

# Assessment Report

## Fakultas Sains dan Teknologi UIN Raden Fatah Palembang

Assessment dates	18/10/2021 to 18/10/2021 (Please refer to Appendix for details)
Assessment Location(s)	Sumatera Selatan (000)
Report Author	Ade Haris Mustafa
Assessment Standard(s)	ISO 9001:2015



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## Executive Summary

The organization has set up system for implement ISO 9001:2015 and they ready to stage 2 assessment. There is no critical issue.

This remote audit been conducted using Information and Communication Technology (Zoom & WhatsApp) as per planned audit objective that have been achieved. There were no connectivity issued during audit.

## Changes in the organization since last assessment

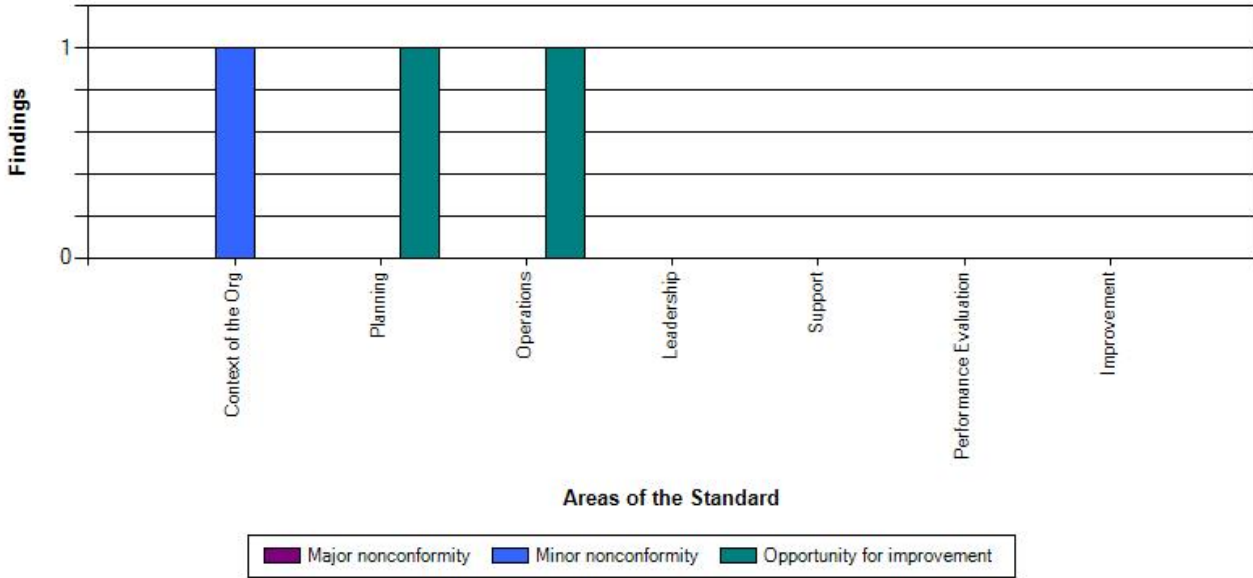
There is no significant change of the organization structure and key personnel involved in the audited management system.

No change in relation to the audited organization's activities, products or services covered by the scope of certification was identified.

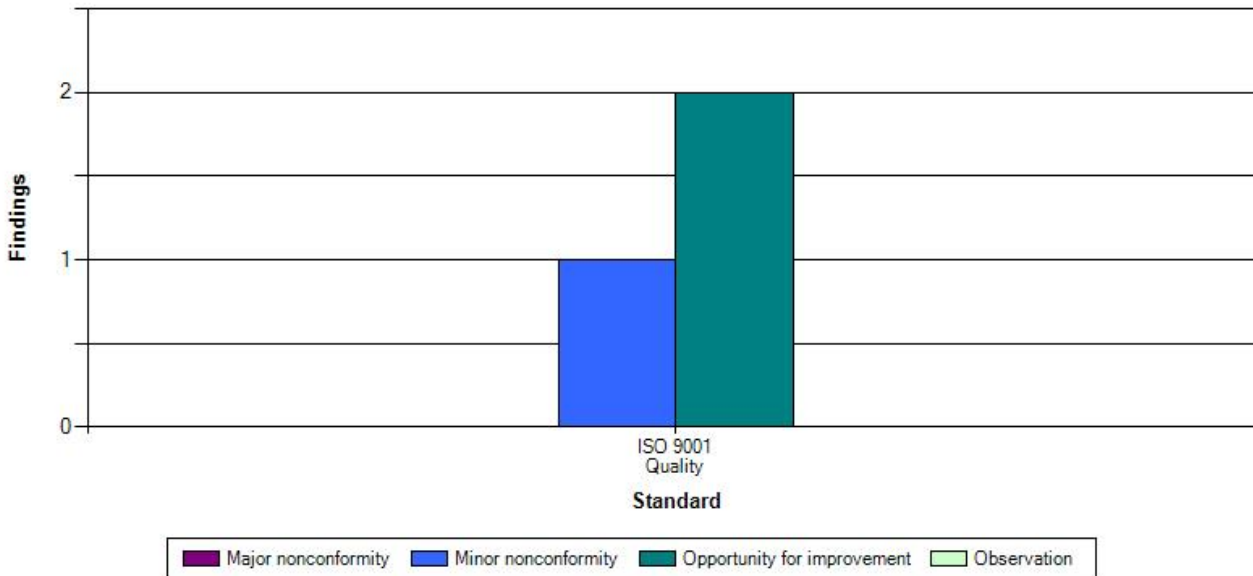
There was no change to the reference or normative documents which is related to the scope of certification.

## NCR summary graphs

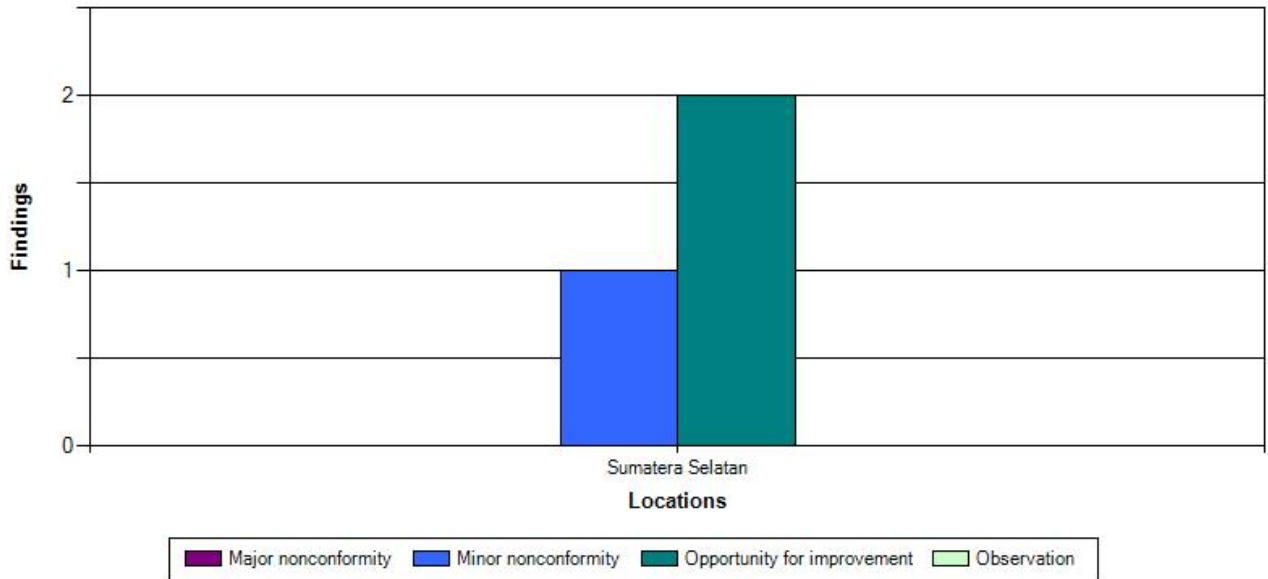
### Areas of the standard(s) where BSI recorded findings



### Which standard(s) BSI recorded findings against



Where BSI recorded findings



## Your next steps

### NCR close out process

A nonconformity requiring attention was identified. This, along with other findings, is contained within subsequent sections of the report.

A nonconformity relates to a single identified lapse, which in itself would not indicate a breakdown in the management system's ability to effectively control the processes for which it was intended. It is necessary to investigate the underlying cause of any issue to determine corrective action. The proposed action will be reviewed for effective implementation at the next assessment.

Please refer to Assessment Conclusion and Recommendation section for the required submission and the defined timeline.

## Assessment objective, scope and criteria

The objective of the assessment was to determine the organisation's readiness for the stage 2 audit and to ensure its effective planning.

The scope of the assessment is the documented management system with relation to the requirements of ISO 9001:2015 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

ISO 9001:2015

Fakultas Sains dan Teknologi UIN Raden Fatah Palembang management system documentation



## Assessment Participants

Name	Position	Opening Meeting	Closing Meeting	Interviewed(processes)
Dr. Munir, M.Ag	Dekan	X	X	X
Please refer to attendance list	.	X	X	X

## Assessment conclusion

BSI assessment team

Name	Position
Ade Haris Mustafa	Team Leader

### Assessment conclusion and recommendation

The audit objectives have been achieved and the certificate scope remains appropriate. The audit team concludes based on the results of this audit that the organization does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continues to achieve its intended outcomes.

Based on the outcome of this Stage 1 Assessment, the Assessment Team / Auditor recommends proceed to Stage 2 Assessment – Resolution for the findings is subject to review during Stage 2 Assessment

## Findings from this assessment

### Readiness of stage 2:

Auditee: Dr. Munir, M.Ag and team

The organization has set up system management with refer to ISO 9001:2015 since August 1, 2018. This period is meet minimum requirement to be assessed of IAV. The scope certification is fall into T-Code T68 since the organization is education provider. Man days of IAV stage 2 will be 3 man days due number of effective employee is 64.

Location of the organization:

Fakultas Sains dan Teknologi

UIN Raden Fatah Palembang

Kampus B Jakabaring, Jl. Pangeran Ratu Palembang, Sumatera Selatan

4.1 Understanding the organization and its context, 4.2 Understanding the needs and expectations of interested parties & 6.1 Actions to address risks and opportunities

The organization has identify risk and opportunities also consider need and expectation of stakeholder as noted in Laporan Manajemen Resiko UIN Raden Fatah. This report is for all faculty and prodi at UIN Raden Fatah.

4.3 Determining the scope of the quality management system & 4.4 Quality management system and its processes

The scope of quality management system is noted on document Manual Mutu QA UIN-SPMI-MM-02 date August 1, 2018. However the scope which noted on that document is general for all UIn Raden Fatah therefor the organization need to determined boundary and applicability of the scope. The scope in this organization is the provision of bachelor degree educational services for Program Studi Kimia, Program Studi Biologi and Program Studi Sistem Informasi.

5.1 Leadership and commitment, 5.2 Policy, 5.3 Organizational roles, responsibilities and authorities, 7.1.1 General 7.1.2 People

Quality policy has been signed per November 15, 2018. The organization has refer the quality policy to policy at University. This policy has communicated across organization.

The top management has provide resources needed to implement quality management system.

Organization structure is available per 2021 which consist as follow

1. Dekan dan WD
2. Ka Prodi
3. Ka KTU (Sub Umum dan keuangan & Kasub Akademik, Kemahasiswaan dan Alumni)
4. Perpustakaan
5. Laboratorium

6.2 Quality objectives and planning to achieve them & 6.3 Planning of changes

Quality objectives have been set up such as

1. Sasaran Mutu Pendidikan
2. Sasaran Mutu Penelitian
3. Sasaran Mutu Pengabdian

Further verification on stage 2.

7.1.3 Infrastructure and 7.1.4 7.1.4 Environment for the operation of processes

The organization has provide infrastructure and working environment for the operation of processes.

Preventive maintenance for Laboratorium and infrastructure are covered by Sub Umum.

#### 7.1.5 Monitoring and measuring resources

- Calibration of examination test
- Calibration of measuring equipment at laboratory as noted on IK Lab

#### 7.1.6 Organizational knowledge

The organization has provide organizational knowledge through training, procedures etc.

#### 7.2 Competence & 7.3 Awareness

In term of competency and awareness, the organization has noted on document ANJAB, analisis jabatan.

#### 7.4 Communication

Process communication internally and externally has been noted on Manual Mutu QA UIN-SPMI-MM-02 date August 1, 2018

#### 7.5 Documented information

Control of documented information is covered in Manual Mutu QA UIN-SPMI-MM-02 date August 1, 2018

#### 8.3 Design and development of products and services

Process design and development of services is managed in several document such as

- Manual Mutu QA UIN-SPMI-MM-02 date August 1, 2018
- SOP Penyusunan Silabus Dan RPS No. FST. FORM SOP Versi 1 date 1 February 2018
- SOP Penyusunan Pedoman Standar Kompetensi Lulusan No. FST. FORM SOP Versi 1 date 1 February 2018

Tracer study: <https://tracer.radenfatah.ac.id/>

Process input of curriculum is based on FGD of stakeholder.

#### 8.4 Control of externally provided processes, products and services

Purchase process in this organization, several steps are handled by PPK at University for Sarana Prasarana. The organization only request the item. Meanwhile for service such as Dosen Luar Biasa. The organization has determine criteria selection and evaluation of those external provider. Evaluation of external provider is evidence such as Dosen Luar Biasa as noted on EDOM.

- Standar Operasional Prosedur Pengajuan Dosen Luar Biasa No. FST. FORM SOP Versi 1 date February 1, 2020.

#### 8.1 Operational planning and control 8.2 Requirements for products and services

8.5 Production and service provision 8.6 Release of products and services & 8.7 Control of nonconforming outputs

Process to manage operational planning including identify customer requirement is noted on Manual Mutu QA UIN-SPMI-MM-02 date August 1, 2018

Realization of service given in covered in several documents such as

1. SOP Pendaftaran Mahasiswa Baru No. FST. FORM SOP Versi 1 date 1 February 2018
2. SOP Pendaftaran Mata Kuliah No. FST. FORM SOP Versi 1 date 1 February 2018
3. SOP Pengisian KRS No. FST. FORM SOP Versi 1 date 1 February 2018
4. SOP Kepenasihatan Akademik No. FST. FORM SOP Versi 1 date 1 February 2018
5. SOP Pelaksanaan Semester Pendek No. FST. FORM SOP Versi 1 date 1 February 2018
6. SOP Penyelenggaraan Ujian Munaqosyah No. FST. FORM SOP Versi 1 date 1 February 2018
7. SOP Penyelenggaraan Ujian Komprehensif No. FST. FORM SOP Versi 1 date 1 February 2018
8. SOP Penyusunan Skripsi No. FST. FORM SOP Versi 1 date 1 February 2018

9. SOP Penilaian Hasil Belajar Mata Kuliah No. FST. FORM SOP Versi 1 date 1 February 2018
10. SOP Pencatatan Evaluasi Hasil (UTS dan UAS) No. FST. FORM SOP Versi 1 date 1 February 2018.
11. SOP Pelayanan Laboratorium No. FST. FORM SOP Versi 1 date 1 February 2018
12. SOP Penyimpanan Dokumen Ijazah No. FST. FORM SOP Versi 1 date 1 February 2018
13. SOP Pengganti Ijazah Hilang No. FST. FORM SOP Versi 1 date 1 February 2018
14. SOP Penerbitan Ijazah Dan Transkrip Nilai No. FST. FORM SOP Versi 1 date 1 February 2018

Traceability in this organization noted on subject of Mata Kuliah, NIM etc..

External property in this organization is evidence such as Ijazah, Lembar Jawaban Mahasiswa etc.

The organization has provide consultation and information of job vacancy as noted on [cdc.radenfath.ac.id](http://cdc.radenfath.ac.id)

#### 9.1 Monitoring, measurement, analysis and evaluation

The organization has determined process to monitoring measurement, analysis and evaluation as noted on MONEV report. Process to measure customer perception is noted on EDOM report.

- SOP Evaluasi Proses Perkuliahan No. FST. FORM SOP Versi 1 date 1 February 2018
- SOP Monitoring Pelaksanaan Perkuliahan Dan Praktikum No. FST. FORM SOP Versi 1 date 1 February 2018

#### 9.2 Internal audit & 10.2 Nonconformity and corrective action

Internal audit was conducted on September 29, 2021. There were seven (7) NC findings. This audit was carried by internal auditor whose has certified as internal auditor. Certificate internal auditor date August 15, 2019.

#### 9.3 Management review & 10.3 Continual improvement

Latest management review was carried out on December 2020. Further verification on stage 2.

<b>Finding Reference</b>	2118823-202110-I1	<b>Certificate Reference</b>	FS 759271
<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	6.1
<b>Location reference</b>	0047834409-000		
<b>Category</b>	Opportunity for Improvement		
<b>Area/Process:</b>	Readiness of stage 2		
<b>Details</b>	Risk dan opportunities sudah tersedia walau perlu di kembangkan untuk tiap prodi		

<b>Finding Reference</b>	2118823-202110-I2	<b>Certificate Reference</b>	FS 759271
<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	8.3
<b>Location reference</b>	0047834409-000		
<b>Category</b>	Opportunity for Improvement		

<b>Area/Process:</b>	Readiness of stage 2
<b>Details</b>	Profil lulusan sudah tersedia tetapi bisa di sesuaikan dengan visi Fakultas

## Minor (1) nonconformities arising from this assessment.

<b>Finding Reference</b>	2118823-202110-N1	<b>Certificate Reference</b>	FS 759271
<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	4.3
<b>Location reference</b>	0047834409-000		
<b>Category</b>	Minor		
<b>Area/Process:</b>	Readiness of stage 2		
<b>Statement of non conformance:</b>	Ruang lingkup pada Manual Mutu QA UIN-SPMI-MM-02 date August 1, 2018 belum spesifik untuk prodi yang akan di sertifikasi.		
<b>Clause requirements</b>	<p>Determining the scope of the quality management system</p> <p>The organization shall determine the boundaries and applicability of the quality management system to establish its scope. When determining this scope, the organization shall consider:</p> <ul style="list-style-type: none"> <li>a) the external and internal issues referred to in 4.1;</li> <li>b) the requirements of relevant interested parties referred to in 4.2;</li> <li>c) the products and services of the organization.</li> </ul> <p>The organization shall apply all the requirements of this International Standard if they are applicable within the determined scope of its quality management system.</p> <p>The scope of the organization's quality management system shall be available and be maintained as documented information. The scope shall state the types of products and services covered, and provide justification for any requirement of this International Standard that the organization determines is not applicable to the scope of its quality management system.</p> <p>Conformity to this International Standard may only be claimed if the requirements determined as not being applicable do not affect the organization's ability or responsibility to ensure the conformity of its products and services and the enhancement of customer satisfaction.</p>		
<b>Objective Evidence</b>	Manual Mutu QA UIN-SPMI-MM-02 date August 1, 2018		
<b>Cause</b>			
<b>Correction/containment</b>			
<b>Corrective action</b>			

## Next visit objectives, scope and criteria

The objective of the assessment is to conduct a certification assessment to ensure the elements of the proposed scope of registration and the requirements of the management standard are effectively addressed by the organisation's management system and to confirm the forward strategic plan. If this visit is part of a multi-location assessment, the final recommendation will be contingent of the findings from all assessments.

The scope of the assessment is the documented management system with relation to the requirements of ISO 9001:2015 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

ISO 9001:2015

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Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organisation within 30 days of an agreed visit date.



## Next Visit Plan

Date	Auditor	Time	Area/Process	Clause
Please refer to audit plan stage 2				

## Appendix: Your certification structure & ongoing assessment programme

### Scope of Certification

#### FS 759271 (ISO 9001:2015)

The provision of bachelor degree educational services for Program Studi Kimia, Program Studi Biologi and Program Studi Sistem Informasi

### Assessed location(s)

#### Sumatera Selatan / FS 759271 (ISO 9001:2015)

<b>Location reference</b>	<b>0047834409-000</b>
<b>Address</b>	Fakultas Sains dan Teknologi UIN Raden Fatah Palembang Kampus B Jakabaring, Jl. Pa Palembang Sumatera Selatan Sumatera Selatan 30267 Indonesia
<b>Visit type</b>	Stage 1 Audit
<b>Assessment reference</b>	3560480
<b>Assessment dates</b>	18/10/2021
<b>Deviation from Audit Plan</b>	No
<b>Total number of Employees</b>	64
<b>Effective number of Employees</b>	64
<b>Scope of activities at the site</b>	Main Certificate Scope applies.
<b>Assessment duration</b>	1 day(s)

## Certification assessment program

Certificate Number - FS 759271

Location reference - 0047834409-000

		Audit1
Business area/Location	Date (mm/yy):	11/21
	Duration (days):	3
Dekan dan WD		X
Prodi Biologi incl. Lab		X
Prodi Kimia incl. Lab		X
Prodi Sistem Informasi incl. lab		X
Perpustakaan		X
KTU (Sub Umum dan keuangan)		X
KTU (Kasub Akademik, Kemahasiswaan dan Alumni)		X
stage 2		X

## Justified exclusions / non applicable clauses

There are no justified exclusions / non applicable clauses of the standard for certificate : FS 759271

## Expected outcomes for accredited certification.

### What accredited management system certification means?

To achieve an organization's objectives related to the Expected Outcomes intended by the management systems standard, the accredited management system certification is expected to provide confidence that the organization has a management system that conforms to the applicable requirements of the specific ISO standard.

In particular, it is to be expected that the organization

- has a system which is appropriate for its organizational context and certification scope, a defined policy appropriate for the intent of the specific management system standard and to the nature, scale and impacts of its activities, products and services over their lifecycles, is addressing risks and opportunities associated with its context and objectives;
- analyses and understands customer needs and expectations, as well as the relevant statutory and regulatory requirements related to its products, processes and services;
- ensures that product, process and service characteristics have been specified in order to meet customer and applicable statutory/regulatory requirements;
- has determined and is managing the processes needed to achieve the Expected Outcomes intended by the management system standard;

- has ensured the availability of resources necessary to support the operation and monitoring of these products, processes and services;
- monitors and controls the defined product process and service characteristics;
- aims to prevent nonconformities, and has systematic improvement processes in place including the addressing of complaints from interested parties;
- has implemented an effective internal audit and management review process;
- is monitoring, measuring, analysing, evaluating and improving the effectiveness of its management system and has implemented processes for communicating internally, as well as responding to and communicating with interested external parties.

### **What accredited management systems certification does not mean?**

It is important to recognize that management system standards define requirements for an organization's management system, and not the specific performance criteria that are to be achieved (such as product or service standards, environmental performance criteria etc).

Accredited management systems certification should provide confidence in the organization's ability to meet its objectives related to the intent of the management system standard. A management systems audit is not a full legal compliance audit, and does not necessarily ensure ethical behaviour or that the organization will always achieve 100% conformity and legal compliance, though this should of course be a permanent goal.

Within its scope of certification, accredited management systems certification does not imply or ensure, for example:

- that the organization is providing a superior product and service, or
- that the organization's product and service itself is certified as meeting the requirements of an ISO (or any other) standard or specification.

### **Definitions of findings:**

Non-conformity:

Non-fulfilment of a requirement.

Major nonconformity:

Nonconformity that affects the capability of the management system to achieve the intended results. Nonconformities could be classified as major in the following circumstances:

- If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;
- A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

Minor nonconformity:

Nonconformity that does not affect the capability of the management system to achieve the intended results.

Opportunity for improvement:

It is a statement of fact made by an assessor during an assessment, and substantiated by objective evidence, referring to a weakness or potential deficiency in a management system which if not improved may lead to nonconformity in the future. We may provide generic information about industrial best practices but no specific solution shall be provided as a part of an opportunity for improvement.

**Observation:**

It is ONLY applicable for those schemes which prohibit the certification body to issue an opportunity for improvement.

It is a statement of fact made by the assessor referring to a weakness or potential deficiency in a management system which, if not improved, may lead to a nonconformity in the future.

## How to contact BSI

Visit the BSI Connect Portal, our web-based self-service tool to access all your BSI assessment and testing data at a time that's convenient to you. View future audit schedules, submit your corrective action plans and download your reports and Mark of Trust logos to promote your achievement. Plus, you can benchmark your performance using our dashboards to help with your continual improvement journey.

Should you wish to speak with BSI in relation to your certification, please contact your local BSI office – contact details available from the BSI website:

<https://www.bsigroup.com/en-ID/Contact-us/>

## Notes

*This report and related documents are prepared for and only for BSI's client and for no other purpose. As such, BSI does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose for which the Report may be used, or to any other person to whom the Report is shown or in to whose hands it may come, and no other persons shall be entitled to rely on the Report. If you wish to distribute copies of this report external to your organisation, then all pages must be included.*

*BSI, its staff and agents shall keep confidential all information relating to your organisation and shall not disclose any such information to any third party, except that in the public domain or required by law or relevant accreditation bodies. BSI staff, agents and accreditation bodies have signed individual confidentiality undertakings and will only receive confidential information on a 'need to know' basis.*

*This audit was conducted through document reviews, interviews and observation of activities. The audit method used was based on sampling the organization's activities and it was aimed to evaluate the fulfilment of the audited requirements of the relevant management system standard or other normative document and confirm the conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.*

*As this audit was based on a sample of the organization's activities, the findings reported do not imply to include all issues within the system.*

## Regulatory compliance

*BSI requires to be informed of all relevant regulatory non-compliance or incidents that require notification to any regulatory authority. Acceptance of this report by the client signifies that all such issues have been disclosed as part of the assessment process and agreement that any such non-compliance or incidents occurring after this visit will be notified to BSI as soon as practical after the event.*