

**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. : QU00510001
	<b>QUALITY MANAGEMENT SYSTEM                  RECERTIFICATION AUDIT REPORT</b>	
<b>CLIENT :</b> Universiti Putra Malaysia		
<b>ADDRESS OF MAIN SITE AUDITED :</b> (In the case of multisite certification, additional sites are listed in the attachment) :  Universiti Putra Malaysia 43400 Serdang Selangor Darul Ehsan		
<b>CERTIFICATION NO :</b> AR 2020		<b>STANDARD</b> ISO 9001:2015
<b>AUDIT DATE</b> : 21 – 25 Mei 2018 / 42 auditor day(s)		<b>LAST AUDIT DATE</b> 11 - 15, 18 - 21 & 25 - 26 September 2017
<b>SCOPE OF CERTIFICATION :</b>  Perkhidmatan Pengajian Pendidikan di Peringkat Tertiar, Pengurusan dan Pelaksanaan Penyelidikan, Perhubungan Industri dan Masyarakat, Pengurusan Pembangunan Pelajar dan Alumni, dan Perkhidmatan Korporat		
<b>AUDIT TEAM :</b>  Hanida Ghazali - Ketua Pasukan Audit (4) Tn Hj Abd Lataf Daud - Ahli Pasukan Audit (3) Mariam Mohamed Zain - Ahli Pasukan Audit (5) Dr Hj Montaj Mustakim – Ahli Pasukan Audit (5) Maznah Mat Isa - Ahli Pasukan Audit (5) Parimala Devi Ganesan – Ahli Pasukan Audit (3) Ani Alang – Ahli Pasukan Audit (2) Mani Maaran Krishnan _ Ahli Pasukan Audit (2) Mohamad Jaafar Jani – Ahli Pasukan Audit (2) Rajakumaran Karnagaran – Ahli Pasukan Audit (5) Mahmud Rizal Othman – Ahli Pasukan Audit (3) Hj Khalid Hassan – Ahli Pasukan Audit (1) Hamidi Mohamad Yusop – Ahli Pasukan Audit (1) Nur Aisya Zamri – Ahli Pasukan Audit (1)		
<b>NO. OF EMPLOYEES (Applicable to the scope of certification) :</b> 5748		
<b>Report by Audit Team Leader</b>  Name : Hanida Ghazali Signature : _____ Date : 25hb Mei 2018		<b>Acknowledgement by Client's Representative</b>  Name : Prof Dr Amin Ismail Signature : _____ Date : 25hb Mei 2018
<b>The Audit Plan and following attachments form part of this report :</b>  Nonconformity Report(s) <input type="checkbox"/> / Opportunities for Improvement <input type="checkbox"/> / List of additional site(s) <input type="checkbox"/> / Tick ( √ ) where applicable		<b>Report reviewed and recommendation approved by :</b>  _____ (Section Head)  _____ Date

## RECERTIFICATION AUDIT REPORT

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

Berlaku beberapa pertukaran juruaudit SIRIM.

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

Perlantikan TNC (PI) baru iaitu YBhg Prof Dr Zulkifli Idrus pada 15 April 2018.  
Perlantikan PUU baru iaitu Pn Nor Siah Haji Baharin pada 1 Mei 2018.  
Perlantikan Ketua Pustakawan iaitu En Muzaffar Shah Kassim pada 1 Mei 2018.

### 3. MANUAL REFERENCE (including revision number) : UPM / PGR / MK Isu 03, Semakan 03, 24 April 2018

### 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):

Tindakan pembetulan telah diambil.

### 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

UPM telah menyemak secara keseluruhan sistem dokumentasi yang dibangunkan. Antara dokumen yang disemak semula adalah Manual Kualiti serta beberapa prosedur proses utama (35), prosedur pengurusan (4), prosedur operasi perkhidmatan sokongan (69) serta prosedur sokongan (39). Kawalan terhadap pindaan prosedur telah dilakukan mengikut ketetapan yang dinyatakan di dalam Prosedur Pengurusan Dokumen ISO.

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

Tiada perubahan terhadap isu dalaman serta isu luaran yang telah dikenalpasti sebelum ini. Mesyuarat Jawatankuasa Kualiti dirancang untuk dilaksanakan pada 10 Julai 2018 untuk penyemakan mengenai isu dalaman serta isu luaran.

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

Risiko dan Peluang dikenalpasti melalui PTJ masing-masing. Pemahaman mengenai Risiko dan Peluang didapati bertambah baik. Mesyuarat Jawatankuasa Kualiti dirancang untuk dilaksanakan pada 10 Julai 2018, untuk memurnikan semula dokumen risiko

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

Pencapaian KPI UPM serta objektif kualiti serta tindakan untuk perbincangan mengenai mana-mana KPI UPM serta objektif yang tidak tercapai, telah dibuat serta direkodkan di dalam MKSP. Sebanyak 9 KPI tidak tercapai serta sebanyak 9 objektif kualiti yang tidak tercapai.

#### 6.5 Internal audit

UPM telah merancang serta melaksanakan audit dalam pada 26 hingga 29 Mac 2018 dan pada 2 hingga 5 April 2018. Seramai 98 juruaudit UPM beserta dengan 423 juruaudit PTJ telah melaksanakan proses audit dalam ini. Pasukan audit telah merekodkan sebanyak 164 NCR serta 154 OFI. Rangkuman audit boleh diberi perhatian oleh UPM.

#### 6.6 Management review

UPM telah merancang serta melaksanakan MKSP pada 19 April 2018. Mesyuarat tersebut telah dipengerusikan oleh NC UPM YBhg Prof Datin Paduka Dato Dr Aini Ideris. Antara agenda yang dibincangkan adalah pencapaian objektif kualiti, hasil audit dalam & audit SIRIM, kecukupan sumber serta prestasi pembekal luar. MKSP telah dijalankan dengan baik dan analisa data telah dilakukan dengan komprehensif.

#### 6.7 Handling of customer complaints

Pada tahun 2017, sebanyak 206 aduan yang direkodkan. Dan untuk tahun 2018, sebanyak 83 aduan yang direkodkan sehingga Mei 2018. Untuk keberkesanan penggunaan sistem U-Respons, rujuk Laporan Penambahbaikan.

#### 6.8 Continual improvement

Penambahbaikan yang dirancang serta dilaksanakan oleh UPM dibincangkan serta dipantau ketika MKSP dan juga Mesyuarat Jawatankuasa Kualiti. Antara penambahbaikan yang dikenalpasti adalah pembangunan sistem PRIMIS

## RECERTIFICATION AUDIT REPORT

(Putra Research And Innovation Management System) serta pelaksanaan program kebajikan pelajar seperti program "Thinking Of You".

### 6.9 Useful comparisons with previous audit results

Tindakan telah diambil terhadap NCR yang dilakukan. Untuk laporan OFI, terdapat isu yang masih di dalam proses penambahbaikan.

### 7. NONCONFORMITY REPORT(S)

Total no. of minor NCR(s) : 1 List : MMK01

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

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

### 8. ANY UNRESOLVED ISSUES, IF APPLICABLE

Tiada.

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

Tiada.

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

Secara keseluruhan, sistem pengurusan kualiti telah dijalankan dengan baik di UPM. Pemahaman mengenai keperluan sistem pengurusan kualiti didapati lebih baik berbanding dengan tahun sebelumnya.

Atas usaha yang berterusan oleh UPM dalam memantapkan kualiti, UPM berjaya memperolehi SIRIM Quality Award 2017.

Audit dalam UPM serta MKSP UPM telah dilaksanakan dengan baik. Banyak maklumat yang diperolehi dari laporan audit dalam serta perbincangan di dalam MKSP, telah menambahbaik sistem pengurusan yang sediaada di UPM.

### 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 : Perubahan nama PTJ  
(if applicable)

- Withdrawal (Non-renewal) of certification.

- Note :
- 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.
  - Certificate will only be issued upon satisfactory verification of corrective actions for nonconformities raised.
  - 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.
  - If nonconformity(ies) remain open six months after the expiry of the certificate, the certificate shall not be renewed.
  - 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.
  - 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. : QU00510001

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE										NCR	
				Bahagian Audit Dalam	Pusat Sukan	Institut Penyelidikan Penuaan Malaysia (IPPM)	Putra Science Park (PSP)	Institut Teknologi Maju (ITMA)	Pejabat Pendaftaran	Pejabat Bursar	Pejabat Pembangunan dan Pengurusan Aset (PPPA)	Major	Minor		
<b>4. Context of the organization</b>															
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	/	/	/	/	/	/	/	/	/	/	/	/		
<b>5. Leadership</b>															
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	/	/	/	/	/	/	/	/	/	/	/	/		
<b>6. Planning</b>															
6.1	Actions to address risks and opportunities	/	/	/	/	/	/	/	/	/	/	/	/		
6.2	Quality objectives and planning to achieve them	/	/	/	/	/	/	/	/	/	/	/	/		
6.3	Planning of changes	/	/	/	/	/	/	/	/	/	/	/	/		
<b>7. Support</b>															
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	/	/	/	/	/	/	/	/	/	/	/	/		
	<b>Major</b>	/	/	/	/	/	/	/	/	/	/	/	/		
	<b>Minor</b>	/	/	/	/	/	/	/	/	/	/	/	/		

Note :

- a) 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.
- b) In the case where requirements were audited and nonconformities detected, replace the (√) with the number of nonconformities (no. of major/ minor)
- c) 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	
				Bahagian Audit Dalam	Pusat Sukan	Insititut Penyelidikan Penuaan Malaysia (IPPM)	Putra Science Park (PSP)	Insititut Teknologi Maju (ITMA)	Pejabat Pendaftar	Pejabat Bursar	Pejabat Pembangunan dan Pengurusan Aset (PPPA)	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	/	/	/	/	/	/	/	/	/	/		
<b>8. Operation</b>													
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	/	/	/	/	/	/	/	/	/	/		
	<b>Major</b>	/	/	/	/	/	/	/	/	/	/		
	<b>Minor</b>	/	/	/	/	/	/	/	/	/	/		

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**SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE**

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR	
				Bahagian Audit Dalam	Pusat Sukan	Institut Penyelidikan Penuaan Malaysia (IPPM)	Putra Science Park (PSP)	Institut Teknologi Maju (ITMA)	Pejabat Pendaftaran	Pejabat Bursar	Pejabat Pembangunan dan Pengurusan Aset (PPPA)	Major	Minor
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	/	/	/	/	/	/	/	/	/	/		
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	/	/	/	/	/	/	/	/	/	/		
<b>9. Performance evaluation</b>													
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	/	/	/	/	/	/	/	/	/	/		
<b>10. Improvement</b>													
10.1	General	/	/	/	/	/	/	/	/	/	/		
10.2	Nonconformity and corrective action	/	/	/	/	/	/	/	/	/	/		
10.3	Continual improvement	/	/	/	/	/	/	/	/	/	/		
<b>Other Certification Requirements</b>													
1.	Use of marks/ certificate												
	<b>Major</b>	/	/	/	/	/	/	/	/	/	/		
	<b>Minor</b>	/	/	/	/	/	/	/	/	/	/		

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**SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE**

File No. : QU00510001

ISO 9001:2015		Requirement audited	Adequacy of documentation									FUNCTION/ PROCESS/ PROJECT SITE		NCR	
			Pusat Kurikulum Dan Pembelajaran Pelajar	Pusat Pengurusan Penyelidikan (RMC)	Pusat Alumni	Institut Pertanian Tropika dan Sekuriti Makanan (ITAFOS)	Institut Penyelidikan Produk Halal (IPPH)	Sekolah Pengajian Siswazah	FBSB	FP	Major	Minor			
<b>4. Context of the organization</b>															
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	/	/	/	/	/	/	/	/	/	/	/			
<b>5. Leadership</b>															
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	/	/	/	/	/	/	/	/	/	/	/			
<b>6. Planning</b>															
6.1	Actions to address risks and opportunities	/	/	/	/	/	/	/	/	/	/	/			
6.2	Quality objectives and planning to achieve them	/	/	/	/	/	/	/	/	/	/	/			
6.3	Planning of changes	/	/	/	/	/	/	/	/	/	/	/			
<b>7. Support</b>															
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	/	/	/	/	/	/	/	/	/	/	/			
	<b>Major</b>	/	/	/	/	/	/	/	/	/	/	/			
	<b>Minor</b>	/	/	/	/	/	/	/	/	/	/	/			

Note :

- d) 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.
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**SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE**

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR	
				Pusat Kokurikulum Dan Pembangunan Pelajar	Pusat Pengurusan Penyelidikan (RMC)	Pusat Alumni	Insitut Pertanian Tropika dan Sekuriti Makanan (ITAFOS)	Insitut Penyelidikan Produk Halal (IPPH)	Sekolah Pengajian Siswazah	FBSB	FP	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	/	/	/	/	/	/	/	/	/	/		
<b>8. Operation</b>													
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	/	/	/	/	/	/	/	/	/	/		
	<b>Major</b>	/	/	/	/	/	/	/	/	/	/		
	<b>Minor</b>	/	/	/	/	/	/	/	/	/	/		

Note :

- d) 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.
- e) In the case where requirements were audited and nonconformities detected, replace the (√) with the number of nonconformities (no. of major/ minor)
- f) 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	
				Pusat Kokurikulum Dan Pembangunan Pelajar	Pusat Pengurusan Penyelidikan (RMC)	Pusat Alumni	Insitut Pertanian Tropika dan Sekuriti Makanan (ITAFOS)	Insitut Penyelidikan Produk Halal (IPPH)	Sekolah Pengajian Siswazah	FBSB	FP	Major	Minor
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	/	/	/	/	/	/	/	/	/	/		
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	/	/	/	/	/	/	/	/	/	/		
<b>9. Performance evaluation</b>													
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	/	/	/	/	/	/	/	/	/	/		
<b>10. Improvement</b>													
10.1	General	/	/	/	/	/	/	/	/	/	/		
10.2	Nonconformity and corrective action	/	/	/	/	/	/	/	/	/	/		
10.3	Continual improvement	/	/	/	/	/	/	/	/	/	/		
<b>Other Certification Requirements</b>													
1.	Use of marks/ certificate												
	<b>Major</b>	/	/	/	/	/	/	/	/	/	/		
	<b>Minor</b>	/	/	/	/	/	/	/	/	/	/		

Note :

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**RECERTIFICATION AUDIT REPORT**

**SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE**

**File No. : QU00510001**

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR		
				FEP	FPV	FSPM	FSKTM	Bahagian Hal Ehwal Pelajar	Bahagian Kaunseling UPM	Kolej Tiga Belas	Kolej Ke Dua	Major	Minor	
<b>4. Context of the organization</b>														
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	/	/	/	/	/	/	/	/	/	/	/		
<b>5. Leadership</b>														
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	/	/	/	/	/	/	/	/	/	/	/		
<b>6. Planning</b>														
6.1	Actions to address risks and opportunities	/	/	/	/	/	/	/	/	/	/	/		
6.2	Quality objectives and planning to achieve them	/	/	/	/	/	/	/	/	/	/	/		
6.3	Planning of changes	/	/	/	/	/	/	/	/	/	/	/		
<b>7. Support</b>														
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	/	/	/	/	/	/	/	/	/	/	/		
	<b>Major</b>	/	/	/	/	/	/	/	/	/	/	/		
	<b>Minor</b>	/	/	/	/	/	/	/	/	/	/	/		

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.
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**RECERTIFICATION AUDIT REPORT**

**SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE**

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR		
				FEP	FPV	FSPM	FSKTM	Bahagian Hal Ehwal Pelajar	Bahagian Kaunseling UPM	Kolej Tiga Belas	Kolej Ke Dua	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	/	/	/	/	/	/	/	/	/	/	/		
<b>8. Operation</b>														
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	/	/	/	/	/	/	/	/	/	/	/		
	<b>Major</b>	/	/	/	/	/	/	/	/	/	/	/		
	<b>Minor</b>	/	/	/	/	/	/	/	/	/	/	/		

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**RECERTIFICATION AUDIT REPORT**

**SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE**

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR	
				FEP	FPV	FSPM	FSKTM	Bahagian Hal Ehwal Pelajar	Bahagian Kaunseling UPM	Kolej Tiga Belas	Kolej Ke Dua	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	/	/	/	/	/	/	/	/	/	/		
<b>9. Performance evaluation</b>													
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	/	/	/	/	/	/	/	/	/	/		
<b>10. Improvement</b>													
10.1	General	/	/	/	/	/	/	/	/	/	/		
10.2	Nonconformity and corrective action	/	/	/	/	/	/	/	/	/	/		
10.3	Continual improvement	/	/	/	/	/	/	/	/	/	/		
<b>Other Certification Requirements</b>													
1.	Use of marks/ certificate												
	<b>Major</b>	/	/	/	/	/	0	/	/	/	/	0	1
	<b>Minor</b>	/	/	/	/	/	1	/	/	/	/		

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**RECERTIFICATION AUDIT REPORT**

**SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE**

File No. : QU00510001

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE										NCR	
				KOSASS	KTDI	Kolej Sepuluh	Perpustakaan Sultan Abdul Samad	Perpustakaan Perubatan Veterinar	Perpustakaan Perubatan dan Sains Kesihatan	Perpustakaan Kejuruteraan dan Senibina	Bahagian Teknologi Maklumat (KB)	Major	Minor		
<b>4. Context of the organization</b>															
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	/	/	/	/	/	/	/	/	/	/	/	/		
<b>5. Leadership</b>															
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	/	/	/	/	/	/	/	/	/	/	/	/		
<b>6. Planning</b>															
6.1	Actions to address risks and opportunities	/	/	/	/	/	/	/	/	/	/	/	/		
6.2	Quality objectives and planning to achieve them	/	/	/	/	/	/	/	/	/	/	/	/		
6.3	Planning of changes	/	/	/	/	/	/	/	/	/	/	/	/		
<b>7. Support</b>															
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	/	/	/	/	/	/	/	/	/	/	/	/		
	<b>Major</b>	/	/	/	/	/	/	/	/	/	/	/	/		
	<b>Minor</b>	/	/	/	/	/	/	/	/	/	/	/	/		

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**RECERTIFICATION AUDIT REPORT**

**SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE**

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR		
				KOSASS	KTDI	Kolej Sepuluh	Perpustakaan Sultan Abdul Samad	Perpustakaan Perubatan Veterinar	Perpustakaan Perubatan dan Sains Kesihatan	Perpustakaan Kejuruteraan dan Senibina	Bahagian Teknologi Maklumat (KB)	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	/	/	/	/	/	/	/	/	/	/	/		
<b>8. Operation</b>														
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	/	/	/	/	/	/	/	/	/	/	/		
	<b>Major</b>	/	/	/	/	/	/	/	/	/	/	/		
	<b>Minor</b>	/	/	/	/	/	/	/	/	/	/	/		

Note :

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**RECERTIFICATION AUDIT REPORT**

**SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE**

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR	
				KOSASS	KTDI	Kolej Sepuluh	Perpustakaan Sultan Abdul Samad	Perpustakaan Perubatan Veterinar	Perpustakaan Perubatan dan Sains Kesihatan	Perpustakaan Kejuruteraan dan Senibina	Bahagian Teknologi Maklumat (KB)	Major	Minor
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	/	/	/	/	/	/	/	/	/	/		
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	/	/	/	/	/	/	/	/	/	/		
<b>9. Performance evaluation</b>													
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	/	/	/	/	/	/	/	/	/	/		
<b>10. Improvement</b>													
10.1	General	/	/	/	/	/	/	/	/	/	/		
10.2	Nonconformity and corrective action	/	/	/	/	/	/	/	/	/	/		
10.3	Continual improvement	/	/	/	/	/	/	/	/	/	/		
<b>Other Certification Requirements</b>													
1.	Use of marks/ certificate												
	Major	/	/	/	/	/	/	/	/	/	/		
	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.

**RECERTIFICATION AUDIT REPORT**

**SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE**

**File No. :** QU00510001

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR		
				Bahagian Keselamatan (KB)	Pejabat Strategi Korporat dan Komunikasi	CQA							Major	Minor
<b>4. Context of the organization</b>														
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	/	/	/	/	/								
<b>5. Leadership</b>														
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	/	/	/	/	/								
<b>6. Planning</b>														
6.1	Actions to address risks and opportunities	/	/	/	/	/								
6.2	Quality objectives and planning to achieve them	/	/	/	/	/								
6.3	Planning of changes	/	/	/	/	/								
<b>7. Support</b>														
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	/	/	/	/	/								
	<b>Major</b>													
	<b>Minor</b>													

- Note :
- m) 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.
  - n) In the case where requirements were audited and nonconformities detected, replace the (√) with the number of nonconformities (no. of major/ minor)
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**RECERTIFICATION AUDIT REPORT**

**SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE**

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE							NCR		
				Bahagian Keselamatan (KB)	Pejabat Strategi Korporat dan Komunikasi	CQA						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	/	/	/	/	/							
<b>8. Operation</b>													
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	/	/	/	/	/							
	<b>Major</b>	/	/	/	/	/	/	/	/	/	/	/	/
	<b>Minor</b>	/	/	/	/	/	/	/	/	/	/	/	/

Note :

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- n) In the case where requirements were audited and nonconformities detected, replace the (√) with the number of nonconformities (no. of major/ minor)
- o) 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	
				Bahegian Keselamatan (KB)	Pejabat Strategi Korporat dan Komunikasi	CQA							Major
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	/	/	/	/	/							
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	/	/	/	/	/							
<b>9. Performance evaluation</b>													
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	/	/	/	/	/							
<b>10. Improvement</b>													
10.1	General	/	/	/	/	/							
10.2	Nonconformity and corrective action	/	/	/	/	/							
10.3	Continual improvement	/	/	/	/	/							
<b>Other Certification Requirements</b>													
1.	Use of marks/ certificate												
	<b>Major</b>												
	<b>Minor</b>											0	1

- Note :
- m) 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.
  - n) In the case where requirements were audited and nonconformities detected, replace the (√) with the number of nonconformities (no. of major/ minor)
  - o) 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. :** QU00510001

No.	NCR Reference No.	Evidence sighted for the implementation of the corrective action	Effectiveness of corrective action (Y/N)	Remarks
1	PD01	Memo	Y	-
2	PD02	Minit mesyuarat	Y	-
3	DMM01	Minit mesyuarat	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: 25 Mei 2018

File Ref. : <b>QU00510001</b> Audit Type : <input type="checkbox"/> Initial Certification Stage 2 <input type="checkbox"/> Surveillance <input checked="" type="checkbox"/> Recertification	<b>NON-CONFORMITY REPORT ( NCR )</b>  Classification : <u>Minor / Major</u> Standard : <b>ISO 9001:2015</b>	NCR No. : <b>MMK01</b>  Page 1 of 1  Audit Date : <b>21-25 May 2018</b>
Client : <b>Universiti Putra Malaysia</b>		
<b>Section 1 - Details of non-conformity</b>  Requirement : 8.5.1 Control of production and service provision  Finding : Semasa pengauditan didapati a) peperiksaan akhir telah dilaksanakan secara 'take home test' walaupun tarikh dan waktu peperiksaan akhir telah ditetapkan di muka depan kertas soalan tetapi tidak diikuti.. Tiada rekod untuk mengesahkan metodologi peperiksaan 'take home test' ini dimaklumkan kepada pihak atasan di jabatan atau fakulti. b) Proses pemarkahan didapati tidak tepat, walaupun pelajar hanya menjawab satu persoalan walaupun terdapat dua persoalan dalam soalan ke 8, markah penuh diberikan kepada pelajar.  Objective evidence :  SSK 5514 ( Semester pertama sesi 2017/2018)		
Auditor : _____ (Mani Maaran Krishnan)		Client's Representative : _____ ( <b>PROF. DR. AMIN ISMAIL</b> ) Wakil Pengurusan Universiti Putra Malaysia
<b>Section 2 - Result of investigation and determination of root cause</b>          Client's Representative : _____ ( _____ )		
<b>Section 3 - Corrective action plan including completion date</b>          Client's Representative : _____ Accepted by : _____ ( _____ ) ( _____ )		
<b>Section 4 - Verification</b>          Verified by : _____ ( _____ )		
		NCR Close Out : <input type="checkbox"/> Yes <input type="checkbox"/> No Date : _____

<b>PELUANG PENAMBAHBAIKAN</b>		
<b>Klausa</b>	<b>Butiran</b>	<b>Komen terhadap tindakan yang telah diambil</b>
<p>8.4.2 <b>(OFI 1)</b></p>	<p><u>Kawalan terhadap proses, produk dan perkhidmatan sediaan luar Jenis Dan Takat Kawalan</u></p> <p>a. Ketika audit dijalankan terhadap pemantauan kawalan keselamatan yang disediakan oleh PJSD di Kolej Serumpun, didapati tiada dokumen yang menunjukkan bahawa pengawal keselamatan yang ditugaskan, telah melalui tapisan keselamatan oleh samada KDN atau PDRM. Perjanjian di antara PJSD dengan syarikat kawalan keselamatan tidak menyatakan had umur pengawal keselamatan yang dilantik. Audit mendapati terdapat pengawal keselamatan yang berumur 69 tahun dan 64 tahun. Di dalam perjanjian di antara PJSD dengan syarikat kawalan keselamatan, tidak dinyatakan keperluan untuk pengawal keselamatan menjalani pemeriksaan kesihatan apabila melepasi tahap umur tertentu, untuk memastikan tahap kecergasan badan untuk melakukan tugas.</p>	
<p>9.2 <b>(OFI 2)</b></p>	<p>Rekod di Nota Audit pasukan juruaudit UPM, belum jelas menunjukkan bahawa pengauditan terhadap Risiko dan Peluang, serta Pengetahuan Organisasi dilakukan secara konsisten.</p>	

<b>PELUANG PENAMBAHBAIKKAN</b>		
<b>Klausa</b>	<b>Butiran</b>	<b>Komen terhadap tindakan yang telah diambil</b>
8.5.1(d) <b>(OFI-3)</b>	<p>Kawalan penyediaan pengeluaran dan perkhidmatan</p> <ul style="list-style-type: none"> <li>i) Pemberatan (weightage) markah penilaian kursus telah ditetapkan dalam struktur(rangka) kursus. Penemuan audit mendapati pemberatan markah dalam rekod pemantauan markah dan gred berbeza dengan pemberatan dalam struktur kursus.</li> <li>ii) Untuk memastikan semua maklumat dalam fail kursus diselenggara secara konsisten adalah disarankan penyemakan dan pengesahan maklumat dalam fail kursus dilaksanakan secara konsisten melalui senarai semak fail pengajaran dan pembelajaran.</li> <li>iii) Keberkesanan proses moderasi kertas soalan peperiksaan dan skema jawapan perlu dimantapkan untuk menjamin tiada sebarang kesilapan dalam dokumen berkaitan sebelum dicetak.</li> <li>iv) Semakan semula program prasiswazah dan siswazah dilaksanakan pada tempoh masa yang ditetapkan. Sebarang perubahan dan pindaan yang telah dilaksanakan hasil daripada semakan terdahulu boleh didokumenkan untuk tujuan rujukan.</li> </ul>	
9.1 <b>(OFI-4)</b>	<p>Pemantauan, pengukuran, analisis dan penilaian</p> <ul style="list-style-type: none"> <li>i) Kehadiran pelajar pada waktu kuliah dipantau melalui borang kehadiran pelajar. Maklumat kehadiran ini dimasukkan dalam Sistem Maklumat Pelajar [SMP] untuk tujuan pengiraan peratus kehadiran pelajar yang layak untuk menduduki peperiksaan akhir. Bagi kes dimana maklumat ini tidak didaftar dalam SMP oleh pensyarah, peratus kehadiran pelajar perlu dibuktikan dalam boring kehadiran pelajar. [contoh:kod kursus:ACT3211; Sem.1: Sesi 2017/2018.</li> <li>ii) Status projek ia itu sama ada sudah tamat atau sebaliknya disahkan oleh Timbalan Pengarah bagi projek tajaan Grant UPM. Manakala bagi projek tajaan KPT , RMC boleh memohon agar KPT memaklumkan status projek dalam MyGrant untuk memudahkan urusan penutupan fail projek.</li> <li>iii) Hasil pembelajaran kursus dan program telah ditetapkan dalam Struktur(Rangka) Kursus dimana setiap outcome kursus CO(CLO) dikaitkan dengan outcome program PO(PLO). Namun pemantauan dan pengukuran hasil pencapaian pembelajaran kursus perlu dibuktikan setelah tamat kursus and peperiksaan akhir.</li> </ul>	

<b>PELUANG PENAMBAHBAIKKAN</b>		
<b>Klausa</b>	<b>Butiran</b>	<b>Komen terhadap tindakan yang telah diambil</b>
<p><b>8.5.1 (OFI-5)</b></p>	<p><b>Control of Production and Service Provision</b></p> <p>Proses pengesahan pelajar yang memohon penginapan berdasarkan kepada markah merit boleh ditambahbaik agar markah merit yang dinyatakan dalam Borang Permohonan adalah tepat dengan markah merit yang direkodkan dalam buku merit pelajar.</p>	
<p><b>7.1.4 (OFI-6)</b></p>	<p><b>Environment for the operation of processes</b></p> <p>Keadaan persekitaran dan juga infrastruktur Kolej ke-13 boleh dipertingkatkan lagi dari segi penampilan bangunan yang agak lama tidak dicat, kawasan persekitaran (landskap) yang kurang diselenggara serta peralatan kafe di bawah urusan UPM Holdings yang masih tidak dilupuskan dan dibiarkan di kawasan kolej.</p>	

PELUANG PENAMBAHBAIKKAN		
Klausa	Butiran	Komen terhadap tindakan yang telah diambil
7.1.3 (OFI-7)	<u>Prasarana</u> Terdapat beberapa peralatan di makmal IPPH yang belum lagi diselenggara mengikut tempoh yang dirancang.	
7.5.3.2 (OFI-8)	<u>Kawalan maklumat didokumentasikan</u> Daftar/ senarai induk manual operasi & selenggaraan peralatan mungkin boleh diwujudkan bagi melihat peralatan yang boleh diselenggara dalaman.	

AUDITOR: MAHMUD RIZAL OTHMAN

Tarikh : 25/05/2018

<b>PELUANG PENAMBAHBAIKKAN</b>		
<b>Klausa</b>	<b>Butiran</b>	<b>Komen terhadap tindakan yang telah diambil</b>
<b>8.5.1 (OFI-9)</b>	<p><b><u>Kawalan penyediaan pengeluaran dan perkhidmatan – Fakulti Bioteknologi &amp; Sains Biomolekul</u></b></p> <p>Bagi program PhD dan Masters yang diaudit berdasarkan persampelan, didapati pemantauan Laporan Kemajuan Pelajar di buat dan dapat di lihat dalam system i-Gims.</p> <p>Walaubagaimanapun, semasa peperiksaan akhir dan penilaian thesis, didapati ulasan-ulasan dari pemeriksa-pemeriksa adalah seperti :</p> <ul style="list-style-type: none"> <li>- 'the thesis has typo, grammatical errors and seculative statements which need careful attention'</li> </ul> <p>dan banyak ulasan dilihat dalam Chapter-chapter awalan iaitu Chapter 1, 2 etc.</p> <p>Difahamkan Supervisory committee bersidang setiap minggu dan adalah baik sekiranya, pada awal penyeliaan kemajuan pelajar lagi, perkara-perkara ini harus dikenalpasti , dan tidak pada penilaian akhir thesis pelajar tersebut.</p>	
<b>7.3 (OFI-10)</b>	<p><b><u>Kesedaran- Perpustakaan Sultan Abdul Samad</u></b></p> <p>Kefahaman mengenai klausa keperluan Standard perlu dipertingkatkan.</p> <p>Contoh: Klausa 7.1.6 –Organisational knowledge (Pengetahuan organisasi)</p>	
<b>8.5.1 (OFI-11)</b>	<p><b><u>Kawalan penyediaan pengeluaran dan perkhidmatan – Perpustakaan Kejuruteraan &amp; Senibina</u></b></p> <p>Semasa pengauditan, beberapa buah (10) buku secara rawak di bawa keluar melalui 'barricade gate', terdapat 3 buah buku ( 3) semasa laluan 'gate' tersebut, system penggera tidak berbunyi</p>	

Juruaudit :           Mariam Mohamed Zin          

Tarikh: 25/05/2018

<b>OPPORTUNITIES FOR IMPROVEMENT</b>		
<b>Clause</b>	<b>Details</b>	<b>Comments on action taken</b>
<b>8.5.1 (OFI-12)</b>	<p><u>Fakulti Sains Komputer dan Teknologi Maklumat</u></p> <p>a) Didapati pemantauan pelajar bermasalah tidak dilaksanakan secara konsisten.</p> <p>b) Didapati pengesahan ketua jabatan tidak konsisten untuk rekod pelajar bermasalah.</p> <p>c) Didapati terdapat seorang pelajar yang tidak memenuhi kehadiran 80% (under pra siswazah) dibenarkan menduduki peperiksaan akhir.</p>	
<b>8.4 (OFI-13)</b>	Didapati proses pemilihan pemberi perkhidmatan oleh pihak luar kepada FSKTM tidak jelas.	
<b>8.2.1 (OFI-14)</b>	Didapati proses penilaian terhadap laporan yang disediakan selepas latihan industri oleh pelajar tidak mantap.	
<b>10.2 (OFI-15)</b>	Didapati tiada bukti untuk mengesahkan tindakan susulan diambil selepas menerima komen negatif berkenaan kompeten pelajar dari penyelia tempat kerja. (untuk latihan industri)	
<b>8.5.1 (OFI-16)</b>	Status penghasilan 'publication' oleh pelajar PhD yang telah siapkan tesis atau yang telah menghantar tesis ke Fakulti kurang jelas.	

Auditor : **Mani Maaran Krishnan**Date : **22 May 2018**

<b>PELUANG PENAMBAHBAIKAN</b>		
<b>Klausa</b>	<b>Butiran</b>	<b>Komen terhadap tindakan yang telah diambil</b>
<b>8.5.2 (OFI-17)</b>	<p><b>Pengenalpastian dan kebolehkesanan</b></p> <p>Borang <i>surgical protocol</i> yang digunakan sebagai kertas penilaian pelajar perlu ditambahbaik dengan menyediakan ruang untuk mencatat maklumat pelajar mengikut tahun dan sesi pengajian serta kod kursus bagi tujuan pengenalpastian dan kebolehkesanan kertas penilaian tersebut. ( Fakulti Perubatan Veterinar)</p>	
<b>8.5.1 (OFI-18)</b>	<p><b>Kawalan penyediaan pengeluaran dan perkhidmatan</b></p> <ol style="list-style-type: none"> <li>1. Proses pengurusan asigmen pelajar boleh ditambah baik dengan menyediakan arahan bertulis dan rubrik pemarkahan dengan jelas bagi menjamin objektiviti dalam penilaian berterusan pelajar. (FPV)</li> <li>2. Penilaian latihan industri boleh ditambahbaik dengan memastikan proses pemarkahan dilaksanakan mengikut skema dan kriteria yang telah ditetapkan dalam garis panduan secara konsisten (FPV)</li> <li>3. Pengurusan penyediaan kertas soalan bagi peperiksaan akhir semester boleh ditambahbaik dengan memastikan skema jawapan juga disemak bagi menilai kesesuaian jawapan mengikut soalan yang dibentuk.(UPMKB)</li> </ol>	
<b>8.2.1 (OFI-19)</b>	<p><b>Komunikasi dengan pelanggan</b></p> <p>Maklumbalas terhadap aduan pelajar boleh ditambahbaik dengan memastikan ianya dilaksanakan dalam tempoh masa seperti yang ditetapkan dalam pengurusan aduan dan maklumbalas.(UPMKB)</p> <p style="text-align: center;">.....LAPORAN TAMAT.....</p>	

Juruaudit : Maznah binti Mat Isa

Tarikh:25.5.2018

<b>PELUANG PENAMBAHBAIKAN</b>		
<b>Klausa</b>	<b>Butiran</b>	<b>Komen terhadap tindakan yang telah diambil</b>
8.4 <b>(OFI-20)</b>	Jika keperluan untuk Testing & Commisioning dinyatakan di dalam Bill of Quantity (BQ), maka perlu dipastikan ianya dilaksanakan oleh kontraktor berserta dengan laporan. (PPPA)	
8.4 <b>(OFI-21)</b>	Pengesahan ke atas tindakan yang diambil ke atas kecacatan yang direkodkan dalam Daftar Senarai Kecacatan (ketika pemeriksaan bersama) perlu dibuktikan dengan jelas. (PPPA)	
9.1.1 <b>(OFI-22)</b>	Daftar Kontrak Penyelenggaraan telah diwujudkan degan menyatakan tempoh tamat setiap kontrak. Walaupun bagaimanapun, pemantauan perlu ditingkatkan untuk memastikan pembaharuan kontrak dapat dibuat sebelum tarikh tamat. (PPPA)	
8.2.1 <b>(OFI-23)</b>	Sistem U-Respons yang digunakan untuk pengendalian aduan perlu ditambahbaik berdasarkan penemuan berikut: <ul style="list-style-type: none"> <li>a. terdapat aduan telah ditutup oleh TWP walaupun tiada sebarang maklumbalas telah diberikan oleh TPKP/PYB;</li> <li>b. terdapat aduan sah yang telah ditutup oleh TWP walaupun "punca" dan "tindakan pembetulan" masih tidak dinyatakan oleh TPKP;</li> <li>c. terdapat aduan yang tarikh tutupnya lebih awal daripada tarikh maklumbalas TPKP.</li> </ul> Pengendalian aduan secara umumnya juga perlu ditambahbaik: <ul style="list-style-type: none"> <li>a. terdapat aduan yang telah ditutup oleh TWP walaupun hanya diberikan maklumbalas awal oleh TPKP;</li> <li>b. tindakan susulan secara berterusan perlu dibuat ke atas PTJ apabila tiada maklumbalas diberikan terutamanya untuk aduan-aduan yang kritikal.</li> </ul>	

<b>PELUANG PENAMBAHBAIKKAN</b>		
<b>Klausa</b>	<b>Butiran</b>	<b>Komen terhadap tindakan yang telah diambil</b>
<p>8.5.1 <b>(OFI-24)</b></p>	<p><b>Kawalan penyediaan pengeluaran dan perkhidmatan</b></p> <p>a. Senarai kapasiti bilik penginapan pelajar di dalam Sistem Maklumat Pelajar (SMP) boleh dikemaskini supaya senarai tersebut sama dengan kapasiti bilik yang ada. <b>(Kolej 10)</b></p> <p>b. Tindakan dan pemantauan ke atas pelajar yang menerima “slip pengesahan pelaksanaan pemantauan peraturan kediaman kolej” boleh merujuk kepada Perintah Tetap UPM (Kolej Kediaman) <b>(Kolej 10)</b></p> <p>c. Tatacara Pengisian borang Laporan Kemajuan Penyelidikan boleh merujuk kepada “Garis Panduan Pengurusan Penyelidikan dan Inovasi Untuk Penyelidik, semakan ke 10, No isu 02 bertarikh 24 April 1018. <b>(IPPM)</b></p>	
<p>9.1.3 <b>(OFI-25)</b></p>	<p><b>Analisa dan penilaian</b></p> <p>a. Analisa dan trend analysis boleh dilaksanakan ke atas perkara berikut bagi menilai tahap keberkesanan dan tindakan penambahbaikan dimana perlu.</p> <p style="padding-left: 40px;">i. Kes-kes pelanggaran disiplin pelajar di kolej kediaman.</p> <p style="padding-left: 40px;">ii. Pelaksanaan program dan aktiviti pelajar di kolej</p> <p><b>(Kolej 10)</b></p>	
<p>7.1.3 <b>(OFI-26)</b></p>	<p><b>Prasarana</b></p> <p>Didapati tingkap kaca bilik kediaman pelajar tiada grill dan ada yang rosak. <b>(Kolej 10)</b></p>	
<p>7.2 <b>(OFI-27)</b></p>	<p><b>Kekompetenan</b></p> <p>Pegawai penyelidik kurang jelas dengan system MYGRANTS-FRGS kerana tidak diberi pendedahan atau kursus menyebabkan pengiraan peratusan progress projek dan penggunaan perbelanjaan kurang tepat. <b>(IPPM)</b></p>	
<p><b>LAPORAN TAMAT</b></p>		

Juruaudit : Abd Lataf bin Daud



Tarikh: 23-25 May 2018

<b>PELUANG PENAMBAHBAIKKAN</b>		
<b>Klausa</b>	<b>Butiran</b>	<b>Komen terhadap tindakan yang telah diambil</b>
7.5.3 <b>(OFI-28)</b>	<p><b>Kawalan maklumat yang didokumentasi</b></p> <p>Maklumat di dalam Daftar Kontrak Sewaan perlu dikemaskini dan bersamaan dengan kontrak yang sebenar. Di dapati terdapat maklumat (tempoh kontrak) tidak sama dengan kontrak sebenar.</p>	
7.5.3 <b>(OFI-29)</b>	<p><b>Kawalan Maklumat yang didokumentasi</b></p> <p>Di Pejabat Pendaftar dan Pejabat Bursar terdapat prosedur yang tidak selari dengan pelaksanaan yang dijalankan di mana aktiviti dijalankan secara on-line contohnya UPM/OPR/PEN/P001 Prosedur Kenaikan Pangkat Pegawai Bukan Akademik.</p>	