



Lloyd's
Register

Stage 2

Report for:

Universitas Wijaya Kusuma

LR reference:	JKT00000182 / 2467070
Assessment dates:	21-January-2019 - 23-January-2019
Reporting date:	29-January-2019
Client address:	Jl. Dukuh Kupang XXV/54 ,Dukuh Kupang, Dukuh Pakis,Surabaya Jawa Timur 60225,ID
Assessment criteria:	ISO 9001:2015
Assessment team:	Ananda, Rusli Suryawirawan, Edy
LR Client Facing Office:	JKT Indonesia OU

Lloyd's Register Group Limited, its affiliates and subsidiaries, including Lloyd's Register Quality Assurance Limited (LRQA), and their respective officers, employees or agents are, individually and collectively, referred to in this clause as 'Lloyd's Register'. Lloyd's Register assumes no responsibility and shall not be liable to any person for any loss, damage or expense caused by reliance on the information or advice in this document or howsoever provided, unless that person has signed a contract with the relevant Lloyd's Register entity for the provision of this information or advice and in that case any responsibility or liability is exclusively on the terms and conditions set out in that contract.



Contents

Page

01. Executive report	3
02. Assessment findings	4
03. Assessment summary	15
04. Next visit details	23
05. Scope details	24
06. Appendix	25

Attachments:

JKT00000182_RE_ST2_QMS_RAZ.doc
JKT00000182_APP_ST2_QMS_RAZ.doc
DC.docx

This report was presented to and accepted by:

Name: Mr Henry S
Job title: MR



01. Executive report

Assessment outcome:

Based on the assessment outcome the Assessment Team recommends the ISO 9001:2015 certification of Universitas Wijaya Kusuma for the agreed scope.

Stage 2 assessment was completed; organization has shown level of compliance and high commitment of leadership to implement quality management system.

No major NC issued, based on sampling taken, to the area of assessment under scope of certification.

Based on this assessment, therefore, organization can be recommended to get certificate ISO 9001:2015 and will follow regular surveillance program.

Next visit will be done in July 2019 in 2 MD.

Continual improvement:

Initial system has been established; and this is a part of continual improvement made by the organization.



Areas for senior management attention:

Risk based thinking and awareness in implementing the system that need further improvement

Minor NC that shall be followed up to avoid further discrepancy.

02. Assessment findings

Where scheme requirement differs to the standard definition below, the scheme definition will take preference

Major Nonconformity

The absence of, or the failure to implement and maintain, one or more management system elements, or a situation which would, on the basis of the available objective evidence, raise significant doubt of the management to achieve: The policy, objectives or public commitments of the organization, compliance with the applicable regulatory requirements, conformance to applicable customer requirements, conformance with the audit criteria deliverables.

Minor Nonconformity

A finding indicative of a weakness in the implemented and maintained system, which has not significantly impacted on the capability of the management system or put at risk the system deliverables, but needs to be addressed to assure the future capability of the system.

Reference number	2409742_JKARAZ01	Assessment Criteria (Clause)	ISO 9001:2015 (7.2)
Grade	Minor NC	Issue Date	19-December-2018
Status	Open	Process / Aspect	Job Des
Location(s)	Jl. Dukuh Kupang XXV/54 ,Surabaya,ID		
Statement of Non Conformity	Job des has been established in PER REKTOR 43 but job specification not defined yet. For example, requirement for education, training and experience not available for position head of bureau and other dept. Measurement of competency not done yet. This was not compliance with clause 7.2.		
Requirement	Organization shall determine the necessary competence of person(s) doing work under its control that affects the performance and effectiveness of the quality management system		
Evidence	Position head of bureau and other dept.		
Proposed correction, corrective action and timescales	Organization will establish the document by end of Jan 2019.		
Correction	Establishment of job specification was completed. See position BP3 and BPM Head. Job description for critical posotion such as head of BAA, BPM BP3 etc have been established. Job specification was found established; Measurement of competency was done but still not for all position. Criteria of competency is normative and not too specific to describe the required technical know how. Therefore, status remain open but degrade to minor NC		
Root Cause analysis	RC was identified and found effective to eliminate the problem		
Corrective action	Job description for critical posotion such as head of BAA, BPM BP3 etc have been established. Job specification was found established; Measurement of competency was done but still not for all position. Criteria of competency is normative and not too specific to describe		



Corrective action	the required technical know how. Therefore, status remain open but degrade to minor NC	
LR has reviewed and verified the implementation of actions taken.	Date of closure	

Reference number	2409742_JKARAZ02	Assessment Criteria (Clause)	ISO 9001:2015 (10.2.1)
Grade	Minor NC	Issue Date	19-December-2018
Status	Open	Process / Aspect	Internal audit
Location(s)	Jl. Dukuh Kupang XXV/54 ,Surabaya,ID		
Statement of Non Conformity	Internal audit was done in beginning of Dec 2018; CAR issued in case any deviation happen; but verification to the action taken need to improve. There was no evidence stated as basis to close the finding. See NCR for BAKH date on 5 Dec 2018		
Requirement	10.2.1 When a nonconformity occurs, including any arising from complaints, the organization shall: Review the effectiveness of any corrective action taken;		
Evidence	See NCR for BAKH date on 5 Dec 2018		
Proposed correction, corrective action and timescales	Revise the report and brief the auditor to complete it by end of Jan 2019.		
Correction	Not effective, problem still occur.		
Root Cause analysis	Not effective, problem still occur.		
Corrective action	Not effective, problem still occur.		
LR has reviewed and verified the implementation of actions taken.	Date of closure		



Reference number	2409742_JKARAZ03	Assessment Criteria (Clause)	ISO 9001:2015 (9.3)
Grade	Minor NC	Issue Date	19-December-2018
Status	Closed	Process / Aspect	Management Review
Location(s)	Jl. Dukuh Kupang XXV/54 ,Surabaya,ID		
Statement of Non Conformity	Management review meeting has not been completed as required by standard ISO clause 9.3.		
Requirement	Top management shall review the organization's quality management system, at planned intervals, to ensure its continuing suitability, adequacy, effectiveness, and alignment with the strategic direction of the organization.		
Evidence	Documented information related to result of Management review not available		
Proposed correction, corrective action and timescales	RTM will be completed by end of Jan 2019		
Correction	RTM has been completed on mid of Jan 2019, See minute of meeting		
Root Cause analysis	RC analysis was identified and effective to prevent recurrence problem.		
Corrective action	RTM has been completed on mid of Jan 2019, See minute of meeting		
LR has reviewed and verified the implementation of actions taken.	Date of closure	24-January-2019	



Reference number	2409742_JKARAZ04	Assessment Criteria (Clause)	ISO 9001:2015 (9.1.2)
Grade	Minor NC	Issue Date	19-December-2018
Status	Closed	Process / Aspect	Customer survey
Location(s)	Jl. Dukuh Kupang XXV/54 ,Surabaya,ID		
Statement of Non Conformity	<p>Customer survey need to be improved in the area of, Term of Customer need to be replaced by stake holder since user of the service not only student but also lecturer.</p> <p>Design of survey was made but it is still for all services of bureau instead of specific to relevant dept. Satisfaction of college student was measured but it was related to teaching and learning instead of service of administration bureau in which ISO 9001:2015 applied. Latest survey to lecturer was done in 2017, for 2018 it is not done yet.</p>		
Requirement	The organization shall monitor customers' perceptions of the degree to which their needs and expectations have been fulfilled. The organization shall determine the methods for obtaining, monitoring and reviewing this information.		
Evidence	Satisfaction survey to lecturer in 2017.		
Proposed correction, corrective action and timescales	Revise the report and re do the survey if practicable.		
Correction	Report of customer survey has been revised.		
Root Cause analysis	Briefing the PIC was done		
Corrective action	Report was completed and found effective. See CS satisfaction survey report.		
LR has reviewed and verified the implementation of actions taken.	Date of closure	24-January-2019	



Reference number	2409742_JKARAZ05	Assessment Criteria (Clause)	ISO 9001:2015 (8.5)
Grade	Minor NC	Issue Date	19-December-2018
Status	Closed	Process / Aspect	Spot Assessment BAA
Location(s)	Jl. Dukuh Kupang XXV/54 ,Surabaya,ID		
Statement of Non Conformity	Sample : Nuzula, Mhs Ilmu Hukum; Wahyu Trisna (IT) Both student has stopped permanently but application (SMPTI and PDDIKTI) still have status active and not register. No status permanently drop available. Treatment or mechanism to student that late in her registration has not been established in a documented information.		
Requirement	Prosedur berhenti studi tetap PM-BAA.AKD-07		
Evidence	Prosedur berhenti studi tetap / sample : Nuzula, Mhs Ilmu Hukum; Wahyu Trisna (IT) / BST		
Proposed correction, corrective action and timescales	Review the system and correct it by end of Jan 2019		
Correction	There was correction to the system; data verified between faculty and university. See Surat PR 1, K02/TU/UWKS/I/2019		
Root Cause analysis	Root cause is found; briefing is made to pertinent person. See Surat PR 1, K02/TU/UWKS/I/2019		
Corrective action	There was correction to the system; data verified between faculty and university. See Surat PR 1, K02/TU/UWKS/I/2019		
LR has reviewed and verified the implementation of actions taken.	Date of closure	25-January-2019	



Reference number	2467070_JKAEJS01	Assessment Criteria (Clause)	ISO 9001:2015 (6.1)
Grade	Minor NC	Issue Date	21-January-2019
Status	New	Process / Aspect	BAK and BAU/Opportunity
Location(s)	Jl. Dukuh Kupang XXV/54 ,Surabaya,ID		
Statement of Non Conformity	It was observed that Opportunity and their action plan at BAK and BAU Function has not been identified and managed.		
Requirement	Clause 6.1		
Evidence	See Risk and opportunity table/register at BAK and BAU. Currently only Risks were identified.		
Proposed correction, corrective action and timescales	Opportunity and their action plan at BAK and BAU Function will be identified, registered and managed as well as Risks on Risk/opportunity table. Time scale: next LRQA visit.		
Correction			
Root Cause analysis			
Corrective action			
LR has reviewed and verified the implementation of actions taken.	Date of closure		



Reference number	2467070_JKAEJS02	Assessment Criteria (Clause)	ISO 9001:2015 (7.2)
Grade	Minor NC	Issue Date	22-January-2019
Status	New	Process / Aspect	Badan Administrasi Umum (BAU) /Training
Location(s)	Jl. Dukuh Kupang XXV/54 ,Surabaya,ID		
Statement of Non Conformity	<ol style="list-style-type: none">1. Training Procedure no. PM-BAU-PEG-02 has not been described activity of identification of training need based on function/bureau request, currently training need identification base on Gap competence analyses only.2. Training plan/program 2019 according to both training identification (Gap competence analyses and user/functional request) has not been developed and documented.3. Employee data base in SIEMA has not been updated as per last employee data and training. Sample taken : Mr. Darmanto (BAU), Mr. Andi Arudji (BAK).		
Requirement	Cls. 7.2		
Evidence	<ol style="list-style-type: none">1. See Training Procedure no. PM-BAU-PEG-02 which need to be reviewed and revised as necessary.2. There is no Training plan/program 2019 according to both training identification (Gap competence analyses and user/functional request) till the time of assessment.3. Employee data base in SIEMA has not been updated. Sample taken : Mr. Darmanto (BAU), Mr. Andi Arudji (BAK).		
Proposed correction, corrective action and timescales	<ol style="list-style-type: none">1. Review and revise Training Procedure no. PM-BAU-PEG-02 as necessary to ensure all training need identification was documented.2. Training plan/program 2019 will be developed and documented.3. Employee data base in SIEMA will be updated as per last employee data and training. <p>Time scale: next LRQA visit.</p>		
Correction			
Root Cause analysis			
Corrective action			



LR has reviewed and verified the implementation of actions taken.

Date of closure

Reference number	2467070_JKAEJS03	Assessment Criteria (Clause)	ISO 9001:2015 (8.4.1)
Grade	Minor NC	Issue Date	22-January-2019
Status	New	Process / Aspect	Badan Administrasi Umum (BAU) /external provider evaluation
Location(s)	Jl. Dukuh Kupang XXV/54 ,Surabaya,ID		
Statement of Non Conformity	<ol style="list-style-type: none">1. Method of subcontractor/supplier evaluation was not defined and established. According to procurement procedure No, PM.BAU.RT-02, evaluation criteria Quality (Kualitas barang), Service (pelayanan), Delivery Time (waktu pengiriman).2. List of approved supplier/external provider was not defined and documented.3. Performance Evaluation of existing supplier/external provider has not been done yet since quality system implemented.		
Requirement	Cls. 8.4.1		
Evidence	Method of subcontractor/supplier/external provider evaluation and List of approved supplier/external provider was not defined and not available. No evidence that Performance Evaluation of existing supplier/external was conducted since quality system implemented. Sample of external provider: Nlsrina Jaya (AC maintenance), Cahaya Service (AC maintenance), PT ASH (cleaning service), etc.		
Proposed correction, corrective action and timescales	<ol style="list-style-type: none">1. Define Method of subcontractor/supplier/external provider evaluation with evaluation criteria Quality (Kualitas barang), Service (pelayanan), Delivery Time (waktu pengiriman).2. Define list of approved supplier/external provider as per current condition.3. Conduct Performance Evaluation of existing supplier/external provider as company procedure. <p>Time scale: next LRQA visit.</p>		
Correction			



Root Cause analysis	
Corrective action	
LR has reviewed and verified the implementation of actions taken.	Date of closure

Reference number	2467070_JKAEJS04	Assessment Criteria (Clause)	ISO 9001:2015 (7.1.3)
Grade	Minor NC	Issue Date	22-January-2019
Status	New	Process / Aspect	Badan Administrasi Umum (BAU) /Infrastructure maintenance
Location(s)	Jl. Dukuh Kupang XXV/54 ,Surabaya,ID		
Statement of Non Conformity	During site visit, it was found some university facility/infrastructure were not working properly to support university service delivery.		
Requirement	Clause 7.1.3		
Evidence	Sample taken during site visit, such as: flushing and tap of closet at some Toilet in Faculty of law and Economic was not working well, Door key of BEM University room was broken, Wastafel There was wastafel leak at Male toilet near PJM office.		
Proposed correction, corrective action and timescales	<p>Repair some related Infrastructure/facility which have not working well.</p> <p>Conduct routine inspection to all facilities and infrastructure provided to ensure all facilities are working well.</p> <p>Conduct periodic preventive maintenance for facility/infrastructure as applicable.</p> <p>Time scale: next LRQA visit.</p>		
Correction			
Root Cause analysis			
Corrective action			
LR has reviewed and verified the implementation of actions taken.	Date of closure		



Reference number	2467070_JKARAZ01	Assessment Criteria (Clause)	ISO 9001:2015 (8.5)
Grade	Minor NC	Issue Date	24-January-2019
Status	New	Process / Aspect	BP3
Location(s)	Jl. Dukuh Kupang XXV/54 ,Surabaya,ID		
Statement of Non Conformity	Other activity cannot be implemented due to man power shortage. For example, process of Pengembangan Kurikulum which is now still doing by the Dept itself not BP3. There was no specific plan when it will be implemented. Roadmap that specify the action plan of BP3 need to be provided as basis to recruit the manpower.		
Requirement	The organization shall implement production and service provision under controlled conditions.		
Evidence	No evidence on implementation of documented information entitle Curriculum Development Process		
Proposed correction, corrective action and timescales	Implement the procedure by end of June 2019		
Correction			
Root Cause analysis			
Corrective action			
LR has reviewed and verified the implementation of actions taken.	Date of closure		



Reference number	2467070_JKARAZ02	Assessment Criteria (Clause)	ISO 9001:2015 (8.5)
Grade	Minor NC	Issue Date	24-January-2019
Status	New	Process / Aspect	BAA
Location(s)	Jl. Dukuh Kupang XXV/54 ,Surabaya,ID		
Statement of Non Conformity	SOP that describes process flow to create the diploma has not been established yet. It includes activity relating to when to create the diploma, prerequisite, storing of diploma paper including disposition in case any mistaken in writing the diploma, opname of diploma paper etc.		
Requirement	8.5.1 Control of production and service provision The organization shall implement production and service provision under controlled conditions		
Evidence	No controlled condition evidenced during managing the process.		
Proposed correction, corrective action and timescales	Establishing relevant documented information by end of Jan 2019		
Correction			
Root Cause analysis			
Corrective action			
LR has reviewed and verified the implementation of actions taken.	Date of closure		



03. Assessment summary

Visit generic objective:

This was a Stage 2 visit, conducted against objectives previously notified to the client. The objectives of the next visit, including any applicable visit specific objective (theme / focus), are confirmed in the audit plan attached to this report. This assessment was done by Rusli Ananda (TL) and Edy JS (Member).

Client attendees at the opening and closing meeting:

Opening was done in Rector Room in the morning, attended by all university management. Explanation to the objective of visit, method of assessment including scope has been informed. At the closing meeting, attended by management and other pertinent person, summary and conclusion of assessment is explained.

Visit specific objective:

NA

Introduction:

This stage 2 assessment was conducted at Supporting Dept at Wijaya Kusuma University in Surabaya. UWKS is one of private university in Surabaya that has a good reputation in higher education field. Complete profile of this organization can be reach on www.uwks.ac.id.



Assessment of:	Management Elements	Auditee(s):	Mr. Sri Harmadji (Prof) / Rector and team (Vice Rector 1,2,3 and 4) Mr Heny S (MR) / (Bu Indah – DCC)	Assessor:	Ananda, Rusli
-----------------------	---------------------	--------------------	--	------------------	---------------

Audit trails and sources of evidence:

Changes to organizational context, Management review, Internal Audits, Continual improvement, Management of change (System & Organization), Corrective action, Management of complaints, Performance against the client's management system objectives, Use of Logo.

Evaluation and conclusions:

Interview Management was completed; some explanation to following issue has done.

Strength

- As private university, management university has autonomous in managing financial aspect
- Lecturer from government has support operational of teaching and learning management in University.
- "Pola Ilmiah Pokok" focus on Research and entrepreneurship
- 10 best universities in Surabaya (No 8th)
- Cultural university as brand of university
- Location of university in central of Surabaya city.

Weakness

- Status of asset that still not owned by university.
- Government policy relate to operational of private university.

Opportunity

- Opportunity to growth still open since organization have some strength aspect.

QA Elements

Quality manual Rev 00, 3 Sept 2018 / Minute of meeting RTM and Presentation Material / Daftar Hadir RTM Jan 2019.

Peraturan Rektor no 01 thn 2019 Standard Kompetensi Kepala Biro, Ketua Lembaga / Badan, Kepala Bagian dan Staf.

Internal audit was done in beginning of Dec 2018; verification was done to previous audit result which is the finding from internal audit not completed by proper report number and evidence of verification. *Status remain open due to follow up action not completed yet.*

Management review was done on 15 Jan 2019. Mandatory agenda has been discussed as required by standard, for example, quality objective achievement, customer satisfaction etc. Minute of meeting was generated and maintained.

Customer satisfaction monitoring was done in the end of Dec 2018. Analysis was done and required action plan made. *Target related to satisfaction index need to be established.*

Areas for attention:

Observation

Justification for exclusion clause has been made, quality manual was revised but status of revision and its date of establishment still not change yet. See current quality manual.

Job specification and its measurement has been made and done.

It may consider to establish level of proficiency criteria. It will be beneficial if there is scoring system in order to make it quantitative instead of qualitative.

Internal audit was done in beginning of Dec 2018; verification was done to previous audit result which is the finding from internal audit not completed by proper report number and evidence of verification. Status remain open due to follow up action not completed yet.

Customer satisfaction monitoring was done in the end of Dec 2018. Analysis was done and required action plan made. Target related to satisfaction index need to be established.

Assessment of:	BP3 (Badan Perencanaan dan Pengembangan Pendidikan) / BPM	Auditee(s):	Mr Ismanto (Prof) / BP3 Mr Heny S /BPM BAA (Mr Siswoyo) & team	Assessor:	Ananda, Rusli
-----------------------	---	--------------------	--	------------------	---------------

Audit trails and sources of evidence:

Responsibility :

- Organisasi
- Kelembagaan
- Kurikulum
- SDM Dosen

SOP Pengembangan Kurikulum Program Studi / SOP Pengembangan Jabatan Akademik Dosen / Surat rekomendasi dan bukti upload, sample : Nugroho Eko

Laporan pelaksanaan kegiatan wisuda, 2017/2018 14 April 2018.

Form persyaratan enerbitan Ijazah / Peraturan Rektor no 16 thn 2017 / Per Rektor no 43 thn 2018 / Surat PR 1, K02/TU/UWKS/I/2019 / Surat Respon FK no 35 / FK / MHS / I / 2019, no 10/FT/UWKS/2019, FT.

SOP Manual SPMI Bidang Pendidikan / SOP Evaluasi standard sistem penjaminan mutu internal / Laporan audit SPMI / Lampiran SK rector UWKS K 722 / 25 Mei 2018 / SK BAN PT Prodi

Evaluation and conclusions:

- Organization has established quality management documentation to processes cited above.
- Control of process was done based on this documented procedure.
- Auditee has understood the processes and their responsibility based on this system. Competent people were employed to manage this process.
- Planning and controlling of related process including control to its quality, were done in accordance to requirement.
- Risk based thinking has been done by using Risk Register Doc. Further improvement needed.
- Effectiveness of these processes were monitored through quality objective establishment; achievement was controlled in monthly basis.

Overall, process management to maintain quality were well controlled unless certain aspect that need further improvement and attention as described on below.

Areas for attention:

Observation BP3

Certain statement in SOP “Pengembangan Jabatan Akademik Dosen” need to be corrected to make it clearer and avoid misperception. According to SOP, lead time process to verify the proposal academic position till uploading the document is 5 days. But in actual there is certain activity that the duration will take time longer than standard and it is not under control of BP3. For example, one of activity is “Membentuk Tim PAK” in which the process is need approval letter from Rector, and it is not always can be completed within 5 days.

This actual lead time has not been measured yet as required by standard.

Other activity cannot be implemented due to man power shortage. For example, process of Pengembangan Kurikulum which is now still doing by the Dept itself not BP3. There was no specific plan when it will be implemented.

Road map that specify the action plan of BP3 need to be provided as basis to recruit the manpower.

Observation BPM

- Internal audit SPMI activity need to be specify its frequency.
- Internal audit SPMI has been planned and implemented in June 2018; however official report not completed yet.
- Quality objective related to accreditation score need to be linkage to SPMI audit. Therefore, University Management can decide specific action plan to improve the score.
- Where practicable, integration of SPMI to ISO 9001 can be done to make the university management system easier and simple.

Observation BAA

SOP that describes process flow to create the diploma has not been established yet. It includes activity relating to when to create the diploma, prerequisite, storing of diploma paper including disposition in case any mistaken in writing the diploma, opname of diploma paper etc.

SOP to manage process of graduation ceremony need to establish to ensure that it will be consistently implemented to meet requirements.



Assessment of:	Badan Administrasi Kemahasiswaan (BAK)	Auditee(s):	Mr. Andi Arudji, Mr. Heri Purnomo, Mr. Mr. Ahmad Taufik, Mr. Mr. Agung W.	Assessor:	Suryawirawan, Edy
-----------------------	--	--------------------	--	------------------	-------------------

Audit trails and sources of evidence:

Organization Structure of BAK
Job description;
Quality Objective monitoring; Strategic plan to achieve
Risk and opportunity management;
SK Rector UWKS No. 161 thn 2018;
Promotion program 2018-2019;
Scholarship program 2018; CSR program; University studentship program; Keputusan Rector No. 90 year 2018;
Badget plan 2012019;
List of UKM (student organisations); Activity report of Student organisation, Sample Napza & HIV Aids, Seni Amukti Wijawa,
Organisation structure of MPM (Majlis Permusyawaratan Mahasiswa) and BEM (Badan Executive Mahasiswa),
Site visit to check facility for organisation student provided by university.

Evaluation and conclusions:

Quality objective 2018/2019 of BAK was defined and monitored in monthly. Root cause and action plan for un-achieved QO was identified and documented. Risk of activity at BAK was identified and managed, however, opportunity at this department has not been identified yet. Minor NC was issued.

Scope of work and responsibility of Badan Administrasi Kemahasiswaan (BAK) was established as well as organization structure. Student organizations were identified, controlled and managed as per regulation and university policy. Office room and other facility to support student organization was provided. Sample of student organization taken, such as: MPM, BEM, and Seni Amukti Wijaya. The activity of scholarship and grant from internal and external university was observed to be planned and implemented. Promotion and publication of university to get potential new students was identified. Evidence of implementation was demonstrated and verified.

Some notes for improvement were identified as reported below:

Areas for attention:

1. See Minor NC related to opportunity of department on audit finding log.
2. All Promotion and Publication program/plan 2018-2019 may be summarized and documented as Yearly promotion program.
3. Training related to Marketing activity (Promotion and Publication) has not been provided for staffs who responsible to this activity.



4. The university may consider to conduct sampling drug test for existing students periodically to ensure that student commitment free from drug has run as commitment.
5. Standard facility at room of student organization has not been defined. sample taken Student organisation Room for BEM and MPM;
6. AC at BEM room of economic faculty was not working well.

Assessment of:	Badan Administrasi Umum (BAU)	Auditee(s):	Mr. Rajiman, Mr. Sapto, Mr. Darmanto, Mr. Wistawi	Assessor:	Suryawirawan, Edy
-----------------------	-------------------------------	--------------------	---	------------------	-------------------

Audit trails and sources of evidence:

Organisation Structure, Job description; Job competence;
 Quality Objective monitoring; Risk and opportunity;
 Vision and mission, Quality Policy;
 Peraturan Rektor No. 43 Tahun 2018 related to Organisation structure and job description;
 Peraturan Rektor No. 01 Tahun 2019 related to job competence;
 SIEMA application program (Employee database/Curriculum vitae); Training procedure no. PM-BAU-PEG-02.
 Gap Competence assessment, identification training, Training Plan 2019, training certificate/evidence.
 Approved Supplier List;
 Evaluation of supplier/subcontractor;
 Site visit to classroom, toilet, parking area, BEM room, CCTV monitoring room, etc.

Evaluation and conclusions:

Quality Objective achievement 2018 of BAU was monitored and reported. Risk was identified, however, opportunity and the action plan has not been identified and managed yet. See Minor NC related to Opportunity.

Procedure of training no. PM-BAU-PEG-02 was developed. Identification of training need based on function/bureau request has not been described on the procedure. Training plan/program 2019 has not been developed yet, although competence assessment was completed. Employee data base in SIEMA has not been updated as per last data and training. Sample taken : Mr. Darmanto (BAU), Mr. Andi Arudji (BAK). Minor NC was issued.

List of approved supplier was not defined and documented. Performance Evaluation of existing supplier has not been done yet since quality system implemented. Method of subcontractor/supplier evaluation was not defined and established. According to procurement procedure No, PM.BAU.RT-02, Periodic Evaluation shall be done in six monthly with evaluation criteria Quality (Kualitas barang), Service (pelayanan), Delivery Time (waktu pengiriman). Minor NC was issued.

Infrastructure to support learning delivery and administration service was provided by university. Maintenance of infrastructure has been taken base on service request from user/function. However, during site visit, it was found

some university facility were not working properly. Sample taken flushing and tap of closet at Toilet in Faculty of law and Economic, Door key of BEM University room, Wastafel leak at Male toilet of PJM office. Minor NC was noted.

Areas for attention:

1. See Minor NC for BAK and BAU related to Opportunity on audit finding log;
2. See Minor NC related to Training plan 2019 and update CV in SIEMA application
3. See Minor NC related to evaluation of Supplier/subcontractor.
4. See Minor NC related to maintenance of infrastructure;
5. Understanding of Quality Policy and Quality Objective for key persons need to be improved.
5. Registration for BPJS for non-permanent employee should be implemented as well as permanent employee.
6. During site visit, it was observed that many student chairs were located in the hallway of Classroom of Law faculty due to some reason, retuning back the chair to respective room should be done soon after activity completed;
7. Water drinking at lecture room no. 104 of Law Faculty has not been provided.
8. List of inventory facility at some classroom of law faculty has not been consistently fulfill, for example no. of student chair in classroom.

Assessment of:	Lembaga Penelitian dan Pengabdian Masyarakat (LPPM)	Auditee(s):	Mr. Hary Sastrya Wanto, Mr. Muisi, Mr. Yudi, Ms Sulami, Ms. Ria Tri Vinata	Assessor:	Suryawirawan, Edy
-----------------------	---	--------------------	--	------------------	-------------------

Audit trails and sources of evidence:

Quality Objective monitoring 2018;
 Risk and opportunity;
 Planning of research 201/2019; Planning of community service 2018/2019.
 Report of research; Report of community development services;
 Peraturan rektor UWKS No. 43 Thn 2018 related to job description and organisation structure;
 Peraturan rektor UWKS No. 177 Thn 2017 related to Incentive of research ;
 Research incentive payment 2018; proposal of incentive requisition;
 Journal of research; Journal of International research;
 List of Quality Records.

Evaluation and conclusions:

Organisation structure of LPPM was established. Job description and job competence was defined and documented. Quality Objective 2018 was monitored and reported. Risk and opportunity was identified and managed. Relevant action plant of Risk and opportunity was defined and being implemented.



Program of research and community services 2018-2019 was developed and documented. Verification and approval of research proposal was verified and presented. Report, journal and supporting evidence of research and community services were demonstrated and maintained. Overall activity at LPPM in general was observed to be managed as plan.

However, notes for improvement was identified below:

Areas for attention:

1. Position of Ka Pusat Study Sosial, ekonomi, politik dan kewirausahaan and Ka Pusat Studi Lingkungan were still vacant until the time of visit. Assignment of competence people to manage those positions may be decided soon.
2. Period of risk and opportunity effectiveness monitoring has not been established. (This note was applicable for all functions/bureaus)



04. Next visit details

Standard(s) / Scheme(s)	ISO 9001:2015	Visit type	Surveillance 1	
Audit days	2.00 DAY	Due date	August, 2019	
Team	RAZ			
Site		Audit days	Activity codes	
Jl. Dukuh Kupang XXV/54 ,Surabaya,ID		2.0 DAY	108501,109001	



05. Scope details

The following scope or scope changes have been reviewed and verified, and are agreed subject to Technical Review.

Scope Type		Scope Details
Product	Site	
ISO 9001:2015		Provision of university administration services (academic administration - BAA, College student affair and Mass communication Administration - BAK, General Affair Administration – BAU) and Supporting Process consist of Research and Community Service (LPPM), Quality Assurance Agency (BPM), Education Planning and Development (BP3)



Lloyd's
Register

06. Appendix



1. Report explanation

LRQA Findings Log definitions and information

Definitions of Grade Findings

Major Nonconformity

The absence of, or the failure to implement and maintain, one or more management system elements, or a situation which would, on the basis of the available objective evidence, raise significant doubt of the management to achieve:

- *the policy, objectives or public commitments of the organisation*
- *compliance with the applicable regulatory requirements*
- *conformance to applicable customer requirements*
- *conformance with the audit criteria deliverables.*

Minor Nonconformity

A finding indicative of a weakness in the implemented and maintained system, which has not significantly impacted on the capability of the management system or put at risk the system deliverables, but needs to be addressed to assure the future capability of the system.

Objectives of the visit

For all visits:

- *using the LRQA Business Assurance methodology to help clients manage their systems and risks to improve and protect the current and future performance of their organisation*
- *with the exception of Stage 1 visits, to address all issues outstanding from previous visits and any changes to the client's organisation or system that impacts on the approval (or potential approval) which will be recorded as visit specific objectives within the report.*

Stage 1:

The assessor shall review the system to determine that it fulfils the requirements of the assessment criteria and covers the activities detailed within the assessment scope.

The assessor shall then interview the senior management of the company to determine that they have undertaken the following

- *Stakeholder Analysis*
- *Strategic Analysis*
- *An analysis of the risk that could impact upon their business*
- *That they have determined the context in which the system will operate*
- *That they have identified any applicable legal, statutory or regulatory requirements that the system has to address*

The assessor will then use the information gathered as a result of these interviews to review the design of the system to determine if the client has addressed the potential risk within the system and to determine if the needs of their stakeholders have been addressed.

*In addition the assessor shall review and confirm the contractual arrangements. This includes any changes required as a result of the outcome of the Stage 1 visit (including changes to the scope of assessment, duration of the Stage 2 visit, and duration of subsequent surveillance visits). The assessor shall also determine the planning, logistics, sampling, etc. that will be used during the Stage 2 visit. **Stage 2:** The assessment of the implementation of the management system. This is to confirm conformity with certification requirements such as the assessment criteria and certification scope.*

Surveillance: *To determine that the client's system continues to meet the assessment criteria and certification scope.*

Certificate Renewal Planning / Focus: *To review the system and the performance of the company during the previous certification cycle, to see how the client plans to move forward in the future and to plan the Certificate renewal visit while confirming continued compliance with the assessment criteria and*



certification scope.

Certificate Renewal: The re-assessment of the implementation of the management system based on the results of the certificate renewal planning visit. This is to re-confirm conformity with certification requirements such as the assessment criteria and certification scope.

Special Surveillance: To review the effectiveness of the correction and corrective action taken after the raising of a Major Nonconformity at a surveillance visit.

Follow-up: To review the effectiveness of the correction and corrective action taken after the raising of a Major Nonconformity at a Stage 2 or Certificate Renewal.

Change to Approval: The assessment of the implementation of the management system for an additional site or activity, which expands the existing scope of approval.

Additional information

Isolated issues and opportunities for improvement

Any isolated issues identified during the assessment, which have not resulted in a nonconformity being raised, we will record in the appropriate process table in the report.

If we identify opportunities to improve your already compliant system, we will either record them in the process table applicable to the area being assessed, or in the Executive summary of the report if they can deliver improvement at a strategic level.

Confidentiality

We will treat the contents of this report, together with any notes made during the visit, in the strictest confidence and will not disclose them to any third party without written client consent, except as required by the accreditation authorities.

Sampling

The assessment process relies on taking a sample of the activities of the business. This is not statistically based but uses representative examples. Not all of the detailed nature of a business may be sampled so, if no issues are raised in a particular process, it does not necessarily mean that there are no issues, and if issues are raised, it does not necessarily mean that these are the only issues.

Terms and conditions

Please note that, as detailed in the Terms and Conditions clause of the contract (**insert appropriate clause number here**), clients have an obligation to advise LRQA of any breach of legal, regulatory, or statutory requirements and any pending prosecution. Although proportionality and scale of the situation should be considered, you are required to advise LRQA of any serious potential risks to our certification but not, for example, isolated cases of a minor nature.

"The Client is required to inform LRQA as soon as it becomes aware of any breach or pending prosecutions for the breach of any regulatory requirements relevant to the Certified Management System. LRQA will review the details of any breaches brought to its attention and may elect to perform additional verification activities chargeable to the client to ensure compliance with specified requirements. LRQA reserves the right to suspend or withdraw certificates of approval / verification statements and opinions for both failure to inform LRQA and the appropriate regulator of such breaches".

LRQA information

The client is also reminded of the information and guidance available to them from our website (**insert address here**). This includes information on our QMS, EMS, OHSAS, Verification and Validation products, our Training Services, and our CE Directives products.

Information is also available from www.lrqa.com.

1. Audit Programme/Plan

Both the audit plan and the programme are dynamic and must be in line with the client's developments. Any (last minute) changes are possible with valid reasons e.g. organisational changes, processes, management review results etc. Prior to the closing meeting the audit team should (re)confirm the programme and identify any changes, E.g. to the management system, extent, time or dates of the audit, competences...

Visit Type	ST1	ST2	SV1	SV2	SV3	SV4	SV5	CR
Due Date		Mar 19	July 19	Jan 20	July 20	Jan 21	July 21	Jan 22
Start Date	18 Dec 18	21 Jan 19						TBA
End Date	19 Dec 18	23 Jan 19						
Audit Days	2	6 MD	2	2	2	2	2	TBA
Any change in workforce numbers That may impact visit duration (if yes add new number)	N	N	N	N	N	N	N	Y/N
Opening meeting		✓	✓	✓	✓	✓	✓	✓
Closing meeting		✓	✓	✓	✓	✓	✓	✓
Changes to organizational context ⁽²⁾		✓	✓	✓	✓	✓	✓	✓
Management Review		✓	✓	✓	✓	✓	✓	✓
Internal Audits		✓	✓	✓	✓	✓	✓	✓
Continual Improvement		✓	✓	✓	✓	✓	✓	✓
Management of change		✓	✓	✓	✓	✓	✓	✓
Corrective action		✓	✓	✓	✓	✓	✓	✓
Preventive action			✓	✓	✓	✓	✓	✓
Complaint Management		✓	✓	✓	✓	✓	✓	✓
Use of Logo		✓	✓	✓	✓	✓	✓	✓
LPPM		✓						✓
BP3		✓						✓
BPM		✓						✓
BAA		✓						✓
BAK		✓						✓
BAU		✓						✓

1: Complete the list of organisation (parts), departments and/or processes of the different locations

2: Required for Annex SL based Standards

3: Not required for Annex SL based Standards

Scope

Any revised scope will be as agreed in formal correspondence between LRQA and the client or defined in section 4 of the previous LRQA visit report.

Scope	Provision of university administration services (academic administration - BAA, College student affair and Public Relation Administration - BAK, General Affair Administration – BAU) and Supporting Process consist of Research and Community Service (LPPM), Quality Assurance Agency (BPM), Education Planning and Development (BP3).
Exclusion	8.3

Visit start time (approximate)	09.00	Visit end time (approximate)	17.00
--------------------------------	-------	------------------------------	-------

The actual start and finish times for the visit will be agreed at the pre-visit contact with the assessor and recorded in the report introduction.

Additional information

Opportunities for improvement

If we identify opportunities to improve your already compliant system, we will either record them in the process table applicable to the area being assessed or in the Executive summary of the report if they can deliver improvement at a strategic level.

Confidentiality

We will treat the contents of this report, together with any notes made during the visit, in the strictest confidence and will not disclose them to any third party without written client consent, except as required by the accreditation authorities.

Sampling

The assessment process relies on taking a sample of the activities of the business. This is not statistically based but uses representative examples. Not all of the detailed nature of a business may be sampled so, if no issues are raised in a particular process, it does not necessarily mean that there are no issues, and if issues are raised, it does not necessarily mean that these are the only issues.

Legal entity

The accredited legal entity and client facing office that has provided the assessment service in this report is referenced in the applicable agreement for this service.

Generic audit objectives and team responsibilities

The generic audit objectives and team responsibilities are included in the Client Information Note 'Assessment Process'. Any visit specific objectives for the next visit will be recorded in the report of the previous visit and will be addressed through the visit plan for that visit. The assessment standard and roles of the audit team are defined in the assessment visit confirmation sent to the client.

Audit Criteria

The audit criteria consist of the assessment standard and the client's management system processes and documentation.

Additional observers

Any additional observers will be as formally communicated to the client.

2. Separate Assessment Plan

Note: if the visit involves more than one team member and/or is more than one day duration, an additional plan detailing the activities of each member of the team on each day will be required.

(Date 21 Jan 19 Day 1)		
09.00-09.30	Introductory meeting with management to explain the scope of the visit, assessment methodology, method of reporting and to discuss the company's organisation (approximately 30 minutes). The Team Leader will agree a time to meet with top management to discuss policy and objectives for the management system.	Travelling from JKT to SBY
9.30-12.00	QA Element / MR	
12.00-13.00	Lunch.	
13.00-16.00	BP3	BAK
16.00	Close	

(Date 22 Jan 19 Day 2)		
09.00-12.00	BPM	LPPM
12.00-13.00	Lunch.	
13.00-16.00	BAA	BAU
16.00	Close	

(Date 24 Jan 19 Day 3)		
09.00-10.30	Top Management Interview	
10.30-12.00	Reporting	
12.00-13.00	Lunch.	
13.00-16.00	Closing meeting	

Note; Information on the objectives of the various visits can be found in the Client Information included in the report or on our website www.lrqqa.com. Furthermore on the website there are Client Information Notes available for the various visit types. The audit criteria and team members date and locations are also stated on the front page of the report. Scope of certification and roles and responsibilities of the audit team members are expressed in the Audit Program Plan.

3. Report Considerations

LRQA Report considerations

Have there been any deviation from the original assessment plan:	Yes/No	If yes detail these in the introduction section of the report along with the reasons for the deviations
Have there been any significant issues impacting on the audit programme:	Yes/No	If yes detail these in the introduction of the report and amend the APP
Have there been any significant changes that affect the management system of the client since the last audit took place:	Yes/No	If yes detail these within the executive summary section of the report
Have any unresolved issues been identified during the assessment:	Yes/No	If yes detail these within the executive summary section of the report
Was the audit undertaken a combined or integrated audit:	Yes/No	If yes confirm what type of audit and the standards covered in the introduction to the report.
Was the organisation effectively controlling the use of the certification documents and marks:	Yes/No	If no document within the reporting table covering the mandatory elements
If applicable has the organisation taken effective corrective action regarding previously identified nonconformities:;	Yes/No	Record outcome in the findings log against the relevant findings.
Does the management system of the organisation continue to meet the applicable requirements and meet the expected outcomes:	Yes/No	If no details reasons within the executive summary of the report
Does the scope of certification continue to be appropriate to the activities/products/services of organisation:	Yes/No	If no then document the actions necessary in relation to the scope in the executive summary of the report and amend the APP as required.
Were the objectives of the visit as defined in the APP fulfilled during the visit:	Yes/No	If no detail the reasons and any necessary actions in the executive summary of the report and amend/update the APP

Preview of Draft Certificate Data

Main Certificate Data:

Language	American English	Accreditation	UKAS
Client Name	Universitas Wijaya Kusuma		
	Jl. Dukuh Kupang XXV/54 ,Dukuh Kupang, Dukuh Pakis,Surabaya Jawa Timur 60225,ID		
Products	ISO 9001:2015		
Scope	Provision of university administration services (academic administration - BAA, College student affair and Mass communication Administration - BAK, General Affair Administration – BAU) and Supporting Process consist of Research and Community Service (LPPM), Quality Assurance Agency (BPM), Education Planning and Development (BP3)		

Language	American English	Accreditation	KAN
Client Name	Universitas Wijaya Kusuma		
	Jl. Dukuh Kupang XXV/54 ,Dukuh Kupang, Dukuh Pakis,Surabaya Jawa Timur 60225,ID		
Products	ISO 9001:2015		
Scope	Provision of university administration services (academic administration - BAA, College student affair and Mass communication Administration - BAK, General Affair Administration – BAU) and Supporting Process consist of Research and Community Service (LPPM), Quality Assurance Agency (BPM), Education Planning and Development (BP3)		

