CONFIDENTIAL

SIRIM QAS INTERNATIONAL	**SIRIM QAS INTERNATIONAL SDN. BHD.** **MANAGEMENT SYSTEM CERTIFICATION DEPARTMENT** **Block 4, SIRIM Complex, No. 1, Persiaran Dato' Menteri** **Section 2, 40700 Shah Alam, Selangor Darul Ehsan**	**File No. :** 20190103598
	QUALITY MANAGEMENT SYSTEM **SURVEILLANCE AUDIT REPORT**	

CLIENT : International Islamic University Malaysia

ADDRESS OF MAIN SITE AUDITED
(In the case of multisite certification, additional sites are listed in the attachment) :

Jalan Gombak
53100 Kuala Lumpur
Wilayah Persekutuan

CERTIFICATION NO :	QMS 01195	**STANDARD :**	ISO 9001:2015
AUDIT DATE :	23, 24, 25 26 & 27 November 2020 / 25 auditor day(s)	**LAST AUDIT DATE :**	7,8,9,10,11,14,15,16,17 & 18 October 2019

SCOPE OF CERTIFICATION :

1) Design And Development Of Education Programs;
2) Provision Of Education Services At Foundation, Undergraduate And Postgraduate Levels;
3) Management Of Research And Publication Activities
4) Management Of Student Development
5) Provision Of Corporate Services

AUDIT TEAM :	Elly Nadia bt Che Afzar	Audit team leader (5)
	Hanida Ghazali	Audit team member (2)
	Parimala Devi Ganesan	Audit team member (5)
	Lt. Kol (B) Abd Lataf Bin Daud	Audit team member (5)
	Siti Roshaiza Binti Ali	Audit team member (4)
	Sarasvathy Sundara Pathar	Audit team member (3)
	Mohd Jaafar Jani	Audit team member (1)

NO. OF EMPLOYEES (Applicable to the scope of certification) : Gombak (2274) Gambang (404) KL (50) Kuantan (2710) Pagoh (78), Total 5525

Report by Audit Team Leader	**Acknowledgement by Client's Representative**
Name : Elly Nadia bt Che Afzar	Name : Assoc. Prof. Dr Lihanna Borhan
Signature :	Signature :
Date : 27 November 2020	Date : 27 November 2020

The Audit Plan and the following attachments form part of this report:

Nonconformity Report(s) ☐
Opportunities for Improvement ☑
List of additional site(s) ☐

Tick (√) where applicable

Report reviewed by :

(Senior Auditor/ Section Head)

Date

SURVEILLANCE AUDIT REPORT

1. ANY DEVIATION FROM THE AUDIT PLAN AND THEIR REASONS (IF APPLICABLE)

NA

2. SIGNIFICANT CHANGES TO ORGANIZATION'S QUALITY MANAGEMENT SYSTEM SINCE THE LAST AUDIT (IF APPLICABLE)

Deputy Rector (Academic and Industrial Linkages)
Prof. Dr. Ahmad Faris Ismail – 1st August 2020 – 31st July 2022

3. SUMMARY OF EFFECTIVENESS OF ACTIONS TAKEN ON NONCONFORMITIES IDENTIFIED DURING THE PREVIOUS AUDIT (details of NCRs and their status are to be listed in Appendix 1):

No repetitive issues occurred.

4. USE OF CERTIFICATION / ACCREDITATION MARKS & CERTIFICATION DOCUMENT (CERTIFICATE)

☐	Not in use	Used; unacceptable	☐
☑	Used; acceptable	Action required :	

5. SUMMARY ON FINDINGS :

5.1 Changes in the external and internal issues relevant to the quality management system

No changes made to the existing internal and external issues, except for the additional issues related to global pandemic Covid 19.

5.2 Appropriateness of risks and opportunities identified and actions taken to address them

The risks are appropriately identified based the external and internal issues in the Risk Register, together with the risk mitigation plan. However, the process of identifying the effectiveness of mitigation plan for high risk score could be demonstrated. **See OFI.**

IIUM identifies Opportunities via IIUM Roadmap 2019 – 2020 and monitored by OSIC.

5.3 Summary of performance against objectives and actions taken if applicable

IIUM discuss on the achievement of the objectives based on the IIUM Strategic Plan and IIUM Roadmap.

5.4 Internal audit

IIUM has planned and conducted the internal audit on 7/9/2020 until 18/9/2020 by 54 trained auditors.

A new system named QIAMS has been developed and used for this internal audit. The system helped the organization in monitoring and maintaining related audit records. A total of 21 NCRs and 184 OFIs have been raised and responded accordingly but some of them still in progress of verification by auditors.

However, it is important for auditors to review, respond and verify the response from auditee in timely manner. Format of OFI could be reviewed which the content is currently almost similar with NCR. The understanding on correction and corrective action has been improved but still area of concerned for further improvement.

The audit conducted covered the requirements and processes within scope of implementation and at the satisfactory level.

5.5 Management review

IIUM has planned and conducted the MRM on 20/11/2020 and was chaired by the Rector. Among the matters discussed were the achievement of IIUM Strategic Plan and IIUM Roadmap, the adequacy of resource, the audit results and the performances of the KDCIO.

IIUM also uses other platforms such as the university management committee meetings and the Senate meetings to discuss on the performance of the system.

SURVEILLANCE AUDIT REPORT	
5.6	**Handling of customer complaints** IIUM recorded 2 complaints form June 2018 until June 2019 and 10 compaints from July 2019 until July 2020. The handling of customer complaints is good, however IIUM can **refer to OFI** report for further actions.
5.7	**Continual improvement** IIUM is actively maintaining Sustainable Development Goals program with the aim to build sustainable environment.
5.8	**Useful comparisons with previous audit results** Actions have been taken to the issues highlighted during the previous audit.
6.	**NONCONFORMITY REPORT(S)** Total no. of minor NCR(s) : **0** List : - Total no. of major NCR(s) : **0** List : - List of minor NCRs which collectively constitute major NCR(s) : -
7.	**ANY UNRESOLVED ISSUES, IF APPLICABLE** NA
8.	**ANY SIGNIFICANT ISSUES THAT MAY IMPACT THE AUDIT PROGRAMME** NA
9.	**CONCLUSION ON THE CONFORMITY AND EFFECTIVENESS OF THE SYSTEM** Overall, the quality management system has been implemented accordingly. Several strategies have been identified for further actions by IIUM and is continuously monitored. The understanding of the requirements of ISO 9001:2015 is improving among the KDCIO. The conduct of the internal audit and management review has given appropriate inputs to the management of IIUM.
10.	**APPROPRIATENESS OF THE SCOPE OF CERTIFICATION** [/] Yes [ ] No (please comment) :
11.	**HAVE THE AUDIT OBJECTIVES BEEN FULFILLED?** [/] Yes [ ] No (please comment) :

SURVEILLANCE AUDIT REPORT

12. RECOMMENDATION

[/] No NCR recorded. Recommended to continue certification *~~with~~ / without change.

[ ] Minor NCR(s) recorded. Recommended to continue certification *with / without change conditional upon satisfactory verification of corrective actions taken.

[ ] Major NCR(s) recorded. Recommendation to continue certification *with / without change will be made after :

- [ ] On-site audit of the following area(s) including verification of corrective action : _____
- [ ] Off-site verification of corrective action(s). Records of implementation of proposed corrective action to be submitted for verification.

* Nature of change : (if applicable) _____

[ ] Suspension of certification, a reaudit of the system shall be carried out before a recommendation is made to lift the suspension.

[ ] Withdrawal of certification.

Note :

a) Corrective Action Plans for all nonconformities (minor/ major) raised shall be submitted to the Audit Team Leader within one month and evidence of implementation within 3 months of the date of this report. Failure to comply shall result in either suspension or withdrawal of the certification.

b) If there is any unresolved issue at the end of the audit, it shall be brought to the attention of the management of SIRIM QAS Intl for resolution. The client will be notified in writing of the decision within two weeks of the date of this report.

c) In case the evidence of correction/ corrective actions submitted is not adequate, SIRIM QAS Intl reserves the right to conduct an on-site audit to verify the effectiveness of correction/ corrective actions taken.

d) Auditing is based on a sampling process of the available information.

FOLLOW UP ON NCR(s)

It is confirmed that all corrective actions taken have been satisfactorily verified. Recommended to continue certification.

Audit Team Leader :	ELLY NADIA BT CHE AFZAR		27/11/2020
	(Name)	(Signature)	(Date)

SURVEILLANCE AUDIT REPORT

SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE

File No. : 20190103598

ISO 9001:2015		Requirement audited	FUNCTION/ PROCESS/ PROJECT SITE										NCR	
			KCA	KLM	KAED	Kulliyyah of Education	Kulliyyah of Dentistry	Kulliyyah of Medicine	CFS	Library	ARD		Major	Minor
4. Context of the organization														
4.1	Understanding the organization and its context	/	/	/	/	/	/	/	/	/	/			
4.2	Understanding the needs and expectations of interested parties	/	/	/	/	/	/	/	/	/	/			
4.3	Determining the scope of the quality management system	/	/	/	/	/	/	/	/	/	/			
4.4	Quality management system and its processes	/	/	/	/	/	/	/	/	/	/			
5. Leadership														
5.1	Leadership and commitment	/	/	/	/	/	/	/	/	/	/			
5.1.1	General	/	/	/	/	/	/	/	/	/	/			
5.1.2	Customer focus	/	/	/	/	/	/	/	/	/	/			
5.2	Policy	/	/	/	/	/	/	/	/	/	/			
5.2.1	Establishing the quality policy	/	/	/	/	/	/	/	/	/	/			
5.2.2	Communicating the quality policy	/	/	/	/	/	/	/	/	/	/			
5.3	Organizational roles, responsibilities and authorities	/	/	/	/	/	/	/	/	/	/			
6. Planning														
6.1	Actions to address risks and opportunities	/	/	/	/	/	/	/	/	/	/			
6.2	Quality objectives and planning to achieve them	/	/	/	/	/	/	/	/	/	/			
6.3	Planning of changes	/	/	/	/	/	/	/	/	/	/			
7. Support														
7.1	Resources	/	/	/	/	/	/	/	/	/	/			
7.1.1	General	/	/	/	/	/	/	/	/	/	/			
7.1.2	People	/	/	/	/	/	/	/	/	/	/			
7.1.3	Infrastructure	/	/	/	/	/	/	/	/	/	/			
7.1.4	Environment for the operation of processes	/	/	/	/	/	/	/	/	/	/			
7.1.5	Monitoring and measuring resources	/	/	/	/	/	/	/	/	/	/			
7.1.5.1	General	/	/	/	/	/	/	/	/	/	/			
7.1.5.2	Measurement traceability	/					/	/						
7.1.6	Organizational knowledge	/	/	/	/	/	/	/	/	/	/			
7.2	Competence	/	/	/	/	/	/	/	/	/	/			
	Major / **Minor**	/	/	/	/	/	/	/	/	/	/			

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SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE														
ISO 9001:2015		Requirement audited	FUNCTION/ PROCESS/ PROJECT SITE									NCR	
			KCA	KLM	KAED	Kulliyyah of Education	Kulliyyah of Dentistry	Kulliyyah of Medicine	CFS	Library	ARD	Major	Minor
7.3	Awareness	/	/	/	/	/	/	/	/	/	/		
7.4	Communication	/	/	/	/	/	/	/	/	/	/		
7.5	Documented information	/	/	/	/	/	/	/	/	/	/		
7.5.1	General	/	/	/	/	/	/	/	/	/	/		
7.5.2	Creating and updating	/	/	/	/	/	/	/	/	/	/		
7.5.3	Control of documented information	/	/	/	/	/	/	/	/	/	/		
8. Operation													
8.1	Operational planning and control	/	/	/	/	/	/	/	/	/	/		
8.2	Requirements for products and services	/	/	/	/	/	/	/	/	/	/		
8.2.1	Customer communication	/	/	/	/	/	/	/	/	/	/		
8.2.2	Determining the requirements for products and services	/	/	/	/	/	/	/	/	/	/		
8.2.3	Review of the requirements for products and services	/	/	/	/	/	/	/	/	/	/		
8.2.4	Changes to requirements for products and services	/	/	/	/	/	/	/	/	/	/		
8.3	Design and development of products and services	/		/	/	/	/	/					
8.3.1	General	/		/	/	/	/	/					
8.3.2	Design and development planning	/		/	/	/	/	/					
8.3.3	Design and development inputs	/		/	/	/	/	/					
8.3.4	Design and development controls	/		/	/	/	/	/					
8.3.5	Design and development outputs	/		/	/	/	/	/					
8.3.6	Design and development changes	/											
8.4	Control of externally provided processes, products and services	-											
8.4.1	General	-											
8.4.2	Type and extent of control	-											
8.4.3	Information for external providers	-											
8.5	Production and service provision	/	/	/	/	/	/	/	/	/	/		
8.5.1	Control of production and service provision	/	/	/	/	/	/	/	/	/	/		
8.5.2	Identification and traceability	/	/	/	/	/	/	/	/	/	/		
8.5.3	Property belonging to customers or external providers	/	/	/	/	/	/	/	/	/	/		
8.5.4	Preservation	/	/	/	/	/	/	/	/	/	/		
	Major / **Minor**												

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8.5.5	Post-delivery activities	/	/	/	/	/	/	/	/	/	/			
8.5.6	Control of changes	/	/	/	/	/	/	/	/	/	/			
8.6	Release of products and services	/	/	/	/	/	/	/	/	/	/			
8.7	Control of nonconforming outputs	/	/	/	/	/	/	/	/	/	/			
9. Performance evaluation														
9.1	Monitoring, measurement, analysis and evaluation	/	/	/	/	/	/	/	/	/	/			
9.1.1	General	/	/	/	/	/	/	/	/	/	/			
9.1.2	Customer satisfaction	/	/	/	/	/	/	/	/	/	/			
9.1.3	Analysis and evaluation	/	/	/	/	/	/	/	/	/	/			
9.2	Internal audit	/	/	/	/	/	/	/	/	/	/			
9.3	Management review	/	/	/	/	/	/	/	/	/	/			
9.3.1	General	/	/	/	/	/	/	/	/	/	/			
9.3.2	Management review inputs	/	/	/	/	/	/	/	/	/	/			
9.3.3	Management review outputs	/	/	/	/	/	/	/	/	/	/			
10. Improvement														
10.1	General	/	/	/	/	/	/	/	/	/	/			
10.2	Nonconformity and corrective action	/	/	/	/	/	/	/	/	/	/			
10.3	Continual improvement	/	/	/	/	/	/	/	/	/	/			
Other Certification Requirements														
1.	Use of marks/ certificate	/												
	Major / **Minor**													

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4. Context of the organization														
4.1	Understanding the organization and its context	/	/	/	/	/	/	/	/	/			
4.2	Understanding the needs and expectations of interested parties	/	/	/	/	/	/	/	/	/			
4.3	Determining the scope of the quality management system	/	/	/	/	/	/	/	/	/			
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6. Planning														
6.1	Actions to address risks and opportunities	/	/	/	/	/	/	/	/	/			
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7.1.5	Monitoring and measuring resources	/	/	/	/	/	/	/	/	/			
7.1.5.1	General	/	/	/	/	/	/	/	/	/			
7.1.5.2	Measurement traceability	-											
7.1.6	Organizational knowledge	/	/	/	/	/	/	/	/	/			
7.2	Competence	/	/	/	/	/	/	/	/	/			
	Major / **Minor**												

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7.5.2	Creating and updating	/	/	/	/	/	/	/	/	/			
7.5.3	Control of documented information	/	/	/	/	/	/	/	/	/			
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8.5.2	Identification and traceability	/	/	/	/	/	/	/	/	/			
8.5.3	Property belonging to customers or external providers	/	/	/	/	/	/	/	/	/			
8.5.4	Preservation	/	/	/	/	/	/	/	/	/			
	Major / **Minor**	/	/	/	/	/	/	/	/	/	/		

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			IIMU	MSD	CPD	RMC	ITD	CCSC	Office of Deputy Rector (Academic & Industrial	Support			**Major**	**Minor**
8.5.5	Post-delivery activities	/	/	/	/	/	/	/	/	/				
8.5.6	Control of changes	/	/	/	/	/	/	/	/	/				
8.6	Release of products and services	/	/	/	/	/	/	/	/	/				
8.7	Control of nonconforming outputs	/	/	/	/	/	/	/	/	/				
9. Performance evaluation														
9.1	Monitoring, measurement, analysis and evaluation	/	/	/	/	/	/	/	/	/				
9.1.1	General	/	/	/	/	/	/	/	/	/				
9.1.2	Customer satisfaction	/	/	/	/	/	/	/	/	/				
9.1.3	Analysis and evaluation	/	/	/	/	/	/	/	/	/				
9.2	Internal audit	/	/	/	/	/	/	/	/	/				
9.3	Management review	/	/	/	/	/	/	/	/	/				
9.3.1	General	/	/	/	/	/	/	/	/	/				
9.3.2	Management review inputs	/	/	/	/	/	/	/	/	/				
9.3.3	Management review outputs	/	/	/	/	/	/	/	/	/				
10. Improvement														
10.1	General	/	/	/	/	/	/	/	/	/				
10.2	Nonconformity and corrective action	/	/	/	/	/	/	/	/	/				
10.3	Continual improvement	/	/	/	/	/	/	/	/	/				
Other Certification Requirements														
1.	Use of marks/ certificate	/												
	Major / **Minor**												0	0

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			OSCI	CPS									Major	Minor
4. Context of the organization														
4.1	Understanding the organization and its context	/	/	/										
4.2	Understanding the needs and expectations of interested parties	/	/	/										
4.3	Determining the scope of the quality management system	/	/	/										
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5. Leadership														
5.1	Leadership and commitment	/	/	/										
5.1.1	General	/	/	/										
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5.2	Policy	/	/	/										
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6.1	Actions to address risks and opportunities	/	/	/										
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7.1.2	People	/	/	/										
7.1.3	Infrastructure	/	/	/										
7.1.4	Environment for the operation of processes	/	/	/										
7.1.5	Monitoring and measuring resources	/	/	/										
7.1.5.1	General	/	/	/										
7.1.5.2	Measurement traceability	-												
7.1.6	Organizational knowledge	/	/	/										
7.2	Competence	/	/	/										
	Major / **Minor**													

Note :
a) Indicate in the "Requirement audited" column with a (√) the requirements that were audited and (-) for requirements that were not audited.
b) In the case where requirements were audited and nonconformities detected, replace the (√) with the number of nonconformities (No of major/ no. of minor)
c) Indicate with (NA) if the requirement is not applicable.

SURVEILLANCE AUDIT REPORT														
SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE														
ISO 9001:2015		Requirement audited	FUNCTION/ PROCESS/ PROJECT SITE										NCR	
			OSIC	CPS									Major	Minor
7.3	Awareness	/	/	/										
7.4	Communication	/	/	/										
7.5	Documented information	/	/	/										
7.5.1	General	/	/	/										
7.5.2	Creating and updating	/	/	/										
7.5.3	Control of documented information	/	/	/										
8. Operation														
8.1	Operational planning and control	/	/	/										
8.2	Requirements for products and services	/	/	/										
8.2.1	Customer communication	/	/	/										
8.2.2	Determining the requirements for products and services	/	/	/										
8.2.3	Review of the requirements for products and services	/	/	/										
8.2.4	Changes to requirements for products and services	/	/	/										
8.3	Design and development of products and services	/												
8.3.1	General	/												
8.3.2	Design and development planning	/												
8.3.3	Design and development inputs	/												
8.3.4	Design and development controls	/												
8.3.5	Design and development outputs	/												
8.3.6	Design and development changes	/												
8.4	Control of externally provided processes, products and services	-												
8.4.1	General	-												
8.4.2	Type and extent of control	-												
8.4.3	Information for external providers	-												
8.5	Production and service provision	/	/	/										
8.5.1	Control of production and service provision	/	/	/										
8.5.2	Identification and traceability	/	/	/										
8.5.3	Property belonging to customers or external providers	/	/	/										
8.5.4	Preservation	/	/	/										
	Major / **Minor**	/	/	/	/	/	/	/	/	/	/	/		

d) Indicate in the "Requirement audited" column with a (√) the requirements that were audited and (-) for requirements that were not audited.
e) In the case where requirements were audited and nonconformities detected, replace the (√) with the number of nonconformities (No of major/ no. of minor)
f) Indicate with (NA) if the requirement is not applicable.

SURVEILLANCE AUDIT REPORT														
SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE														
ISO 9001:2015		Requirement audited	FUNCTION/ PROCESS/ PROJECT SITE									NCR	
			OSIC	CPS								Major	Minor
8.5.5	Post-delivery activities	/	/	/									
8.5.6	Control of changes	/	/	/									
8.6	Release of products and services	/	/	/									
8.7	Control of nonconforming outputs	/	/	/									
9. Performance evaluation													
9.1	Monitoring, measurement, analysis and evaluation	/	/	/									
9.1.1	General	/	/	/									
9.1.2	Customer satisfaction	/	/	/									
9.1.3	Analysis and evaluation	/	/	/									
9.2	Internal audit	/	/	/									
9.3	Management review	/	/	/									
9.3.1	General	/	/	/									
9.3.2	Management review inputs	/	/	/									
9.3.3	Management review outputs	/	/	/									
10. Improvement													
10.1	General	/	/	/									
10.2	Nonconformity and corrective action	/	/	/									
10.3	Continual improvement	/	/	/									
Other Certification Requirements													
1.	Use of marks/ certificate	/											
	Major / **Minor**											0	0

Note :

g) Indicate in the "Requirement audited" column with a (√) the requirements that were audited and (-) for requirements that were not audited.

h) In the case where requirements were audited and nonconformities detected, replace the (√) with the number of nonconformities (No of major/ no. of minor)

i) Indicate with (NA) if the requirement is not applicable.

APPENDIX 1 : VERIFICATION OF PREVIOUSLY RAISED NONCONFORMITY REPORTS:

File No. : 20190103598

No.	NCR Reference No.	Evidence sighted for the implementation of the corrective action	Effectiveness of corrective action (Y/N)	Remarks
1	HG1	Memo & minutes of meeting	Y	-

Note:
If the corrective action has not been effectively implemented, a new NCR shall be reissued and indicate in the "Remarks" column.

Auditor Name: Hanida Ghazali

Date: 27.11.2020

Client :
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

File Ref :
20190103598

OPPORTUNITIES FOR IMPROVEMENT		
Clause	**Details**	**Comments on action taken**
8.5.1	Control for production and service provision i. Marks allocation for each question and distribution marks in the answer scheme could be further demonstrate in the final assessment. ii. Planning for implementation/submission for the continuous assessment could be further demonstrate throughout all course outline. iii. Measurement of CLOs could be further demonstrated for each course in every semester.	
6.1.2 (b)	Action to address risks and opportunities IIUM is in the process of identifying the effectiveness of the mitigation plan toward the risk. (High level risk)	

Auditor : ELLY NADIA BT CHE AFZAR

Date : 27-Nov-2020

Client :
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

File Ref :
20190103598

OPPORTUNITIES FOR IMPROVEMENT		
Clause	**Details**	**Comments on action taken**
7.5.3	**Control of Documented Information** Control on assessment records used for the continuous assessment evaluation such as *Clinical log books/log cases* could be further enhanced. Noted some of this records were identified by title only. The status of the form whether it is the current form or otherwise could not be determined because there is no indication of issue, revision number or effective date. Example: Clinical log books/log cases - MBBS 3210	
8.5.1	**Control of Production and Service Provision** 1. Course outline for MBBS 3309 could be updated as per the current practice. Noted that the Mini CEX (Clinical Exercise) required under the assessment criteria part I (a) was excluded by the department. Review and exclusion approval could be clearly documented. 2. Examination vetting form used for the vetting process could be further enhanced to ensure that the respective departments are using the latest version of vetting forms. Noted version 1, effective date 11/9/2017 were still in use. Example: MED 5408 3. Course code of subjects could be updated accordingly, cited three different versions during the audit. Example: Medical Enzymology (Masters of Biochemistry) a) Course outline – BCH 6213 b) Timetable – BIOC 7213 c) Validation sheet – BCH 7213	

Auditor : Parimala Devi Ganesan

Date : 27-Nov-2020

Client :
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

File Ref :
20190103598

OPPORTUNITIES FOR IMPROVEMENT		
Clause	**Details**	**Comments on action taken**
8.5.1	**Control of production and service provision (Information Technology Division)** All visitors entering the Data Centre are required to update the Visitor's Log Book, this could be updated in a consistent manner for better controls. In the event the vendor has two personnel entering the Data Centre, both will be required to register instead of only one person for security reasons.	
8.5.1	**Control of production and service provision (Office of Deputy Rector-Academic & Industrial Linkages)** The Deans' Council Meeting is a forum where proposals are submitted for decision. The proposals that had been declined are clearly documented. The proposals that are recommended to be taken up to the Senate Meeting are also reflected but this could be improved by including the status, date tabled in Senate Meeting or other details to ensure effectiveness and closure.	

Auditor : Sarasvathy Sundara Pathar

Date : 25-Nov-2020

File ref : QI01820002

OPPORTUNITIES FOR IMPROVEMENT		
Clause	**Details**	**Comments on action taken**
7.5.3	**Control of documented information** The mechanism of preparation and printing question papers have been developed accordingly, but the storing record to the strong room cannot be proven. – KOD & ODDAIL CFS (Examination Unit)	
8.5.1	**Control of production and service provision** 1. The marking rubric for the task can be carried out consistently to ensure the objectivity of marking is achieved. – KOD & ECOMS (CFS) 2. The process of vetting examination paper have been done but the verification of the correction which have been done by the lecturer are not clear. – KOD & ECOMS (CFS) 3. The inventory of examination paper are not recorded well especially for submission of script, submission of paper from examination unit, name of receiver etc. (Eg: name of lecturer, date for submission and provided paper). KOD & ODDAIL (Examination Unit)	
9.1	**Monitoring, measurement, analysis and evaluation** The monitoring the approved research grant deeds have been conducted and monitored very well, however there are still other grant deeds such as join project/industry grant deeds that are not monitored well and not updated by the principle researcher in the system accordingly. – Research Unit KOD	

Auditor : Siti Roshaiza Ali

Tarikh: 24–27 November 2020

Client :
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

File Ref :
20190103598

OPPORTUNITIES FOR IMPROVEMENT		
Clause	**Details**	**Comments on action taken**
9.1.3	**Analysis and evaluation** Collection of data for customer complaints dated from July 2019 to Jun 2020 was done by OCAP. However, the data produced by OCAP are not accurate after cross checking with other Customer Service Sections. Some of the data's are found to be missing from the OCAP data (example are data's submitted by customer service section from Dar-al-Hikmah Library.)	

Auditor : Lt. Kol (B) Abd Lataf Bin Daud

Date : 27-Nov-2020