



INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

VERSION NO : 02

REVISION NO : 01

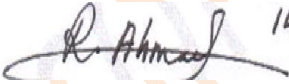
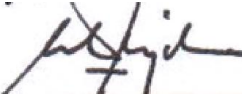
CONTROL OF NON-CONFORMING PRODUCTS/SERVICES

EFFECTIVE DATE : 09/2015

DOCUMENT NO. : IIUM/MP/04

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CONTROL OF NON-CONFORMING PRODUCTS/SERVICES

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Date : 09/2015	Date : 09/2015

1. OBJECTIVE

The procedure is established in order to ensure that nonconforming services or products are identified and controlled to prevent their unintended use or delivery. This control provides for the identification, documentation and evaluation of nonconforming services and for notification of the functions concerned.

2. SCOPE

This procedure applies to the control of nonconforming services as well as products/materials that may be considered part of the service as provided to OQM.

3. DEFINITIONS/ABBREVIATIONS

- 3.1. MR : Management Representative
- 3.2. DMR : Deputy Management Representative
- 3.3. HOD : Heads of Departments
- 3.4. DD : Deputy Director of the Kulliyah/Division/Centre/Institute
- 3.5. AD : Assistant Director of the Kulliyah/Division/Centre/Institute
- 3.6. MRM : Management Review Meeting
- 3.7. OQM : Office of Institutional and Academic Quality Management
- 3.8. SFS : Student Feedback Survey
- 3.9. CPD : Centre for Professional Development
- 3.10. MSD : Management and Services Division
- 3.11 : Products/materials : the products and materials that include incoming products from suppliers and any items such as brochures and pamphlets that relate to the activities pertaining to the management of Academic Affairs, Research and Publication, Student Development and Corporate Services.

4. REFERENCES

- 4.1 Quality Manual QM 8.0 (Control of Nonconforming Product/Service)
- 4.2 Relevant ISO QMS Standards
- 4.3 Procedure on Corrective Action (IIUM/MP/04)
- 4.4 Procedure on Management Review (IIUM/MP/07)
- 4.5 Procedure on Internal Audit (IIUM/MP/03)

5. RESPONSIBILITY AND DETAILED PROCEDURE

		<p>Nonconforming Products/Materials and Services are identified in any of the following ways:</p> <p><u>Incoming Products from Suppliers/Vendors</u></p>
DD/AD/EO	5.1	Receive the products from suppliers/vendors.
DD/AD/EO	5.2	Check the incoming products or materials ordered from suppliers.
DD/AD/EO	5.3	Return to suppliers/vendors if the ordered products or materials are damaged or do not meet the requirements.
DD/AD/EO	5.4	Prepare the reports and keep the records in the file.
		<u>Internal Services</u>
DD/AD/EO	5.5	Receive the reports on nonconforming services.
DD/AD/EO	5.6	Forward the reports to the Dean/Director of the Kulliyah/Division/Centre/Institute.
Dean/Director	5.7	Discuss the reports with Deputy Deans/HOD/DD/AD/EO or any related parties.
Dean/Deputy Deans/HOD/DD/AD	5.8	Decide on the corrective action needed.
DD/AD/EO	5.9	Prepare the reports on the corrective action taken for the filing purposes.
MSD	5.10	To monitor and identify the area of weaknesses and recommend for training (based on APAR assessment).

RESPONSIBILITY	DETAILED PROCEDURE
DD/AD/EO Dean/Deputy Deans/HOD/DD/AD DD/AD/EO	<p style="text-align: center;"><u>Services Provided by External Sources</u></p> 5.11 Receive the report of the services provided by external sources. 5.12 If the services given do not comply with the requirements, discuss the matter with the top management of the respective K/C/D/Is. 5.13 Decide on the corrective action needed. 5.14 Prepare the reports on the corrective action taken for filing purposes.
Dean/Deputy Deans/HOD/DD/AD	<p style="text-align: center;"><u>Nonconforming Services</u></p> 5.15 Academic Staff whose score of SFS (Student Feedback Survey) Rating) is below the required weighted average. <ul style="list-style-type: none"> i) 1st time below 80% - send reminder letter, and copy to the respective Head of Department. ii) Below 80% for two semesters consecutively – will be sent for Teaching Methodology Course or any other related courses conducted by the University or any other course(s) to be identified by the Kulliyah. iii) To monitor and identify the area of weaknesses and recommend for training. (based on the analysis of each question of SFS form).
MSD	5.16 Administrative Staff whose score of Annual Performance Appraisal Report (APAR) is below 60%, will not be eligible for Annual Salary Increment (ASI) for that particular year of assessment.

Dean/Deputy Deans/HOD/DD/AD	5.18	Identify and propose programmes for students whose CGPA is below the minimum requirement based on the following categories of students: a) CGPA 3.00 or above if necessary. b) $2.30 \leq \text{CGPA} \leq 3.00$ if necessary. c) CGPA 2.30 and below d) PV and readmission cases.
	5.18	To monitor the progress and the performance of the students through out the semester.
	5.19	Students who fail to obtain 80% of attendance in classes will be barred from sitting the final examination.
	5.20	New sections need to be opened within the 1 st week of the semester if there are not enough sections offered for core and service courses.
	5.21	Part-time lecturers need to be appointed if there are not enough lecturers to teach courses offered.

6. QUALITY RECORDS

NO	QUALITY RECORDS	LOCATION	RETENTION PERIOD	RESPONSIBILITY
1	Internal Audit Reports	Filing Cabinet	5 years	Administrative Assistant
2	Minutes of Management Review Meeting for Quality System	Filing Cabinet	5 years	Administrative Assistant
3	Reports on Corrective Action	Filing Cabinet	5 years	Administrative Assistant