


**CONFIDENTIAL**

	<b>SIRIM QAS INTERNATIONAL SDN. BHD.</b> <b>MANAGEMENT SYSTEM CERTIFICATION DEPARTMENT</b> Block 4, SIRIM Complex, No. 1, Persiaran Dato' Menteri Section 2, 40700 Shah Alam, Selangor Darul Ehsan	File No. : QI01820002
	<b>QUALITY MANAGEMENT SYSTEM RECERTIFICATION AUDIT REPORT</b>	

**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

<b>CERTIFICATION NO :</b> MY QMS 01195	<b>STANDARD :</b> ISO 9001:2015
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<b>AUDIT DATE :</b> 22 <sup>nd</sup> October until 2 <sup>nd</sup> November / 30 auditor day(s)	<b>LAST AUDIT DATE :</b>
-------------------------------------------------------------------------------------------------	--------------------------

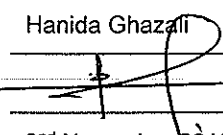
**SCOPE OF CERTIFICATION :**

Management Of Academic Affairs, Research And Publication, Student Development And Corporate Services (refer Annex)

<b>AUDIT TEAM :</b>	Hanida Ghazali	Audit Team Leader (6)
	Asiyah Haron	Audit team member (5)
	Maznah Mat Isa	Audit team member (10)
	Dr Montaj Mustakim	Audit team member (8)
	Rohazlin Mohd Yassin	Audit team member (1)

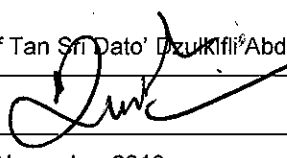
**NO. OF EMPLOYEES (Applicable to the scope of certification) :**

**Report by Audit Team Leader**

Name : Hanida Ghazali  
 Signature :   
 Date : 2<sup>nd</sup> November 2018



**Acknowledgement by Client's Representative**

Name : Prof Tan Sri Dato' Dr. Zulkifli Abd Razak  
 Signature :   
 Date : 2<sup>nd</sup> November 2018

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

Nonconformity Report(s) ☐

Opportunities for Improvement ☐

List of additional site(s) ☐

Tick ( ✓ ) where applicable

**Report reviewed and recommendation approved by :**

\_\_\_\_\_  
 (Section Head)

\_\_\_\_\_  
 Date

## RECERTIFICATION AUDIT REPORT

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

No deviation.

**2. SIGNIFICANT CHANGES TO ORGANIZATION'S QUALITY MANAGEMENT SYSTEM/ SCOPE OF CERTIFICATION AND DOCUMENTATION SINCE ORIGINAL CERTIFICATION OR LAST CERTIFICATION AUDIT.**

The appointment of new President i.e. YB Dr Maszlee Malik on 1<sup>st</sup> July 2018.

The appointment of new Rector i.e. Prof Tan Sri Dato' Dzulkifli Abd Razak on 31<sup>st</sup> July 2018.

The appointment of new Deputy Rector (Internationalisation & Global Networking) i.e. Prof Dr Noor Faridah Abdul Manaf on 31<sup>st</sup> July 2018.

The appointment of new Deputy Rector (Research & Innovation) i.e. Prof Dr Ahmad Hafiz Zulkifli on 31<sup>st</sup> July 2016.

The appointment of new Deputy Rector (Student Affairs) i.e. Assoc. Prof. Dr Ahmad Zulkifli Hassan on 31<sup>st</sup> August 2018.

**3. MANUAL REFERENCE (including revision number) : IIUM / MP / 01 Version 02, Revision 02**

**4. SUMMARY OF EFFECTIVENESS OF ACTIONS TAKEN ON NONCONFORMITIES IDENTIFIED DURING THE PREVIOUS AUDIT (detail of NCR's and their status are to be listed in the Appendix 1):**

Corrective actions have been taken.

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

☐

Not in use

☐

Used; unacceptable

☒

Used; acceptable

Action required :

**6. SUMMARY ON FINDINGS**

**6.1 Documentation**

IIUM has reviewed the documentation that consists of Quality Manual, procedures and guidelines. IIUM has also reviewed the Risk Assessment register. The documentation assessed has met the requirements of ISO 9001:2015. For Risk Assessment register, refer to OFI report.

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

The Risk Assessment register has been reviewed and a standard format has been introduced. OCS is responsible in giving training and standardizing the format for the risk register. Certain K/D/C//O have yet to submit the reviewed risk assessment to OCS for further analysis.

**6.3 Appropriateness of risks and opportunities identified and actions taken to address them**

Certain K/D/C//O have yet to complete the information needed in the Risk Assessment register such as the existing control, proposed actions and impact (after mitigation).

As for the Opportunities, K/D/C//O has identified several opportunities, and the action plans as well as the effectiveness has yet to be evident.

**6.4 Summary of performance against objectives and actions taken if applicable**

IIUM analyzed and discussed on the performances of the quality objectives during the management review meetings. Actions have been identified towards certain objectives that have not been achieved.

**6.5 Internal audit**

IIUM has planned and executed the internal audit from 3<sup>rd</sup> May until 6<sup>th</sup> June 2018. The audit team has recorded 69 NCRs and 413 OFIs. The coverage of the internal audit was comprehensive. The understanding on meeting the requirements of corrections and corrective actions can be enhanced among the auditee.

**6.6 Management review**

IIUM has planned and conducted the management review on 10<sup>th</sup> October 2018. The meeting was chaired by the DR (Internationalization & Global Networking). Among the matters discussed were follow up from previous review, customer feedbacks and the performance of the external providers. A small number of K/D/C//O has yet to provide their relevant inputs of review to OQM.

## RECERTIFICATION AUDIT REPORT

### 6.7 Handling of customer complaints

IIUM has recorded 15 complaints in 2017. In 2018, 8 complaints were recorded. The handling of the complaints are done by ICCAP and also by K/D/C/I/O themselves.

### 6.8 Continual improvement

IIUM has established new organization structure for further enhancement.

### 6.9 Useful comparisons with previous audit results

IIUM has taken appropriate actions towards the issues highlighted during the previous audit.

## 7. NONCONFORMITY REPORT(S)

Total no. of minor NCR(s) : 5 List : MMI01, MMI02, DMM01, DMM02 & DMM03

Total no. of major NCR(s) : 0 List : -

List of minor NCRs which collectively constitute major NCR(s) : -

## 8. ANY UNRESOLVED ISSUES, IF APPLICABLE

N/A

## 9. ANY SIGNIFICANT ISSUES THAT MAY IMPACT THE AUDIT PROGRAMME

N/A

## 10. CONCLUSION ON THE CONFORMITY AND EFFECTIVENESS OF THE SYSTEM

Overall, the quality management system has been implemented accordingly. IIUM has a new management team. Several strategies have been identified for further actions by IIUM.

Several corrective actions need to be taken by IIUM on the nonconformities issued.

The conduct of the internal audit and management review has given appropriate inputs to the management of IIUM.

## 11. APPROPRIATENESS OF THE SCOPE OF CERTIFICATION

☒

Yes

☐

No (please comment) :

## 12. HAVE THE AUDIT OBJECTIVES BEEN FULFILLED?

☒

Yes

☐

No (please comment) :

## RECERTIFICATION AUDIT REPORT

### 13. RECOMMENDATION

☐

No NCR recorded. Renewal of certification \*with/ without change.

☐

Minor NCR(s) recorded. Renewal of certification \*with/ without change conditional upon satisfactory verification of corrective actions taken.

☐

Major NCR(s) recorded. Recommendation for renewal of 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)

New organization structure.

☐

Withdrawal (Non-renewal) of certification.

Note :

- a) Corrective action plans and evidence of implementation for all nonconformities (minor/ major) raised shall be submitted to the Audit Team Leader before the expiry of the certificate.
- b) Certificate will only be issued upon satisfactory verification of corrective actions for nonconformities raised.
- c) If corrective action responses are received and verified after the expiry of the certificate, renewal of certificate will begin from the date of certification decision i.e. after the expiry of previous certificate.
- d) If nonconformity(ies) remain open six months after the expiry of the certificate, the certificate shall not be renewed.
- e) 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.
- f) 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.

### FOLLOW UP ON NCR(s)

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

Audit Team Leader :

(Name)

(Signature)

(Date)

# RECERTIFICATION AUDIT REPORT

## SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE

File No. : QI01820002

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE									NCR	
				Management & Quality	T & L (KOP, KOS, AIKOL, KEMS, KOICT, CELPAD, IIBF, ISTAC)	ACADEMY	STADD	IJUM Press	CITRA	EDC	ODR (Internationalisation & Global Network and Students Affairs & ALUMINI)	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	/	/	/	/	/	/	/	/	/	/			
	Major	/	/	/	/	/	/	/	/	/	/			
	Minor	/	/	/	/	/	/	/	/	/	/			

Note :

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- Tick (✓) for adequacy of documentation. For requirements which have been deemed to be inadequately addressed in the documented quality system, NCR shall be raised.

RECERTIFICATION AUDIT REPORT													
SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE													
ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR	
				Management & Quality	T & L (KOP, KOS, AIKOL, KEMS, KOICT, CELPAD, IIBF, ISTAC)	ACADEMY	STADD	IJUM Press	CITRA	EDC	ODR (Internationalisation & Global Network and Students Affairs & ALUMNI)	Major	Minor
7.1.5.2	Measurement traceability	/	/	/	/	/	/	/	/	/	/		
7.1.6	Organizational knowledge	/	/	/	/	/	/	/	/	/	/		
7.2	Competence	/	/	/	/	/	/	/	/	/	/		
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	/	/	/	/	/	/	/	/	/	/		
	Major	/	/	/	/	/	/	/	/	/	/		
	Minor	/	/	/	/	/	/	/	/	/	/		

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SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE													
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				Management & Quality	T & L (KOP, KOS, AIKOL, KEMS, KOICT, CELPAD, IIBF, ISTAC)	ACADEMY	STADD	IUM Press	CITRA	EDC	ODR (Internationalisation & Global Network and Students Affairs & ALUMNI)	Major	Minor
8.5	Production and service provision	/	/	/	/	/	/	/	/	/	/		
8.5.1	Control of production and service provision	/	/	/	0/2	/	/	/	/	/	/		
8.5.2	Identification and traceability	/	/	/	/	/	/	/	/	/	/		
8.5.3	Property belonging to customers or external providers	/	/	/	/	/	/	/	/	/	/		
8.5.4	Preservation	/	/	/	/	/	/	/	/	/	/		
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	/	/	/	0/1	/	/	/	/	/	/		
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	/	/	/	/	/	/	/	/	/	/		

Note :

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# RECERTIFICATION AUDIT REPORT

## SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE

File No. : QI01820002

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE										NCR	
				OLA	HWC Gombak	Support								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	/	/	/	/	/									
	Major	Minor													

### Note :

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ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR	
				OLA	HWC Gombak	Support						Major	Minor
7.1.5.2	Measurement traceability	/	/	/	/	/							
7.1.6	Organizational knowledge	/	/	/	/	/							
7.2	Competence	/	/	/	/	/							
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	/	/	/	/	1							
8.4.1	General	/	/	/	/	0/1							
8.4.2	Type and extent of control	/	/	/	/	/							
8.4.3	Information for external providers	/	/	/	/	/							
	Major	/	/	/	/	/	/	/	/	/	/		
	Minor	/	/	/	/	/	/	/	/	/	/		

Note :

- g) Indicate in the "Requirement audited" column with a (√) the requirements that were audited and (-) for requirements that were not audited. Indicate with (NA) if the requirement is not applicable.
- h) In the case where requirements were audited and nonconformities detected, replace the (√) with the number of nonconformities (no. of major/ minor)
- i) Tick (√) for adequacy of documentation. For requirements which have been deemed to be inadequately addressed in the documented quality system, NCR shall be raised.

RECERTIFICATION AUDIT REPORT													
SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE													
ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR	
				OLA	HWC Gombak	Support						Major	Minor
8.5	Production and service provision	/	/	/	/	/							
8.5.1	Control of production and service provision	/	/	/	0/1	/							
8.5.2	Identification and traceability	/	/	/	/	/							
8.5.3	Property belonging to customers or external providers	/	/	/	/	/							
8.5.4	Preservation	/	/	/	/	/							
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	/	/	/	/	/	/	/	/	/	/	0	5
	Minor	/	/	/	/	/	/	/	/	/	/		

Note :

- j) Indicate in the "Requirement audited" column with a (√) the requirements that were audited and (-) for requirements that were not audited. Indicate with (NA) if the requirement is not applicable.
- k) In the case where requirements were audited and nonconformities detected, replace the (√) with the number of nonconformities (no. of major/ minor)
- l) Tick (√) for adequacy of documentation. For requirements which have been deemed to be inadequately addressed in the documented quality system, NCR shall be raised.

# APPENDIX 1 : VERIFICATION OF PREVIOUSLY RAISED NONCONFORMITY REPORTS:

File No. : QI01820002

No.	NCR Reference No.	Evidence sighted for the implementation of the corrective action	Effectiveness of corrective action (Y/N)	Remarks
1	AJ 01	IIUM Strategic Plans	Y	-
2	SYA01	Residential & Room Rental Systems	Y	-
3	DMM01	Progress reports	Y	-
4	DMM02	Minutes of meetings	Y	-

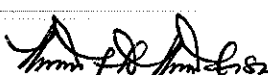

## Note:

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: 2<sup>nd</sup> November 2018

**SIRIM QAS INTERNATIONAL SDN. BHD.**

File No. : QI01820002	<b>NONCONFORMITY REPORT</b> <b>(NCR)</b> <b>Classification : Minor / <del>Major</del></b> <b>Standard : MS ISO 9001-2015</b>	NCR No. : MMI 1
Audit Type : <input type="checkbox"/> Initial Certification Stage 2 <input type="checkbox"/> Surveillance <input checked="" type="checkbox"/> Recertification		Page 1 of 1
		Audit Date : 22/10 – 2/11/2018
Client : <b>HEALTH AND WELLNESS CENTRE</b>		
<b>Section 1 - Details of nonconformity</b>		
<b>Requirement : 8.5.1 Control of production and service provision</b> The organization shall implement production and service provision under controlled services		
<b>Finding :</b> The organization has not implement production and service provision under controlled services in relation to pharmacy services		
<b>Objective evidence :</b> The management of medication and storage has not been carried accordingly at the drug store as being evidenced by the following: <ol style="list-style-type: none"> <li>1. The segregation and labeling of LASA and HIGH ALERT MEDICATIONS has not been established.</li> <li>2. Labeling and tagging of slow moving medication and near expiry date has not been carried out.</li> <li>3. Minimum and maximum requirement of medication has not being identified and listed to the need of HWC</li> <li>4. Boxes of medications are kept along the corridor and the store room cum office is too congested.</li> <li>5. Room temperature has not being monitored and recorded.</li> <li>6. Medication error has not been objectively being monitored.</li> </ol>		
Auditor :  (MAZNAH MAT ISA)	Client's Representative :  ( ) <b>DR. ZULKEFLI BIN MUHAMMED YUSOF</b> DEPUTY DIRECTOR (COMPLIANCE) OFFICE OF INSTITUTIONAL AND ACADEMIC QUALITY MANAGEMENT (OQIM) INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA	
<b>Section 2 - Result of investigation and determination of root cause</b>		
Client's Representative : _____ ( )		
<b>Section 3 - Correction (if applicable) and corrective action plan including completion date</b>		
Client's Representative : _____ ( )		
Accepted by : _____ ( )		
<b>Section 4 - Verification of corrective action(s) (to be filled up by Auditor)</b>		
Verified by : _____ ( )		
NCR Close Out : <input type="checkbox"/> Yes <input type="checkbox"/> No Date : _____		

## SIRIM QAS INTERNATIONAL SDN. BHD.

File No. : QI01820002	<b>NONCONFORMITY REPORT (NCR)</b>  <b>Classification : Minor / <del>Major</del></b>  <b>Standard : MS ISO 9001-2015</b>	NCR No. : MMI 2
Audit Type : <input type="checkbox"/> Initial Certification Stage 2 <input type="checkbox"/> Surveillance <input checked="" type="checkbox"/> Recertification		Page 1 of 1
		Audit Date : 22/10 – 2/11/2018
Client : <b>FINANCE DIVISION / VEHICLE MANAGEMENT UNIT –SHUTTLE BUS SERVICE</b>		
<b>Section 1 - Details of nonconformity</b>  <b>Requirement : 8.4.1 – Control of externally provided processes - general</b>  The organization shall ensure that externally provided processes, products and services conform to requirements  <b>Finding :</b> The organization has not ensured that externally provided processes, products and services conform to requirements as per contract and specifications requirement in the tender document of GPB Shuttle Services at the IIUM Gombak  <b>Objective evidence :</b> The requirement that has not been fulfilled: 1. Drug test has not been carried out for all the drivers / one driver is 57 years old – exceeded the age limit of 55 2. No evidence or report in relation to the inspection of the vehicle. 3. No monthly monitoring of performance being carried out 4. Service Quality Survey (SQS) – January to September 2018, showed overall satisfaction of the Shuttle services was 37.5% but no action has been taken.		
Auditor :  (MAZNAH MAT ISA)	Client's Representative :  <b>DR. ZULKEFLI BIN MUHAMMED YUSOF</b> DEPUTY DIRECTOR (COMPLIANCE) OFFICE OF INSTITUTIONAL AND ACADEMIC QUALITY MANAGEMENT (OQM) INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA	
<b>Section 2 - Result of investigation and determination of root cause</b>           Client's Representative : _____ ( )		
<b>Section 3 - Correction (if applicable) and corrective action plan including completion date</b>           Client's Representative : _____ Accepted by : _____ ( ) ( )		
<b>Section 4 - Verification of corrective action(s) (to be filled up by Auditor)</b>           Verified by : _____ ( )		
		NCR Close Out : <input type="checkbox"/> Yes <input type="checkbox"/> No Date : _____

OPPORTUNITIES FOR IMPROVEMENT		
Clause	Details	Comments on action taken
8.5.1	<p><b>Control of production and services provision</b></p> <ul style="list-style-type: none"> <li>During the audit sighted there is differentiate total hours in the Scheme of Work and the student learning time in the Course Outline for LQ1008.</li> <li>Answer scheme for continuous assessment could be prepared as guidance for the marking process to ensure standardization of the evaluation criteria. (LQ1008)</li> </ul> <p>(CELPAD)</p> <ul style="list-style-type: none"> <li>Admission process has been implemented under control. However approval process for student which have above minimum requirement could be further improved by demonstrate evidence of verification by staff in charge or other parties (e.g: AC Meeting) before offer letter issued to the potential student.</li> <li>Besides the total number of offered student reported, IA also can prepare listing of the offered student including result of evaluation for reference during the AC Meeting process for easier traceability.</li> </ul> <p>(International Affairs)</p>	
9.1.3	<p><b>Analysis and evaluation</b></p> <p>Analysis of student comment from the customer satisfaction survey could be categorized accordingly to ensure area for improvement.</p> <p>(CELPAD)</p>	
7.5.3	<p><b>Control of documented information</b></p> <p>During the audit sighted no initial for the changes of information in the evaluation form made by the authorized person.</p> <p>Some of the Research Progress Report not in-completed in the decision/approval column.</p> <p>Some of the Research Progress Report not properly kept in the file.</p> <p>(IIBF)</p>	
6.1	<p><b>Actions to address risk and opportunities</b></p> <p>Risk register was established accordingly. However the mitigation process could be further improved by include the date of implementation for easier monitoring</p>	

Auditor : Asiyah Haron

Date: 26/10/2018.

OPPORTUNITIES FOR IMPROVEMENT		
Clause	Details	Comments on action taken
7.5	Documented information	
7.5.1(a)	Research students profile in particular PhD students profile is retained in the Students Personal File. The comprehensiveness of the file namely all the records pertinent to student could be demonstrated. Noted that some of the student's records are retained at the Centre for Postgraduate Studies [CPS] whereas others retained at the respective kulliyah.	
8.5.1	Control of production and service provision <ul style="list-style-type: none"> <li>i) The monitoring of students attendance during lectures and tutorials are monitored and recorded in the attendance list (class list). The percentage of attendance or absenteeism throughout the course of lecture period could be demonstrated in the attendance list.</li> <li>ii) Noted that end of semester examination weightage was fixed between 40 to 60 percent as per examination's paper preparation procedure IIUM/TNL/AMAD/11. Noted that this weighage has been made flexible but the procedure has yet to be reviewed.</li> <li>iii) The number of progress reports submitted by resefch students are captured in the Administrative Partial Transcript. However the evidence of submission of these reports could be demonstrated.</li> </ul>	
9.1	Monitoring, measurement, analysis and evaluation <p>The monitoring of research progress reports, namely submission of research works form to Supervisor, Head of Department, Deputy Dean Postgraduate &amp; Research and Centre for Postgraduate Study on week 11,13, 14 and 16 respectively could be demonstrated.</p> <p style="text-align: center;">----- End of report -----</p>	

OPPORTUNITIES FOR IMPROVEMENT		
Clause	Details	Comments on action taken
9.3	IIUM has conducted the management review. Sighted that a small number of KDCIO has yet to provide their relevant inputs of review to OQM.	
9.2	IIUM has conducted the internal audit in a good manner. Sighted that the understanding on meeting the requirements of corrections and corrective actions is inconsistent among the auditee.	
6.1.1	<ol style="list-style-type: none"> <li>IIUM has improved on the format of the risk register. Several inputs have yet to be completed by the KDCIO. Certain KDCIO has also yet to submit their risk registers to OCS.</li> <li>As for the Opportunities, K/D/C/I/O has identified several opportunities, however the action plans as well as the effectiveness of the actions have yet to be evident.</li> </ol>	
8.5.1	Observed that an agreement between ACADEMY and an external training organization (5 years term) has yet to be legalized by stamp duty.	
8.5.3	Several copies of IC received from the clients have yet to be controlled to avoid any potential misuse of the information.	
8.4	<ol style="list-style-type: none"> <li>STADD is in the process of reviewing of the needs to provide TOT for the appointed lecturers.</li> <li>STADD can include the information of the policy related to backdated payment of allowances in the offer letter given to the appointed lecturers.</li> </ol>	
8.5.1	<ol style="list-style-type: none"> <li>Sighted that the conduct of a small number of courses has yet to have complete records of attendance of lectures and also the replacement classes.</li> <li>Sighted some inconsistencies between the information in the course outline and the actual weightage for the continuous assessments.</li> </ol>	
9.1	IIUM is in the process of identifying the appropriate method to measure the achievement of the CLOs upon completion of courses.	



OPPORTUNITIES FOR IMPROVEMENT		
Clause	Details	Comments on action taken
8.5.1	<p><b>Control of production and service provision</b></p> <p>1. The process of handling continuous assessment can be further improved by ensuring that the guidelines for the methods of assessment are being established accordingly – KOP and KOS</p> <p>2. <del>COA-Course learning outcomes and reports has yet to be carried out for all courses and program at KOP and KOS</del></p>	J.
6.1	<p><b>Actions to address risks and opportunity</b></p> <p>HWC has yet to establish the risks and opportunity related to healthcare services in order to ensure safety and quality care being rendered to client.</p>	
7.5.3.2	<p><b>Controlled of documented information ( a,b,c and d)</b></p> <p>IIUM has to ensure that all documented information are being controlled according to the requirement.</p> <p>.....END OF REPORT.....</p>	



Auditor : MAZNAH BINTI MAT ISA

Date: 9-10/8/2018

OPPORTUNITIES FOR IMPROVEMENT		
Clause	Details	Comments on action taken
6.1	<p><b><u>Actions to address risks and opportunities</u></b></p> <p>Observed that the mitigation plans on the identified risks have been carried out. However, updates on the status of risk assessment and matrix at the predetermined period could be demonstrated.</p>	
7.5	<p><b><u>Documented Information</u></b></p> <p>Manuscript Publishing Process Flowchart explains the actual process of editorial and publication of books. However, improvement is required in updating the process sequence and timeline to reflect the actual process.</p>	
8.4	<p><b><u>Control of externally provided processes, products and services</u></b></p> <p>Manuscript reviewer, language editor, manuscript typesetter and printing companies are among IIUM Press suppliers. Observed that evaluation of these suppliers have not been carried out consistently. Improvement is required in ensuring that all the suppliers are analyzed and evaluated.</p>	
8.5.1	<p><b><u>Control of production and service provision</u></b></p> <p>Noted that initiatives in monitoring of manuscript publication process and publishing of journals have been carried out. However, improvement is required in updating the progress status in more organized and timely manner.</p> <p>The online payment system which is one of the marketing strategy in promoting sales of manuscripts and journals is currently not operational. Prompt action in fixing the online payment system is recommended.</p>	
9.1.3	<p><b><u>Analysis and evaluation</u></b></p> <p>Trainings and related marketing events are conducted throughout the year. However, analysis and evaluation of customer feedback data were not clearly demonstrated.</p> <p>END OF REPORT</p>	