



Audit Report

INFORMATICS & BUSINESS INSTITUTE (IBI) DARMAJAYA

Address of Main Location

Jl. Zainal Abidin Pagar Alam No. 93 A
Bandar Lampung
Indonesia

Standard Audited **ISO 9001:2015**

Disclaimers and Notes

Number	Disclaimer and Notes
1	The report is confidential between the client and the URS Group of Companies and Regulators. Should a client and/or URS wish to circulate to other, non-named parties, then consent in writing should be obtained from the stated parties above.
2	The content of this report has been produced from samples taken during the visit.
3	If the client does NOT agree with the content of this report, the Client should notify URS within 7 working days of receipt of the report.
4	The audit has been performed in-line with the quotation and the scheme rules and regulations - refer to www.urs-holdings.com (Scheme Rules and Regulations)
5	Cancellation of a planned audit visit may incur a cost if not requested in writing and is less than 7 working days before the visit is scheduled - refer to www.urs-holdings.com
6	If significant changes are made to the management system, scope, location, number of sites or ownership, please notify URS in writing as soon as possible.
7	Please note that Audit Reports are independently reviewed within URS and in the unlikely event that the internal reviewer does not agree with the Auditor's recommendations and conclusion, URS shall notify you of the outcome.
8	During the independent review of this report, should the auditor be required to explain further his/her audit comments, the content of the audit report and supporting documents may be amended. Should any alteration materially affect the outcome of this report, you will be advised accordingly.

Client Signature (Optional)	Lead Auditor Signature (Optional)
Dr. RZ Abdul Aziz ST MT	Henny Theodora



1.0 Administration of the Audit Activity and Changes

AUDIT TEAM members	Total Hours on Audit	Total Days on Audit (nearest half day)	Shift(s) Audited	Name of Translator if Applicable	Name of Specialist if Applicable
Henny Theodora	16	2.0	N/A	N/A	N/A
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CLIENT CONTACT(s) - Primary	Primary Contact(s) Changed
Dr. R.Z. Abdul Aziz S.T., M.T.	N/A

CLIENT FINANCIAL Contact(s) - Currently	Financial Contact(s) Changed
Dr. R.Z. Abdul Aziz S.T., M.T.	N/A

OTHER ADMINISTRATIVE CHANGES that may be Relevant for the Client Record
N/A



2.0 Technical Aspects of the Audit and Changes

This section of the Report seeks to identify significant technical or business changes to the Client, that may effect the certification scope, the manner in which the audit was conducted, or is to be conducted for the future, which may effect the audit duration.

2.0.1 The Client's Fundamental Processes:

The auditor is ONLY defining the Client's Fundamental Processes or Departments that the client refers to in their management system (i.e.: functions in the standard such as Management Review, is a Management Process and is recorded else where). The auditor may further clarify a Client's fundamental process name to aid programme activities e.g.: if reference is made to Manufacture in a general engineering company, the auditor may expand its reference by stating Manufacture - cutting, Manufacture - Painting. The auditor is responsible for "building" the fundamental processes for the 3 year certification programme; as well as showing which fundamental processes have been seen in the individual audit plan for this visit.

Name of the Fundamental Process or Department	Fundamental Process or Department CHANGED since last Visit			
Program study	--	--	--	---
Pendaftaran Mahasiswa Baru	--	--	--	---
Biro Administrasi Akademik & Kemahasiswaan	--	--	--	---
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2.0.2 The Client's Business Structure - Locations and Shifts

Client Certification Structure	Change in Address(es) of Certification Structure	Address CHANGES	Changes in Work Pattern (e.g.: Shifts)	Shift CHANGES
Single	No	N/A	No	N/A
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2.0.3 The Client's Scope

Scope of Certification (refer to relevant Certificate)	Scope of Certification - minor CHANGES required
Management of Teaching and Learning for Higher Education	N/A

3.0 Significant Changes

Significant changes that have been identified by the auditor during planning activities, or during the audit itself, or notified by the client to the auditor, are changes that require additional time to audit. As such, the auditor should perform a Special Visit to verify compliance of the changes.

Area of Significant Change	Applicability	Brief Description of Change	Estimated Duration of Special Visit
NEW Location (to be added to Certification)	No	Still use the existing address	N/A
A major increase in Employee numbers (greater than 45% from last visit)	No	There were no significant change regarding employee numbers	N/A
Major change in the volume of Sales and/or Customers (e.g.: over 40% increase since last visit)	No	No significant increase regarding number of student compare to previous year. However for this new semester organization had targeted 1700 new student.	N/A
Major Change in applied technology/equipment/processes (e.g.: hand solder to automatic placement of components)	No	No significant change regarding technology /equipment/ process applied	N/A
Major change in Regulation and/or customer requirements	No	No change in regulation & customer requirement	N/A
Major change in scope (e.g.: Adding Design, Installation, extended products or services offered)	No	No change related to the scope of organization	N/A



4.0 Audit Team Summary, Recommendations and Conclusion

4.0.1 Audit Team Summary

SCOPE

The scope statement i.e. Management of Teaching and Learning for Higher Education has clear self interpretation of what the organization's service is, and clearly define the organization's business. It is clearly define the fundamental process including the interaction within process during activities

SYSTEM CONTROLS

The management system control has been adequately defined, documented, and implemented. It includes the CAPA system, IQA system, Management Review system. All department heads aware that corrective action plan shall be in-place when any discrepancy found for any issue, including at service provision process, customer complaint, unachieved objective/ target. Improvement system has been adequately implemented.

RISK APPROACH

Organization had been identified risk and opportunity. It is registered on document of "Pemantauan Analisa Resiko & Peluang". It had been communicated to all department and reviewed periodically.

LEADERSHIP

Top management provides good communication regarding system and information to all levels. Seen the excellent commitment from all level of staff regarding the continual improvement of the management system.

RECOMMENDATION

The audit have been conducted throughtout the relevant department. Traceability of the process from all relevant departmet reflected. Several sampling have been conducted to ensure all process comply with the regulation and traceable.

By considering effective implementation of quality management system and conformance to ISO 9001:2015 requirements, we recommend the continuation of certification for ISO 9001:2015 standard to IBI DARMAJAYA.

4.0.2 Recommendation and Conclusion from the Normal Scheduled Visit

Recommendation	Indicate Where Applicable
No action required	<input type="checkbox"/>
Consider the Comment(s) Raised for the Next Visit	<input checked="" type="checkbox"/>
Send in a Corrective Action Plan and EVIDENCE to close the Concern(s) - Ds (evidence should be sent within 60 working days)	<input type="checkbox"/>
As a Major NC(s) has been raised this visit, a Special Visit will be required to verify closure of the NC(s) - the visit must be performed within 90 days	--
The date of the special visit has been booked for	---

Conclusion	Indicate Next Action



Conclusion	Indicate Next Action
Grant Certification or Continued Certification	<input checked="" type="checkbox"/>
Grant Certification or Continued Certification - Subject to the Client forwarding the information requested above	<input type="checkbox"/>
Suspension and Special Visit Required	<input type="checkbox"/>
Immediate withdrawal of Certification	<input type="checkbox"/>

4.0.3 Audit Team Recommendation from Acknowledged Significant Changes

The recommendation below is based upon the information stated in the Table under section 3.0 of this report (Significant Changes). The URS Office will review the recommendation below and confirm, or otherwise the requirement.

Special Recommendation	Duration of Special Visit (to the nearest 0.5 day)	Proposed Date
A special visit to verify compliance of the management system with respect to the significant changes noted is required; which may amend the formally issued Certificate of Registration. The special visit should be conducted no later than 90 days from this visit date.	N/A	N/A



5.0 Actual Visit Plan of this Audit, including Close-Out of Previous Findings

Standard/Scheme	Date(s) of Audit	Client Name	Activity Type
ISO 9001:2015	03-04 May 2018	INFORMATICS & BUSINESS INSTITUTE (IBI) DARMAJAYA	Surveillance

The objective for the visit (plan given below) is to confirm that the management system remains in compliance with regard to the standard, contractual requirements and regulations.

Day Number	Start Time	Shift Seen (N=Client does not operate shifts A=Multiple Shifts)	If A selected state shifts visited	Auditor Name	Process or Department Audited	Location Identification must be stated if more than one location Audited
1	8.00	N	N/A	Henny Theodora	Opening Meeting	---
---	8.30	--	---	---	Pendaftaran Mahasiswa Baru (incl. Students recruitment; Data collection; Marketing; Promotion and Advertising; External communication; etc)	---
---	10.00	--	---	---	Biro Administrasi Akademik & Kemahasiswaan (incl. Academic service; CSS; Lecturing administration control; etc.)	---
---	11.00	--	---	---	HR (incl. Recruitment; Training; Organizational knowledge; Performance appraisal; Promotion; Resignation; Roles and	---



Day Number	Start Time	Shift Seen (N=Client does not operate shifts A=Multiple Shifts)	If A selected state shifts visited	Auditor Name	Process or Department Audited	Location Identification must be stated if more than one location Audited
					responsibilities; etc.)	
---	12.00	--	---	---	Lunch	---
---	13.00	--	---	---	Program Study	---
---	16.00	--	---	---	QAC/ Management Representative (context of the organization, needs and expectations of interested parties, scope of QMS, establishing and communicating quality policy, organizational roles and responsibilities and authorities, risk/opportunities assessment and evaluation, control of documented information, internal audit, management review, non-conformity and corrective action, continual improvement)	---
2	8.00	N	N/A	Henny Theodora	Perpustakaan (incl. Collection control; Storage; etc.)	---
---	9.30	--	---	---	Biro MAL (Inventory & Logistic incl. Procurement; External provider performance monitoring; Asset control; Logistic control; etc)	---
---	11.00	--	---	---	ICT (incl. Backup; IT equipment maintenance; Repair handling; Software development; etc.)	---
---	12.00	--	---	---	Lunch	---



Day Number	Start Time	Shift Seen (N=Client does not operate shifts A=Multiple Shifts)	If A selected state shifts visited	Auditor Name	Process or Department Audited	Location Identification must be stated if more than one location Audited
---	13.00	--	---	---	Continued ICT(incl. Backup; IT equipment maintenance; Repair handling; Software development; etc.)	---
---	14.00	--	---	---	Report Preparation	---
---	14.30	--	---	---	Closing Meeting	---
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Day Number	Time Spent for Close-out	Name of Auditor	Comments on Verification of Previous Findings Raised
1	0.5	Henny Theodora	There were some comment (PNC & OFI) and Discrepancies (D) issued from previous visit. All findings had been verified and followed up by organization, and the result is satisfactorily



7.0 Comments Raised

OFI = Opportunity for Improvement - An area noted in a process that the auditor is aware that potential improvement can be made within the said process.
PNC = Potential Non-Compliance - An area where the auditor has not fully audited the process (e.g.: a new change has been introduced to a process) but is aware that the process is not fully compliant.

Number	Description of Comment	Comment Type
1	"Laporan Pencapaian Sasaran Mutu" had been made by organization to monitor the achievement of quality objective in each department. However seen that it had not consistently used in several department e.g New Registration Student & HR etc identification to root cause and action taken for unachieved target were not retrievable. Consider to record those activities properly to ease the evaluation.	PNC
2	"Laporan Pelaksanaan Perkuliahan" or study report were provided for each subject and lecturer. Seen the report for subject "Pengantar Sistem Informasi Manajemen (MAN15252) – By Mr. Abdi Darmawan. Found some different information after crosscheck to "Presensi Mata Kuliah" e.g. Meeting 2 dated 06/20/17, Meeting 10 dated 08/01/18 etc it should be 03/10/17 & 02/01/18.	PNC
3	Seen different information regarding subject of meeting on GBBP of Desktop Programming and its SAP at Program Study of Information System (Prodi Sistem Informasi". Based on GBBP meeting 15 & 16 should be UTS/ Mid test while at SAP it is stated as "Teori : Kompetensi dasar mampu menjelaskan VB net" for meeting 15 and "Practically : Kompetensi dasar menjelaskan menu VB net" for meeting 16.	PNC
4	Seen report of stock take or "Laporan Hasil Stock Opname" at Library Department. Consider to add information of stock date date on it.	OFI
5	Asset control (borrow & return) were recorded in "Form Peminjaman & Pengembalian Asset" . Consider to consistently record the specification and inventory number to ease the traceability.	PNC
6	Access to server room were controlled and recorded on "Log bok Akses Server" . Seen the latest update dated 02/03/18 for back up activity whilst the activity after that date were not recorded yet.	PNC



Number	Description of Comment	Comment Type
7	Seen the request of software development “Pembuatan Aplikasi Print Out Ijazah Terintegrasi” dated 05/10/17 had been finished and handovered to BAAK Dept. However the handover record were not retrievable during audit.	PNC
8	Improvement to risk & opportunity identification in terms of : - Action taken to address the risk and opportunity including target to evaluate the effectiveness had not been determined for process of “jumlah penelitian yang dimanfaatkan oleh stakeholder” -Likelihood, risk level, target to evaluate the effectiveness for process of “Publikasi di seminar hasil/ nasional/ internasional” had not determined.	PNC
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2018/35573/RC1
ISO 9001:2015



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