

**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. : 20190100614
	<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> QMS 00794		<b>STANDARD :</b> ISO 9001:2015
<b>AUDIT DATE :</b> 13- 17 Disember / 42 auditor day(s) 2021		<b>LAST AUDIT DATE :</b> 30 November hingga 10 Disember 2020
<b>SCOPE OF CERTIFICATION :</b>  Perkhidmatan pengajian pendidikan di peringkat <i>tertiary</i> , pengurusan dan pelaksanaan penyelidikan, perhubungan industri dan masyarakat, pengurusan pembangunan pelajar dan alumni, dan perkhidmatan korporat		
<b>AUDIT TEAM :</b>	Hanida Ghazali Siti Roshaliza Ali Parimala Devi Ganesan Mani Maaran Krishnan Hj Iskahaarrudin Ahmad Lt Kol (B) Hj Abd Lataf Daud Md Shah Mohd Said Sarasvathy Sundara Pathar Maznah Mat Isa Hj Mohamad Abdul Kadir Johari Dr Hj Shahanif Hj Hasan Asiyah Haron Hamidah Ab Hamid	Ketua Pasukan Audit (5) Ahli Pasukan Audit (5) Ahli Pasukan Audit (4) Ahli Pasukan Audit (3) Ahli Pasukan Audit (5) Ahli Pasukan Audit (2) Ahli Pasukan Audit (3) Ahli Pasukan Audit (2) Ahli Pasukan Audit (3)
<b>NO. OF EMPLOYEES (Applicable to the scope of certification) :</b> 5464 (A:1774, P&P BA:801, Pelaksana:2889)		
<b>Report by Audit Team Leader</b>  Name : Hanida Ghazali Signature :  Date : 17.12.2021		<b>Acknowledgement by Client's Representative</b>  Name : PROF. DR. AMIN ISMAIL Signature :  Date : 17.12.2021
<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)

Tiada perubahan.

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

Pelantikan TNC (P&I) iaitu Prof Dr Nazamid Saari pada 25.10.2021

### 3. MANUAL REFERENCE (including revision number) : UPM / PGR / MK, ISU 03, SEMAKAN 05, 26.02.2021

### 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):

Tiada NCR dikeluarkan.

### 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

CQA telah menyemak keseluruhan sistem dokumentasi ISO 9001:2015. Terdapat perubahan yang dibuat terhadap Manual Kualiti dan beberapa prosedur. Perubahan telah dilakukan dan dikawal dengan sewajarnya. Borang Cadangan Pindaan / Tambahan dokumen telah digunakan untuk merekodkan serta meluluskan pindaan yang berkaitan.

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

Terdapat perubahan yang dilakukan terhadap isu dalaman dan isu luaran untuk risiko operasi, oleh PTJ yang berkaitan, dan dipantau oleh CQA. Terdapat sebanyak 146 isu baru yang dikenalpasti, samada isu luaran atau isu dalaman.

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

Risiko operasi yang dinyatakan di dalam e-OPRISK, adalah bersesuaian dengan isu-isu yang dikenalpasti. UPM di dalam proses untuk memantau keberkesanan untuk HY2. Kesimpulan mengenai keberkesanan tindakan kawalan sediaada serta strategi kawalan untuk menangani risiko, boleh disokong dan disertakan dengan data-data dan maklumat yang berkaitan.

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

UPM menganalisa pencapaian objektif kualiti melalui laporan KPI, Piagam Pelanggan dan Pelan Tindakan Peringkat Fungsian Dan Aras. Untuk mana-mana prestasi yang tidak mencapai sasaran, PTJ yang terlibat akan mengambil tindakan yang sewajarnya.

#### 6.5 Overall control of processes related to the scope of certification including core and support processes

UPM menawarkan perkhidmatan pengajian pendidikan di peringkat *tertiary*, pengurusan dan pelaksanaan penyelidikan, perhubungan industri dan masyarakat, pengurusan pembangunan pelajar dan alumni, dan perkhidmatan korporat. Perkhidmatan pengajian pendidikan di peringkat *tertiary* tersebut merangkumi proses pembentukan program & kursus, pemilihan & saringan pelajar, pendaftaran pelajar, persediaan & perancangan kursus, pelaksanaan kuliah, tutorial & makmal, praktikum, penilaian berterusan pelajar, pengurusan peperiksaan akhir, pemarkahan, graduasi, konvokesyen, keberkesanan graduan, serta lain-lain proses sokongan. Selain daripada pemberian perkhidmatan Pendidikan, UPM juga merangkumkan aktiviti lain seperti perhubungan industri dan masyarakat, pengurusan pembangunan pelajar dan alumni, dan perkhidmatan korporat. Ketua-ketua PTJ akan memantau pelaksanaan proses kerja masing-masing. Selain daripada itu, dengan pelaksanaan audit dalam serta MKSP, ianya juga memantau tahap keakuratan PTJ terhadap peraturan yang ditetapkan, serta dapat memantapkan proses-proses kerja sediaada di PTJ.

#### 6.6 Internal audit

UPM telah melaksanakan audit dalam secara berpusat di PTJ masing-masing. UPM merancang serta melaksanakan audit dalam pada 01.04.2021 sehingga 30.09.2021. Secara keseluruhan, UPM merekodkan sebanyak 187 NCR serta 289 OFI. Audit dalam telah dilaksanakan dengan menyeluruh dan baik.

## RECERTIFICATION AUDIT REPORT

### 6.7 Management review

UPM merancang dan melaksanakan MKSP pada 19.11.2021. Mesyuarat ini telah dipengerusikan oleh Profesor Dr Mohd Roslan Sulaiman, VC UPM. Antara agenda yang dibincangkan adalah tindakan susulan dari mesyuarat terdahulu, penilaian prestasi penyedia luar, prestasi akademik UPM, pencapaian KPI, perubahan isu dalaman & isu luaran dan kecukupan sumber. MKSP telah dijalankan dengan baik.

UPM juga menjalankan mesyuarat-mesyuarat lain seperti mesyuarat akademik, mesyuarat jabatan dan mesyuarat pengurusan untuk memantau prestasi sistem pengurusan kualiti.

### 6.8 Handling of customer complaints

UPM merekodkan sebanyak 89 aduan untuk tahun 2019 dan sebanyak 23 aduan untuk tahun 2020. Pengendalian aduan adalah baik.

### 6.9 Continual improvement

Antara penambahbaikan yang dikenalpasti semasa MKSP adalah memacu pertanian berteknologi tinggi, membangunkan karektor graduan, pelaksanaan Indeks Kesejahteraan Warga UPM, penggunaan sistem Human Resources Transformation serta perancangan untuk melonjakkan penjana pendapatan.

### 6.10 Useful comparisons with previous audit results

Tindakan telah diambil untuk teguran yang diberikan pada tahun lepas.

## 7. NONCONFORMITY REPORT(S)

Total no. of minor NCR(s) : 1 List : NCR03200614-1

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, UPM telah melaksanakan sistem pengurusan kualiti berdasarkan keperluan ISO 9001:2015 dengan baik.

UPM telah melakukan tindakan yang sewajarnya untuk memastikan proses PdP dapat dijalankan dengan lancar serta keselamatan kakitangan & pelajar terjamin semasa berlakunya pandemik Covid19 ini.

UPM juga sentiasa berusaha untuk memastikan bahawa UPM terus mencapai kedudukan yang lebih tinggi di dalam pengiktirafan dunia.

Pelaksanaan MKSP telah memberikan input yang bagus untuk dapat digunakan oleh pengurusan tertinggi UPM untuk pemantapan sistem yang sediaada. Audit dalam yang telah dilaksanakan dengan baik dan menyeluruh, juga memberikan input kepada pengurusan UPM untuk penambahbaikan.

## 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)

Withdrawal (Non-renewal) of certification.

Note :

- a) Corrective action plans for all nonconformities (minor/ major) raised shall be submitted within one month and evidence of implementation within 3 months of the date of this report or before the expiry of the certificate (whichever earlier) to the Audit Team Leader. Failure to comply shall result in either suspension or withdrawal of the certification.
- 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.
- g) 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 :

Hanida Ghazali



17.12.2021

(Name)

(Signature)

(Date)

**RECERTIFICATION AUDIT REPORT**

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

File No. : 20190100614

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE										NCR	
				CQA	Fakulti Sains Pertanian dan Perhutanan	Fakulti Ekologi Manusia	Fakulti Perubatan dan Sains Kesihatan	Fakulti Sains dan Teknologi Makanan	Fakulti Bioteknologi dan Sains Biomolekul	Fakulti Perubatan Veterinar	Institut Penyelidikan Produk Halal	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>													0	0

Note :

- 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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- 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	
				CQA	Fakulti Sains Pertanian dan Perhutanan	Fakulti Ekologi Manusia	Fakulti Perubatan dan Sains Kesihatan	Fakulti Sains dan Teknologi Makanan	Fakulti Bioteknologi dan Sains Biomolekul	Fakulti Perubatan Veterinar	Institut Penyelidikan Produk Halal	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>												0	0
	<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	
				CQA	Fakulti Sains Pertanian dan Perhutanan	Fakulti Ekologi Manusia	Fakulti Perubatan dan Sains Kesihatan	Fakulti Sains dan Teknologi Makanan	Fakulti Bioteknologi dan Sains Biomolekul	Fakulti Perubatan Veterinar	Institut Penyelidikan Produk Halal	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>											0	0

Note :

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- 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**

**File No. : 20190100614**

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE										NCR	
				Institut Biosains	Institut Pertanian Tropika dan Sekuriti Makanan	Sekolah Pengajian Siswazah	Bahagian Kaunseling UPM	Bahagian Hal Ehwal Pelajar	Putra Science Park	Pusat Pengurusan Penyelidikan	Pusat Kesihatan Universiti	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>													0	0
	<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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- 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	
				Institut Biosains	Institut Pertanian Tropika dan Sekuriti Makanan	Sekolah Pengajian Siswazah	Bahagian Kaunseling UPM	Bahagian Hal Ehwal Pelajar	Putra Science Park	Pusat Pengurusan Penyelidikan	Pusat Kesihatan Universiti	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>											0	0
	<b>Minor</b>											0	0

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		
					Insitut Biosains	Insitut Pertanian Tropika dan Sekuriti Makanan	Sekolah Pengajian Siswazah	Bahagian Kaunseling UPM	Bahagian Hal Ehwal Pelajar	Putra Science Park	Pusat Pengurusan Penyelidikan	Pusat Kesihatan Universiti	Major	Minor	
8.5	Production and service provision	/	/	/	/	/	/	/	/	/	/	/	/		
8.5.1	Control of production and service provision	/	/	/	0/1	/	/	/	/	/	/	/	/	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	/	/	/	/	/	/	/	/	/	/	/	/		
	Major	/	/	/	/	/	/	/	/	/	/	/	/	0	1
	Minor	/	/	/	/	/	/	/	/	/	/	/	/		

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**RECERTIFICATION AUDIT REPORT**

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

**File No. : 20190100614**

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE										NCR	
				Kolej Tun Dr Ismail	Kolej Sultan Alaeddin Sulaiman Shah	Kolej Tujuh Belas	Pusat Pembangunan Keusahawanan dan Kebolehpasaran Graduan	Pejabat Pembangunan dan Penurusan Aset	Perpustakaan Sultan Abdul Samad	Pusat Kokurikulum dan Pembangunan Pelajar	Pusat Transformasi Komuniti Universiti	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>	/	/	/	/	/	/	/	/	/	/	/	/	0	0
	<b>Minor</b>	/	/	/	/	/	/	/	/	/	/	/	/	0	0

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

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR	
				Kolej Tun Dr Ismail	Kolej Sultan Alaeddin Sulaiman Shah	Kolej Tujuh Belas	Pusat Pembangunan Keusahawanan dan Kebolehpasaran Graduan	Pejabat Pembangunan dan Pengurusan Aset	Perpustakaan Sultan Abdul Samad	Pusat Kokurikulum dan Pembangunan Pelajar	Pusat Transformasi Komuniti Universiti	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>											0	0
	<b>Minor</b>											0	0

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

ISO 9001:2015		FUNCTION/ PROCESS/ PROJECT SITE										NCR	
		Requirement audited	Adequacy of documentation	Kolej Tun Dr Ismail	Kolej Sultan Alaeddin Sulaiman Shah	Kolej Tujuh Belas	Pusat Pembangunan Keusahawanan dan Kebolehpasaran Graduan	Pejabat Pembangunan dan Penurusan Aset	Perpustakaan Sultan Abdul Samad	Pusat Kokurikulum dan Pembangunan Pelajar	Pusat Transformasi Komuniti Universiti	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>											0	0

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**RECERTIFICATION AUDIT REPORT**

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

File No. : 20190100614

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE										NCR	
				Bahagian Pengurusan Akademik dan Penyelidikan, Kampus Bintulu	Pusat Strategi dan Perhubungan Korporat	Pejabat Bursar	Bahagian Audit Dalam	Bahagian Kewangan, Kampus Bintulu	Pejabat Pendaftar					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>														
													0	0	

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

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE							NCR	
				Bahagian Pengurusan Akademik dan Penyelidikan, Kampus Bintulu	Pusat Strategi dan Perhubungan Korporat	Pejabat Bursar	Bahagian Audit Dalam	Bahagian Kewangan, Kampus Bintulu	Pejabat Pendaftaran			Major
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>											0
	<b>Minor</b>											0

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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 Pengurusan Akademik dan Penyelidikan, Kampus Bintulu	Pusat Strategi dan Perhubungan Korporat	Pejabat Bursar	Bahagian Audit Dalam	Bahagian Kewangan, Kampus Bintulu	Pejabat Pendaftar			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>											0	
	<b>Minor</b>											1	

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. : 20190100614**

<b>No.</b>	<b>NCR Reference No.</b>	<b>Evidence sighted for the implementation of the corrective action</b>	<b>Effectiveness of corrective action (Y/N)</b>	<b>Remarks</b>
		TB		

**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: 17.12.2021



**SIRIM QAS INTERNATIONAL SDN. BHD.****File No :** 20190100614**NONCONFORMITY REPORT (NCR)****NCR No :** NCR03200614-1**Audit Type :** Recertification Audit**Classification :** Minor**Last audit date :** 17-Dec-2021**Standard Name:** ISO 9001:2015

Page 1 of 2

**Client :** UNIVERSITI PUTRA MALAYSIA**Section 1 - Details of nonconformity****Requirement:**

8.5.1 Control of production and service provision

**Finding:**

Semasa pengauditan didapati proses pemantauan penyelidikan tidak mantap, untuk beberapa penyelidikan yang diambil sebagai sampel didapati tidak mematuhi apa yang telah dinyatakan dalam Garis Panduan (PU/PY/GP16-PTJ) iaitu penilaian prestasi projek dilaksanakan setiap sesi (tahun) dan laporan akhir projek diserahkan selewat-lewatnya 3 bulan selepas projek tamat.

a) borang laporan penilaian prestasi projek (PU/PY/BR40/Prestasi) tiada untuk tahun 2020

b) laporan akhir projek hanya dihantar selepas tempoh 3 bulan dari tarikh projek tamat (ada yang sehingga 10 bulan)

c) tiada bukti yang jelas bila laporan akhir dihantar ke RMC oleh ITAFoS, didapati beberapa projek yang tamat pada tahun 2020 masih tidak mempunyai Surat Tamat Projek dari RMC

**Objective evidence:**

a) Projek kod: 9623800; 9542300

b) Projek kod: 9623800; 9624000; 9623500

c) Projek kod: 9555800; 9542300; 9624000; 9623500

**Justification (for IATF only) :****Auditor**

Mani Maaran Krishnan

**Client Representative****Section 2 - Result of investigation and determination of root cause**

Client Representative:

**SIRIM QAS INTERNATIONAL SDN. BHD.**

<b>File No :</b> 20190100614	<b>NONCONFORMITY REPORT (NCR)</b>	<b>NCR No :</b> NCR03200614-1
<b>Audit Type :</b> Recertification Audit	<b>Classification :</b> Minor <b>Standard Name:</b> ISO 9001:2015	<b>Last audit date :</b> 17-Dec-2021  Page 2 of 2

**Client :** UNIVERSITI PUTRA MALAYSIA

**Section 3 - Correction (if applicable) and corrective action plan including completion date**

Client Representative:

Accepted by

**Section 4 - Verification of corrective action(s) (to be filled up by Auditor)**

Verified by: Mani Maaran Krishnan

NCR close out:

Close date:

**Client :**  
UNIVERSITI PUTRA MALAYSIA

**File Ref :**  
20190100614



OPPORTUNITIES FOR IMPROVEMENT		
Clause	Details	Comments on action taken
1 6.1 (iTAFoS)	Risiko keselamatan yang melibatkan pendedahan terhadap bahan kimia yang boleh membahayakan kesihatan serta peralatan tekanan tinggi di dalam makmal yang boleh mengancam nyawa dan ancaman keselamatan semasa berada di lapangan untuk mengambil sampel penyelidikan boleh diberi perhatian oleh PTJ.	
2 8.5.1 (iTAFoS)	a) PTJ perlu memantapkan proses peringatan dan tindakan susulan terhadap penyelidik yang kurang peka terhadap tempoh masa yang telah ditetapkan didalam garis panduan kerana ia akan memberi impak kepada KPI/objektif kualiti PTJ.  b) Didapati kelulusan untuk permohonan pelajar tinggal dikolej semasa cuti semester tidak direkodkan dengan jelas oleh kolej yang terlibat.	
3 10.2 (KTDI)	Didapati kolej mengenal pasti beberapa pelajar tinggal tanpa persetujuan dan kelulusan pihak kolej semasa cuti semester (sehingga 118 hari) semasa pemeriksaan mengejut tetapi tindakan pembetulan yang mantap untuk memastikan ketidak patuhan ini dari berulang tidak dapat dipastikan.	
4 7.1.4 (KTDI)	Semasa pengauditan, ketetapan bila aktiviti disinfeksi (dalam masa 24 jam atau 48 jam) akan dilaksanakan oleh unit yang bertanggungjawab apabila dilaporkan oleh pihak kolej (apabila ada kes Covid 19) tidak dapat disahkan. Selagi disinfeksi belum dilaksanakan wujud risiko keselamatan staf dan pelajar yang berada dan bergerak dalam kawasan kolej.	
5 9.1.3 (KTDI)	Analisa terhadap punca kerosakan dan kekerapan kerosakan terhadap hartabenda dan peralatan dalam kolej dan bilik pelajar boleh dimantapkan.	
6 8.2.1 (CEM)	a) Untuk aktiviti-aktiviti yang dilaksanakan oleh CEM, pengumpulan maklumbalas dari pelajar yang sedang belajar dan telah bergraduasi boleh dimantapkan  b) Pengumpulan maklumbalas dari majikan dan syarikat yang terlibat dalam aktiviti Cluster Fest boleh dipertingkatkan	

**Client :**  
UNIVERSITI PUTRA MALAYSIA

**File Ref :**  
20190100614

**Auditor :** Mani Maaran Krishnan

**Date :** 16-Dec-2021



Client :  
UNIVERSITI PUTRA MALAYSIA

File Ref :  
20190100614



**OPPORTUNITIES FOR IMPROVEMENT**

<b>Clause</b>	<b>Details</b>	<b>Comments on action taken</b>
7  7.5.3  (SPS)	<b>Kawalan maklumat didokumentasikan</b>  Pihak organisasi telah melaksanakan proses moderasi kertas soalan, namun pengesahan tentang pembetulan yang telah dibuat oleh pensyarah tidak jelas direkodkan.	

Auditor : SITI ROSHAIZA BINTI ALI

Date : 17-Dec-2021

Client :  
UNIVERSITI PUTRA MALAYSIA

File Ref :  
20190100614



### OPPORTUNITIES FOR IMPROVEMENT

Clause	Details	Comments on action taken
8 8.5.1 (PKU)	<p><b>Kawalan Penyediaan pengeluaran dan perkhidmatan</b></p> <p>Pengurusan dan pelaksanaan 8 perkhidmatan di Pusat Kesihatan Universiti (PKU) telah dilaksanakan dengan baik dan sistematik mengikut fungsi bagi setiap perkhidmatan yang dikenalpasti, namun perkhidmatan tersebut masih boleh ditambahbaik dalam aspek berikut:</p> <ol style="list-style-type: none"><li>1. Aktiviti penerangan berkaitan ubat-ubatan yang dilaksanakan oleh Perkhidmatan Farmasi adalah satu inisiatif yang baik dalam mempertingkatkan kefahaman pesakit tentang pengambilan ubatan mereka, namun aktiviti tersebut boleh ditambahbaik dengan memastikan ianya direkod dan didokumenkan secara konsisten bagi semua pesakit.</li><li>2. Perkhidmatan pengimejan dilaksanakan mengikut tatacara yang ditentukan oleh unit Radiologi PKU, walaubagaimanapun perkhidmatan tersebut boleh ditambahbaik dengan melakukan proses inspeksi secara berkala, terhadap <i>lead gowns</i> bagi menentukan ianya selamat untuk digunakan.</li><li>3. Pemantauan bagi pengendalian sampel untuk penyiasatan makmal boleh mengambilkira data sampel yang tidak diterima (<i>rejection of samples</i>) dan menganalisa data tersebut sebagai tindakan pencegahan untuk memastikan sampel yang diambil memenuhi spesifikasi dan tiada berlaku penolakan.</li><li>4. Proses pendispensan ubat yang dilaksanakan melalui system e-klinik boleh dinaiktaraf bagi:<ul style="list-style-type: none"><li>• memastikan maklumat alergi yang disaring oleh doktor semasa konsultasi, boleh diakses oleh penolong pegawai farmasi bagi mengelakkan insiden <i>medication error</i>.</li><li>• Menentukan mekanisma semakan terhadap preskripsi ubat oleh dua <i>verifier</i> boleh dibuktikan didalam sistem sebelum penyediaan dan pendispensan ubat kepada pesakit dilaksanakan</li></ul></li></ol>	

Auditor : Maznah bt Mat Isa

Date : 17-Dec-2021

Client :  
UNIVERSITI PUTRA MALAYSIA

File Ref :  
20190100614



OPPORTUNITIES FOR IMPROVEMENT

Clause	Details	Comments on action taken
9 9.1.2 Kepuasan Pelanggan  (UPMKB)	<b>9.1.2 Kepuasan Pelanggan</b>  Bahagian Kewangan Kampus Bintulu telah berjaya menjalankan aktiviti nya mengikut sasaran yang ditetapkan terutamanya dengan penggunaan sistem aplikasi yang sedia ada. Sebagai contoh proses kutipan hasil (yuran) daripada pelajar. Bagi memastikan kutipan hasil tidak tertunggak, akses kepada sistem telah dilengkapkan dengan kawalan dan had akses tertentu kepada pelajar/ pelanggan. Walau bagaimana pun, pengukuran bagi keberkesanan proses ini dan maklumbalas pelanggan masih belum dibuat bagi mengetahui tahap kepuasan hati pelanggan. Contoh pengukuran boleh dibuat melalui survey atau lain-lain kaedah seumpamanya.	

Auditor : HAMIDAH BINTI AB HAMID

Date : 17-Dec-2021