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PREVENTIVE ACTION

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1. OBJECTIVE

The procedure is established in order to clarify and explain the procedures and guidelines on the preventive actions for the efficient and effective quality system of Teaching and Learning at the International Islamic University Malaysia.

2. SCOPE

This procedure is used to determine actions to eliminate the causes of potential nonconformities in the quality system of Teaching and Learning and take any immediate preventive actions in order to prevent their occurrences.

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/Institute
- 3.5 AD : Assistant Director of the Kulliyah/Division/Centre/Institute
- 3.6 EO : Executive Officer of the Kulliyah/Division/Institute
- 3.7 MRM : Management Review Meeting
- 3.8 OQM : Office of Institutional and Academic Quality Management
- 3.9 Management Review Meeting is the meeting that is held every twelve months to discuss issues related to the Quality System implementation, and to review the achievements on the principles and objectives of the Quality System adopted.
- 3.10 Preventive Action means actions taken based on the analysis of data collected from related activities to prevent the occurrence of potential problems.

4. REFERENCES

- 4.1 Quality Manual QM 8.0 (Corrective Action)
- 4.2 Relevant QMS Standards (Clause 8.5.2)
- 4.3 Procedure on Management Review Meeting (IIUM/MP/07)
- 4.4 Procedure on Customer Complaints (IIUM/MP/08)
- 4.5 Procedure on Internal Audit (IIUM/MP/03)

5. RESPONSIBILITY AND DETAILED PROCEDURE

RESPONSIBILITY	DETAILED PROCEDURE
DD/AD/EO	5.1 Collect all information and data that are related to the followings: i) customer complaints, ii) suggestions on preventive actions from staff who have been involved in the quality system implementation, iii) internal audits, and iv) other non-conformance services in the Quality System.
Dean/Director/ HOD/DD/AD	5.2 Review and analyze all the reports and data collected and use statistical techniques if necessary. 5.3 Evaluate the need for action to prevent occurrence of nonconformities. 5.4 Identify the solutions for the preventive actions needed in order to ensure that the nonconformities will not occur. 5.5 Determine and implement the preventive action needed.
	5.6 Prepare the report that consists of suggestions and solutions of the preventive action needed through the form as in "Internal Audit/Corrective

DD/AD/EO	Action/Preventive Action Form” 5.7 Table the reports in the K/C/D/I meeting.
Kulliyyah Board Meeting	5.8 Review the reports on the preventive action as well as improvement efforts for further implementation (if necessary).
Dean/ Director	5.9 Ensure that relevant staff involved implements the preventive actions which had been approved.
Administrative Assistant	File all reports on the implementation achievement of the preventive actions and improvement efforts.

6. QUALITY RECORDS

NO	QUALITY RECORDS	LOCATION	RETENTION PERIOD	RESPONSIBILITY
1	Customer Complaint/ Suggestion Reports	Filing Cabinet	5 years	Administrative Assistant
2	Internal Audit Reports	Filing Cabinet	5 years	Administrative Assistant
3	Minutes of Management Review Meeting for Quality System	Filing Cabinet	5 years	Administrative Assistant
4	Completed Preventive Action Form	Filing Cabinet	5 years	Administrative Assistant