Academy) It is proposed that OFI part (3) above be transferred to the respective KCDIOs.	
275	OFI	SBA03	Office for Strategy and Institutional Change	Sa'idatul Bariah Ahmad	7.4	Communication	It was found that 5 COS did not submit their Strategic Planning & BSC to OSIC i.e. KAED, KENMS, KOED, KICT and IIUM Academy. Reminders to the respective COS could not be retrieved. The Rector has issued out a directive for COS to submit their Strategic Planning & BSC a month after the Rector's visit to the COS.	
276	NCR (Minor)	KA01	Office of Communication, Advocacy & Promotion for Change	Kamarrudin Ali	6.1	Actions to address risks and opportunities	It was found that the Office DID NOT review its risks as required in their risk register table and did not evaluate all risks	a) All risks were not evaluated b) No date of update c) Risks statement are not reflecting the real risks d) Opportunities are not in line with SWOT analysis
277	NCR (Minor)	KA02	Office of Communication, Advocacy & Promotion for Change	Kamarrudin Ali	9.1	Monitoring, measurement, analysis and evaluation	It was found that there is no effective mechanism to evaluate the effectiveness and efficiency of each function/unit. Whereas, the objectives of all functions in the respective OCAP's procedure clearly state that they will ensure that it will be "efficiently" and "effectively" done.	The survey was done on internet with general staff at large with no specific target. And, the survey results show 30 people responded. How do we know that these people have really received the service of OCAP? Despite that, no analysis and action plan have been done on the responses.
278	OFI	KA01	Office of Communication, Advocacy & Promotion for Change	Kamarrudin Ali	7.4	Communication	The slide presentation shows 7 Missions of the Division. However, the mission statements seem to mix with the functions of OCAP. Thus, it is suggested that OCAP to review the mission statements so that the customers can differentiate between mission and functions.	
279	OFI	KA02	Office of Communication, Advocacy & Promotion for Change	Kamarrudin Ali	9.1	Monitoring, measurement, analysis and evaluation	OCAP is a division responsible for handling the customer complaints for the University and it has a special system in doing this. However, there is no clear method of handling the internal service complaints. As such, it is suggested that OCAP split the customer complaints between internal (OCAP service) and external (IIUM) and do a proper analysis and action plans for them. The suggestion is to create two separate official files for this.	

280	OFI	KA03	Office of Communication, Advocacy & Promotion for Change	Kamarrudin Ali	7.4	Communication	Having 5 main sections with 39 staff to manage is quite challenging especially in ensuring its mission and objectives are well understood by all staff and thus, carried out effectively. It is good to know that OCAP conducts a Monday brief meeting to execute and give updates on its weekly activities. However, apparently, there is no documentation for this type of meeting. As such, it is proposed for OCAP to conduct regular official coordination meetings involving various functions e.g. monthly or bi-monthly. With this meeting, OCAP would have a proper documentation for those discussions and a better control on the functional units. It also can discuss QMS issues, track the performance and achievement of each function and discuss their problems.	
281	OFI	KA04	Office of Communication, Advocacy & Promotion for Change	Kamarrudin Ali	10	Improvement	It is good to know that a survey form is used to gauge service at the IIUM Gallery. However, as an improvement, it is proposed for the survey form to be reviewed so that the Gallery could use it effectively in improving its service. One particular item for improvement is no. 5 i.e. 5(c) Presentation & 5(d) Effective contents which could be changed to "Attractive Presentation" and "Appropriate contents". Perhaps, more items could be added.	
282	OFI	KA05	Office of Communication, Advocacy & Promotion for Change	Kamarrudin Ali	6.2	Quality Objective	It was found that OCAP has the Quality objectives as required by an organization and a proper planning table is used. However, a few vague KPIs for certain objectives e.g. no 2. and 3 could be reviewed. This is to ensure that an appropriate baseline could be used objectively and thus improve progressively based on their achievement.	
283	OFI	MBM01	Office of Industrial Links	Mazlina Mustafa	6.1	Actions to address risks and opportunities	a) It was found that the risk element were not adequately addressed. The risk profile document to be reviewed accordingly so that the risk mitigation, monitoring and control of the risk could be evaluated effectively. b) PESTEL and SWOT Analysis was inadequate and need to be reviewed.	a) Risk Register b) PESTEL Analysis c) SWOT Analysis
284	OFI	MBM02	Office of Industrial Links	Mazlina Mustafa	6.2	Quality Objectives and Planning to achieve them	It was observed that there are good KPIs stated in the strategic planning document but not captured in the quality objectives. Quality Objectives may be reviewed to reflect the functions of the organization.	Quality Objective achievement report
285	OFI	MBM03	Office of Industrial Links	Mazlina Mustafa	9.1.3	Analysis and evaluation	It was observed that complaints/feedback received from customer satisfaction survey were identified. Action plan to address customer feedback were not adequately addressed . Therefore, effectiveness of the action plan could not be evaluated.	Customer Satisfaction Survey 2019
286	OFI	MBM04	Office of Industrial Links	Mazlina Mustafa	7.5.3.2	Control of documented information	It was observed that the filing cabinet was not properly labelled for easy retrieval. Confidential files/personal files were kept in the same cabinet with general files and accessible to all staff.	
287	OFI	SBA01	Office of Internal Audit	Sa'idatul Bariah Ahmad	4.1	Context of Organisation	1) It was found that there was no evidence on how the risks was identified. There was no PESTLE or SWOT. 2) It was also found that several planned audits could not be conducted as planned due to ad hoc directives from UMC, etc. However, this challenges were not identified as a risk. 3) It was observed that there is no evident or clear format that shows OIA is taking advantage of its opportunities	

288	OFI	SBA02	Office of Internal Audit	Sa'idatul Bariah Ahmad	5.3	Organisational roles, responsibilities and authorities	It was found that acceptance form from three (3) out of six (6) members of the Audit and Risk Committee members was not available. It is stated in the appointment and reappointment letter that appointed member is to reply to their appointment by returning the acceptance letter to MSD.	Evidence: 1) Prof. Dr. Mushera Bibi Ambaras Khan 2) Y.Bhg. Dato' Sri Syed Hussien Abd. Kadir 3) Prof. Dato' Dr. Norbik Bashah Idris
289	OFI	SBA03	Office of Internal Audit	Sa'idatul Bariah Ahmad	7.5.3	Control of documented information	1) It was observed that organizational chart of OIA was all different in the Audit Manual and Practice Guide, achievement slides and the one updated on 5/7/2019. 2) It is proposed that OIA adopt the control of documents on versions according to the standard requirements of ISO9001:2015 3) It is found that the file on incoming and outgoing letters had no file minutes. Several other files were also without file minutes.	
290	OFI	SBA04	Office of Internal Audit	Sa'idatul Bariah Ahmad	7.1.4	Environment for the operation of processes	It was observed that the office of OIA has only one entrance door and no exit door. Under the Occupational Safety and Health Administration standard requirements 1910.36(a)(1) An exit route must be permanent. Each exit route must be a permanent part of the workplace.	
291	OFI	FD01	Office of International Affairs	Fakhrurrazi Danial	7.5.3	Control of documented information	The organization shall control the documented information pertaining to distribution, access, retrieval, use, storage and preservation. It was found that procedures and flow chart of work activities are stored in officer's individual computer. It is suggested that it to be adequately protected in medium that can be used and accessed by officers and staff where and when it is needed.	
292	OFI	FD02	Office of International Affairs	Fakhrurrazi Danial	7.4	Communication	The organization shall determine the internal and external communications relevant to the QMS including on what to be communicated, with whom to be communicated, how to communicates and who communicates. It was found that in IO official website, services offered by IO was not available and information on FAQ was not accessible, where as other important information available and accessible.	
293	OFI	FD03	Office of International Affairs	Fakhrurrazi Danial	8.5.3	Property belonging to customers	The organization shall identify, protect and safeguard customers' property provided for use or incorporation into the services. It is suggested that IO to create flow chart of work activities on subsequent actions to be taken, in case of customers' passport which are under the care of IO is lost, damaged or otherwise found to be unsuitable for use.	
294	OFI	KAH01	Office of International Affairs	Kamaruddin Abdul Hamid	6.1	Actions to Address risks and opportunities	EMGS plays major roles in producing visa or student pass in accordance with the Ministry of Education requirement. Unfortunately, the process is delayed if incomplete documents or delay in submission of required documents to IO. It is suggested that IO to add Risk Register focusing on the delaying of documents submission by students. This is to ensure IO has ample time to process within timeline given. Planning an action could reduce the risk of late submission by students. Eventually, the student pass or visa can be produced timely.	

295	OFI	II01	Office of Knowledge for Change and Advancement	Ilmyzat Ismail	10.1	The organization shall determine and select opportunities for improvement and implement any necessary actions to meet customer requirements and enhance customer satisfaction.	Role of KCA for Continual Improvement (Central Level) During the audit, it was highlighted that the role of KCA is to coordinate and oversee the implementation process of quality assurance at KCDI including the conduct of internal audit exercise according to the following sections: - i. Teaching & Learning / Research ii. Student Development iii. Corporate Services iv. Kuantan / Gambang It is suggested for KCA to coordinate the process of improvement and corrective action based on the common and recurring issues found from each audit section.	
296	OFI	II02	Office of Knowledge for Change and Advancement	Ilmyzat Ismail	8.1	The organization shall plan, implement and control processes needed to meet the requirements for the provision of products and services and to implement the action.	The Coordination of IIUM Takrim Day During the audit, it was informed that KCA is the coordinator and secretariat of IIUM Takrim Day. It is suggested for KCA to coordinate the conduct of assessment and activities by the assigned sub-secretariat and to communicate the overall information, schedule or deadline submission (via timeline/schedule chart /other methods) to all KCDIs in which to avoid confusion amongst the KCDIs.	
297	NCR (Minor)	ZMY01	Office of Security Management (Gombak)	Dr. Zulkefli Muhammed Yusof	6.1	Actions to address risks and opportunities	OSeM Risk Assessment document did not disclose the necessary information that is required by the standard	Objective Evidence: OSeM Risk Assessment documents as provided in the presentation at the Audit Opening Meeting
298	NCR (Minor)	ZMY02	Office of Security Management (Gombak)	Dr. Zulkefli Muhammed Yusof	5.3	Organizational roles, responsibilities and authority	Finding/Nonconformity: It was found that some important information are not well conveyed within the office, and also other offices. The findings indicated serious implications to the overall functions of the office.	Objective Evidence: Feedback from Office branch in Kuantan indicated misinformed and misunderstanding in the issues of Job Description and changes in SOP The Office did not aware that it has to submit the Risk Registry periodically, and a representative for OSeM has been appointed by OSIC.

299	NCR (Minor)	ZMY03	Office of Security Management (Gombak)	Dr. Zulkefli Muhammed Yusof	7.5	Documented Information	Finding/Nonconformity: It was found that the documents and records are not well maintained as most of the records are kept and managed on ad hoc basis. There are weaknesses in creating and updating, and control of documented information.	Objective Evidence: a) The file master list was not relevant to the Office. It was just the standard generic list of IIUM. b) There are many files, especially operational documents, which have no file reference numbers. c) Documents related to the implementation of QMS are not filed properly, and only appeared when required, and not kept in specific files that can be easily accessible.
300	NCR (Minor)	ZMY04	Office of Security Management (Gombak)	Dr. Zulkefli Muhammed Yusof	8.4.2	Type and extent of control	Finding/Nonconformity: It was found that the office did not ensure that the externally provided processes remain in the control of it QMS, and should take into consideration on the effectiveness of the controls applied by the external provider.	Objective Evidence: The CCTV system is not functioning at the optimal level with 20 locations out of 72 (28%) are not working. The system was also told to be easily fail after heavy rain. Noted that 2 meetings have been made last year – 24/10/18 and 30/5/18 but only the 30/5/18 has the minute of the meeting while the 24/10/18 no minute was not produced. Hence no record and review on the follow up of the actions.
301	OFI	KAH01	Office of Security Management (Gombak)	Kamaruddin Abdul Hamid	7.5.1	Documented Information	Internal Audit processes is an ISO 9001:2015 requirement. The findings need to be responded and closed accordingly as agreed upon by auditor. All updated records should be kept by the auditee for future reference. It was found that OSEM does not keep the updated OFI forms without considering if the submitted forms to KCA have been closed accordingly.	Objective Evidence: 2018 OFI forms.
302	OFI	KAH02	Office of Security Management (Gombak)	Kamaruddin Abdul Hamid	7.1.3 (a)	Infrastructure: The organization	Parking area in IIUM is crucial due to the increasing number of vehicles in campus and it's become highly demanded from IIUM community especially the staff. OSEM is the authority to relocate abandoned vehicles in accordance to local authority policy. It was found that one abandoned car has been parked at the front of Main Audi for a quite long time. Two letters had been issued to the identified owner dated 8th March 2018 and 10th June 2018. However, the car was still not removed by the owner until the day of internal audit.	Objective evidence: Proton Gen 2 with registration no. WMY 8794 parked in front of Main Audi.
303	OFI	KAH03	Office of Security Management (Gombak)	Kamaruddin Abdul Hamid	7.2 (a) (b)	Competence	Suicidal thought among students is a serious issue and need to be handled professionally. Unit Rondaan Bermotosikal is the first personnel who will arrive at the incident location as to assess the safety and security of the students. Appropriate action is required in order to ensure the situation and student is under control. It is suggested that OSEM identifies staff to attend training focusing in handling suicidal attempt.	
304	OFI	KAH04	Office of Security Management (Gombak)	Kamaruddin Abdul Hamid	7.1.4	Environment for the operation of processes	Paracetamol was found inside a first aid box located at Administration and Finance Unit, OSEM. Tablets are not recommended contents to be kept in the box based on Guidelines on First-Aid in the Workplace 2004 issued by the Department of Occupational Safety and Health (DOSH).	Objective Evidence First Aid Box at Administration and Finance Unit, OSEM.

305	OFI	KAH05	Office of Security Management (Gombak)	Kamaruddin Abdul Hamid	5.3	Organizational roles, responsibilities and authorities.	OSEM had taken necessary initiatives by establishing Emergency Response Team in 2018. Lkpl Sumardi was appointed as one of the Assembly Area team member. However, there was no Appointment Letter and Job Description being issued to him.	Objective Evidence Organizational Chart of Emergency Response Team OSEM
306	OFI	YZH01	Office of Security Management (Gombak)	Assoc. Prof. Dr. Yumi Zuhanis Has-Yun	7.5.3.2	Control of documented information	Copies of summon and appeal are kept (piled) in a box instead of files/folder (for more structured and easy retrieval)	Objective evidence: Box located under the counter at One Stop Centre, OSEM. Person interviewed: En. Nazmi and Tn Ikhsan
307	OFI	YZH02	Office of Security Management (Gombak)	Assoc. Prof. Dr. Yumi Zuhanis Has-Yun	8.1	Operational planning and control	Prosedur Pengendalian Kesalahan Trafik (IIUM/OSEM/PROC/03) - 'slip bank' is stated as one of the documents under record section. However, this document is not relevant to the process in the SOP. The procedure should be revisited and revised accordingly.	Objective evidence: Person interviewed En. Nazmi and Tn Ikhsan
308	OFI	ZMY01	Office of Security Management (Gombak)	Dr. Zulkefli Muhammed Yusof	7.2	Competence	The organization shall ensure that these persons are competent on the basis of appropriate education, training, or experience. It was found that some personnel have only been given ad hoc training.	Objective evidence: The staff handling the hotline calls at the Operation Room have not been trained on how to identify and categorize the seriousness of the information – SOP IIUM/OSEM/PROC/06 5.3.1 Tindakan di bawah 5.0 TANGGUNGJAWAB DAN PROSEDUR TERPERINCI The staff was also only trained by the officer on how to sufficiently operate the system.
309	OFI	YZH04	Office of Security Management (Gombak)	Dr. Zulkefli Muhammed Yusof	9.1.2	Customer Satisfaction	The organization shall determine the methods for obtaining, monitoring and reviewing this information. It was found that there is no evidence of reviewing the findings of the survey	Objective evidence: From The 2018 Customer Satisfaction Survey, the office did not produce any action plans for improvement.
310	OFI	YZH05	Office of Security Management (Gombak)	Dr. Zulkefli Muhammed Yusof	8.2.1	Customer communication	It was found that the services available are not very well informed to the community, and the information obtained and not properly responded.	Objective evidence: a) One the channels – the OSeM website has not include sufficient information on the services that it provides b) The information received through the Hotline number was not properly indicated if the complaints have been resolved. c) The customer complaints have not been properly recorded and analyzed (Customer Feedback file – only 6 records from 2014)
311	OFI	FJ01	Office of Security Management (Kuantan)	Fadzil Jumman	7.1.3	Infrastructure	Access Control Access Control for visitors via Visitor Management System (VMS) by OSeM, Kuantan is a good practice. It can be a benchmark for the other IIUM Campuses. Currently, they are relying on one old PC and one reader machine. Without a back up, the system would not be effective & efficient. During the audit session, the reader machine was experiencing a technical problem. This could interrupt visitors' registration at the main entrance. It is important to have a high-end specification PC and an additional reader machine for the said process.	

312	OFI	FJ02	Office of Security Management (Kuantan)	Fadzil Jumman	8.1	Operational Planning and Control	Issuing the Work Pass The process of issuing the working pass to the workers was not done with a thorough inspection. Finding : One of the cleaners with status 'Visit Pass' (Social) with an expiry date 1/3/2019 was issued with 'Working Pass' at the Kuantan Campus. Name: Kholisiah Nationality : Indonesia IIUM : Worker Pass 2019 (305/19)	
313	OFI	FJ03	Office of Security Management (Kuantan)	Fadzil Jumman	7.1.3	Infrastructure	OSeM Main Control Room Based on the audit session, 63 units (of 179) of CCTV around IIUM Kuantan campus were found to be out of order due to the end of maintenance service contract for the said items. This will affect the duties of OSeM in observing the security and safety of the campus.	
314	OFI	FJ04	Office of Security Management (Kuantan)	Fadzil Jumman	8.4	Control of externally provided processes,product and services	The fire extinguisher in the OSeM control room was not inspected monthly as scheduled by the appointed contractor, DayaBersihSdn.Bhd. Finding : Based on the audit session, the last inspection was done in January 2019. Evidence: Photo as attached	
315	OFI	FJ05	Office of Security Management (Kuantan)	Fadzil Jumman	8.1	Operational planning and control	Key Management Key management of IIUM Kuantan Campus is within the purview of OSeM. However, there was a lack of proper handling of keys especially between OSeMand Kulliyyahs/Centres. There was no recordbyOSeM on the person in charge (PIC) of keys forthe general office of every kulliyyah /Centre. It will create problems in managing the key's record.	
316	OFI	FJ06	Office of Security Management (Kuantan)	Fadzil Jumman	7.1.4	Environment for the operation of process	OSeM Server Room During the audit, it was found that the server room was stored with unnecessary items i.e: unused partition and boxes It will create problems during the movement process in case of emergency. Evidence: Photo as attached.	
317	OFI	NKA01	Office of Security Management (Kuantan)	Nur Khamsiah Ahmad	8.1	Operational Planning and Control	There is no objective evidence on the coordination meeting between OSEM Kuantan and PFI Project Security Officer – Pyroforce and Jerai Security in form of minutes or extract of discussion. The coordination meeting is very important for the security and safety of students, staff and facilities at Mahallah, INNOCEM and CFS Gambang.	
318	OFI	NKA02	Office of Security Management (Kuantan)	Nur Khamsiah Ahmad	6.3	Planning of Changes	Based on the audit session, it was found that there are changes on the Core Process document. However, the latest document given to OSEM Kuantan is without signatories and the staff are not aware on the changes	Objective Evidence 1: Dokumen: IIUM/OSEM/PROC/07 PENGELUARAN KAD STAF, PAS PEKERJA DAN LAIN-LAIN Objective Evidence 2: Dokumen: IIUM/OSEM/PROC/04 PROSEDUR SIASATAN DALAMAN

319	OFI	NKA03	Office of Security Management (Kuantan)	Nur Khamsiah Ahmad	6.2.1	The organization shall establish quality objectives at relevant functions …	During the audit, it was found that the Quality Objectives and KPI for OSEM more focus on Gombak Campus. Since there are different issues and needs at different campuses, there should be clear target for OSEM Kuantan and Gambang so they will know what and how to contribute based on their needs and scope of responsibilities.	
320	OFI	NKA04	Office of Security Management (Kuantan)	Nur Khamsiah Ahmad	7.2	Competence	Specific Job description need to be provided to each staff as to ensure the expectation of their actual task are well communicated and recorded.	
321	OFI	FRR01	Office of the Campus Director	Faisal Razul Razali	10.1 (c)	Improving the performance and effectiveness of the quality management system	It was found that there were a significantly high number of complaints received in January 2018 and January 2019 on infrastructure issues. For the January 2018, the high number of complaints was identified as complaints from CFS staffs that were just moved into Kuantan Campus in January 2018. However, there was no root cause justification for the high number of complaints for January 2019. The number of complaint has dropped from 169 in January to 43 in February and 21 in March 2019. ITD need to determine the root cause for this matter to identify what had causes the high number of report in January each year.	
322	OFI	FRR02	Office of the Campus Director	Faisal Razul Razali	10.01 (b)	Correcting, preventing or reducing undesired effects	It was found that the technician assigned for rectification of customer complaint can request extension of time without approval of supervisor. When an extension of time was requested, only the user will be notified, not the supervisor. This extension of time should require consent from the supervisor so that the supervisor is aware that there is an extension of time needed and why it is needed so that the result can be used for future improvement.	
323	OFI	MFA01	Office of the Campus Director	Mohd Farouq Alias	7.2 (a)	Competence	OCD need further improvement on the evident and action plan taken for the previous audit findings	
324	OFI	MFA02	Office of the Campus Director	Mohd Farouq Alias	8.3.2 (d)	Design and development planning	No clear statement on the preparation of TOR in the letter of appointment of Dr. Ibrahim Adam Ahmed Shogar as Head, UNGS & MPU, Office of the Campus Director. The letter stated that the TOR will be prepared by the Dean of Kulliyyah whereas the letter was only sent to Dean of Kulliyyah of Science.	
325	OFI	SZT01	Office of the Campus Director	Dr. Siti Zainab Tauhed	8.5.1 (c)	Control of production and service provision	OCD need further improvement on the finance process as it was sighted that : (i) purchase for items below RM5k is using the process for bidding (CREAM- Purchase of chemical involve RM1685.00) and PO was issued by officer of Finance Division on 13/6/2019 subject to approval of the Dean; and (ii) procurement for item about RM17K took long time taken to be processed (Kulliyyah of Science – Procurement of chemical) as follows: - Date call for quotation – 9 – 18/1/2019 (12.00 noon) - Date open quotation 18/1/2019 - Date of evaluation committee – 9/4/2019 - Date received by Finance Division to prepare Procurement Approval Form – 19/4/2019 - PO printed on 23/4/2019	
326	OFI	SZT02	Office of the Campus Director	Dr. Siti Zainab Tauhed	8.5.1 (c)	Control of production and service provision	During the audit, it was found that KOP (Company Multitech Callibration Services Bhd – RM5,700.70). It is observed that the document was incomplete but the payment process was completed. One of the supporting documents, i.e. Delivery order was not available. Upon checking, the DO was still with the user	

327	OFI	KA01	Office of the Deputy Rector (Academic and Industrial Linkages)	Kamarrudin Ali	7.4	Communication	It is good to know that the Office states clearly what are the function of the Office. It lists 13 various roles or functions of the Office. However, it is suggested that the Office to review the stated functions of the office to reflect the strategic roles of the office.	
328	OFI	KA02	Office of the Deputy Rector (Academic and Industrial Linkages)	Kamarrudin Ali	6.1	Actions to address risks and opportunities	It is found that the Office has come out its analysis of external environment and a plan to execute University's objectives. However, it is suggested for the office to: a) improve its risks and opportunity analysis b) Review its quality objectives/strategic planning and Balance Scorecard so that there are fully integrated.	
329	OFI	ZMY01	Office of the Deputy Rector (Internationalisation and Global Networking)	Dr. Zulkefli Muhammed Yusof	6.1	Actions to address risks and opportunities	It was found that the Risk Assessment Register has not been updated and reviewed accordingly. The opportunities were not addressed.	Objective evidence: The Risk Register
330	OFI	ZMY02	Office of the Deputy Rector (Internationalisation and Global Networking)	Dr. Zulkefli Muhammed Yusof	8.2.1	Customer communication	It was found that the form used as an input to get information and enquiries from the students was not properly filled in. The actions were not recorded, and also notice a record without the name and other details of the student. There was no indication that the students had been informed on the actions taken.	Objective evidence: The file: Immigration Matters IIUM/106/4/22/2 (the form has no title)
331	OFI	ZMY03	Office of the Deputy Rector (Internationalisation and Global Networking)	Dr. Zulkefli Muhammed Yusof	9.1.2	Customer Satisfaction	The office was unable to conduct activities that can monitor the customers' perception of the degree to which their needs and expectations have been fulfilled. The delayed was caused by the changes on the organization structures.	Objective evidence: Explanation from the officer that the effort is currently in progress but was delayed due to the changes, and also the plan to do this involving all agencies under the Office of DRIGN.
332	OFI	ZMY04	Office of the Deputy Rector (Internationalisation and Global Networking)	Dr. Zulkefli Muhammed Yusof	7.5	Documented Information	It was found that the Master List for all the files in the office has not been updated properly.	Objective evidence: Some of the existing files are not recorded in the Master List (e.g. QMS ISO 9001:2015 IIUM/106/12)
333	OFI	ZMY05	Office of the Deputy Rector (Internationalisation and Global Networking)	Dr. Zulkefli Muhammed Yusof	7.1.4	Environment for the operation of process	It was found that some practices may lead the working area to be hazardous.	Objective evidence: a. Items were put on the floor in the filing room – possible for staff to trip and fall b. The lockers in the filing room should be properly locked. Otherwise, the doors would be partly opened, and the sharp edges can be harmful. The keys should also be kept properly, not to be left on the locker doors. c. The location of the fire extinguisher near the filing room was not suitable as it was obstructed by the refrigerator. Also noticed was the unsafe practice of putting the microwave oven on the refrigerator, and the kettle on a stool chair next to it. d. The water dispenser has not been maintained and service accordingly. This may be a health hazard. The smaller dispenser has not been used but not disposed. e. The First Aid box contained tablets which are not recommended based on Guidelines on First-Aid in the Workplace 2004 issued by the Department of Occupational Safety and Health (DOSH).
334	No finding		Office of the Deputy Rector (Research and Innovation)	Mazlina Mustafa				

335	OFI	KA01	Office of the Deputy Rector (Student Development & Community Engagement)	Kamarrudin Ali	7.4	Communication	For the benefit of interested parties, it was noted that the Office publish its functions very clearly. However, it is suggested that the Office review the stated functions so that they reflect the strategic functions of the office	
336	OFI	KA02	Office of the Deputy Rector (Student Development & Community Engagement)	Kamarrudin Ali	6.1	Action to address risks and opportunities	It is found that the Office did identify risks and profile them in the risk register. However, it is suggested for the Office to improve it by profiling all risks found in PESTEL and SWOT analysis and provide appropriate action plans to mitigate all medium level risks and above.	
337	OFI	KA03	Office of the Deputy Rector (Student Development & Community Engagement)	Kamarrudin Ali	7.5	Documented Information	To improve the file reference system so that it's aligned with the IIUM Record Management Policy.	
338	OFI	PA01	Office of the Legal Adviser	Pauziah Abas	7.5.3.2	For the control of documented information, the organization shall address the following activities, as applicable; a) Distribution, access, retrieval and use	Finding 1 Sample: Student Discipline (Non-academic misconduct) 1. It was found that the document was not in a file. Filing was not updated 2. The file has no minutes as it is a basic requirement to every file in IIUM. Finding 2 Sample: Document control on Flow chart – disciplinary procedure for cheating, attempted to cheat and bringing in unauthorized notes 1. It was found that no details information such as version, prepared by or approved by on the flow chart (SOP)	
339	OFI	ZMY01	Office of the Legal Adviser	Dr. Zulkefli Muhammed Yusof	6.2	Quality objectives and planning to achieve them	The quality objectives needs to be systematically monitored, communicated and be updated as appropriate.	Objective evidence: Case: S1: Balanced Student (from Balance Score Card) Measure: No of Programs organized to raise students' awareness on Rules and Regulations. No plan was available for the programs.
340	OFI	ZMY02	Office of the Legal Adviser	Dr. Zulkefli Muhammed Yusof	9.1.2	Customer satisfaction	The form used to evaluate programs conducted by the office has insufficient information to allow the office to gauge and monitor customers' perception of the degree to which their needs and expectations have been fulfilled. Analysis and evaluation should be done accordingly so that continuous quality improvement can be implemented.	Objective evidence: The "Office of the Legal Advisor Evaluation Form"

341	NCR (Minor)	SBA01	Office of The Rector	Sa'idatul Bariah Ahmad	7.5.3	Control of documented information	1) It was found that Office of the Rector need to improve its control of documented information. The office needs to look into its retention of documents. It was found that there is no limit of retention period. Documents were kept way above 7 years and the type of documents kept were of no importance e.g. invitation to events. 2) The office is complaining of having not enough space for filing. It is not that they do not have space but it is how the filing is being done. Disposal of some of the documents and rearrangement of the files will be able to provide more space for more documents. Currently most of the space are providing empty files that has very few or no documents at all. 3) There is no master list of files and there were no labels on the cabinets. 4) It was also found that the forms used for the booking of Senate Hall and Banquet Hall has no control of changes.	Objective Evidence: 1) Types of documents kept beyond the normal retention period. 2) Booking of Venue forms
342	OFI	SBA01	Office of The Rector	Sa'idatul Bariah Ahmad	4.1	Understanding the Organisation and its context	It was found that the office has not conducted any PESTLE or SWOT analysis. It was also found that the office has not prepared such a document before and has yet to do so after this audit. It was found that the office is aware of the matter but has yet to learn to address the risks and opportunities of their area.	
343	OFI	SBA02	Office of The Rector	Sa'idatul Bariah Ahmad	7.2	Competence	It was found that there is no Training Needs Analysis available for the staff. Office of the Rector is the highest ranking office and it should have capable and trained staff especially in handling customers/clients and external parties.	
344	OFI	SBA03	Office of The Rector	Sa'idatul Bariah Ahmad	7.3	Awareness	It was found that none of the staff has attended an awareness course in ISO9001:2015. As this is their first audit exercise, they are not fully prepared for the audit.	
345	NCR (Minor)	WSO01	Research Management Centre (Gombak)	Wan Surbani Wan Omar	8.4.1	Control of externally provided processes, products and services	Finding/Nonconformity: No evidence cited for the evaluation of eight (8) pattern agents namely Trademark2u Sdn.Bhd., Norrunuha Sdn.Bhd.,IPvolusi Sdn.Bhd., Marks & Clerks Sdn.Bhd., Pintas Consulting Group Sdn.Bhd., Tee IP Sdn.Bhd.,Kass International Sdn.Bhd. and Norizan Intercontinental Sdn.Bhd.	Objective Evidence: The list of all pattern agents 2018.

346	NCR (Minor)	MBM01	Research Management Centre (Gombak)	Mazlina Mustafa	7.5.3.2	Control of Documented Information	Finding/Nonconformity: During the audit it was found that: a) the record of document was not updated in the minutes sheet. b) job scope of staff who have resigned, transferred and retired were still kept in the file as active document. c)active files kept in the filing room were found empty. No evidence of document is kept properly. d) using of color coding for standard filing system was not followed. e) document was kept in a wrong file code.	Objective Evidence: a) Sample minutes sheet was not updated 1. IIUM/504/ADMN/G/06/06 (Internal Audit): record updated in the minutes sheet was dated 11/11/2013 2. IIUM/504/ADMN/G/6/7/3: latest record updated in the minutes sheet was dated 9/4/2014. b) Sample: IIUM 504/5/6/1 (Job Specification) 1. Zaila Abdul Kadir (Retired) 2. Nurul Afzan (Transfered to other Department) 3. Ilani Othman (Transfered to other Department) c) Sample of empty files in the filing room: 1. IIUM 504/6/1/1 (Quality Day) 2. IIUM 504/7/4/1 (OSH) d) Proposal to Conduct Workshop for I-ACUC was kept in the Administrative staff file
347	NCR (Minor)	MBM02	Research Management Centre (Gombak)	Mazlina Mustafa	8.1	Operational Planning & Control	During the audit it was found that there are numbers of cases of project ID creation in RMSV2 were delayed between 2 months - 19 months from the commencement of the project.	Objective evidence: a) PRIGS18-002-0002 Assoc. Prof. Dr. Adibah Abdul Rahim (2231) "A Religious Response to the Challenges of Westren Civilization in the Discourse of Abu Hasan Ali Nadwi" Project approved: 29th November 2018 Commencement Date: 26th December 2019 Created in RMSV2: 8th Jan 2019. b) IRAGS18 - 001- 0002 Dr. Mohamad Asmy Mohd Thas Thaker(7210) Project approved: 15th November 2018 Commencement Date: 26th December 2018 Created in RMSV2: 8th Jan 2019. c) SP19-029-0448 Assoc. Prof. Dr. Yassir Mohd. Mustafah/KOE " Development of Advanced Driver Assistance System (Algorithm Design)". Funder: Delloyd R&D (M) Sdn. Bhd. Approved date: 26th October 2017 Commencement Date: 1st August 2017 Amount: RM 96,000. Created ID in RMSV2: 15th May 2019 (19 months)

348	NCR (Minor)	MBM03	Research Management Centre (Gombak)	Mazlina Mustafa	8.1	Operational Planning & Control	Finding/Nonconformity: During the audit it was found that notification on approval was issued to researchers 3 months after the approval date by MOE. During the audit, it was informed that approval notification is only issued after fund is transferred to IIUM account. However, during the audit it was found that the fund was transferred within 1 week from the approval date by MOE.	Objective Evidence: a) TRGS18 -01- 001 - 0007 Prof. Dr. Jarita bt Duasa (KENMS) "An Analysis of Acceptance Level of a Proposed Recombinant Collagen-like Protein Via Molecular Biology & Biochemistry Among Stakeholders and Ethical Science Policy Related". Funder: MOE Approval Date: 19th October 2018 Fund Transferred date: 22nd October 2018 (letter from MOE dated 28th November 2018). Amount: RM 229.200. LOU signed on 14th November 2018 Notification on approval letter from RMC dated: 26th February 2019.
349	NCR (Minor)	MBM04	Research Management Centre (Gombak)	Mazlina Mustafa	8.1	Operational Planning & Control	During the audit it was found that: a) appointment letter of Research Officers was issued after the effective working date. b) instruction to register the RO in the e-payment system was issued earlier than appointment date.	Objective evidence: a) Sis. Naili Shamsudin Appointment date: 17th April 2019 Acceptance date: 18th April 2019. Instruction to register in e-payment: 8th April 2019. Start working date: 1st March 2019 b) Sis. Hazwani Hanim Appointment date: 3rd May 2019 Acceptance date: 16th May 2019. Instruction to register in e-payment: 8th April 2019. Start working date: 1st April 2019
350	OFI	WSO01	Research Management Centre (Gombak)	Wan Surbani Wan Omar	10.1	Improvement - General	In order to improve the monitoring of companies appointed for commercialization complied with the MoA, it is proposed for RMC to have a system to manage it. This will help RMC to achieve MyRA target of 3 projects under commercialization. Objective evidences: a) Product of Vegeburger which is handled by BioTrampfil b) Product of Bromelain Cream Cheese which is managed by Semarak 16 Sdn.Bhd. c) Product of ihand-managed by IKOP.	
351	OFI	MBM01	Research Management Centre (Gombak)	Mazlina Mustafa	8.1	Operational Planning & Control	It was observed that processing time was not stated in the procedures. Therefore, the time taken to process document is not controlled. This will lead to non-conformity of product at other processing unit.	
352	OFI	MBM02	Research Management Centre (Gombak)	Mazlina Mustafa	7.2	Competence	During the audit, it was found that no proper record was kept for training record attended by RMC staff. Therefore the competency level of staff of RMC could not be evaluated effectively.	

353	OFI	MBM03	Research Management Centre (Gombak)	Mazlina Mustafa	7.1.4	Environment for the operation of processes	The organization shall provide and maintain the environment necessary for the operation of its processes. It was found that damaged furniture and equipment (out of order) were placed at the back of the office without proper label/tagging. Proposal for disposal of asset was not evident.	
354	OFI	MBM04	Research Management Centre (Gombak)	Mazlina Mustafa	9.1.3	Analysis and evaluation	It was found that GIU conducted series of workshops but no evidence of evaluation was done. Therefore, effectiveness of the workshops conducted could not be evaluated effectively.	Objective evidence: a) Writing Winning Research Proposal date: 22nd February 2019 Speaker: Assoc. Prof. Dr. Zainora Asmawi b) Writing Winning Research Proposal for FRGS for Research Acculturation of Early Career Researchers (RACER 2019) date: 26th April 2019 Speaker: Assoc. Prof. Ir. Dr. Ahmad Fadzil Ismail
355	NCR (Minor)	NJ01	Research Management Centre (Kuantan)	Norashikin Jaafar	8.4	Control of externally provided processes, products and services	There were a few programmes sighted conducted by the RMC Kuantan which involved the invitation of external speakers. However, no evidence that evaluation of programmes being conducted for these externally provided services.	Objective Evidence: i. Name of Programme: Talk on Industrial Research Collaboration Date: 21/3/2019 Speaker: 1. Dr. Fazilah Fazan – Granulab 2. Dr. Chin Sien Yee – UMP ii. Name of Programme: Talk on Environmental Impact Assessment (EIA) as an effective tool for environment protection role of public. Date: 1/4/2019 Speaker: Prof. Dr. Ahmad Ismail – UPM iii. Name of Programme: A Teh-Tarik Session on Developing Science Education in Asia – A recent Trending Date: 23/7/2019 Speaker: Prof. Dr. Ismail Sheehan Khalifa – University Science and Technology, UAE
356	OFI	FJ01	Research Management Centre (Kuantan)	Fadzil Jumman	8.1	Operational Planning and Control	Research Grant -RIGS16 During the audit, it was found that 26 cases of overdue submission of research papers for RIGS 16. Based on the IUM Research Initiative Grant Scheme, Guideline & Procedure 2016, it is stated that the extension up to 6 months is allowed subject to a good progress report. Some of the cases, the extension period was given more than 3 times for the researchers to complete their papers. It contradicts the guideline.	Evidence case during the audit process : as attached Dr.Farah Wahidah bt Ahmad Zaiki (KAHS) RIG16-300-0464 Approved date : 19/12/2016 Started date : 20/12/2016 Expected complete : 20/12/2017 Extension 1 : 8/1/2018 Extension 2 : 13/5/2018 Extension 3 : 30/5/2019

357	OFI	FJ02	Research Management Centre (Kuantan)	Fadzil Jumman	8.1	Operational Planning & Control	Approval process on the application of extension period for RIGS 16 Process on the application of extension period for RIGS 16 using the Research Management Systems (RMS) 1. No remarks or notes from the person in charge (PIC) about the status of the project papers. 2. No decision on the application status (APPROVE/REJECT). 3. No time frame for the approval process. Finding case : Dr.Ardilla Hanim bt.Abd.Razak (KOM) RIGS 16-299-0463 Evidence : as attached.	
358	OFI	FJ03	Research Management Centre (Kuantan)	Fadzil Jumman	7.1.5	Monitoring and measuring resources	Monitoring Process on RIGS 16 Based on the audit session, it was found that the monitoring process by the Monitoring Unit of RMC Kuantan for Overdue Status was too slow. Meeting researchers with "Over Due Status" was scheduled on July 2019, whereby the expected completion date and extension period given was already over. The RMC Monitoring Unit should have a time frame on the flow process (S.O.P) for over due cases.	
359	OFI	NJ01	Research Management Centre (Kuantan)	Norashikin Jaafar	6.1.1	Actions to address risks and opportunities	There was no evidence that the risk and opportunities have been determined for RMC, IIUM Kuantan Campus	
360	OFI	NJ02	Research Management Centre (Kuantan)	Norashikin Jaafar	6.2.1	Quality Objectives and planning to achieve them	There was no evidence that the quality objectives have been established for RMC, IIUM Kuantan Campus.	
361	OFI	NJ03	Research Management Centre (Kuantan)	Norashikin Jaafar	7.5.3	Control of documented information	There was instruction from RMC, Gombak Campus to RMC, IIUM Kuantan Campus to use IRAGS Evaluation form for the evaluator's use. However, it was found that different type of evaluation form being used. Objective evidence: IIUM Research Acculturation Grant Scheme (IRAGS) Proposal Ranking, 2018 (Forms used by RMC Kuantan) and Evaluation Form (IIUM Research Acculturation Grant Scheme (IRAGS) used by RMC Gombak. (E-mail instruction from RMC, Gombak Campus dated 7/12/2019).	
362	OFI	NJ04	Research Management Centre (Kuantan)	Norashikin Jaafar	8.3.4 (b)	Design and development controls	The assessment of eligibility of the IRAGS candidates was not evidenced.	
363	OFI	NJ05	Research Management Centre (Kuantan)	Norashikin Jaafar	8.5.1 (e)	Control of production and service provision	Appointment letters for evaluators who were involved in evaluating the IRAGS application were not evidenced. This is a requirement as specified in the IRAGS Guidelines and Procedures 2018 – Clause 7.0 (Approving authority) & 8.3 (Approval processes).	Objective evidence: i. Prof. Dr. Nasir GaniKhodjaev ii. Assoc. Prof. Dr. Muhammad Muzaffar Ali Khan Khattak
364	OFI	NJ06	Research Management Centre (Kuantan)	Norashikin Jaafar	8.1	Operational planning and control	There were no clear processes available on handling selection of researchers for IRAGS application. The process need to clearly define the responsibility of RMC Gombak Campus and RMC Kuantan Campus and also the timelines for monitoring the processes. This is to avoid breakdown of communication between the two campuses.	

365	OFI	NJ07	Research Management Centre (Kuantan)	Norashikin Jaafar	8.3.5 (a)	Design and development outputs	There was a requirement "To produce at least one (1) postgraduate student" stated in the Letter of Undertaking for the required output of research for IRAGS. However, the said requirement was not stated in the IIUM IRAGS Guidelines and Procedures 2018 at Clause 9 (Required Output of Research). A contradict statement between the two documents.	Objective evidence: Letter of Undertaking of : 1. Dr. Sahena Ferdosh (IRAGS18-038-0039) 2. Dr. Rajandra Kumar Karupiah (IRAGS18-049-0050)
366	OFI	HS01	Residential and Services Department	Haslina Shamsuddin	8.1	Operational planning and control	It was observed that the Standard Operating Procedure (SOP) for Application for Rental process was not complete.	Objective Evidence Standard Operating Procedure for Application for Rental sighted at the RSD.
367	OFI	HS02	Residential and Services Department	Haslina Shamsuddin	7.1.4	Environment for the operation of processes	It was observed that items like food trolley, gas cylinder 1.4 kg and pail were placed near the CO2 gas cylinders, fire hose and LPG gas storage area.	Objective Evidence Cafeteria at Mahallah Al-Siddiq.
368	OFI	RNA01	Residential and Services Department	Raja Noor Ashikin Raja Alias	8.2.4	Changes to requirements for products and services	During the audit, it was found that several SOPs for processes have been reviewed. However, the updated SOPS were not submitted by person in charge to KCA (formerly known as OQM) and made known and created awareness to all relevant officers/staff.	OBJECTIVE_EVIDENCE SOPs i. IIUM/RSD/01-Appointment of New Business Operator ii. IIUM/RSD/02 – Renewal & Extension of Business Operator iii. IIUM/RSD/03 – Booking of Venue (External Users) iv. IIUM/RSD/04 - Booking of Campus Bazaar (Short-Term Rental)
369	OFI	RNA02	Residential and Services Department	Raja Noor Ashikin Raja Alias	9.1	Monitoring, measurement, analysis and evaluation	During the audit, it was found that, the evaluation form for evaluating performance of business operators did not include one criterion i.e. Shariah compliance whereas according to the person in charge and staff of RSD, the criterion of Syariah compliance is important and required to be included in the evaluation.	OBJECTIVE EVIDENCE RSD has come out with SOP and process flow on Renewal and Extension of Business Operator. In the SOP, it stated that RSD needs to evaluate the performance of operator prior to the end of tenancy agreement period. The evaluation shall be based on the following criteria: i. Operator's performance (F&B only) ii. Rental payment iii. End user feedback iv. Demerit points (F&B only) v. Shariah compliance RSD also has come out with IIUM Guidelines of appointment and re-appointment of business operator. It also stated in the guideline the criteria of the evaluation same as in the SOP. Appendix 1 : Guideline on Business Operator's Contract Evaluation
370	OFI	RNA03	Residential and Services Department	Raja Noor Ashikin Raja Alias	8.2.1	Customer communication	RSD has put in its website the booking venue form for external user to enable the public to download the form. During the audit, it was found that, the form was not updated and there are certain venues did not state the price charged whereby the public may need to know the prices.	OBJECTIVE EVIDENCE Form : BOOKING OF VENUE FOR EXTERNAL USER

371	OFI	RNA04	Residential and Services Department	Raja Noor Ashikin Raja Alias	7.1.4	Environment for the operation of processes	The Mahallah Office (Asma) has provided First Aid Kit. The first aid kit is kept in the cabinet instead of displaying at the appropriate place for quick accessible. Moreover, according to the person in charge the items inside the Kit were not updated.	
372	NCR (Minor)	SBA01	Sport Development Centre	Sa'idatul Bariah Ahmad	8.4.2	Type and extent of control	It was found that on the appointment of coaches, SDC did not obtain the following documents from applicants: (a) Up-to-date and duly completed application forms and resume. (b) Working visa from international coaches. (c) Current background of applicant.	Objective Evidence: 1) Br. Mahmudur Rahman (Passport No. BJ0385553) He is a Bangladeshi who was previously an IIUM Bachelor and Master student. It was informed that he took his Ph.D in University of Malaya, however exact completion of studies was not available. His application form was incomplete and was not updated. There was no indication and SDC was not aware of the MID policies on postgraduate students from other institutions working part-time at SDC. SDC was not aware on the status of his visa whether it is a student/social/working visa. Documents on status of visa was not available.
373	NCR (Minor)	SBA02	Sport Development Centre	Sa'idatul Bariah Ahmad	7.1.2	People	It was found that the post of Administrative Officer (N41) at SDC has been vacant since end of year 2015. Even though several attempts and requests have been made to obtain a person to fill out the post by SDC, MSD has yet to fulfill appeals and requests from SDC. The post is important to be filled for the following reasons: (a) To manage the administrative and finance matters of the 23 staff under SDC (b) To ensure that the QMS is in place (c) To ensure that the relevant administrative policies and procedures are being met. It is proposed that this finding is transferred to the Management Services Division.	Objective Evidence: 1) Letter of request by Director of SDC to Executive Director of MSD in April 2019.
374	OFI	SBA01	Sport Development Centre	Sa'idatul Bariah Ahmad	9.1.3	Analysis and evaluation	It was found that there is no evident corrective actions or continual improvement taken in response to the results, comments and suggestions tabled through the Customer Satisfaction Survey conducted from March – May 2019.	
375	OFI	SBA02	Sport Development Centre	Sa'idatul Bariah Ahmad	4.1	Understanding the organization and its context	It was found that the SDC has yet to insert the SDG element in its strategic planning and activities.	
376	OFI	SBA03	Sport Development Centre	Sa'idatul Bariah Ahmad	6.1	Addressing risks & opportunities	It was found that SDC needs to improve in addressing its risks and opportunities: 1) Risk register for 2018 was incomplete. 2) Risks for year 2019 has yet to be registered accordingly in the right template.	
377	OFI	SBA04	Sport Development Centre	Sa'idatul Bariah Ahmad	7.4	Communication	It was found that one of the noticeboards leading to the lobby of the stadium is out of date and the prints are fading off. Rental rates has no effective date.	as attached

378	NCR (Minor)	NKA01	Student Affairs and Development Division	Nur Khamsiah Ahmad	8.5.2	Identification and traceability	It was found that 47 programmes have been conducted in year 2019. However, based on records, there was no financial report for programme with budget submitted until today.	Objective Evidence: Sample 1: Enam Theatre Show 7/4/2019 Budget Approved: RM500 Sample 2: Educational Trip to Ipoh Budget Approved: RM350 Sample 3: IIUM Andeka Caklempong Community Service Budget Approved: RM300 Sample 4:IIUM Acoustic Band & Gamelan Gema Gangsa Recital Budget Approved: RM400 .
379	NCR (Minor)	SBA01	Student Affairs and Development Division	Sa'idatul Bariah Ahmad	7.5.3	Control of documented information	It was found that: 1) The Complaint Form has not been updated since 1/8/2010 whereas the nomenclature of the offices in STADD have changed several times since then. 2) Several documents in the job description file are obsolete. However, there is no indication of its status. 3) Several documents in the job description file are not controlled accordingly e.g. control of version, name of current designated staff).	Objective Evidence: 1) Complaint Form dated 1/8/2010. 2) Sample of job descriptions e.g. N19 and N22.
380	NCR (Minor)	SBA02	Student Affairs and Development Division	Sa'idatul Bariah Ahmad	7.2	Competence	It was found that STADD has not established a Training Needs Analysis (TNA) for the staff. It is crucial that STADD staff are trained in several areas to enable them to train, manage, monitor and set good examples to students.	Objective Evidence: TNA document not available.
381	OFI	KBK01	Student Affairs and Development Division	Khairul Bariyah Kamaruddin	5.3	Organisational Roles, Responsibilities and Authorities	1) It was observed that two officers have been assigned with financial management duties as specified in the job description. It is suggested that the task is assigned to one person only, i.e. person-in-charge of general administration for better monitoring and coordination. Objective Evidence: Job description of Sr. Sabirah and Br. Hakimi 2) It was found that several job descriptions of staff at STADD have not been updated, no effective date or not available. Objective Evidence: Job description of Heads and SAD Credited Co-Curriculum needs to be updated. Job description of AD, VMU and Coordinator CENSERVE.	
382	OFI	KBK02	Student Affairs and Development Division	Khairul Bariyah Kamaruddin	8.1	Operational planning and control	It was found that purchase of raw materials for Cooking Classes is done by the staff whereby they have to go to the wet market or supplier weekly. It is recommended that AAU to get the approval of the authority to engage a supplier to ease the workload of staff and to focus on the running of academic affairs, as well as to avoid the staff in possession of huge amount of cash.	Objective Evidence: Proposal to Purchase Wet Items for Cooking Skills, Sem. 2, 2018/2019 and Financial Report

383	OFI	NKA01	Student Affairs and Development Division	Nur Khamsiah Ahmad	7.4.3.2	For the control of documented information, the organization shall address the following activities ……	It was found that budget requisition in the programme proposal were amended by hand writing without initial by the person who did the amendment. Sample 1: Shooting Programme Squad Programme Date: 8/4/2018 Sample 2: Local Training for IIUM Rotu Air Force Programme date: 29/9/18 – 4/11/18 Sample 3: IIUM ROTU Army for Education Visit to Army Combat Training Programme Date: 6-7/10/18	
384	OFI	NKA02	Student Affairs and Development Division	Nur Khamsiah Ahmad	8.5.4	Preservation	Based on the audit session, it was found that there are 34 pending programme reports for programmes conducted in year 2018. Most of the programme report submitted also incomplete and not according to the listed requirements.	
385	OFI	NKA03	Student Affairs and Development Division	Nur Khamsiah Ahmad	6.1.1	When planning for the quality Management System, the organization shall consider the issues referred to in 4.1 and the requirements referred to in 4.2 and determine the risks and opportunities that need to be addressed to ….	There is a need to identify the opportunities and interested parties as well as the planning to address both for CITRA.	
386	OFI	NKA04	Student Affairs and Development Division	Nur Khamsiah Ahmad	6.2.1	Quality objective and planning to achieve them	The Quality Objectives for 2018 has been established. However, the measurement, monitoring and analysis should be developed as to ensure the conformity of products and services towards customer satisfaction. There is also a need to update the Quality Objective for year 2019.	
387	OFI	SBA01	Student Affairs and Development Division	Sa'idatul Bariah Ahmad	6.1	Actions to address risks	It was found that in addressing risks, STADD needs to improve on the following: 1) To identify that the current risks are truly a risk e.g. R2 and R3. 2) To improve on the risk statement e.g. R8 and R9 3) To improve the risk assessment after mitigation 4) To include Wadi Budi as a risk	
388	OFI	SBA02	Student Affairs and Development Division	Sa'idatul Bariah Ahmad	9.1.3	Analysis and Evaluation	It was found that in analysing and evaluation of data/information, STADD needs to improve on the following: 1) To evidently take action on comments/ complaints/suggestions obtained from respondents of programmes conducted e.g. YGL 2018 and YGL 2019. 2) To perform evaluation of external providers (selected ones) quarterly instead of only once a year. 3) It was found that action plan to address the student's feedback in the Customer Satisfaction Survey has already been devised. However, it is recommended that an analysis with details of person-in-charge and date of completion be specified for purpose of monitoring the improvement from the survey.	Objective Evidence: Customer Satisfaction Survey 2019

389	OFI	ZUL01	Student Affairs and Development Division	Ahmad Zulhilmi Ahmad Hizam	9.1.2	Customer Satisfaction	It was found that there was no survey conducted for External Trips provided by external companies. It is suggested that the form is given to the customers for each trip taken.	
390	OFI	SJA01	Sultan Haji Ahmad Shah Mosque (Kuantan)	Assoc. Prof. Dr. Solachuddin J.A Ichwan	7.5.3	Control of documented information	The masjid routinely conducts meeting once a week. As the consequences, these meetings produced a huge number of records (minute, attendance etc) that were being kept in file folders. This folder requires table of contents that show the date and number of the meetings which will be helpful in retrieving the document	
391	OFI	SJA02	Sultan Haji Ahmad Shah Mosque (Kuantan)	Assoc. Prof. Dr. Solachuddin J.A Ichwan	7.1.4	Environment for the operation of processes	1. A bulk of items are being inappropriately stuffed under the stairs to the office. 2. Two old and unused sofas are kept at the passageway. This condition may disturb the evacuation process during emergency. 3. Masjid require a staff/assistant who stay in the masjid for 24 hours. However, there is no room appropriately prepared for this purpose. So far the staff in charge have been staying in an office room stuffed with working desks, chairs, sound system and other appliances.	
392	OFI	SJA03	Sultan Haji Ahmad Shah Mosque (Kuantan)	Assoc. Prof. Dr. Solachuddin J.A Ichwan	7.1.5	Monitoring and measuring resources	There are many bibliographic materials such as books, Al Quran, etc are placed in the bookshelves and racks. However, there is lacking of control of these resources. Any bibliographic materials to be put in the masjid should be monitored frequently.	
393	OFI	SJA04	Sultan Haji Ahmad Shah Mosque (Kuantan)	Assoc. Prof. Dr. Solachuddin J.A Ichwan	7.4	Communication	Important information (such as phone number or email to be contacted by the public if anyone want to complaint, give suggestion or report) is displayed on the announcement board. However, they are hardly noticeable due to their small size, color/design, and location in the board that is congested with other leaflets, posters, notes etc.	
394	OFI	SJA05	Sultan Haji Ahmad Shah Mosque (Kuantan)	Assoc. Prof. Dr. Solachuddin J.A Ichwan	8.5.1	Control of production and service provision	Inadequate number of staff to accommodate expanded community in Kuantan Campus. This may be a potential risk that may breach the proper work process if these people not available or leaving or have to take emergency leave. Ideally Masjid SHAS Kuantan should have 10-15 staff.	
395	OFI	SJA06	Sultan Haji Ahmad Shah Mosque (Kuantan)	Assoc. Prof. Dr. Solachuddin J.A Ichwan	9.1.2	Customer satisfaction	The masjid conducts scheduled customer satisfaction survey once a year. Beside that, there is a suggestion box provided at one of the entrance. However, this box is hardly visible due to its location and colour. It is recommended to put signboard that point out the box	
396	OFI	HS01	Sultan Haji Ahmad Shah Mosque (Kuantan)	Haslina Shamsuddin	4.1	Understanding the organization and its context	It was observed that internal issues that are relevant to Masjid SHAS' purpose and strategic direction were not determined.	<u>Objective Evidence</u> Only PESTEL (External Issues) is available.
397	OFI	HS02	Sultan Haji Ahmad Shah Mosque (Kuantan)	Haslina Shamsuddin	4.2	Understanding the needs and expectations of interested parties	There was no evidence that the needs and expectations of interested parties that are relevant to the quality management system were determined.	<u>Objective Evidence</u> The needs and expectations of interested parties were not available at the Masjid SHAS.

398	OFI	HS03	Sultan Haji Ahmad Shah Mosque (Kuantan)	Haslina Shamsuddin	6.1	Actions to address risks and opportunities	The risks and opportunities were not adequately addressed.	<u>Objective Evidence</u> The risks registered were not properly written to reflect the actual intention : 1) Conduct of Masjid SHAS courses, programmes and activities 2) Low rate customer satisfactory survey on Masjid SHAS services and facilities.
399	OFI	HS04	Sultan Haji Ahmad Shah Mosque (Kuantan)	Haslina Shamsuddin	8.2.2	Determining the requirements for products and services	There was no evidence that the fee rate indicated on the "Booking of Venue and Facilities Application Form" was approved by the University Finance Committee (UFC).	Objective Evidence Booking of Venue and Facilities Application Form - Akad Nikah Basic Package (Prayer Hall & Foyer) = RM50 /session - Seminar / Talk (Classrooms) = RM100 / 8 hours - VIP Room (Bed, pillow & Air Conditioner) = RM100 /day
400	OFI	HS05	Sultan Haji Ahmad Shah Mosque (Kuantan)	Haslina Shamsuddin	8.5.1 (a)	Control of production and service provision	It was observed that documented information that defines the activities to be performed was not adequate.	<u>Objective Evidence</u> Friday Collections Form 1) Ref : CM1161900160 - Counted on 12 April 2019 - Witnessed on 31 April 2019 - Amount : RM 2,846.80 2) Ref : CM11619001606 - Counted on 4 April 2019 - Witnessed on 30 April 2019 - Amount : RM 2,080
401	OFI	HS06	Sultan Haji Ahmad Shah Mosque (Kuantan)	Haslina Shamsuddin	8.5.1 (g)	Control of production and service provision	It was observed that the process of financial approval of small amount of budget still needs to go up to the Director of Administration.	<u>Objective Evidence</u> 1) Basic Tajwid 1.0 - Date : 23 – 24 January 2019 - Budget requested : RM1,400 2) Religious Forum : What and Who is God - Date : 25 January 2019 - Budget requested : RM2,500