

Assessment Report CAV-01

Fakultas Psikologi UIN Raden Fatah Palembang

Assessment dates	31/08/2020 to 31/08/2020 (Please refer to Appendix for details)
Assessment Location(s)	Sumatera Selatan (000)
Report Author	Budi Siswanto
Assessment Standard(s)	ISO 9001:2015



Table of contents

Executive Summary	3
Changes in the organization since last assessment	4
NCR summary graphs	5
Your next steps	7
NCR close out process	7
Assessment objective, scope and criteria	8
Statutory and regulatory requirements	8
Assessment Participants	9
Assessment conclusion	10
Findings from previous assessments	11
Findings from this assessment	13
Top Management & MR:	13
Curriculum (Include competencies and training for lecturers):	15
General (Employees, Infrastructure, Procurement, Lab & Library):	16
Minor (4) nonconformities arising from this assessment	18
Next visit objectives, scope and criteria	22
Next Visit Plan	23
Appendix: Your certification structure & ongoing assessment programme	24
Scope of Certification	24
Assessed location(s)	24
Certification assessment program	25
Expected outcomes for accredited certification	25
Definitions of findings:	25
How to contact BSI	26
Notes	26
Regulatory compliance	27

Executive Summary

In line with the stated strategic direction and intended results of the Quality management system, particularly with regard to increasing the market share in certain sectors, the quality management system has demonstrated that it is largely designed to support the strategic direction and deliver the intended results.

This was evidenced, for example, via the planning and improvement programme(s) associated with all processes in organization, which addressed the risks of all processes in relation with good services, project on time. Risk assessment for processes are done. Determining control related with all risk are evidence and verified. There are however further possible opportunities relating to achieving the intended results. However some improvements noted in this audit, detail please refers to report below

Changes in the organization since last assessment

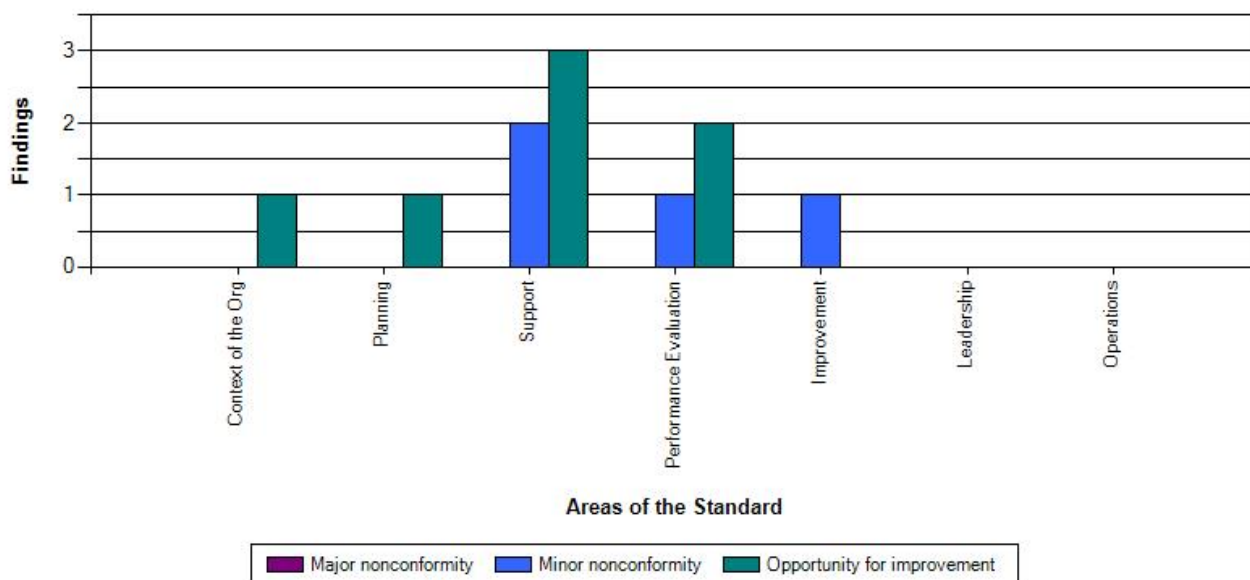
There is no significant change of the organization structure and key personnel involved in the audited management system.

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

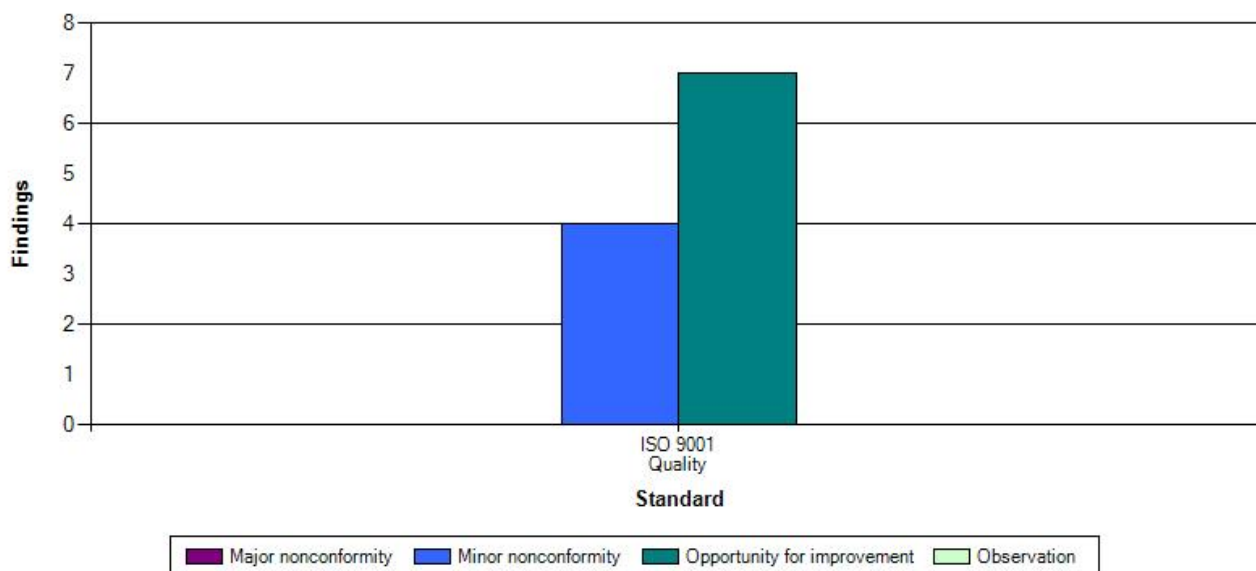
There was no change to the reference or normative documents which is related to the scope of certification.

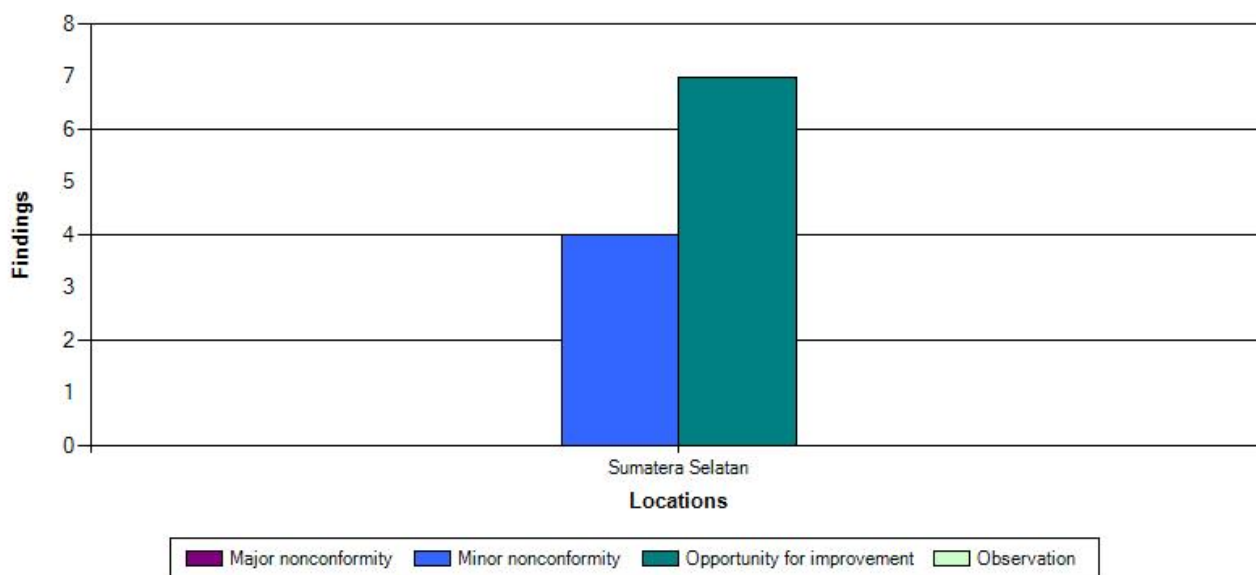
NCR summary graphs

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

Corrective actions with respect to nonconformities raised at the last assessment have been reviewed and found to be effectively implemented.

4 nonconformities requiring attention were identified. These, along with other findings, are 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 conduct a surveillance assessment and look for positive evidence to ensure that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organisation's management system and that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organisation's specified objectives, as applicable with regard to the scope of the management standard, and to confirm the on-going achievement and applicability of the forward strategic plan and where applicable to identify potential areas for improvement of the management system.

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

UIN Raden Fatah Palembang Fakultas Psikologi management system documentation

Statutory and regulatory requirements

Statutory and Regulatory identified :

- Permendikbud no 73 tahun 2013 --> Establishment of curriculum based on KKN I -
 - Permenag no. 912 tahun 2013 --> Courses of Learning in UIN
 - Permenag no. 53 tahun 2015 --> Job Description for Lecturers -
 - Permen pendidikan dan kebudayaan no.49 tahun 2014 --> amount of SKS for a semester
- Statutory and Regulatory requirements has been determined and fulfilled
..etc

Assessment Participants

Name	Position	Opening Meeting	Closing Meeting	Interviewed(processes)
Refers to attendance list	Others	X	X	X

Assessment conclusion

BSI assessment team

Name	Position
Budi Siswanto	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.

RECOMMENDED - Corrective Action Plan Required ('Minor' findings only): The audited organization may be recommended for certification / continued certification, based upon the acceptance of a satisfactory corrective action plan for all 'Minor' findings as shown in this report. Effective implementation of corrective actions will be reviewed during the next surveillance audit.

Please submit a plan to BSI detailing the nonconformity, the root cause, correction and your proposed corrective action, with responsibilities and timescales allocated. The plan is to be submitted no later than 08/09/2020. If the corrective action plan is not received by this date you may be putting your certification status at risk. Send the plan through the BSI Assurance Portal (if this is enabled for your account) or by email to bsi.id@bsigroup.com, referencing the report number 3098752.

Use of certification documents, mark / logo or report

The use of the BSI certification documents and mark / logo is effectively controlled.

Findings from previous assessments

Finding Reference	1820527-201909-N1	Certificate Reference	FS 716679
Certificate Standard	ISO 9001:2015	Clause	6.2.1
Category	Minor		
Area/Process:	Management System, GKMF & GKMP		
Details:	Insufficient evidence that Rencana Strategis (Renstra) Fakultas Psikologi UIN Raden Fatah Palembang tahun 2017-2022 as objective/target has been monitored effectively		
Objective Evidence:	Rencana Strategis (Renstra) Fakultas Psikologi UIN Raden Fatah Palembang tahun 2017-2022 established as the organization objectives, however the evidence from monitoring of objective achievement is not available		
Cause			
Inkonsistensi dalam melakukan pemantauan sasaran mutu sesuai dengan renstra yang ditetapkan			
Correction/containment			
Melakukan pemantauan dan analisa pencapaian sasaran mutu secara periodik sesuai yang dipersyaratkan dalam Renstra			
Corrective action			
Monitoring dan analisa pencapaian sasaran mutu setiap periodik harus terverifikasi dan dibahas dalam tinjauan manajemen			
Closed?:			
Yes			

Finding Reference	1820527-201909-N2	Certificate Reference	FS 716679
Certificate Standard	ISO 9001:2015	Clause	7.3
Category	Minor		
Area/Process:	Management System, GKMF & GKMP		
Details:	Found that quality policy not yet to be effectively communicated		
Objective Evidence:	In interview process during audit, when the quality policy asked to the personel interviewed, they did not aware about it		
Cause			
Kebijakan mutu belum tersosialisasi secara menyeluruh ke semua karyawan dan stake holder			
Correction/containment			

Dilakukan sosialisasi kebijakan mutu dengan di setiap meeting, pemasangan banner, pakai internal sistem organisasi dll
--

Corrective action

Evaluasi sosialisasi yang telah dilakukan dalam memastikan bahwa kebijakan mutu ytelah dipahami oleh semua karyawan

Closed?:

Yes

Findings from this assessment

Top Management & MR:

Auditee : Dr. Zuhdiyah, M.Ag, Mr Uyun & team

Clause : 4, 5, 6, 7, 8, 9, 10

* Audit evidence :

Confirmation of the scope of activity to be covered of ISO 9001 : 2015 by re-assessment and BSI Coding :

- No change of company name is UIN Raden Fatah Fakultas Psikologi
- No change of Address at "Jl. Prof. K.H. Zainal Abidin Fikri KM. 3,5, Palembang 30126, Sumatera Selatan - Indonesia."
- No change of scope is "The provision of educational services for Program Studi Psikologi Islam."
- Interview with Top Management, with next program :
- To increase the management performance by implementing ISO 9001:2015 - Accreditation of Program will expired in 2021, and how to increase the score of accreditation to B - Business Plan of UIN Raden Fatah Palembang Fakultas Psikologi Th 2020-2024 is verified.
- External & Internal Issues updated in quality manual QAPSI-SPMI-MM-01 Rev. 01 Date August 18, 2020.
- Need & expectation of interest parties was established and measures of achievement
- Change of quality manual QAPSI-SPMI-MM-01 Rev. 01 Date August 18, 2020
- No change of organization chart in 2019-2020
- No change of quality policy in 2019-2020, The Policy has been described in SPMI (Quality Manual) and socialized in meeting rooms. The content of policy is : "Pimpinan Fakultas Psikologi UIN Raden Fatah Palembang berkomitmen untuk mengembangkan kegiatan Tridharma bermutu tinggi. Dengan semangat internasionalisasi, keindonesiaan dan keislaman serta berkomitmen melakukan perbaikan yang berkelanjutan dalam sistem manajemen mutu dan pengembangan sumber daya untuk mencapai sasaran mutu dengan menerapkan pelayanan prima dan mendidik seluruh civitas akadeima Fakultas Psikologi UIN Raden Fatah Palembang," signed by Dean of Psychology Faculty.
- 9 criteria BAN-PT accreditation that concern based on IAPT 3.0 is verified
- Monitoring & Evaluation report 2019 - GPMF is verified
- Activities report GPMF semester Genap TA 2019/2020
- Change of standard operating procedures in 2020 updated August 18, 2020.
- Risk & opportunity was recorded and updated in quality manual in 2020 is verified
- Customer Feedback :
 - a. Tracer Study Fakultas Psikologi 2018 --> Alumnus and stakeholders satisfaction Survey, and include identification of needs and expectation of alumnus and stakeholder
 - b. Survey Kepuasan Mahasiswa 2017 (Student Satisfaction Survey)--> quite satisfied --> scoring from facility such as computer, internet, SIMAK, extracurricular, student council, consultation, literature, and feedback
- Internal audit have conducted on Nov. 24, 2019 with evidence are 'attendance list, audit checklist, audit report and NCR status
- Management Review has conducted on Dec. 02, 2020 and minutes of meeting have not been discuss to management review input & output according ISO 9001:2015, such as : changes in external and internal issues that are relevant to the quality management system,c) information on the performance and effectiveness of the quality management system, including trends in: customer satisfaction and feedback from relevant interested parties, the extent to which quality objectives have been met, process performance and conformity of services, nonconformities and corrective actions, monitoring and

measurement results, audit results, the adequacy of resources and the effectiveness of actions taken to address risks and opportunities.

Finding Reference	1950694-202008-I1	Certificate Reference	FS 716679
Certificate Standard	ISO 9001:2015	Clause	4.1
Category	Opportunity for Improvement		
Area/Process:	Top Management & MR		
Details	Isu eksternal terkait pandemi Covid 19 yang berpengaruh signifikan terhadap proses belajar mengajar belum secara clear impact dan pengendalian telah dinyatakan dan rencana strategis organisasi		

Finding Reference	1950694-202008-I2	Certificate Reference	FS 716679
Certificate Standard	ISO 9001:2015	Clause	6.1.2
Category	Opportunity for Improvement		
Area/Process:	Top Management & MR		
Details	Identifikasi resiko telah dilakukan dan dikendalikan, untuk peluang belum terlihat baik dalam manual dan renstra dalam memastikan peluang apa saja yang bisa diambil dari proses bisnis berdasarkan konteks organisasinya		

Finding Reference	1950694-202008-I3	Certificate Reference	FS 716679
Certificate Standard	ISO 9001:2015	Clause	7.1.3
Category	Opportunity for Improvement		
Area/Process:	Top Management & MR		
Details	Fakultas belum concern ke implementasi K3 & lingkungan secara komprehensif dalam memastikan lingkungan pembelajaran yang nyaman dan aman, seperti : gedung yg memenuhi kriteria keamanan, diberikan jalur evakuasi, emergency exit, penyediaan sarana emergency (APAR, dll), safety sign, pengukuran lingkungan kerja secara periodik dll		

Finding Reference	1950694-202008-I4	Certificate Reference	FS 716679
Certificate Standard	ISO 9001:2015	Clause	9.1.2
Category	Opportunity for Improvement		
Area/Process:	Top Management & MR		

Details	Survei kepuasan pelanggan (mahasiswa) telah dilakukan dan dianalisa, terkait dengan survei ke lembaga, user dan wali mahasiswa masih dalam progress, penggunaan aplikasi sistem diupayakan lebih memudahkan dalam dalam penerapan dan analisisnya
----------------	---

Finding Reference	1950694-202008-I5	Certificate Reference	FS 716679
Certificate Standard	ISO 9001:2015	Clause	7.5
Category	Opportunity for Improvement		
Area/Process:	Top Management & MR		
Details	Akreditasi BAN PT dan sistem manajemen mutu perlu dintegrasikan implementasi dan dokumentasinya		

Finding Reference	1950694-202008-I6	Certificate Reference	FS 716679
Certificate Standard	ISO 9001:2015	Clause	9.2.2
Category	Opportunity for Improvement		
Area/Process:	Top Management & MR		
Details	Kualitas internal audit adalah salah satu indikator efektivitas implementasi sistem manajemen mutu dilihat dari persiapan, pelaksanaan dan pelaporan, dan hasil audit perlu dianalisa terhadap pendekatan aspek PDCAnya untuk memastikan kekurangan proses audit bisa diidentifikasi dan dilakukan perbaikan secara efektif		

Curriculum (Include competencies and training for lecturers):

Auditee : Mrs Listya Istiningtyas, M.Psi.,Psi & team

Clauses : 4, 6, 7, 8, 9, 10

* Objective Evidence :

- Risk and opportunity has identification and controlled, should be evaluated risk lever after controlled and updated periodically.
- Related interested party are University, Students, Alumni, User of alumni, Lecturer, Employees, Society, (i.e. Desa Binaan), Companies / hospital / other organizations (i.e. for apprentice place), Government (i.e. Dinas Tenaga Kerja, Menristek Dikti), Other Universities, AP2TPI (Asosiasi Perguruan Tinggi Psikologi Indonesia), HIMPSI (Himpunan Psikologi Indonesia).
- SWOT analysis already defined in "Renstra". Internal issues are defined as Strength and Weakness. External issues are defined as Opportunity and Threat. These SWOT analysis defined per components such as vision, mission, purpose, objectives and strategic direction, governance, leadership, quality assurance, students and graduation, human resources, curriculum, learning process and academic situation, financial, infrastructure, etc.
- Mechanism of change management is already defined such as of leader changed is arranged in the "Tata Pamong", change of curriculum is arranged in the SOP
- Job description was defined for each position eg : lecturer
- BAN PT accreditation "B" is verified

- Strategi, program kerja dan indikator kinerja capaian mutu in TA 2019/2020 is verified
- Already defined in the Renstra2017-2022 such as for number of lecturers with S-1 degree, number of new students, cooperation with other Psychology Faculties .. etc.
- 'Pedoman Akademik Prodi PSI Islam Rev. 2019 is verified
- RKA TA 2019/2020 is verified
- 'Rekapitulasi Pengajaran Dosen Semester Ganjil TA 2019/2020
- Quality standard Psychology faculty TA 2020-2024
- Curriculum development is still in progress, usually inviting stake holders and alumni.
- New student in 2020/2021 was increased
- Syllabus & RPS TA 2019-2020 is verified
- 'Soal-soal UAS' have not been validated according RPS & Syllabus to ensure that conformity the level of difficulty and convenience according to the learning material, such as : Soal UAS Psikologi Industri & Organisasi dari Dosen Bu Dr Ema Yudianti, M.Si, Psikolog, Soal UAS Psikoterapi Islam dari Dosen Iredho Fani Reza, MA.Si.
- UAS result for course 'Psikoterapi Islam' semester gasal TA 2019/2020
- KKN result semester Gasal TA 2019/2020
- 'Nilai Skripsi semester Gasal TA 2019/2020
- Questionnaire of customer satisfaction of stakeholders alumni UIN Raden Fatah Palembang in 2020
- Questionnaire of customer satisfaction of student for lectures UIN Raden Fatah Palembang in 2020, not yet conducted
- Questionnaire of customer satisfaction of parent UIN Raden Fatah Palembang in 2020, not yet conducted
- 'Daftar Hadir mengajar & realisasi SAP for 'Psikoterapi Islam' with code PI 5073 semester Gasal TA 2019/2020
- Performance evaluation for Lecturer (full time and part time) have been done (IKD questionnaire), and analysis such as : Bu Dr Ema Yudianti, M.Si, Psikolog with result is ok.
- Laporan hasil penelitian - Kecemasan akan kepuasan pernikahan pada istri-istri pelaut by with lecturer Drs Winarto, MM & Herman, S.Sos, M.SM semester V.
- Laporan pengabdian masyarakat fakultas Psikologi TA 2017 at Ds. Paloh, Kec. Paciran - Lamongan.
- Lecturer competencies and qualification standard have been defined in the "Daftar Personil Fakultas Psikologi" and these departments have plan to improve the competencies for lecturer as stated in the RENSTRA and it is linear with the education background.
- Work load analysis has been done for lecturers for this Faculty.
- Regarding clause about design and development for curriculum, it is arranged in the procedures, clear about the input, verification & validation, review every four year or if there is new input.
- Validation of learning process has been done by every lecturers monthly in the presence list and validated by Ka. Prodi.
- Tracert study in 2019 is verified.

* Conclusion :

In general processes in this department were well controlled (effectively implemented). Planned activity is stated in procedure and in addition with interview result with auditee. Planned activities is implemented properly as shown in objective evidence above. Parameter of planned result; it is evidence from process realization, as stated in objective evidence above.

General (Employees, Infrastructure, Procurement, Lab & Library):

Auditee : Dra Munjiati, M.Si & team

Clauses : 4, 6, 7, 8, 9, 10

* Objective Evidence :

- Data recruitment of lecture in 2020, such as : recruitment request, lecture formation need in 2021 (17 lectures)
- Training schedule and realization in 2019/2020, such as : Training Sosialisasi & Bimtek Aplikasi Sistem Informasi Layanan Akademik (SILAYAK) on November 07, 2019 for 2 participants are Dian Ayu P., S.Psi.I & Friska Kusumawardani, S.Psi.I with evidence are 'Surat tugas,' shall be effectiveness evaluation.
- Appraisals with recorded in the 'Evaluasi pegawai BLU Fakultas Psikologi Th 2019, such as : Miftah Hasan N.M.R as librarian staff with result is 'C' and need to be evaluation to rolling.
- Procurement process with evidence are :
 - a. Rencana Kerja Anggaran (RKA-K/L) TA 2019
 - b. Daftar Nama-nama barang pengadaan sarana dan prasarana, such as : Lenovo PC A10 Silver Gray Core 13 & Printer Canon MX 497 on June 14, 2019
 - c. Usulan Pengadaan Buku Perpustakaan Fakultas Psikologi 2019 on April 04, 2019
- 'Daftar Barang Ruangan (DBR)' period 2019-2020, such as : DBR lectures room, DBR Layanan Mahasiswa, DBR Kasub Akademik & Kemahasiswaan and update Jan. 2019
- Preventive maintenance of infrastructure schedules & realization was recorded in the 'Kendali Perawatan sarpras,' such as : AC on Jan. 16, 2020
- Buku Kendali Perawatan dan Pemeliharaan Ruang Belajar Fakultas Psikologi UIN Raden Fatah Tahun 2020 (Logbook of Classroom Check and Maintenance) --> Item name, Quantity, Total of Class
- Daftar Inventaris Alat Tes Laboratorium Psikologi islam for Laboratorium Facility (Logbook of Laboratorium facility and equipment maintenance)

* Conclusion :

In general processes in this department were well controlled (effectively implemented). Planned activity is stated in procedure and in addition with interview result with auditee. Planned activities is implemented properly as shown in objective evidence above. Parameter of planned result; it is evidence from process realization, as stated in objective evidence above.

Finding Reference	1950694-202008-17	Certificate Reference	FS 716679
Certificate Standard	ISO 9001:2015	Clause	7.2
Category	Opportunity for Improvement		
Area/Process:	General (Employees, Infrastructure, Procurement, Lab & Library)		
Details	Mapping kompetensi secara kuantitatif untuk karyawan non PNS yang jadi wewenang TU belum ditetapkan		

Minor (4) nonconformities arising from this assessment.

Finding Reference	1950694-202008-N1	Certificate Reference	FS 716679
Certificate Standard	ISO 9001:2015	Clause	10.2.1
Category	Minor		
Area/Process:	Top Management & MR		
Statement of non conformance:	Setiap keluhan pelanggan telah direkam dalam data customer complaint th 2020, tetapi belum cukup bukti bahwa tindakan lanjut dengan tindakan perbaikan berdasarkan akar masalah telah dilakukan		
Clause requirements	<p>When a nonconformity occurs, including any arising from complaints, the organization shall:</p> <p>a) react to the nonconformity and, as applicable:</p> <ol style="list-style-type: none"> 1) take action to control and correct it; 2) deal with the consequences; <p>b) evaluate the need for action to eliminate the cause(s) of the nonconformity, in order that it does not recur or occur elsewhere, by:</p> <ol style="list-style-type: none"> 1) reviewing and analysing the nonconformity; 2) determining the causes of the nonconformity; 3) determining if similar nonconformities exist, or could potentially occur; <p>c) implement any action needed;</p> <p>d) review the effectiveness of any corrective action taken;</p> <p>e) update risks and opportunities determined during planning, if necessary;</p> <p>f) make changes to the quality management system, if necessary.</p> <p>Corrective actions shall be appropriate to the effects of the nonconformities encountered.</p>		
Objective Evidence	Keluhan mahasiswa di tgl 10 Agustus 2020 terkait dengan dosen yang sulit dihubungi/merespon (pernah 3 minggu baru direspon)		
Cause			
Correction/containment			
Corrective action			

Finding Reference	1950694-202008-N2	Certificate Reference	FS 716679
Certificate Standard	ISO 9001:2015	Clause	9.3.2

Category	Minor
Area/Process:	Top Management & MR
Statement of non conformance:	Tinjauan manajemen terakhir dilakukan di bulan Nov. 2019, dan beberapa pembahasan secara implisit belum memenuhi masukan dan keluaran tinjauan manajemen yang dipersyaratkan dalam ISO 9001:2015, seperti : pembahasan isu internal dan eksternal, analisa trend untuk hasil kepuasan pelanggan, keluhan pelanggan, pencapaian sasaran mutu.
Clause requirements	<p>Management review inputs</p> <p>The management review shall be planned and carried out taking into consideration:</p> <ul style="list-style-type: none"> a) the status of actions from previous management reviews; b) changes in external and internal issues that are relevant to the quality management system; c) information on the performance and effectiveness of the quality management system, including trends in: <ul style="list-style-type: none"> 1) customer satisfaction and feedback from relevant interested parties; 2) the extent to which quality objectives have been met; 3) process performance and conformity of products and services; 4) nonconformities and corrective actions; 5) monitoring and measurement results; 6) audit results; 7) the performance of external providers; d) the adequacy of resources; e) the effectiveness of actions taken to address risks and opportunities (see 6.1); f) opportunities for improvement.
Objective Evidence	Laporan Tinjauan Manajemen Nov. 2019
Cause	
Correction/containment	
Corrective action	

Finding Reference	1950694-202008-N3	Certificate Reference	FS 716679
Certificate Standard	ISO 9001:2015	Clause	7.1.5.2
Category	Minor		
Area/Process:	Curriculum (Include competencies and training for lecturers)		

Statement of non conformance:	Bukti validasi soal UAS tidak tersedia untuk memastikan soal UAS sesuai dengan syllabus dan RPS terkait kesesuaiannya dengan materi pembelajaran yang diberikan, tingkat kesulitan dan kemudahan soal sesuai materi pembelajaran
Clause requirements	<p>Measurement traceability</p> <p>When measurement traceability is a requirement, or is considered by the organization to be an essential part of providing confidence in the validity of measurement results, measuring equipment shall be:</p> <p>a) calibrated or verified, or both, at specified intervals, or prior to use, against measurement standards traceable to international or national measurement standards; when no such standards exist, the basis used for calibration or verification shall be retained as documented information;</p> <p>b) identified in order to determine their status;</p> <p>c) safeguarded from adjustments, damage or deterioration that would invalidate the calibration status and subsequent measurement results.</p> <p>The organization shall determine if the validity of previous measurement results has been adversely affected when measuring equipment is found to be unfit for its intended purpose, and shall take appropriate action as necessary.</p>
Objective Evidence	Soal UAS Psikologi Industri & Organisasi dari Dosen Bu Dr Ema Yudianti, M.Si, Psikolog, Soal UAS Psikoterapi Islam dari Dosen Iredho Fani Reza, MA.Si
Cause	
Correction/containment	
Corrective action	

Finding Reference	1950694-202008-N4	Certificate Reference	FS 716679
Certificate Standard	ISO 9001:2015	Clause	7.2
Category	Minor		
Area/Process:	General (Employees, Infrastructure, Procurement, Lab & Library)		
Statement of non conformance:	Mekanisme Evaluasi efektifitas hasil pelatihan belum ditetapkan dalam memastikan peningkatan kompetensi sesuai kebutuhan organisasi yang ditetapkan secara implementasi.		
Clause requirements	Competence The organization shall:		

	<p>a) determine the necessary competence of person(s) doing work under the control that affects the performance and effectiveness of the quality management system;</p> <p>b) ensure that these persons are competent on the basis of appropriate education, training, or experience;</p> <p>c) where applicable, take actions to acquire the necessary competence, and evaluate the effectiveness of the actions taken;</p> <p>d) retain appropriate documented information as evidence of competence.</p> <p>NOTE Applicable actions can include, for example, the provision of training to, the mentoring of, or the re- assignment of currently employed persons; or the hiring or contracting of competent persons.</p>
Objective Evidence	<ul style="list-style-type: none"> - Training Assessment Center Assessor Certification on April 8-12, 2019 untuk Bu Listya Istiningtyas, M.Psi, Psikolog; - Training sosialisasi dan bimtekaplikasi sistem informasi layanan akademik (SALAYAK) untuk Dian Ayu Pratiwi, S.Psi.I & Bu Friska Kusumawardhani, S.Psi.I tgl 07 Nov. 2019
Cause	
Correction/containment	
Corrective action	

Next visit objectives, scope and criteria

The objective of the assessment is to conduct a surveillance assessment and look for positive evidence to ensure the elements of the scope of certification and the requirements of the management standard are effectively addressed by the organisation's management system and that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organisations specified objectives, as applicable with regard to the scope of the management standard, and to confirm the on-going achievement and applicability of the forward strategic plan.

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

UIN Raden Fatah Palembang Fakultas Psikologi management system documentation

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 see A218 form for the detail plan	

Appendix: Your certification structure & ongoing assessment programme

Scope of Certification

FS 716679 (ISO 9001:2015)

The provision of educational services for Program Studi Psikologi Islam

Assessed location(s)

The audit has been performed at Central Office, Permanent Locations.

Sumatera Selatan / FS 716679 (ISO 9001:2015)

Location reference	0047739631-000
Address	Fakultas Psikologi UIN Raden Fatah Palembang Jl. Prof. K.H. Zainal Abidin Fikri KM. 3,5 Palembang Sumatera Selatan 30126 Indonesia
Visit type	Continuing assessment (surveillance)
Assessment reference	3098752
Assessment dates	31/08/2020
Audit Plan (Revision Date)	31/08/2020
Deviation from Audit Plan	No
Total number of Employees	14
Effective number of Employees	14
Scope of activities at the site	The provision of educational services for Program Studi Psikologi Islam
Assessment duration	1 day(s)

Certification assessment program

Certificate Number - FS 716679

Location reference - 0047739631-000

		Audit1	Audit2	Audit3	Audit4
Business area/Location	Date (mm/yy):	08/19	08/20	08/21	08/22
	Duration (days):	1	1	1	2
Management System (Include Objectives, Internal Audit & Management Review)		X	X	X	X
GMKF & GMKP		X	X		X
Kurikulum & Program Studi Psikologi Islam (Include competency & training of lecturers)		X	X	X	X
Umum (Employees, Infrastructure, Procurement, Lab & Library)		X		X	X
Re-Certification					X

Expected outcomes for accredited certification.

What accredited certification to ISO 9001 means

ISO 9001:2015 specifies requirements for a quality management system when an organization: needs to demonstrate its ability to consistently provide products and services that meet customer and applicable statutory and regulatory requirements; and aims to enhance customer satisfaction through the effective application of the system, including processes for improvement of the system and the assurance of conformity to customer and applicable statutory and regulatory requirements.

What accredited certification to ISO 9001 does not mean

- 1) It is important to recognize that ISO 9001 defines the requirements for an organization's quality management system, not for its products and services. Accredited certification to ISO 9001 should provide confidence in the organization's ability to "consistently provide product that meets customer and applicable statutory and regulatory requirements". It does not necessarily ensure that the organization will always achieve 100% product conformity, though this should of course be a permanent goal.
- 2) ISO 9001 accredited certification does not imply that the organization is providing a superior Product or service, or that the product or 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

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.