

NO.	CATEGORY	REF. NO.	KCDIO	DATE	AUDITOR	AUDITEE	CLAUSE NO.	CLAUSE TITLE	SUB-CLAUSE NO.	SUB-CLAUSE DESC.	FINDING	OBJECTIVE EVIDENCE (if applicable)	remarks
1	OFI	OFI01	Academic Management & Admission Division	4-May-18	Sr. Nur Khamshiah Ahmad	Mdm. Noriah Ismail	7	Support	7.5.3.1 (b)	Documented information required by the QMS shall be controlled to ensure.. (b) It is adequately protected (e.g from loss of confidentiality, improper use or; loss of integrity)	During the audit, it was found out that the Partial Transcript issued by Kuliyah were using the same paper as the full transcript. This lead to the following consequences: a) Official Transcript not collected b) Scroll not collected c) Integrity issue - transcript can be edited and forge		
2	OFI	OFI02	Academic Management & Admission Division	4-May-18	Sr. Nur Khamshiah Ahmad	Sr. Salah Abu Bakar	8	Operation	8.1	Operational Planning and Control	Submission of Senate document must be made with the Submission of Paper for endorsement of Senate form. During the audit it was found that there are some Kuliyah did not submit the required form together with the proposal/ results.	Sample 1: Appeal to sit for Final Attempt for Part 1 Examination Master of Medical (Internal Medicine) Master of Medicine (Anaesthesiology) Senate 443 Sample 2: Submission paper through email Result of Theses/ Dissertation List of Graduating Students Senate 443	
3	OFI	OFI03	Academic Management & Admission Division	4-May-18	Mdm. Rusnani Din @ Yaakob	Mdm. Jamilah Saidin	8	Operation	8.5.6	Control of Changes	It was found that date of online offer letter was not fixed as actual date of offer letter issued, but change according to current date. Implication: Staff need to copy the original letter in the file although system is available	Sample 1: Admission to undergraduate programme Se. 2 2017/2018 session Nor Aimi Yasirah binti Mohamad Samsor/ Matric No. 1720006 Date of offer letter in the system : 3 May, 2018 (actual date 9 January, 2018) Date of enrolment : 27 January, 2018	
4	OFI	OFI04	Academic Management & Admission Division	4-May-18	Mdm. Rusnani Din @ Yaakob	Sr. Norliza Ahmad Zainuddin	8	Operation	8.2.4	Changes to Requirements for Products and Services	It was found that Kuliyah still updating course for pre-registration during pre-registration date; Pre-Registration date 24 April-25 May, 2018	Sample 1: RKUD 2240 –Last update 3/5/2018. ACS 3152 – Last update 2018	
5	OFI	OFI05	Academic Management & Admission Division	4-May-18	Mdm. Rusnani Din @ Yaakob	Sr. Norliza Ahmad Zainuddin	7	Support	7.2	Competence	It was found that a staff in charge of examination (appeal for rechecking) did not regenerate student result upon getting the final grade and affected overall student's CPA/CGPA.	Sample 1: 1615388 COMM 3110 – Upgraded from E to D Sample 2: 1122484 PSYC 3070 – Upgraded from D to C Sample 3: 1413839 PSYC 307- - Upgraded from D to B-	
6	OFI	OFI06	Academic Management & Admission Division	4-May-18	Mdm. Noraini Mukhtar	Sr. Fazlinda Ayu Daud	7	Support	7.1.2	People	During the audit, it was found that many databases/modules and its tasks are handled by one single person. This lead to the following consequences/risks: a. No replacer when staff is on leave b. Slacken knowledge transfer exercise from predecessor to successor c. Health hazard/impending stress or burnout felt by staff		
7	OFI	OFI07	Academic Management & Admission Division	4-May-18	Mdm. Noraini Mukhtar	Mdm. Noriah Ismail, Sr. Fazlinda Ayu Daud, Sr. Mirdal Mukhtis	7	Support	7.2.1 ©	Customer communication - obtaining customer feedback relating to products and services, including customer complaints	During the audit, it was found that the customer complaints instrument is not in place, rather it was listed as the last item/question in the Counter Service Satisfaction Survey. This lead to the following consequences: a. No avenue for customer to note complaints and comments b. Feedback from customer is not solicited for continuous improvement c. Complacency on the part of the staff due to non-existent of complains		
8	OFI	OFI08	Academic Management & Admission Division	4-May-18	Sr. Sarini Sulaiman	Sr. Fazlinda Ayu Daud	8	Operation	8.1	Operational Planning and control The organization shall plan, implement and control the process..	During the audit, it was found that Final Exam Time-Table for semester 2,2017/2018 (undergraduate) which fall on Sunday stated on 27 May 2018 as compared announce by Rector. a. Printed Schedule		
9	OFI	OFI09	Academic Management & Admission Division	4-May-18	Sr. Sarini Sulaiman	Assoc. Prof. Dr. Gairurazmi	8	Operation	8.2.2	Determining the requirements for products and services	First Class Honor SAPER 2004/2005 – CGPA of 3.6 and above After 2004, no more class of Honor, but there are still request from students for class of honor. In the system, there are still class of honors. Rector's List is CGPA of 3.5 Dean's List is also CGPA of 3.5 The university need to decide whether to maintain class of honor or not. If yes, how it relate to Rector's list which is CGPA of 3.5		
10	NCR (Minor)	NCR01	Ahmad Ibrahim Kuliyah of Law	18-May-18	Dr. Syamsul Bahrin Abdul Hamid	Sr. Edah Baharom	5	Leadership	5.1.1	Leadership and commitment. - General	The appointment for the Head of Research for AIKOL started from 15/5/2018. Based on the discussion with Sr. Edah Baharom no other appointment has been received prior to the date, which indicates that AIKOL is without any HOR for more than 4 months in 2018.	1. Organization chart for AIKOL updated 1 Feb 2018. 2. Appointment letter from Office of Rector Ref. IUUM/102/C/5/5/4 (AIKOL) Dated 15th May 2018	
11	NCR (Minor)	NCR02	Ahmad Ibrahim Kuliyah of Law	18-May-18	Dr. Syamsul Bahrin Abdul Hamid	Sr. Edah Baharom	9	Performance Evaluation	9.1.3	Analysis and evaluation	Based on file IUUM/303/3/1 Titled Strategic Planning, there is a quality objective being updated for period of Jan-Mar 201. However, from the file there is no analysis or further action taken from the quality objective data. Upon discussion, it was found that this is due to no HOR is available to perform the analysis and no covering have been appointed by the Dean on this matter. No report was also given to Kuliyah Board Meeting (KBM) on Research and Publications in 2018.	1. Quality Objective in file IUUM/303/3/1: STRATEGIC PLANNING 2. Minutes of Meeting for KBM dated 29 Jan 2018 and 23 Mar 2018.	
12	OFI	OFI01	Ahmad Ibrahim Kuliyah of Law	4-May-18	Mdm. Haslina Shamsuddin	Mdm. Azura bt. Hamzah	5	Leadership	5.2.2	Communicating the Quality Policy	It was found that the Quality Policy was not available at the Postgraduate Office, Ahmad Ibrahim Kuliyah of Laws.	Objective Evidence : The Quality Policy was not sighted at the Postgraduate Office, Ahmad Ibrahim Kuliyah of Laws.	
13	OFI	OFI02	Ahmad Ibrahim Kuliyah of Law	4-May-18	Mdm. Haslina Shamsuddin	Mdm. Azura bt. Hamzah	7	Support	7.3	Awareness.- Persons doing work under the organization's control shall be aware of: The quality policy and relevant quality objectives	It was found that the staff at the Postgraduate Office, Ahmad Ibrahim Kuliyah of Laws were not aware of their respective quality objectives.	Objective Evidence : The Quality Policy was not available at the Postgraduate Office, Ahmad Ibrahim Kuliyah of Laws.	

14	OFI	OFI03	Ahmad Ibrahim Kulliyah of Law	4-May-18	Mdm. Haslina Shamsuddin	Mdm. Azura bt. Hamzah	8	Operation	8.1 (b)	Operational planning and control	It was found that the criteria for admission of Postgraduate candidates who did not fulfill minimum CGPA requirement for admission into the Postgraduate programme was not adequately established.	Objective Evidence : PX17233559 – Nik Masliha Zakiyah (MCL) CGPA = 2.526 Working experience = July 2016 – Dec 2017.
15	OFI	OFI04	Ahmad Ibrahim Kulliyah of Law	4-May-18	Mdm. Haslina Shamsuddin	Sr. Hamidah Zainuddin	5	Leadership	5.3	Organizational roles, responsibilities and authorities	It was found that the Review Committee Forms for vetting of question papers were signed and recommended by the Deputy Dean (Postgraduate Affairs) instead of the Head of Department as required by the Postgraduate Regulations (Revised 2015).	Objective Evidence : LAW 6425, Semester 1, 2017/2018 LAW 6525, Semester 1, 2017/2018 SIA 6555, Semester 1, 2017/2018 Postgraduate Regulations (Revised 2015) p. 112, Article 1 Clause 5 : Examination Committee
16	OFI	OFI05	Ahmad Ibrahim Kulliyah of Law	4-May-18	Sr. Abazaillah Mohd Abbas	Br. Misrol Amri	7	Support	7.1.3	Infrastructure	During the audit, it was found that there was no 'Persakuan Kelengkapan Mesin Angkat' certificate displayed in the lift to confirm that the lift is safe for use.	Objective Evidence: AIKOL Lift
17	OFI	OFI06	Ahmad Ibrahim Kulliyah of Law	4-May-18	Sr. Abazaillah Mohd Abbas		9	Performance Evaluation	9.1.1	Monitoring, measurement, analysis and evaluation	During the audit, it was found that those who attended local conferences did not fill up the survey form for Local Conference as required by the AIKOL.	Objective Evidence: Local Conference form
18	OFI	OFI07	Ahmad Ibrahim Kulliyah of Law	4-May-18	Assoc. Prof. Dr. Amelia Wong Azman	Prof. Dr. Naqib / Sr. Hamidah Zainuddin	7	Support	7.5.3.2 (a)	Control of documented information	It was found that retrieval of documents from the course files was difficult.	Objective Evidence: Loose documents for the LAW 6865 course file and unspecified evaluation assessment for LAW 6518 course file.
19	OFI	OFI08	Ahmad Ibrahim Kulliyah of Law	4-May-18	Assoc. Prof. Dr. Amelia Wong Azman	Prof Naqib / Assoc Prof Abdul Rani	8	Operation	8.5.1 (a)	Control of product and service provision	It was established that there is no standard/generic rubric assessment or performance criteria that was used to evaluate the students' performance.	Objective Evidence: During the interview for LAW 6865 and LAW 6525, lecturers confirmed that there wasn't any standard/generic rubric assessment or performance criteria that was used during evaluation.
20	OFI	OFI09	Ahmad Ibrahim Kulliyah of Law	18-May-18	Dr. Syamsul Bahrin Abdul Hamid	Sr. Edah Baharom	6	Planning	6.1 & 6.2	Action to address risk and opportunity Quality objective and planning to achieve them	Quality objective is without strategy on how to fully achieve the quality objective. Risk and evidence of failure is shown, but no risk mitigation action could be demonstrated. As of Mar 2018 PI for grants – 32.25% / 80% PG Supervision – 70 / 81 Publication Index – 2/ 275 Publication Non Index – 14/68 Planning: 2018 – 88 publications 2019 – 74 publications No other plan noted in 2018 for grants. With the above, publication is expected to fail the quality objective with 90 / 275.	Objective Evidence: 1. PI & Non PI List in 2017 2. Application for RIGS for those without PI in 2017 3. FRGS workshop for AIKOL in 2017. Proposal 1. Some form of risk mitigation / analysis on what action to be taken if the numbers does not add up 2. Strategic action plan for the Quality Objective (QO) 2018, to ensure that all action add to achieving the QO
21	OFI	OFI10	Ahmad Ibrahim Kulliyah of Law	18-May-18	Dr. Syamsul Bahrin Abdul Hamid	Sr. Edah Baharom	7	Support	7.4	Communication	Based on the interview with Dr. Maizatul newly appointed HoR, no prior communication has been received on the appointment. Based on the interview, previously there were those who were appointed but rejected the appointments.	Objective Evidence: 1. Interview with Dr. Maizatul Proposal 1. To identify suitable policy on how to communicate on pre-appointment of office bearers.
22	OFI	OFI11	Ahmad Ibrahim Kulliyah of Law	18-May-18	Dr. Syamsul Bahrin Abdul Hamid	Sr. Edah Baharom	6	Planning	6.1	Action to address risk and opportunity	Based on risk register research proposal is to be vetted for higher change of approval. However, based on the interview with Sr. Edah, the process is still weak as majority of the research proposal is not vetted, and no official policy to identify which proposal to be vetted or which do not need to be vetted.	Objective Evidence: 1. Interview with Sr. Edah 2. Risk registry prepared by Sr. Sa'idatul, Deputy Director dated: 1st May 2018. Proposal 1. To identify suitable plan of action plan and policy on which research proposal to be vetted and not require vetting. 2. Identify overall policy of vetting.
23	OFI	OFI12	Ahmad Ibrahim Kulliyah of Law	18-May-18	Dr. Syamsul Bahrin Abdul Hamid	Sr. Edah Baharom	7	Support	7.4	Communication	Interview with Sr. Edah indicate that she is still using the 2011 HoR Term of Reference (ToR). New ToR 2018 have been released and is not aware by AIKOL.	Objective Evidence: 1. TOR for AIKOL Academic Coordinator 2011 Proposal 1. HOR and RMC to identify suitable aggregation of communication packet / material between the two to ensure that all policy at sync between the two parties within identified period of time.
24	OFI	OFI13	Ahmad Ibrahim Kulliyah of Law	18-May-18	Br. Ahmad Zulhilmi Ahmad Hizam	Sr. Edah Baharom	7	Support	7.5.2	Creating and updating	There is no hardcopy evaluation of application as stated in the process flow for application of research grant whereby researchers fill in the application from online and print hardcopy to be submitted to HOR or K/C/D/ for evaluation. RMC need to review the policy either hard copy is needed because currently RMSv2 is being used.	Evidence: IUM/RIU/01
25	OFI	OFI14	Ahmad Ibrahim Kulliyah of Law	18-May-18	Br. Ahmad Zulhilmi Ahmad Hizam	Sr. Edah Baharom	7	Support	7.5.2	Creating and updating	There were no file minutes provided/created in the file.	Evidence: IUM/303/10/2/5 – Research Management Unit IUM/303/14/11 – FRGS 2017/2018 Research Management 2016 - RIGS
26	OFI	OFI01	Alumni Relations Division	28-May-18	Mdm. Mazlina Mustafa	Sr. Aisyah Ibrahim	6	Planning	6.1	Action to address risks and opportunities	The risk profile document to be reviewed accordingly so that the impact on risk mitigation, monitoring and control of the risk could be evaluated effectively.	

27	OFI	OFI02	Alumni Relations Division	28-May-18	Mdm. Mazlina Mustafa	Sr. Aisyah Ibrahim	7	Support	7.4	Communication	It was observed that the Alumni Relations Division website was not complete. Important information related to ARD services were not available/accessible in the new website.		
28	OFI	OFI03	Alumni Relations Division	28-May-18	Mdm. Mazlina Mustafa	Sr. Aisyah Ibrahim	9	Performance Evaluation	9.1.2	Customer satisfaction	It was observed that complaints received from customer were acted upon and solved. However, no proper record of customer complaints was cited during the audit. ARD shall monitor the customers' feedback to fulfill their needs and expectations.		
29	OFI	OFI04	Alumni Relations Division	28-May-18	Mdm. Mazlina Mustafa	Sr. Aisyah Ibrahim	9	Performance Evaluation	9.1.3	Analysis and evaluation	It was observed that Customer Satisfaction survey form was distributed to alumni in contact with ARD. However, analysis on data collected was not done. Therefore, action plan could not be evaluated.		
30	NCR (Minor)	NCR01	Centre for Foundation Studies	22-May-18	Dr. Fiona Ni How Foong	Admin. Office	9	Performance Evaluation	9.1.2	Customer satisfaction	Nonconformity: No action taken towards customer's complaint Findings: I cannot find any reply from CFS towards a complaint filed in the customer satisfaction file.	Objective Evidence: Email from JK Baseer dated 21 August 2017	
31	NCR (Minor)	NCR02	Centre for Foundation Studies	23-May-18	Dr. Fiona Ni How Foong	Admin. Office	8	Operation	8.1	Operational planning and control	Nonconformity: Issuance of approval letter prior of approval from CCM Findings: The Academic office issued an approval letter to Sr. Nurul Asyiqin for study leave although her status was given as KW for her study leave application from CCM10/2017.	Objective Evidence: Nurul Asyiqin (matric no: 154272)	
32	NCR (Minor)	NCR03	Centre for Foundation Studies	23-May-18	Dr. Fiona Ni How Foong	Admin. Office	8	Operation	8.1	Operational planning and control	Nonconformity: Incomplete of SOP Findings: The Academic office did not issue an official letter stating the application status to Br. Muhammad Muqri Dini when his application was rejected in the CCM10/2017.	Objective Evidence: Muhammad Muqri Dini (matric no: 155634)	
33	NCR (Minor)	NCR04	Centre for Foundation Studies	22-May-18	Dr. Fiona Ni How Foong	Admin. Office	7	Support	7.5	Documented information	Nonconformity: Outdated forms Findings: There was old version of form (photocopied) found in the files of maintenance section for the booking of vehicles.	Objective Evidence: Old form version 6/10/2017 (not clearly photocopied) and latest version form 17/7/2015	
34	NCR (Minor)	NCR05	Centre for Foundation Studies	22-May-18	Dr. Fiona Ni How Foong	Admin. Office	7	Support	7.5	Documented information	Nonconformity: Incompliance of SOP Findings: No action or reply found after the issuance of a show caused letter from the Dean's office.	Objective Evidence: Sr. Hanita (staff no: 3390) for sem 1 2017/2018	
35	NCR (Minor)	NCR06	Centre for Foundation Studies	22-May-18	Dr. Fiona Ni How Foong	Dean's Office	7	Support	7.5	Documented information	Nonconformity: Incomplete of SOP Findings: No evidence of any necessary action taken after the HODs have submitted reports to the Dean following their show caused letter due to the SFS marks <80%	Objective Evidence: Br. Abdul Rahman (staff no: 3856) for sem 1 2017/2018 and Sr. Salina (staff no: 3020) for sem 2 2017/2018 for SFS marks <80%	
36	NCR (Minor)	NCR07	Centre for Foundation Studies	22-May-18	Dr. Fiona Ni How Foong	Dean's Office	8	Operation	8.1	Operational planning and control	Nonconformity: Confidentiality Findings: Personal files of the students were kept in cabinets along the office hallway. Final exam papers were photocopied or printed in an open room along the hallway far from the final exam storage room, which sometime would be used for the access of students.	Objective Evidence: Through observation of the distances and the environment in the printing area and the files storage area.	
37	NCR (Minor)	NCR08	Centre for Foundation Studies	22-May-18	Sr. Diana Hafiza Samsudin	Br. Shahfudin	7	Support	7.5.2	Documented information- Creating and updating	Nonconformity: When creating and updating documented information, the organization shall ensure appropriate review and approval 1) Findings: Logbook for equipment preventive maintenance service (PPM) not updated: - Microscope last updated of maintenance service: 4th Nov 2015 - Waterbath last updated of maintenance service: 17th Nov 2012	Objective Evidence: service log book	
38	NCR (Minor)	NCR09	Centre for Foundation Studies	24-May-18	Assoc. Prof. Dr. Nora Mat Zin	CFS	7	Support	7.5.3.2 (b)	Documented information- Control of documented information	Nonconformity: The organization shall address the storage and preservation of documented information Findings: The documented information was not stored in safe and protected from unintended alteration. The confidentiality of the client information is doubtful.	Objective Evidence: In counseling unit, the client's file is kept in the drawer and the unprotected cabinet which can be easily accessible.	
39	NCR (Minor)	NCR10	Centre for Foundation Studies	24-May-18	Sr. Zatur Rawihah Kamaruzaman	Asst. Hostel Manager/ Mahallah Al-Biruni Principal /Senior Asst. Director, Residential & Student Welfare / Office of Deputy Dean Student Activities & Alumni	8	Operation	8.1	Operational planning and control	Nonconformity: Control of process is not identified within the management system Findings: The Mahallah Office Log Book showed a record of a temporary stay by one (1) part-time staff who was apparently an IUM CFS student. The approval was made verbally by the Mahallah Principal, without proper endorsed by the Residential & Student Welfare Unit, Office of Deputy Dean Student Activities & Alumni. No evidence of documentation on approval for accommodation for student beyond semester break. No evidence of documented procedure of the matter or made available for staff's reference.	Objective Evidence: (see attachment)	
40	NCR (Minor)	NCR11	Centre for Foundation Studies	24-May-18	Assoc. Prof. Dr. Nora Mat Zin	Deputy Director/Assistant Director	7	Support	7.1.3	Infrastructure	Nonconformity: The organization did not provide and maintain the infrastructure for the operation of its process to achieve conformity of products and services Findings: The main pillar at the entrance of CFS administrative building is badly cracked and fragmented	Objective Evidence: Image as attached	
41	OFI	OFI01	Centre for Foundation Studies	22-May-18	Sr. Diana Hafiza Samsudin	Sr. Shafiyah Solehah Zahari (Lab Coordinator)	7	Support	7.1.4	Environment for the operation of processes.	Statement: The organization shall determine, provide and maintain the environment necessary for the operation of its processes and to achieve conformity of products and services.	Physical evidence: 1) No fire extinguisher around the laboratory 2) One of exit light not functioning 3) Shower/washer is very far from the laboratory 4) Emergency contact number not display. 5) First Aid box is not complete.	

42	OFI	OFI02	Centre for Foundation Studies	22-May-18	Dr. Fiona Ni How Foong	Ilab Coordinator and ASO	7	Support	7.1.4	Environment for the operation of processes.	Statement: The organization shall determine, provide and maintain the environment necessary for the operation of its processes and to achieve conformity of products and services. □	Physical evidence: 1) Expired fire extinguisher around the laboratory. e.g. Expired date fire extinguisher at Chemistry Laboratory – 30/3/2018. Expired date fire extinguisher at Architecture Studio – 30/9/2015. Expired date fire extinguisher at Chemistry Laboratory – 23/12/2016. 2) No First Aid box at Architecture Studio and Computer Laboratory 3) Items in the First Aid boxes in the Chemistry Laboratory are not complete and some of the creams have expired.
43	OFI	OFI03	Centre for Foundation Studies	22-May-18	Dr. Fiona Ni How Foong	Admin staff at Academic office	7	Support	7.1.4	Environment for the operation of processes.	Statement: The organization shall determine, provide and maintain the environment necessary for the operation of its processes and to achieve conformity of products and services.	Physical evidence: 1) First Aid box was left around in a corner. 2) Visible stains in the First Aid box due to spillage of liquids in the First Aid box. 3) Items in the First Aid boxes are not complete and some of the creams have expired. E.g. Menzza cream (08/14) and Voren Plus Gel (Jul 16).
44	OFI	OFI04	Centre for Foundation Studies	22-May-18	Dr. Fiona Ni How Foong	HODs	7	Support	7.2	Competence	Statement: The organization shall ensure that these persons are competent on the basis of appropriate education, training and experience	Physical evidence: 1) No evidence was found showing that the academic staffs and ASOs went for trainings and workshops related to their job scope.
45	OFI	OFI05	Centre for Foundation Studies	22-May-18	Dr. Fiona Ni How Foong	Academic staffs (Lab coordinator Chemistry) and admin staff (Dean's PA)	7	Support	7.3	Awareness	Statement: The organization shall ensure that persons doing work under the organization's control are aware of the quality policy □	Physical evidence: 1) Interview with academic staffs and admin staffs
46	OFI	OFI06	Centre for Foundation Studies	23-May-18	Sr. Diana Hafiza Samsudin	Sr. Nur Amira Kamuzzaman (Assistant Hostel Manager)	7	Support	7.3	Awareness	Statement: Persons doing work under the organization's control shall be aware of: a) the quality policy	Objective evidence: 1) Staff at the Mahallah's office did not aware the implementation of the new revised version ISO 9001:2015
47	OFI	OFI07	Centre for Foundation Studies	22-May-18	Dr. Fiona Ni How Foong	Lab coordinator and related ASOs.	8	Operation	8.1	Operational planning and control	Statement: The organization shall plan, implement and control the processes needed to meet the requirements for the provision of products and services and to implement the actions determined in Clause 6.	Physical evidence: 1) NO evidence was found for the proper SOP for chemical waste management for the Chemistry Laboratory.
48	OFI	OFI08	Centre for Foundation Studies	22-May-18	Dr. Fiona Ni How Foong	Lab coordinator and ASO	7	Support	7.1.4	Environment for the operation of processes.	Statement: The organization shall determine, provide and maintain the environment necessary for the operation of its processes and to achieve conformity of products and services. □	Physical evidence: 1) The environment in the chemical store is not suitable to store chemicals. 2) The Chemicals were stored in rusted cabinets. 3) No proper ventilation in the chemical store. 4) Chemicals (acids) were arranged on the benches which causes corroded the benches.
49	OFI	OFI09	Centre for Foundation Studies	22-May-18	Dr. Fiona Ni How Foong	Lab coordinator and ASO	7	Support	7.1.3	Infrastructure	Statement: The organization shall determine, provide and maintain the infrastructure necessary for the operation of its processes and to achieve conformity of products and services.	Physical evidence: 1) No evidence was found that show that the balances are calibrated in the Chemistry Laboratory.
50	OFI	OFI10	Centre for Foundation Studies	22-May-18	Dr. Fiona Ni How Foong	ACEU coordinator	5	Leadership	5.3	Organizational roles, responsibilities and authorities	Statement: Top management shall ensure that the responsibilities and authorities for relevant roles are assigned, communicated and understood within the organization	Physical evidence: 1) An interview with the Academic Coaching and Enhancement Unit (ACEU) showed that she is unclear of her job scope because it was redundant with the mentors appointed by the respective HODs. 2) ACEU's job scope was tabled in CCM 1/2018.
51	OFI	OFI11	Centre for Foundation Studies	24-May-18	Sr. Azura Mohamed Yunus	Br.Fadlilzli Ikram	7	Support	7.2	Competence	Statement: The organization shall ensure that the staff-in charged is competent on the basis of appropriate training.	Physical evidence: 1. The quotations are not original copies. 2. The attachments (Appendix B & C) are not completed. No quotation code and date stated (suggested to Br Ikram to generate a quotation coding for CFS). 3. The staff in-charged is not aware on the availability of the purchasing SOP in the Finance Website (recommended to go through the SOP). 4. All staff involve in the purchasing process are not aware on Annual Declaration Form (Appendix A).

52	OFI	OFI12	Centre for Foundation Studies	23-May-18	Sr. Azura Mohamed Yunus	Br. Shaim Zaffar	5	Leadership	5.3	Organizational roles, responsibilities and authorities	Statement: Top management shall ensure that the responsibilities and authorities for relevant roles are assigned, communicated and understood within the organization	Physical evidence: An interview with the staff showed that : 1. He is not sure who is the immediate supervisor 2. Not clear on the existing policy (e.g. selling food is not allowed in the admin office) 3. No job description was provided	
53	OFI	OFI13	Centre for Foundation Studies	25-May-18	Dr. Bisha Fathamah Uzir	Lecturers, HOD, CUC Mdm. Parveen Kausar, Sr. Hazaliza Mat Zain, Sr. Diana, Br. Pasha, Br. Mohd Rafeai, Sr. Suzilawati	8	Operation	8.1	Operational planning and control	Process: Construction of Course Outline A few sample subjects; Statistics MAT 0144, Mathematics II MAT 0124, Introduction to build environment AED0644, Chemistry II CHE 0325, Chemistry I CHE 0215 have too many soft skills listed for specific learning outcome (LO) and high level of cognitive, affective and psychomotor domain were targeted which were not aligned with the LO and the assessment provided. A few training were conducted on course outline construction for HOD, CUC but does not cover all the lecturers.		
54	OFI	OFI14	Centre for Foundation Studies	25-May-18	Dr. Bisha Fathamah Uzir	CFS	7	Support	7.3	Awareness	The fire hose room located next to the Office of Marhallah Gambang Campus was kept with other stuff (picture A). Loose wires and cables for the photocopying machine on the floor at one of the entrance way at office of marhallah gambang campus can create tripping hazards (picture B). Loose wires and cables were all over the floor at computer room level 2 main office Gambang Campus. Bottled water were left near the loose wires can create spills and cause hazards (picture C).		
55	OFI	OFI15	Centre for Foundation Studies	25-May-18	Dr. Bisha Fathamah Uzir	Lecturers, HOD, CUC, staff at department of academic affairs.	8	Operation	8.1	Operational planning and control	Process: Vetting of examination questions No evidence of the pre and post vetting paper in the courses file (suggested to be placed in the specific examination file). No record of attendance during the vetting process. No specific centralised printing area/computer for the CC to print the final copy (being done by CC at any places – risk of leakage, misplace), before submission to the academic affairs for further printing processes.		
56	OFI	OFI16	Centre for Foundation Studies	22-May-18	Sr. Rina Suryani Ariff	CFS	7	Support	7.1.3	Infrastructure	Final exam is kept in small cabinet, which is not enough and safe to put examination paper. The cabinet in the officer room, which is not fulfill the requirements.		
57	OFI	OFI17	Centre for Foundation Studies	22-May-18	Sr. Rina Suryani Ariff	CFS	5	Leadership	5.1.1	Leadership and commitment. - General	There is no safety policy in the lab. First Aid is not complete and most of the medicine already expired. Based on interview the PIC is not aware about waste management in Kuliyah medicine. There are no disposable chemicals from previous lab PIC.		
58	OFI	OFI18	Centre for Foundation Studies	22-May-18	Sr. Rina Suryani Ariff	CFS	7	Support	7.1.2	People	Interview with head of Academic Coaching and Enhancement Unit. The department has been set up to monitor academic performance among students. Academic staff was appointed to lead the department. However there is no administrative staff to handle the documentation and to assist the department to organize the program. This situation can cause burden to academic staff to operate the department without administrative staff		
59	OFI	OFI19	Centre for Foundation Studies	22-May-18	Sr. Rina Suryani Ariff	CFS	5	Leadership	5.1.1	Leadership and commitment. - General	Interview with Lecturer, it was found that there is no clear scope of mentor and mentee programme. The objective of mentor and mentee programme is overlapping with Academic Coaching and Enhancement, however mentor mentee programme is under of Department. There is no evidence of the effectiveness mentor mentee programme.		
60	OFI	OFI20	Centre for Foundation Studies	23-May-18	Sr. Rina Suryani Ariff	CFS	8	Operation	8.2.1	Customer communication	Based on the interview of Deputy Dean Student Affairs, there is no customer feedback survey to identify the needs of students and to obtain feedback on student's affairs services.		
61	OFI	OFI21	Centre for Foundation Studies	22-May-18	Assoc. Prof. Dr. Nora Mat Zin	Sister Radhiah (accountant)	8	Operation	8.1	Operational planning and control	The organization shall plan, implement and control the process of collecting fee from the student, Audit found there is a flow chart on how to obtain the fee, however the student still didn't pay the fee. Evidence by the same name student (Muizz) did not pay the fee for the two semesters. There must be a better control mechanism to curb this problem		
62	OFI	OFI22	Centre for Foundation Studies	22-May-18	Assoc. Prof. Dr. Nora Mat Zin	Staff nurse	7	Support	7.5.3	Control of documented information	Documented information required by the QMS and ISO shall be controlled to ensure the availability and suitable for use. It was found that the Manual procedure in Gombak Campus. Although the auditee understand to run the clinic.		
63	OFI	OFI23	Centre for Foundation Studies	22-May-18	Assoc. Prof. Dr. Nora Mat Zin	Farhana (PA for DD)	7	Support	7.1.2	People	To improve on training of the staff. It was found that the staff who are doing on the secretarial (personal assistant job) has not attend any required training		
64	OFI	OFI01	Centre for international Islamic Culture (CITRA)	25-May-18	Mdm. Haslina Shamsuddin	Br. Ami Nordin	6	Planning	6.2.1	Quality objectives and planning to achieve them	It was found that the quality objectives needed for the quality management system was not established by CITRA.	No Quality Objective was sighted at the CITRA.	
65	OFI	OFI02	Centre for International Islamic Culture (CITRA)	25-May-18	Mdm. Haslina Shamsuddin	Br. Ami Nordin	7	Support	7.1.3 (d)	Infrastructure - information and communication technology	It was found that no proper IT system was available to record students' applications for approval of organizing activities and monitor spending of budget for each of the activity.	1. Acoustic Band and Gamelan Gema Gangsa Recital. Approved on 2/4/2018. Budget : RM 400.00 2. IUM Andeka Cahlempung. Approved on 14/2/2018. Budget : RM100.00 3. Gema Gangsa Mega Kasih 2018. Approved on 21/3/2018. Budget : RM 200.00	
66	OFI	OFI03	Centre for International Islamic Culture (CITRA)	25-May-18	Mdm. Haslina Shamsuddin	Br. Ami Nordin	7	Support	7.1.4	Environment for the operation of processes.	It was found that no fire extinguisher was allocated in the CITRA's office.	No fire extinguisher sighted at CITRA's office.	

67	OFI	OFI01	Centre for Islamisation	1-Jun-18	Mdm. Rusnani Din @ Yaakob	Br. Muhaldeen Abdul Kadir	7	Support	7.1.2	People	During the audit it was found that the organizational chart are top heavy with 1 Director 2 Deputy Directors (Gombak) and 1 Deputy Director (Kuantan) however only 1 Administrative officer who are basically involved in all CENTRIS activities and supported by one Secretary and 1 Administrative assistant.	
68	OFI	OFI02	Centre for Islamisation	1-Jun-18	Mdm. Rusnani Din @ Yaakob	Br. Muhaldeen Abdul Kadir	5	Leadership	5.3	Organizational roles, responsibilities and authorities	During the audit it was found that some of the functions that involved other K/C/D//O were not clearly stated on the responsibility of each K/C/D//O. Evidence: Usrah Programme for Management and Technical Staff	
69	OFI	OFI01	Centre for Languages and Pre University Academic Development	31-May-18	Br. Kamaruddin Abdul Hamid	Mdm. Mazlina Mustafa	9	Performance Evaluation	9.1.3	Analysis and evaluation	It was found that there was incomplete analysis of Customer Satisfaction Survey 2018. The survey also did not reflect the new structure and merge of units.	Objective Evidence Customer Satisfaction Survey 2018 Analysis. There were 20 items answered however, only 18 items analyzed. Two items were left without analysis and report.
70	OFI	OFI02	Centre for Languages and Pre University Academic Development	31-May-18	Br. Kamaruddin Abdul Hamid	Mdm. Mazlina Mustafa	7	Support	7.1.6	Organizational knowledge	It was found that activities conducted under the Students Focus and Empowerment Activities, which supported the CELPAD's Quality Objectives, were not adequately documented for future reference (in the form of lesson planning/module/manual).	Objective Evidence: Students Focus and Empowerment Activities
71	OFI	OFI03	Centre for Languages and Pre University Academic Development	31-May-18	Br. Kamaruddin Abdul Hamid	Mdm. Mazlina Mustafa	7	Support	7.1.4	Environment for the operation of processes.	It was found that the fire extinguisher at the TEMU office expired on 8th May 2018.	Objective Evidence: TEMU fire extinguisher
72	OFI	OFI04	Centre for Languages and Pre University Academic Development	31-May-18	Sr. Ayunita Atan	Madam Nurma Abdul Karim/ Sr. Noor Zamima Hanim Mansor/ Sr. Hasniah Abdullah	8	Operation	8.1 (b)	Operational planning and control	It was found that all the three Divisions/Unit have no Standard Operating Procedures for all the audited processes – course offering, scheduling, registration, examinations.	Objective Evidence: The audited offices were: a. Bahasa Melayu Division b. Tilawah Division c. Bridging Unit
73	OFI	OFI05	Centre for Languages and Pre University Academic Development	31-May-18	Br. Ahmad Hidayat Ahmad Saufi	Auditee: Sr. Aniza Shahreen Md. Zaid PIC: Sr. Norsuhaila Mohidin	8	Operation	8.1 (e)	Operational planning and control	It was found that validation sheet for Semester 1, 2017/2018 was not verified and endorsed by the Head of Department and Director of CELPAD.	Objective Evidence: 1. LE 4600 Section: 1, 2, and 3 2. LE 4700 Section: 1, 2 and 3 3. LE 4000 Section: 13,17, 24 and 33
74	OFI	OFI06	Centre for Languages and Pre University Academic Development	31-May-18	Br. Ahmad Hidayat Ahmad Saufi	Sr. Aniza Shahreen Md. Zaid/ Madam Nurma Abdul Karim/ Sr. Noor Zamima Hanim Mansor/ Sr. Hasniah Abdullah	7	Support	7.5.3.2 (a)	Control of documented information	It was found that departments have no proper filing system. The documents were not labelled, tagged and logically organized.	Objective Evidence: a. Bahasa Melayu Division b. Bridging Unit c. Tilawah Division d. Deputy Director Office
75	OFI	OFI07	Centre for Languages and Pre University Academic Development	31-May-18	Dr. Luqman Zakariyah	Tilawa Qur'an Division	8	Operation	8.5.1 (a)	Control of production and service provision	There is no Answer Scheme for examination. The instructor would just ask the student to read particular portion of the Quran and deduct marks from their mistakes.	Objective Evidence Interview with the course instructor of the TQ2011 (M)
76	OFI	OFI01	Centre for Postgraduate Studies	25-May-18	Mdm. Noraini Mukhtar	Mdm. Fazidah Bakhtiar/ Sr. Maswa Mokhti	9	Performance Evaluation	9.1.1 (d)	Monitoring, measurement, analysis and evaluation	It was found that the results from monitoring and measurement of customer complaints via the form used for user satisfaction survey were not analysed and evaluated.	
77	OFI	OFI01	Centre for Teaching and Learning	23-May-18	Sr. Maswa Mokhti	Sr. Salina Saidul Haj	5	Leadership	5.1.1	Leadership and commitment. General	All the top management of CTL was not available for an interview on the day of audit. No evidence of Balance Scorecard or direction or the Quality Management journey of the Centre.	
78	OFI	OFI01	Counseling & Career Services Centre	3-May-18	Br. Kamarrudin Ali	Sr. Raja Noor Ashikin	6	Planning	6.1	Action to address risks and opportunities.	It was found that the risk element as required by Clause 4.1 and 6.1 were adequately addressed. However, it is suggested that some of the risks could be reviewed so that the right mitigation plans could be put in place.	
79	OFI	OFI02	Counseling & Career Services Centre	3-May-18	Mdm. Mazlina Mustafa	Sr. Raja Noor Ashikin	9	Performance Evaluation	9.1.3	Analysis and evaluation	Customer Satisfaction Survey(CSS) was conducted. However, the data was not processed yet since the staff in-charge is on maternity leave. Therefore, the result of analysis of the CSS could not be evaluated timely.	
80	OFI	OFI03	Counseling & Career Services Centre	3-May-18	Mdm. Mazlina Mustafa	Sr. Nordinah Kassim	9	Performance Evaluation	9.1.3	Analysis and evaluation	It was observed that evaluation was conducted after end of every programme. However, initiatives/ action plan was not always evident. Therefore, planning for next programme could not be evaluated effectively.	
81	OFI	OFI04	Counseling & Career Services Centre	3-May-18	Mdm. Mazlina Mustafa	Sr. Raja Noor Ashikin	6	Planning	6.2	Quality Objective and planning to achieve them	The quality objective (QO) shall reflect/capture the high impact programme organised by the Centre and map it with strategic planning/transformation plan. It is proposed for the Centre to consider reviewing the QO to ensure that high impact programmes are measured accordingly.	
82	NCR (Minor)	NCR01	Development and Planning	17-May-18	Sr. Wan Surbani Wan Omar	Sr. Mazlina Mazlan	10	Improvement	10.2.1 (a) & (c)	Nonconformity and corrective plan	It was found that Development Division did not take any corrective actions to the reports from OSHBB.	Objective Evidence: a) Letter IUM/212/7/3/1/2 dated 18 April 2018 on "Preliminary Safety Inspection Report at road near IUM Parade Square" b) Letter IUM/212/7/3/1/2 dated 10 April 2018 on Safety Inspection Report at Gallery" c) Letter IUM/212/7/3/1/2 dated 22 Dec 2017 on Safety Inspection at SHAS Mosque Gombak
83	NCR (Minor)	NCR02	Development and Planning	1-Jun-18	Sr. Noor Azlina Halim	Br. Aries Iskandar Mahamed	8	Operation	8.2.2	Determining the requirements for products and services	Contract of Service between IUM Kuantan and Daya Bersih Sdn Bhd has expired since 2013	Objective Evidence: No evidence on the new contract
84	NCR (Minor)	NCR03	Development and Planning	1-Jun-18	Br. Hasrul Afizan Mohd Din	Br. Aries Iskandar Mahamed	4	Context of the organization	4.2	Understanding the needs and expectations of interested parties	No evidence of monitoring and review information about interested parties and their relevant requirements was presented during the audit session.	

85	NCR (Minor)	NCR04	Development and Planning	1-Jun-18	Br. Hasrul Afizan Mohd Din	Br. Aries Iskandar Mohamed	4	Context of the organization	4.1	Understanding the organization and its context	No evidence of monitoring and review information with regards to the external and internal issues was presented during the audit session.		
86	OFI	OFI01	Development and Planning	17-May-18	Mdm. Rusnani Din @ Yaakob	Fakhzan Bakar	8	Operation	8.2.1	Customer communication	During the audit it was found that no written feedback to the customer on the current progress of the request for upgrading work.	Objective Evidence: Proposed installation of partition at Counseling and Career Services Centre (CCSC) Date of Request : 4 July, 2017 The original request was cancelled by CCSC on 16 October, 2018 and they have submitted new request with additional requirement and as of 17 May, 2018 no written feedback/updates forwarded to CCSC	
87	OFI	OFI02	Development and Planning	17-May-18	Mdm. Rusnani Din @ Yaakob	Br. Aziz Azrol Ab Aziz	10	Improvement	10.2	Nonconformity and corrective action	During the audit it was found that no action taken to report and repair student's restroom at IIUM Parade Square due to thunderstorm. It is proposed that action to be taken by the Zone Manager even though request was not submitted by user of the said area.	Objective Evidence: As attached: Objective Evidence OFI#02 DEV	
88	OFI	OFI03	Development and Planning	18-May-18	Br. Ilmyzat Ismail	Br. Amar Abdul Rani	8	Operation	8.4	Control of externally provided processes, products and services	Monitoring of services provided by Daya Bersih Sdn. Bhd. During the audit, it was observed that the verification of preventive maintenance checklist forms was done by supervisor from Daya Bersih Sdn. Bhd. Thus, it leads to the issue of genuineness of the job done by the outsourcing party. It was sighted during the audit on the followings: (i) Two units of water cooler at KAED were totally broke down (on site) whereas in their maintenance report mentioned the both units have been maintained and verified accordingly. (ii) The similar results of preventive maintenance checklist forms used for Mahallah Sunayyah and Farouq were already filled up / photocopied for few consecutive months.		
89	OFI	OFI04	Development and Planning	1-Jun-18	Br. Hasrul Afizan Mohd Din	Deputy Director (Development Kuantan) & Deputy Director (OSHBE)	6	Planning	6.1.1	Actions to address risks and opportunities	Referring to the risk analysis table, there were only risks (operational) were analyzed without considering risk from the external and internal issues and interested parties expectations.		
90	OFI	OFI05	Development and Planning	1-Jun-18	Sr. Noor Azlina Halim	Br. Ariffin Ghazali	8	Operation	8.2.1	Customer communication	The established of new system (Online form) should be notified to all IIUM Community through email		
91	OFI	OFI06	Development and Planning	1-Jun-18	Sr. Noor Azlina Halim	Br. Ariffin Ghazali	9	Performance Evaluation	9.1.2	Customer satisfaction	OSHBE collected information from Safety Liaison Officer for each KCDIO through meeting conducted once in a 3 month period. It is recommended that the monitoring can be extended to Customer Satisfaction Survey for all IIUM Community for better monitoring of customer perceptions.		
92	OFI	OFI07	Development and Planning	1-Jun-18	Br. Hasrul Afizan Mohd Din		5	Leadership	5.2.2	Communicating the Quality Policy	The established IIUM Quality Policy should be communicated properly , understood and applied among staff		
93	OFI	OFI01	Entrepreneurship and Development Centre	3-May-18	Br. Kamarrudin Ali	Sr. Nur Khamsiah Ahmad	7	Planning	7.1	Action to address risks and opportunities.	It was found that the risk element as required by Clause 4.1 and 6.1 were adequately addressed. However, it is suggested that some of the risks could be reviewed so that the right mitigation plans could be put in place.		
94	OFI	OFI01	Finance Division	16-May-18	Sr. Wan Surbani Wan Omar	Br. Mohamad Zaidy Darapar	8	Operation	8.7.1 (c)	Control of Nonconforming Outputs	Referring to the Minutes of Asset Management Committee Meeting No.01/2018, there was no evidence to show that there is a communication between Finance Division and K/C/D/O which have "No Utilization " and "Low Utilization" of assets.		
95	OFI	OFI02	Finance Division	16-May-18	Sr. Nordinah Mohd Kassim	Sr. Khirun Nisak Usoff	9	Performance Evaluation	9.1.3	Analysis and evaluation	The organization shall analyze and evaluate appropriate data and information arising from monitoring and measurement. Evaluation form was distributed to participants in the trainings (Zakat Pendapatan & Zakat Perniagaan). Yet, no analysis was done, only raw data provided)		
96	OFI	OFI03	Finance Division	16-May-18	Br. Mohamad Ridwan Muda	Sr. Siti Hawa Latip	9	Performance Evaluation	9.1.3 (c)	Analysis and evaluation	It was found that, Under Clause 9.1.3 (c) analysis and evaluation there was no written analysis shown during the audit exercise especially for: i. computer financing ii. Vehicle financing		
97	OFI	OFI04	Finance Division	16-May-18	Sr. Raja Noor Ashikin Raja Alias	Br. Mohd Azhari Mohd Nadzari	9	Performance Evaluation	9.1.1	the methods for monitoring, measurement, analysis and evaluation needed to ensure valid results	According to Quality Objective of Payment Unit for year 2018 i.e. to process payment after receipt of complete documents in 14 working days. It was found that there were 213 out of 8,492 payments were processed more than 14 working days from January to March 2018. The monitoring was done through verbal communication by calling the K/C/D/Os. There was no root cause analysis to identify the cause. (It was found that this Q.O is part of the risk in the Risk Register of Finance Division and also in the Policy No 4: Payment Procedure Effective Date 12th July 2012).		
98	NCR (Minor)	NCR01	IIUM Academy of Graduate and Professional Studies	21-May-18	Mdm. Sa'idatul Bariah Ahmad	Sr. Khairatunhisam Muhamad	9	Performance Evaluation	9.1.3	Analysis and evaluation	It was found that customer complaints received from emails, electronic devices and verbal were not tabulated in a logbook or file and they were not analysed accordingly.	Objective Evidence: 1. Email from Puan Arbalyah Ibrahim.	
99	NCR (Minor)	NCR02	IIUM Academy of Graduate and Professional Studies	21-May-18	Sr. Aniza Shahreen Md Zaid	Sr. Norbazirah Abu Bakar	8	Operation	8.1	Operational planning and control	It was found that programme of PILIR and MILIR was not listed under MQR (Malaysian Qualification Register). The programme has been running without MQA endorsement. One of the students under MILIR programme has even graduated.	Objective Evidence: 1. No approval from MQA.	
100	OFI	OFI01	IIUM Academy of Graduate and Professional Studies	21-May-18	Mdm. Sa'idatul Bariah Ahmad	Sr. Khairatunhisam Muhamad	6	Planning	6.1	Action to address risks and opportunities	It was observed that the risk assessment information needs to be reviewed and updated accordingly.		
101	OFI	OFI02	IIUM Academy of Graduate and Professional Studies	21-May-18	Mdm. Sa'idatul Bariah Ahmad	Sr. Khairatunhisam Muhamad	7	Support	7.2	Competence	It was found that there is no Training Needs Analysis available.		

102	OFI	OFI03	IUM Academy of Graduate and Professional Studies	21-May-18	Mdm. Sa'idatul Bariah Ahmad	Sr. Khairatunhisana Muhammad	8	Operation	8.1	Operational planning and control	It was discovered that out of 12 MOU/MOA, only 5 had established activities. Other MOU/MOA had been fostered since year 2013, 2015 and 2016 but still had no activities.		
103	OFI	OFI04	IUM Academy of Graduate and Professional Studies	21-May-18	Sr. Zunika Osman	Sr. Faridah Ibrahim	8	Operation	8.3.4 (c)	Design and development controls	It was found that the examination result for Foundation Students were key-in and generated by ITD at CFS. No verification results by the lecturer of the course after the results were key-in in the system. Lecturer had no access to key-in examination results for Foundation students. No Foundation courses were listed in the lecturers' teaching slips.		
104	OFI	OFI05	IUM Academy of Graduate and Professional Studies	21-May-18	Sr. Zunika Osman	Sr. Faridah Ibrahim	8	Operation	8.3.4 (c)	Design and development controls	It was found that there is no mechanism to check Foundation students who has completed their studies. Instead, the course summary statement was handed to graduating students to verify.		
105	OFI	OFI06	IUM Academy of Graduate and Professional Studies	21-May-18	Sr. Zunika Osman	Sr. Faridah Ibrahim	8	Operation	8.1 (c)	Operational planning and control	It was found that programme Bachelor IRKH was taught in Singapore. The programme is part of the activities of MOU between IUM and PERGAS. However, in the MQA approval, the programme is to be conducted in campus, not outside campus.		
106	OFI	OFI07	IUM Academy of Graduate and Professional Studies	21-May-18	Sr. Aniza Shahreen Md Zaid	Sr. Siti Hawati Sariman Sr. Norbazirah Abu Bakar Sr. Sakinah Yacub	7	Support	7.2	Competence	It was observed that the task is restricted to a single person. The IUM Academy should handle risk immediately.		
107	OFI	OFI08	IUM Academy of Graduate and Professional Studies	21-May-18	Mdm. Sa'idatul Bariah Ahmad	Sr. Khairatunhisana Muhammad	7	Support	7.3	Awareness	It was noticed that the IUM Academy staff are not knowledgeable of the QMS. It was informed that the staff have never attended a proper awareness course of ISO9001:2015.		
108	OFI	OFI01	IUM Health & Wellness Centre	25-May-18	Mdm. Rusnani Din @ Yaakob	Br. Anizam Ali	7	Support	7.1.3	Infrastructure	During the audit it was found that one fan (without front cover) at waiting area room C and D. This can cause hazard to patient.		
109	OFI	OFI02	IUM Health & Wellness Centre	25-May-18	Mdm. Rusnani Din @ Yaakob	Br. Anizam Ali	7	Support	7.1.3	Infrastructure	During the audit it was found that no proper cabinet for filing purposes at laboratory and door racks and toilet need to be repaired.		
110	OFI	OFI03	IUM Health & Wellness Centre	25-May-18	Mdm. Rusnani Din @ Yaakob	Br. Anizam Ali	7	Support	7.1.3	Infrastructure	During the audit it was found one unused machine located in a small room in X-Ray area. IHWC to plan for disposal for equipment (if necessary) so that the room can be utilized for other purposes.		
111	OFI	OFI04	IUM Health & Wellness Centre	25-May-18	Mdm. Rusnani Din @ Yaakob	Br. Zulhairi Zali	7	Support	7.1.3	Infrastructure	During the audit it was found that matters related to occupational safety and health was not taken care of. No log book in place for accident/incident, safety corner and awareness to staff.		
112	OFI	OFI05	IUM Health & Wellness Centre	25-May-18	Mdm. Rusnani Din @ Yaakob	Br. Anizam Ali	7	Support	7.1.4	Environment for the operation of processes.	During the audit it was found that improper room provided for Dr. Mahmoud Abdel Hamid for consultation purposes. It was suggested that IHWC to provide or plan for proper consultancy room while he's on duty to ensure conducive environment and confidentiality.		
113	OFI	OFI06	IUM Health & Wellness Centre	25-May-18	Mdm. Rusnani Din @ Yaakob	Br. Anizam Ali	6	Leadership	6.2	Quality objectives and planning to achieve them	During the audit, it was found that Quality Objective analysis was not updated. The QO should be updated as appropriate in order for IHWC to plan for alternative initiatives should the target not achievable. Supporting document to support all initiatives plan should be provided accordingly.		
114	OFI	OFI07	IUM Health & Wellness Centre	25-May-18	Mdm. Rusnani Din @ Yaakob	Br. Anizam Ali	6	Leadership	6.1	Action to address risks and opportunities.	During the audit, it was found that risk assessment were not reviewed and updated. Supporting document to support all risk mitigation plan should be provided accordingly.		
115	OFI	OFI08	IUM Health & Wellness Centre	25-May-18	Br. Mohd Azhari Mohd Nadzari	Sr. Nur Aimi Md Ramlan	8	Operation	8.2.1 (a)	Customer communication - providing information relating to products and services	During the audit, it was found that the product and services offered was not updated in IUM website.		
116	OFI	OFI09	IUM Health & Wellness Centre	25-May-18	Br. Mohd Azhari Mohd Nadzari	Sr. Nur Aimi Md Ramlan	8	Operation	8.2.1 (a)	Customer communication - providing information relating to products and services	During the audit, it was found that there is a new procedure to obtain PM Care Guarantee Letter and submission of medical claims. Customer (staff) need to go through PM Care Apps. Should communicate to customer i.e tru email, etc		
117	OFI	OFI01	IUM Institute of Islamic Banking and Finance	25-May-18	Mdm. Haslina Shamsuddin	Br. Mohd Khairul Fahmi Abdul Ghani/ Mdm. Sa'idatul Bariah Ahmad	7	Support	7.1.4	Environment for the operation of processes.	It was found that the IIBF did not adequately provide and maintain the environment necessary for the operation of its processes and to achieve conformity of products and services.	Objective Evidence : 1) Both exit lights at the IIBF Computer Lab are not functioning. 2) The fire extinguisher placed at the IIBF Computer Lab is very old and has no information on expiry date. 3) The working hours of the staff in charge of the Computer Lab exceeds the normal working hours (8:00 am – 10:30 pm). 4) The lighting in the general office work station is insufficient which may cause visual strain and discomfort.	
118	OFI	OFI02	IUM Institute of Islamic Banking and Finance	25-May-18	Sr. Pauziah Abas	Ahmad Zulhilmi bin Ahmad Hizam/ Assoc. Prof. Dr Razali Haron	7	Support	7.5.3	Control of documented information	It was found that some documented information could not be accessed and retrieved easily.	Objective Evidence: 1. Admission and Academic Meeting file, Course Scheduling file, Board of Examiners file - All documents have been filed accordingly, however minutes of files are not available. 2. Course file IIBF 6135 – Finance Management Analysis - Course content is available in Taleem but there is no indication in the course file to show that the record is available.	
	OFI	OFI03	IUM Institute of Islamic Banking and Finance	25-May-18	Assoc. Prof. Dr. Murni Mahmud	Assoc. Prof. Dr. Razali Haron	4		4.4	Quality management system and its processes	IIBF has contributed an excellent performance on Research and Innovation (Strategic Management KII Achievement). Researches and publications have been well-managed. It is observed there are good processes/practiced by the Deputy Dean Research and Publication. However, this process if documented can become Standard Operating Procedure for IIBF.		
119	OFI	OFI01	IUM Library	31-May-18	Sr. Wan Surbani Wan Omar	Br. Hafit Husin	8	Operation	8.5.4	Control of externally provided processes, products and services	Library Management shall review all the policies and guidelines in order to ensure good governance practice .Examples : Collection Development Policy, Manuscript Handling, etc.		

120	OFI	OFI02	IUM Library	31-May-18	Sr. Wan Surbani Wan Omar	Sr. Leenawati Razali	9	Performance Evaluation	9.1	Monitoring, measurement, analysis and evaluation	The survey should be conducted annually in order to be in line with the annual assessment i.e ISO Audit. The Customer Satisfaction Survey is one of the methods of monitoring customer's perceptions in order to know the degree to which their needs and expectations have been fulfilled.		
121	OFI	OFI03	IUM Library	31-May-18	Dr. Noor Azizah Mohamadali	Mdm. Noorhasimah Aris	7	1. QMS-Requirements			It was found that no OSH Policy was displayed, no OSH Safety Officer was appointed, no log book, no OSH corner at SMNAL Library. The work inspection was conducted. It is recommended for the Library Management to fulfill all the OSH Requirements.		
122	OFI	OFI04	IUM Library	31-May-18	Dr. Noor Azizah Mohamadali	Mdm. Siti Aidah/Br. Ridzuan	6	Planning	6.2.1	Quality objectives and planning to achieve them	It is proposed for the Library Management to revisit the QO with some considerations; i) To ensure that the QO is relevant to the conformity of the services and enhancement of customer satisfaction. ii) To ensure that the QO is measurable, monitored and properly evaluated.		
123	OFI	OFI05	IUM Library	31-May-18	Dr. Noor Azizah Mohamadali	Mdm. Zahratol Amani	7	Support	7.1.6	Organizational knowledge	It is proposed for the Library Management to document Knowledge Transfer Plan Schedule/Template to ensure that the knowledge transfer among its officers are effectively implemented.		
124	OFI	OFI06	IUM Library	31-May-18	Dr. Noor Azizah Mohamadali	Sr. Leenawati Razali	10	Improvement	10.2	Nonconformity and corrective action	It is proposed for the Library Management to take appropriate actions to the non-achievement of the some projects under Strategic Planning.		
125	OFI	OFI07	IUM Library	31-May-18	Dr. Noor Azizah Mohamadali	Mdm. Noorhasimah Aris	4	Context of the organization	4.4 (c)	Quality management system and its processes	There are over 50,000 manuscripts, scholar's collection and rare books at SMNAL Library. There shall be a manual on preservation of these treasures.		
126	OFI	OFI08	IUM Library	8-May-18	Sr. Nur Khamsiah Ahmad	Mdm Noraini Mukhtar	9	Performance Evaluation	9.3.2	Documented Information on Management Review	During the audit there was no evidence that that the Minutes of MRM Meeting conducted on 2/11/2017 and 7/11/2017 were drafted and disseminated to all Darul Hikmah members.		
127	OFI	OFI09	IUM Library	8-May-18	Sr. Nur Khamsiah Ahmad	Sr. Sakinah	7	Support	7.1.4	Environment for the operation of processes.	The air ventilation at Knowledge Management Section need further improvement since the room is fully air condition with thousand of books and printed materials which may caused air pollution. Hazardous for staff inside the room.		
128	OFI	OFI10	IUM Library	8-May-18	Sr. Nur Khamsiah Ahmad	Mdm. Zahratol Amani	5	Leadership	5.3	Organizational roles, responsibilities and authorities	The audit found that Staff Job descriptions are not standardized among the staff. There is also need to update the staff JD according to their current responsibilities.	Sample 1: Staff Name: Mohd Hairul Nizam Section: Knowledge Management JD last updated: 14/6/2016 Sample 2: Staff Name: Nor Ishlendar Adnan Section: Acquisition JD last update: 1/7/2016 Sample 3: Staff Name: Fazli Omar Section/ Unit: Fee based JD last Update: 1/2/2016	
129	OFI	OFI11	IUM Library	8-May-18	Sr. Nur Khamsiah Ahmad	Mdm. Zahratol Amani	7	Support	7.2	Competence	During the audit, it was found that the training need analysis (TNA) was made by individual staff. Hence, the specific competency required by each staff might not be precise and according to the individual job needs. In addition, it does not cover the portion of skills, knowledge and spiritual of each staff.		
130	OFI	OFI12	IUM Library	1-Jun-18	Muhammad Ridhwan Saleh/ Fadzil Jumman		7	Support	7.1.5.1 (b)	Monitoring and measuring resources	To develop a mechanism to capture lost books earlier. Present system can only retrieve the book when the student makes library clearance i.e. at the end of their study. This will prevent other students from accessing the books.		
131	OFI	OFI13	IUM Library	1-Jun-18	Dr. Salwana Supaat		5	Leadership	5.2.1	Establishing the quality policy	Fail to analyze the achievement of the 'old' Quality Objective. Proper monitoring of Quality Objective is required for continual improvement of library.		
132	OFI	OFI14	IUM Library	1-Jun-18	Dr. Salwana Supaat		7	Support	7.1.3	Infrastructure	The roof at Level 2, Wing A & B experienced severe leakage since 2011 is still not being repaired yet.		
133	OFI	OFI15	IUM Library	1-Jun-18	Dr. Salwana Supaat		5	Leadership	5.2.1	Establishing the quality policy	Inability to achieve Quality Objective No.7 (activate 70% new student's membership records). Require cooperation with AMAD to achieve the minimum target.		
134	NCR (Minor)	NCR01	IUM Press	24-May-18	Mdm. Sa'idatul Bariah Ahmad	Sr. Nurmahanim bt. Jumaat	6	Planning	6.1	Actions to address risks and opportunities	It was found that actions to address risk and opportunities has not been performed accordingly. Several issues were discovered and IUM Press need to update and review the following: 1. Risks description need to be phrased correctly (Journal). 2. Risks assessment is to be updated. 3. Risk matrix after mitigation need to be relook. 4. Actions in addressing opportunities need to be updated.	1. Risk assessment Journal 2. Risk assessment IUM Press	
135	NCR (Minor)	NCR02	IUM Press	24-May-18	Mdm. Sa'idatul Bariah Ahmad	Sr. Noor Seriyanti bt. Zubir	7	Support	7.4	Communication	It was found that IUM Press has no website. Even though they have requested for assistance from OCCM, the matter is still pending ever since IUM Press and IUM Journal Office were separated in August 2017 and the two have again merged together in January 2018.	No website available.	
136	NCR (Minor)	NCR03	IUM Press	24-May-18	Mdm. Sa'idatul Bariah Ahmad	Sr. Nurmahanim bt. Jumaat	4	Context of the organization	4.1	Understanding the organization and its context	It was found that risks identified under Journal was not obtained through any PESTEL or SWOT analysis. These analyses were not performed.	No PESTEL and SWOT analysis available.	
137	OFI	OFI01	IUM Press	24-May-18	Mdm. Sa'idatul Bariah Ahmad	Sr. Noor Seriyanti bt. Zubir/Sr. Nurmahanim bt. Jumaat	9	Performance Evaluation	9.3.3	Management review outputs	It was found that 9 OFI given to IUM Press and 3 OFI given to IUM Journal Office have not been closed. Several of the findings have been taken action but evidence has yet to be submitted to OQM.		

138	OFI	OFI02	IUM Press	24-May-18	Mdm. Sa'idatul Bariah Ahmad	Sr. Noor Seriyanti bt. Zubir/Sr. Nurmahanim bt. Jumaat	6	Planning	6.2	Quality objectives and planning to achieve them	It was found that Quality Objective No. 2 (% of manuscript been forwarded to language editor within 6 weeks after receiving date of AM1) under IUM Press needs to be changed as it has been achieving 100% since year 2012 till date. As for IUM Journal Publication, the target for its quality objective (To increase the annual sales of books) needs to be reviewed according to its current challenges such as manpower. If the current challenges are not resolved, the target will never be achieved.		
139	OFI	OFI03	IUM Press	24-May-18	Br. Mohd. Hafiz bin Sulaiman	Sr. Nurmahanim bt. Jumaat	8	Operation	8.2.2	Determining the requirement for product and services	It was found that the period for submission of quotation for printing of book titled 'Computed Tomography of Blunt Abdominal' was given only three (3) days. As stated in the Manual Purchasing Policies No.18, the period of Request for Quotation (RFQ) is a minimum of seven (7) days. Reference Letter: IUM/520/10/8/03 dated 11th April 2018		
140	OFI	OFI04	IUM Press	24-May-18	Br. Mohd. Hafiz bin Sulaiman	Br. Muhammad Amin Firdaus bin Md. Isan	7	Support	7.1.2	People	It was found that the unit of Sales & Marketing of IUM Press is lack of staff. There is only one (1) staff to manage the operation of sales and marketing of books.		
141	OFI	OFI05	IUM Press	24-May-18	Mdm. Sa'idatul Bariah Ahmad	Sr. Nurmahanim bt. Jumaat	7	Support	7.1.5	Monitoring and measuring resources	It was found that 3 journals which had not been publishing for more than a year were not addressed accordingly. The last reminder given to the Chief Editors were in August 2017. There was no follow-up for about 9 months to the Chief Editors addressing this issue.	Objective evidence: 1. IUM Journal of Case Studies in Management (last published in 2014). 2. IUM Journal of Educational Studies (last Published in 2016) 3. Journal of Architecture, Planning and Construction Management.	
142	OFI	OFI01	IUM World Debate and Oratory	24-May-18	Mdm. Mazlina Mustafa	Sr. Huraizah Mat Hassan@ Mohd. Hassan	6	Planning	6.1	Action to address risks and opportunities	The risk register document was not completed. Therefore, the impact on risk mitigation, monitoring and control of the risk could not be evaluated effectively.		
143	OFI	OFI02	IUM World Debate and Oratory	24-May-18	Mdm. Mazlina Mustafa	Sr. Huraizah Mat Hassan@ Mohd. Hassan	9	Performance Evaluation	9.1.2	Customer satisfaction	Customer Satisfaction Survey was conducted but not process due to low respondent. Since the target group was only for debating clubs' members, it was proposed for IWON to determine appropriate method to get the feedback.		
144	OFI	OFI03	IUM World Debate and Oratory	24-May-18	Mdm. Mazlina Mustafa	Sr. Huraizah Mat Hassan@ Mohd. Hassan	7	Support	7.5.3.2	Control of documented information	It was observed that files are kept in the cabinet but no label to indicate the location of the files. This may create problem of retrieval of files.		
145	OFI	OFI04	IUM World Debate and Oratory	24-May-18	Mdm. Mazlina Mustafa	Sr. Huraizah Mat Hassan@ Mohd. Hassan	7	Support	7.1.4	Environment for the operation of processes.	It was observed that: a) 1 of fire extinguishers (located near the Exit door) was found expired on 19th May 2018. b) University Safety Policy was not displayed in the office area. c) the ceiling located in the Assistant Director's room was moulded due to leakage. This is health hazard. ☐		
146	OFI	OFI05	IUM World Debate and Oratory	24-May-18	Sr. Leenawati Razali	Br. Muhammad Abdul Latif	7	Support	7.1.5.1	Monitoring and measuring resources	It was observed that the following documents were not endorsed or verified by the relevant officers/ person in charge. i. Letter of approval of student's programme – appendix 1 ii. Programme report form for MonMunic 2018 – appendix 2 iii. Attendance sheet for debate trainer (non-credit co-curricular activities) – appendix 3		
147	OFI	OFI06	IUM World Debate and Oratory	24-May-18	Sr. Leenawati Razali	Br. Muhamad Zamir Zainul Abidin	7	Support	7.5.3	Control of documented information	It was found that IWON is using STADD form for submission of Programme Report. It was proposed that IWON to use new standard form issued by Finance Division.		
148	NCR (Minor)	NCR01	Information Technology Division	3-May-18	Sr. Wan Surbani Wan Omar	Sr. Siti Zarina Muhamat	8	Operation	8.1 (b) & (c)	Operational Planning and Control	Description of Audit Criteria : According to ISO 9001:2015, Clause 8.1 (a), the organization shall plan, implement and control the process, needed to meet the requirements for the provision of products and services, and to implement the actions determined in Clause 6, by: b) Establishing criteria for : 1) the process; 2) the acceptance of products and services Non-Conformity Declaration: The criteria for feasibility of Application Projects and the acceptance of these projects were not stringent .Consequently, it resulted in the delays of projects.	Objective Evidence: 1) 3 MARS 2) QUEST 1 3) QUEST 2	
149	OFI	OFI01	Information Technology Division	3-May-18	Sr. Wan Surbani Wan Omar	ITPMO	10	Improvement	10.3	Continual improvement	The according to the Clause 10.3, the organization shall continually improve the suitability, adequacy and effectiveness of the QMS ITD should register under Intellectual Property for any projects developed in-house or developed by vendors but IUM was granted the source code. Securing and protecting these assets could be essential for future success.		
150	NCR (Minor)	NCR01	International Institute for Halal Research and Training (INHART)	18-May-18	Dr. Syamsul Bahrin Abdul Hamid	Mdm. Martinelli Hashim	9	Performance Evaluation	9.1	Monitoring, measurement, analysis and evaluation	Nonconformity: 1. Quality data for year 2017 not fully available 2. Quality data for year 2017 and 1 Quarter 2018, is not analyzed 3. Action taken from quality data not discussed in Institute Board Meeting Findings: From the discussion during review with Sr. Martinelli in INHART and with discussion with the other members in INHART, it was found that the quality objective data is not complete for year 2017, due to the staff is not around. However, from the documentation, there are no official strategic discussion on Quality Objectives data, results and action from Jan 2018 to May 2018 in Institute Board Meeting. Presentation in page 36 also indicates that the Quality Objective is incomplete.	Objective Evidence: 1. INHART auditor presentation – page 36 on Quality Objective 2. Institute Board Meeting Minutes for Year 2018	

151	OFI	OFI01	International Institute for Halal Research and Training (INHART)	1-Jun-18	Sr. Zenita Arryani Tiyunin	Dr. Betania Kartika	8	Operation	8.3.2 (h)	Design and development planning	Statement It was found that INHART has not received full accreditation from the MQA for its programme although there are 11 Master students and 1 PhD student who had already graduated from the programme. The temporary approval / partial accreditation approval to run the programme expired on 31/1/2017.	Objective Evidence Letter from MQA on the temporary approval / partial accreditation approval up to 31/1/2017.
152	OFI	OFI02	International Institute for Halal Research and Training (INHART)	1-Jun-18	Sr. Khairul Bariyah Kamaruddin	Mdm. Martinelli Hashim	9	Performance Evaluation	9.1.3	Analysis and evaluation	Statement It was found that there was no analysis being done on the suggestions for improvement given by the customers in the Customer Satisfaction Survey 2017. Action plans and timeline need to be identified for purpose of monitoring.	Objective Evidence: Customer Satisfaction Survey 2017 conducted from 6/9/2017 – 13/9/2017
153	OFI	OFI03	International Institute for Halal Research and Training (INHART)	1-Jun-18	Sr. Khairul Bariyah Kamaruddin	Br. Saiful Azwan Mustafa	7	Support	7.5.3.2 (a)	Control of documented information	Statement It was found that the appropriate documented information as evidence of competence for the part-time lecturers was not available and that the implementation of delivery of service was not evident.	Objective Evidence: No CV and acceptance form from two part-time lecturers: (a) Dr. Zalina Zakaria, UM (b) Prof. Dato' Sri Dr. Ashgar Ali Ali Mohamed, AIKOL
154	OFI	OFI04	International Institute for Halal Research and Training (INHART)	18-May-18	Dr. Syamsul Bahrin Abdul Hamid	Mdm. Martinelli Hashim	6	Planning	6.2.1	Quality Objective and Planning to Achieve Them	Presentation show strategic planning for all items including Research and Publication. Overall majority of the strategy is covered and links with risk register is indicated and shown. However, the strategy mainly covers only food & beverages (F&B) and hospitality, which does not fully links with INHART vision of "to become a renowned International Centre of Excellence that inspire humanity with halal lifestyle", which also contradict with INHART HICOE area in "Food Sustainability"	Objective Evidence: 1. Vision board in meeting room 2. INHART strategic plan 2022. 3. Interview with staff on HICOE. Proposal 1. To develop/update the strategic planning to cover the needed interest of INHART (vision of lifestyle vs. Food Sustainability) 2. Review on customer survey which indicates customer need more than F&B for courses and research.
155	OFI	OFI05	International Institute for Halal Research and Training (INHART)	18-May-18	Dr. Syamsul Bahrin Abdul Hamid	Mdm. Martinelli Hashim	9	Performance Evaluation	9.1	Monitoring, Measurement, Analysis and Evaluation.	INHART risk registry R3 indicate that the brand may erode as preferred institution for studying, training, or consultancy on halal matter. One of the risks associated with this is the duration required for MOA/MOU/LOI to be duly agreed between external party and IIMU. Currently according to INHART, there are no official monitoring and tracking on MOU/MOA/LOI initiated by INHART to its completion (approval/rejection) in Institute Board Meeting. Based on Sr. Martinelli, the tracking is purely from email conversation. In addition, for 2 case it (Sejong University, Korea) it was observed and noted that there are no official Service Level Agreement on what is the duration from Initiation of an MOU/MOA/LOI to its completion. In this case, it takes more than 5 months for the process between INHART, IO, UMC and OLA.	Objective Evidence: 1. Email correspondence by Sr. Martinelli with OLA and IO. Proposal 1. INHART to have a list of MOU/MOU/LOI internal tracking from initiation to completion (acceptance and rejection), and review the matter on regular basis. 2. Office of International Affairs to develop specific timeline target from Initiation MOA/MOU/LOI to Approval by Rector, based on acceptable benchmark standard of industry-Government Partnership.
156	OFI	OFI06	International Institute for Halal Research and Training (INHART)	18-May-18	Br. Mohd Hafiz Sulaiman	Mdm. Martinelli Hashim	7	Support	7.1.2	People	It was found that, INHART has only 1 Science Office (C41) to manage low lab located at KOE and KICT. It was observed that the Officer will not be able to cover both placed effectively and with acceptable risk, and in good working maintained condition.	Objective Evidence: 1. Organization Chart for INHART Proposal 1. It is proposed that suitable assistant science officer is added to INHART to ensure that the laboratory maintenance is per the industry standard and to ensure that the risk factor is reduced accordingly.
157	OFI	OFI07	International Institute for Halal Research and Training (INHART)	18-May-18	Br. Mohd Hafiz Sulaiman	Mdm. Martinelli Hashim	8	Operation	8.3.2	Design and development planning	It was found that the application for extension of grants in My Grants System managed by RMC for HoR of INHART was recommended by the same person (HoR).	Objective Evidence: 1. Extension of grants for HoR were both applied and recommended by the same person. Proposal 1. To review the standard operating procedure for the process.
158	NCR (Minor)	NCR01	International Institute for Muslim Unity	7-May-18	Sr. Wan Surbani Wan Omar	Sr. Fazlina Abu Bakar	4	Context of the organization	4.1 & 4.2	Understanding the organization and its context & Understanding the needs and expectations of interested parties	1. No evidence to show that the IIMU has identified its internal issues. 2. The organization shall determine the interested parties and their requirements.	Objective Evidence: Document entitled: 'Risk Management' and 'Opportunity Summary'
	NCR (Minor)	NCR02	International Institute for Muslim Unity	8-May-18		Sr. Fazlina Abu Bakar	5	Planning	6.2.0	Quality objecting and planning to achieve them	No evidence to show that the IIMU has come out with the relevant QO in line with QMS.	Analysis of Quality Objectives'
159	NCR (Minor)	NCR03	International Institute for Muslim Unity	7-May-18	Mdm. Sa'idatul Bariah Ahmad	Sr. Raja Rozinda Raja Abdullah	6	Planning	6.2.1	Quality objecting and planning to achieve them	It was found that IIMU's Quality Objective did not establish its quality objectives on research and publication whereas research and publication are both in the main elements of its Mission, Core Business and Strategic Planning.	1. Mission statement of IIMU 2. Core business of IIMU 3. Strategic Planning of IIMU 4. Quality Objective of IIMU
160	NCR (Minor)	NCR04	International Institute for Muslim Unity	7-May-18	Mdm. Sa'idatul Bariah Ahmad	Sr. Raja Rozinda Raja Abdullah	8	Operation	8.1	Operational planning and control	It was found that IIMU did not provide the standard procedure for sponsored research process. Work flow was not available.	1. IIMU/212/14/7/1 Sponsored Research 2. Research fund from Institute of Islamic Thought (IIT) amount RM 47580.00 3. Bank Receipt transferred to RMC account
161	OFI	OFI01	International Institute for Muslim Unity	7-May-18	Mdm. Noraini Mukhtar	Sr. Fazlina Abu Bakar	6	Planning	6.2.1	Quality objectives and planning to achieve them	QO shall: a) be consistent with the quality policy d) be relevant to conformity of products and services and to enhancement of customer satisfaction	

162	OFI	OFI02	International Institute for Muslim Unity	7-May-18	Sr. Wan Surbani Wan Omar	Sr. Fazlina Abu Bakar	7	Support	7.5.2.3	Control of documented information	IIMU is recommended to have a proper storage for all records and documents in line with the standards.		
163	OFI	OFI03	International Institute for Muslim Unity	7-May-18	Mdm. Noraini Mukhtar	Sr. Fazlina Abu Bakar	9	Performance Evaluation	9.1.3	Analysis and evaluation	IIMU shall analyze and evaluate appropriate QO data for continual improvement.		
164	OFI	OFI04	International Institute for Muslim Unity	7-May-18	Mdm. Sa'idatul Bariyah Ahmad	Sr. Raja Rozlinda Raja Abdullah	4	Context of the organization	4.3	Determining the scope of the quality management system	It was found that IIMU's core business statement need to be rephrased. IIMU does not conduct research but they initiate research.		
165	OFI	OFI05	International Institute for Muslim Unity	7-May-18	Mdm. Sa'idatul Bariyah Ahmad	Sr. Raja Rozlinda Raja Abdullah	7	Support	7.5.2.3	Control of documented information	It was found that the retention period of certain records was too short.	Evidence : 1. Retention period of Journal is only one year. 2. Retention period of Editorial Board minutes is only for one year.	
166	OFI	OFI06	International Institute for Muslim Unity	7-May-18	Mdm. Sa'idatul Bariyah Ahmad	Sr. Raja Rozlinda Raja Abdullah	8	Operation	8.5.5	Post-delivery activities	It was found that after MoA between IIMU and Ibn Khaldun Center for Strategic Studies and Poling was signed on 10th March 2017, none of the research and publication activities was materialized.	Evidence : The above MoA, agreement agenda under Obligations and Responsibilities of Parties, item no. 2.1.2, 2.1.3, 2.1.4 and 2.1.7	
167	OFI	OFI01	International Institute of Islamic Civilization & Malay World (ISTAC)	31-May-18	Sr. Zenita Arryani Tiyunin	Sr. Rosliza Ismail	7	Support	7.5.3.2 (a)	Control of documented information	Statement It was found that the offer letter could not be retrieved.	Objective Evidence 1. Nur Fatin Nabila Rosdee / G1721470 2. Mohamad Syawal Amron / G1728107 3. Hamzah Jantan / G1725913 4. Norazlina Mohd Noor / G1721832 Pending document to be shown to the auditor	
168	OFI	OFI02	International Institute of Islamic Civilization & Malay World (ISTAC)	31-May-18	Sr. Zenita Arryani Tiyunin	Sr. Rosliza Ismail	8	Operation	8.3.4	Design and development controls	Statement It was found that there is no academic review been done since the establishment of ISTAC in 2003.	Objective Evidence 1. ITC 6001 2. ITC 6039 3. ITC 6007 Pending minutes of academic review dated 26/1/2018	
169	OFI	OFI03	International Institute of Islamic Civilization & Malay World (ISTAC)	31-May-18	Sr. Zenita Arryani Tiyunin	Sr. Rosliza Ismail	8	Operation	8.5.1 (g)	Control of production and service provision	Statement It was found that there is no proper handover of files, procedures from CPS to ISTAC.	Objective Evidence CPS transferred documents of 22 students (list as attached – sent on 12/4/2017), however, later there were additional students listed for viva voce where the names were not listed in the 22 listed names. 1. Hariati Abu Bakar / G1127944 2. Roslan Ali / G0827329 3. El Tayeb Abdelraziq Elnagar / G1428469	
170	OFI	OFI04	International Institute of Islamic Civilization & Malay World (ISTAC)	31-May-18	Sr. Zenita Arryani Tiyunin	Sr. Rosliza Ismail	7	Support	7.2	Competence	Statement It was found that there is no proper training given to the staff on the procedures for PG processes. The staff are all new and no experience especially on academic matters.		
171	OFI	OFI05	International Institute of Islamic Civilization & Malay World (ISTAC)	31-May-18	Br. Johan Hj Ibrahim	Br. Johan Hj Ibrahim	7	Support	7.1.4	Environment for the operation of processes	Statement It was found that the ISTAC did not provide and maintain the environment necessary for the operation of its processes.	Objective Evidence There was no OSH Corner that is required by Occupational, Safety, Health and Built Environment Department (OSHBE), IUM	
172	OFI	OFI06	International Institute of Islamic Civilization & Malay World (ISTAC)	31-May-18	Sr. Abazailah Mohd Abbas	Br. Johan Hj Ibrahim	9	Performance Evaluation	9.1.2	Customer satisfaction	Statement During the audit, it was found that there is no written report and analysis on customer complaints.	Objective Evidence No report and analysis on customer complaints was sighted at the ISTAC.	
173	NCR (Minor)	NCR01	Kulliyah of Allied Health Sciences	31-May-18	Sr. Norashikin Jaafar	Br. Mohd Azril M. Yusoff	8	Operation	8.4.2 (c) (1)	Type and extent of control	Purchasing of hazardous chemicals did not conformed to the required legal requirements i.e. Use and Standards of Exposure of Chemicals Hazardous to Health Regulations 2000: VII (24)-Chemical Safety Data Sheet	Objective Evidence: The Safety Data Sheet for some hazardous chemicals were not available. i. Calcium Carbonate ii. Sodium Dodecyl Sulfate	
174	NCR (Minor)	NCR02	Kulliyah of Allied Health Sciences	31-May-18	Sr. Siti Aishah Kamalah	W Nazma Fazira Binti W Yusoff	7	Support	7.1.3	Infrastructure	Expired fire extinguisher	Objective Evidence: It was found that all fire extinguishers in Diagnostic Imaging Lab and Radionuclide Imaging Lab were expired on 7/12/2017.	
175	OFI	OFI01	Kulliyah of Allied Health Sciences	31-May-18	Sr. Norashikin Jaafar	Br. Abdul Malek Abdul Hadi, Sr. Nurasyikin bt. Hamdan	8	Operation	8.5.1(g)	Control of production and service provision	Process: Appointment and Re-Appointment of Part Lecturer (IUM/TNL/AMAD/25 – V2 (01): 09/2015) There were some discrepancies on the dates of acceptance to start duty and appointment letter being issued.	Objective evidence: i. Juliana Aminah Marhaban - Acceptance Letter: 22/4/2018 - Appointment Letter: 1/2/2018 ii. Madam Siti Suriani Che Husrin - Acceptance Letter: 6/3/2018 - Appointment Letter: 1/2/2018	
176	OFI	OFI02	Kulliyah of Allied Health Sciences	31-May-18	Sr. Norashikin Jaafar	Br. Abdul Malek Abdul Hadi, Sr. Nurasyikin bt. Hamdan	8	Operation	8.5.1(g)	Control of production and service provision	Process: Appointment and Re-Appointment of Part Lecturer (IUM/TNL/AMAD/25 – V2 (01): 09/2015) Some documentation needed to appoint the part-time lecturers were not evident.	Objective evidence: The following documents were not available for the following appointments: • No Acceptance Letter • No CVs • No. Certificates of qualifications i. Mr. Mohd Azmarul A. Aziz (ASLP 2222 – Neurology) - Appointment Letter: 1/2/2018 ii. En. Zamri Ismail (AHHA 2324) - Appointment Letter: 1/2/2018	
177	OFI	OFI03	Kulliyah of Allied Health Sciences	31-May-18	Sr. Norashikin Jaafar	Br. Abdul Malek Abdul Hadi, Dr. Rozlin Abdul Rahman	6	Planning	6.1.2 (b)	Actions to address risks and opportunities	Process: Risk and Mitigation The actions identified for the risk mitigation plan were not properly evaluated on the effectiveness and achievements.		
178	OFI	OFI04	Kulliyah of Allied Health Sciences	31-May-18	Sr. Norashikin Jaafar	Br. Abdul Malek Abdul Hadi, Dr. Rozlin Abdul Rahman	7	Support	7.2	Competence	Process: Training and Awareness There was no evidence to show that the newly appointed Quality Managers has attended any awareness training related to the new version of ISO 9001:2015.		

179	OFI	OFI05	Kulliyah of Allied Health Sciences	31-May-18	Sr. Norashikin Jaafar	Br. Abdul Malek Abdul Hadi, Dr. Rozlin Abdul Rahman	9	Performance Evaluation	9.1.2	Customer satisfaction	Process: Student Feedback Survey (SFS) There was no evidence to show that the comment made by the student in the SFS has been investigated for further action.	Objective evidence: • Student's complaint that the projector in Lecture Hall 1 and Lecture Hall 2 were not in good condition. SFS - Semester 1, 2017/2018.
180	OFI	OFI06	Kulliyah of Allied Health Sciences	31-May-18	Sr. Norashikin Jaafar	Br. Radzuan b. Md Noor / Br. Mohd Azril b. M. Yusof / Sr. Maziani Hamzah	7	Support	7.1.5.2	Measurement traceability	Process: Teaching Facilities and Maintenance It was found that some teaching equipment used in the laboratory has not been calibrated for a specified interval.	Objective evidence: Diagnostic Imaging Laboratory (Ground Floor). • Fuji Computed Radiography System (FCR Capsula XL II was last calibrated on 10/8/2016.
181	OFI	OFI07	Kulliyah of Allied Health Sciences	31-May-18	Sr. Norashikin Jaafar	Br. Radzuan b. Md Noor / Br. Mohd Azril b. M. Yusof / Sr. Maziani Hamzah	8	Operation	8.4.2	Type and extent of control (c) (1)	Process: Teaching Facilities and Maintenance There was no proper mechanism to monitor on the purchasing of hazardous chemicals by a Postgraduate student.	Objective evidence: Temporary Tissue Culture Laboratory – Level 1 • Calcium Carbonate • Sodium Dodecyl Sulfate
182	OFI	OFI08	Kulliyah of Allied Health Sciences	31-May-18	Dr. Mohd Fuad Miskon	Sr. Syazliyana	7	Support	7.5	Documented information	For the process of Appeal to Change Status the Form CPS-Reg07/V2/R1 was not evident in the file.	Student name: Siti Hazirah Samsuri Matric No: G 1627884 Status: From full time to part-time
183	OFI	OFI09	Kulliyah of Allied Health Sciences	31-May-18	Dr. Mohd Fuad Miskon	Sr. Syazliyana	7	Support	7.5	Documented information	For the process of Application for the Leave of Absence the approval letter from the Deputy Dean (Postgraduate) was not was not evident in the file.	Student name: Sr. Tara K. Jalal
184	OFI	OFI10	Kulliyah of Allied Health Sciences	31-May-18	Dr. Mohd Fuad Miskon	Br. Mohd Azril M. Yusof	8	Operation	8.5.1 (d)	Control of production and service provision	There was no proper storage for chemicals and disposable items.	At the Cell Culture Laboratory.
185	OFI	OFI11	Kulliyah of Allied Health Sciences	31-May-18	Dr. Mohd Fuad Miskon	Br. Mohd Azril M. Yusof	8	Operation	8.5.1 (d)	Control of production and service provision	1. The evidence of inspection for the fume hood. 2. The first aid kit was not displayed properly. 3. The attendance log book was not properly located at the place visible to user.	Objective evidence: At the Microbiology Laboratory.
186	OFI	OFI12	Kulliyah of Allied Health Sciences	31-May-18	Dr. Mohd Fuad Miskon	Sr. Syazliyana	7	Support	7.5	Documented information	The was no proper arrangement of the filing system at the Postgraduate Office	Objective evidence: i. Some of the PG borrowing forms were not updated i.e. there was no approval sighted from the Science Officer or Medical Laboratory Technologist (No. 2017 Form). ii. Improper arrangement of records i.e. the outdated clearance title forms were found and these forms were found mixed with the request forms.
187	OFI	OFI13	Kulliyah of Allied Health Sciences	31-May-18	Sr. Thandar Soe @ Sumaiyah Jamaludin	Dr. Noor Ezallina Badaruddin	8	Operation	8.3.4 (f)	Design and development control	It was found that incomplete course files for the subjects AHV 3104 (Contact lens practice), AHV 4122 (Contact lens clinic 1) & AHV 4102 (Contact lens clinic 2). AHV 3104 (Contact lens practice): i. There were no MC or excuse letter found in the file. ii. Unclear process of students' assessment since the records of the results or guidelines were available in the file. AHV 4122 (Contact lens clinic 1) & AHV 4102 (Contact lens clinic 2) i. Both course files are empty except course outlines and the assessment process was not clear. AHB 2104 (Medical Microbiology) i. Some of the student's signature were not sighted in the attendance sheet and in some cases there were no excuse letter or MC seen in the course file. E.g. student with Matric No. 1312124. ii. The Course Learning Outcome (CLO) to 'Demonstrate proficiency in collection, interpretation and presentation scientific data in Medical Microbiology' could not verify the individual assessment since the hands on session and assessment are being done in group work.	
188	OFI	OFI14	Kulliyah of Allied Health Sciences	31-May-18	Sr. Thandar Soe @ Sumaiyah Jamaludin	Dr. Noor Ezallina Badaruddin	8	Operation	8.3.4 (c)	Design and development controls	The Course Learning Outcome (CLO) to 'Demonstrate proficiency in collection, interpretation and presentation scientific data in Medical Microbiology' could not verify the individual assessment since the hands on session and assessment are being done in group work. Objective evidence : Course Outline for AHB 2104 (Medical Microbiology)	
189	OFI	OFI15	Kulliyah of Allied Health Sciences	31-May-18	Sr. Thandar Soe @ Sumaiyah Jamaludin	Dr. Hanani Ahmad Yusof @ Hanafi / Sr. Yati (DOSA office)	7	Support	7.5.1	Documented information	Graduation and Award There was no record or filling found on the process of selecting the best students award during convocation ceremony. Examination: Vetting process Currently, the secrecy forms are mixed by all departments. The auditor would like to suggest having separate secrecy forms by each department.	
190	OFI	OFI16	Kulliyah of Allied Health Sciences	31-May-18	Sr. Thandar Soe @ Sumaiyah Jamaludin	Sr. Yati (DOSA office)	7	Support	7.5.1	Documented information	Examination: Vetting process The keeping of the secrecy form to be properly handled since the forms were found mixed with various departments which could affect the traceability of records.	
191	OFI	OFI17	Kulliyah of Allied Health Sciences	31-May-18	Sr. Siti Aishah Kamallah	Br. Abdul Malek Abdul Hadi	7	Support	7.2 (a)	Competence	The training needs related to the task for the technical staff were not properly identified for enhancement of skills and competency.	
192	OFI	OFI18	Kulliyah of Allied Health Sciences	31-May-18	Sr. Siti Aishah Kamallah	Br. Abdul Malek Abdul Hadi	8	Operation	8.4	Control of externally provided products and services	It was found that vendor performance evaluation was last conducted for year 2016 performance.	

193	OFI	OFI19	Kulliyah of Allied Health Sciences	31-May-18	Sr. Siti Aishah Kamaliah	Dr. Hanani Ahmad Yusof@ Hanafi / Br. Radzuan Md Noor	7	Support	7.1.4 (c)	Environment for the operation of processes.	There were traces of fungus found at few working area which could affected the health condition of staff. Objective Evidence: • Department of Biomedical Sciences (Level 3) traces of fungus spotted: - on the ceiling in the lecturer's room (next Dr. Hanani's room). Thus, the ceiling was found perforated. - on the ceiling at the walk way to the lecturer's room. • Diagnostic and Imaging Laboratory (Ground Floor).		
194	NCR (Minor)	NCR01	Kulliyah of Architecture & Environmental Design	15-May-18	Br. Fakhrrurrazi Daniah	Assoc. Prof. Dr. Rashidi Othman	5	Leadership	5.3	Organizational roles, responsibilities and authorities	Functions of Research Office and job descriptions of Head of Research are not available during the audit.	No evidence sighted for functions of the office and job descriptions of Head of Research.	
195	NCR (Minor)	NCR02	Kulliyah of Architecture & Environmental Design	15-May-18	Br. Fakhrrurrazi Daniah	Assoc. Prof. Dr. Rashidi Othman	7	Support	7.1.2	People	No specific support staff are assigned to Head of Research to assist in day to day office operation.	One (1) administrative staff i.e. Hayati Abu Kasim (Staff No. : 2431) from Deputy Dean (Postgraduate) Office is assisting in day to day office operations on sharing basis to the Research Office. The staff also is doing covering works for staff who has retired i.e. Salleh Sajak without official covering duties assignment.	
196	OFI	OFI01	Kulliyah of Architecture & Environmental Design	16-May-18	Sr. Norashikin Jaafar	Br. Ilmyzat Ismail/ Sr. Nik Hasnah	8	Operation	8.4.1	Control of externally provided processes, products and services.	Process: Appointment and Re-Appointment of Part Time Lecturer (IUM/TNL/AMAD/25-V2(01): 09/2015) Some of the criteria for appointment of Part Time lecturers were not properly followed and justified.	Objective evidence: 1. En. Wan Ahmad Fuad Wan Abdul Rahman - His appointment did not meet the specified minimum requirement i.e to have minimum Master Degree holder. His qualification is Bachelor of Architecture (Honours) - 2003. 2. En Rizaluddin Mohamad - His appointment did not meet the specified requirements i.e minimum Master Degree holder and experts in the field/discipline. His qualification is Bachelor of Business Administration (Honours).	
197	OFI	OFI02	Kulliyah of Architecture & Environmental Design	16-May-18	Sr. Norashikin Jaafar	Br. Ilmyzat Ismail/ Sr. Nik Hasnah	8	Operation	8.5.1 (g)	Control of production and service provision	Process: Appointment and Re-Appointment of Part Time Lecturer (IUM/TNL/AMAD/25-V2(01): 09/2015) There were some discrepancies on the dates of acceptance to start duty and appointment letter being issued.	Objective evidence: i. Wan Mohd Fuad Wan Abdul Rahman - Acceptance Letter: 2/3/2018, Appointment Letter: 6/2/2018. ii. Eddie Jeffri Jaafar - Acceptance Letter: 16/3/2018, Appointment Letter: 12/2/2018.	
198	OFI	OFI03	Kulliyah of Architecture & Environmental Design	16-May-18	Sr. Norashikin Jaafar	Br. Ilmyzat Ismail/ Sr. Nik Hasnah	8	Operation	8.4.1	Control of externally provided processes, products and services.	Process: Appointment and Re-Appointment of Part Time Lecturer (IUM/TNL/AMAD/25-V2(01): 09/2015) It was found that the current assessment criteria for re-appointment of Part Time Lecturers were not sufficient to evaluate their performance.	Objective evidence: The University Supplier's Performance Evaluation was found being used.	
199	OFI	OFI04	Kulliyah of Architecture & Environmental Design	16-May-18	Sr. Norashikin Jaafar	Br. Ahmad Zuhairi b. Jamil	7	Support	7.1.4	Environment for the operation of processes.	Process: Work Environment and Infrastructure It was found that some harmful and flammable chemical being kept at the Studio AAD 13 & 14 (student's work station).	Objective evidence: i. N/C Hand Putty ii. Spray Paints iii. Samurai Pains	
200	OFI	OFI05	Kulliyah of Architecture & Environmental Design	16-May-18	Sr. Norashikin Jaafar	Br. Shirajuddin b. Hamduha	7	Support	7.1.4	Environment for the operation of processes.	Process: Work Environment and Infrastructure Some expired items were found kept in the first aid kit at Timber Workshop (Level 1).	Objective evidence: i. Ultimeax Cream - February 2016 ii. Flavine - December 2016	
201	OFI	OFI06	Kulliyah of Architecture & Environmental Design	16-May-18	Sr. Norashikin Jaafar	Br. Ilmyzat Ismail	7	Support	7.2 (c)	Competence	Process: Training and its effectiveness Training needs analysis was not properly conducted to identify proper trainings for the technical staff to enhance or upgrade their competencies in their related field of work.	Objective evidence: i. Br. Abdul Razak Abdul Rahman - Technician ii. Br. Ahmad Zuhairi Jamil - Assistant Engineer iii. Br. Azizul Hakim - Technician	
202	OFI	OFI07	Kulliyah of Architecture & Environmental Design	16-May-18	Assoc. Prof. Dr. Amelia Wong Azman	Sr. Noraidah bt Md. Amin/ Dr. M.Zainora bt Azmawi/ Dr. Mohamad Saiful Nizam	8	Operation	8.5.1 (g)	Control of production and service provision	On the matter of appointment of postgraduate supervisor. It was found that different departments have small discrepancies in ways of appointing supervisor.	Objective evidence: The flowchart of the appointment of postgraduate supervisor explicitly mentioned on the appointment of a Professor to nominate the supervisor. However, the current practice did not follow this process.	
203	OFI	OFI08	Kulliyah of Architecture & Environmental Design	16-May-18	Assoc. Prof. Dr. Amelia Wong Azman	Sr. Noraidah bt Md. Amin/ Dr. M.Zainora bt Azmawi/ Dr. Mohamad Saiful Nizam/ Dr. Siti Nora Haryati/ Dr. Sufian Hamat	7	Support	7.3 (d)	Awareness	On the matter of awareness on process related to postgraduate; From the interview, it was found that although there is a mentor-mentee programme among the academic staff, it became evident there is lack of awareness among the academic staff.		
204	OFI	OFI09	Kulliyah of Architecture & Environmental Design	16-May-18	Assoc. Prof. Dr. Zainurin Abdul Rahman	All HODs	7	Support	7.5.3	Control of documented information	It was found that there was an uncertainty on the duration by which the Course Files should be kept.	Objective evidence: During an interview with all the HODs, they seems to be uncertain about this matter.	
205	OFI	OFI10	Kulliyah of Architecture & Environmental Design	16-May-18	Assoc. Prof. Dr. Zainurin Abdul Rahman	All HODs	7	Support	7.5.3	Control of documented information	It was found that there was an uncertainty on which office should keep and update Curriculum files (before or/and after a Curriculum Review has been conducted). This is important to maintain and protect the confidentiality and integrity of the documents.	Objective evidence: During an interview with all the HODs, they seems to be uncertain about this matter. In particular, they are sure that the documents should be kept in the HOD's and Dean's office but they are not sure if the documents should be kept in the DDAA office.	

206	OFI	OFI11	Kulliyah of Architecture & Environmental Design	16-May-18	Sr. Nur Khamsiah Ahmad	Br. Ilmyrat Ismail	6	Planning	6.2	Quality objectives and planning to achieve them	During the audit there was no evidence that the analysis of Quality Objectives for year 2018 has been made. Since it is already month of May, 1st Quarter Analysis should be in place.		
207	OFI	OFI12	Kulliyah of Architecture & Environmental Design	16-May-18	Sr. Robita Khalid	Br. Ismail Jasmani	8	Operation	8.5.2	Identification and traceability	During the audit, it was sighted that the Kulliyah of Architecture and Environmental Design followed award guidelines and procedures (amendment 2017) but there is no minutes of meeting endorsed the list of award for graduation by the committee as an evidence and decision made by the kulliyah.		
208	OFI	OFI13	Kulliyah of Architecture & Environmental Design	15-May-18	Br. Fakhurrrazi Daniah	Assoc. Prof. Dr. Rashidi Othman	8	Operation	8.1	Operational planning and control	Develop process flow of works for identification and monitoring of daily works.		
209	OFI	OFI14	Kulliyah of Architecture & Environmental Design	15-May-18	Br. Fakhurrrazi Daniah	Assoc. Prof. Dr. Rashidi Othman	7	Support	7.5	Documented information	Improve filing system in accordance with the IUM Record Management System.		
210	NCR (Minor)	NCR01	Kulliyah of Dentistry	17-May-18	Sr. Che Nor Zarida Che Seman		8	Operation	8.5.1 (g)	Control of production and service provision	Nonconformity: It was found that the percentage of academic staff who signed the secrecy form is only 46 % whereas the OQM site has stated that the procedure for conducting examination [v2 (01/09/25) is to have all staff involved to sign secrecy form. Findings: 54% of staffs involved in conducting examination did not sign the secrecy form Objective Evidence: All staff involved in conducting examination should sign secrecy form as confidentiality.	Objective Evidence: All staff involved in conducting examination should sign secrecy form as confidentiality.	
211	OFI	OFI01	Kulliyah of Dentistry	17-May-18	Sr. Nor Hasyimah Mustapa		6	Planning	6.1.1	Actions to address risks and opportunities	Student with incomplete requirement Sample record was found in:- Hana Syahirah binti Mohamed Nadzirin Matric no. 1316664 There was a reminder given to the student due to incomplete clinical requirement (letter dated 22nd March 2016, ref no. IUM/314/9/13/8/1/1/1316664 for Prosthetic Dentistry Clinical requirement) The student received another letter during year 4 on 28th March 2017, ref no. IUM/314/9/13/8/1/1/1316664 for incomplete requirement. It is suggested that the Kulliyah address the matter as <i>issue/risk</i> as it might affect the students to be able to graduate on time; as the explanation given is that sometimes there are not enough clinical cases/patients for the students to attend.		
212	OFI	OFI02	Kulliyah of Dentistry	17-May-18	Sr. Siti Nafizah Hj Mohamed Bassri		7	Support	7.5	Documented information	The course outline /checklist contents for DEN 3424A – Orthodontics was not standardized with the file course outline DEN5426 DEN 5426 checklist items: - Course outline - Timetable/assigned schedule - Lecture notes - Tutorial/quizzes/Questions - Attendance list - Seminar presentation - case presentation - reminder letter/barring others: Result DEN 3424 checklist items: - Course outline - Lecture note - Sample of logbook - Attendance list		
213	OFI	OFI03	Kulliyah of Dentistry	17-May-18	Sr. Siti Nafizah Hj Mohamed Bassri		7	Support	7.5	Documented information	During visit to Polyclinic, it was found that the Polyclinic Repair request forms (workstation: GEN-POLY, Version no: 8) for equipment that had done for repaired were not completed and not verified by the authorized person. From the interview with Matron Norani Yaacob, we were informed that there was a miscommunication regarding maintenance of equipment. The PIC is Br Akmal. The implementation of in house system for maintenance is limited to certain personnel whereas Matron still used manual record.		
214	OFI	OFI04	Kulliyah of Dentistry	17-May-18	Sr. Asmawati Che Ismail		4	Context of the organization	4.4	Quality management system and its processes	The Kulliyah failed to receive the official appointment of the proposed 4 QLOs of the respective area (i.e. Quality, Administrative, Clinical and Labs). No evidence on assignment of responsibilities found.		
215	OFI	OFI05	Kulliyah of Dentistry	17-May-18	Sr. Asmawati Che Ismail		7	Support	7.1	Resources	It was observed that the management of student activities is done by the part-time admin staff. It was noted that since the early January 2017, the data of student activities was not recorded in the system.		
216	OFI	OFI06	Kulliyah of Dentistry	17-May-18	Madia Baizura binti Baharom Norsina binti Md. Arifin	Mdm Siti Zainab Tauheed	8	Operation	8.7	Control of non-conforming process outputs, product and services	Need a monitoring tools for all findings i.e. Internal Audit, SIRIM Audit etc. to make sure the organization shall take appropriate corrective action.		
217	OFI	OFI07	Kulliyah of Dentistry	17-May-18	Madia Baizura binti Baharom Norsina binti Md. Arifin	Mdm Siti Zainab Tauheed	7	Support	7.5.3	Control of documented information	KOD did not use an appropriated form version. Objective evidence: KOD used latest OFI form OQM/OFIv1(03):04/2018 for SIRIM Audit findings on 8 December 2017. The corrected version is OQM/DFV1(02):09/2015.		
218	OFI	OFI08	Kulliyah of Dentistry	17-May-18	Madia Baizura binti Baharom Norsina binti Md. Arifin	Br. Hisham KOD Br. Shah KOD Br. Faisal DHSEMR Br. Hisan DBSB	7	Support	7.1.3	Infrastructure	a) Items in First Aid Box are expired b) No first aid box checklist c) No First Aid Box signage d) No emergency contact pasted e) No List of first aider f) Need layout/floor plan and total details on fire extinguisher to avoid any miss renewal	Physical evidence: First Aid Box in Simulation Laboratory: a) Bacidin Antiseptic Cream. Expiry date: 05/2017 b) Antiseptic Liquid. Expiry date: 2017	
219	NCR (Minor)	NCR01	Kulliyah of Economics and Management Sciences	15-May-18	Mdm. Haslina Shamsuddin	Br. Md Hashim Selamat	6	Planning	6.1.1	Actions to address risks and opportunities	It was found that the Kulliyah of Economics and Management Sciences did not determine the risks and opportunities that need to be addressed	Objective Evidence: The risks and opportunities were not complete during the audit.	

220	NCR (Minor)	NCR02	Kulliyah of Economics and Management Sciences	16-May-18	Br. Fakhrruzai Daniai	Assoc. Prof. Dr. Fatima Abdul Hamid	5	Leadership	5.3	Organizational roles, responsibilities and authorities	Functions of Research Office are not available during the audit.	No evidence sighted for functions of the office.
221	OFI	OFI01	Kulliyah of Economics and Management Sciences	16-May-18	Mdm. Haslina Shamsuddin	Sr. Norma Taharin	8	Operation	8.1	The organization shall plan, implement and control the processes (see 4.4) needed to meet the requirements for the provision of products and services, and to implement the actions determined in Clause 6, by: b) establishing criteria for: 1) the processes; 2) the acceptance of products and services;	It was found that the criteria for admission of Postgraduate candidates who did not fulfill minimum CGPA requirement for admission into the Postgraduate programme were not adequately established.	Objective Evidence : PX17126035 – Muhammad Sidqi Afif (MEC) CGPA = 2.19 Working experience = Engineer at Honda Pump Co. Limited for 2 years. Justification for recommending : a) Obtained Degree in Engineering b) Recalculated CGPA was 3.4238 c) To attend 4 pre-requisite courses
222	OFI	OFI02	Kulliyah of Economics and Management Sciences	16-May-18	Br. Ahmad Hidayat Ahmad Saufi	Sr. Norma Taharin	8	Operation	8.5.1 (g)	Control of production and service provision	Statement It was found that the status of 'TD' (terminated) was not updated in the PG System for students being terminated due to: a) Expiry of duration of studies b) MIA after enrolment c) Missing for 6 semesters and more	Objective Evidence : Letter to CPS dated 6th April 2018 List of students on MIA status = 37 students
223	OFI	OFI03	Kulliyah of Economics and Management Sciences	16-May-18	Sr. Nurul'Ain Mohamed Noor	Br. Md Hashim Selamat	9	Performance Evaluation	9.1.3	Analysis and evaluation	It was found during the audit that no analysis has been done for complaint in 2018.	Objective Evidence : i. Broken door handle – (15/2/18) ii. CPU damage (Room 2.3) – (28/2/18) iii. Computers cannot used at Gen Lab KENMS – (18/4/18) iv. One of the ceiling dropped (20/4/18) – Aishah Sheikh Abu Bakar v. Electric Plug is not working (23/4/18) – Mahir Faisal vi. IUMS Student Feedback (SFS) Report : Student Comment for Kulliyah, Session : 2017/2018, Semester 1, First Run.
224	OFI	OFI04	Kulliyah of Economics and Management Sciences	16-May-18	Sr. Nurul'Ain Mohamed Noor	Br. Md Hashim Selamat	7	Support	7.1.3	Infrastructure	It was found during the audit that the timer for corridor lighting was not correctly set where the lights were on during day time and off during night time.	Objective Evidence : Sighted at level 1, 2 and 3 staircase beside SR
225	OFI	OFI05	Kulliyah of Economics and Management Sciences	16-May-18	Sr. Nurul'Ain Mohamed Noor	Br. Md Hashim Selamat	8	Operation	8.2.1	Customer communication	It was found during the audit that complainant was not notified on the job done.	Objective Evidence : Aishah Sheikh Abu Bakar, complaint – one of the ceiling dropped reported on 20/4/18.
226	OFI	OFI06	Kulliyah of Economics and Management Sciences	16-May-18	Sr. Nurul'Ain Mohamed Noor	Br. Md Hashim Selamat	7	Support	7.5.2	Creating and updating	It was found during the audit that no completion date and QR report no. stated on the report – repair leakage & ceiling.	Objective Evidence : Daya Bersih 5dn Bhd report.
227	OFI	OFI07	Kulliyah of Economics and Management Sciences	16-May-18	Assoc. Prof. Dr. Amelia Wong Azman	Dr Raihan Dr Roslily Dr Zukufly Dr Hasnida Sr Shima Dr Zamzulaila	8	Operation	8.3.4 (b)	Design and development controls	It was found that course outlines contained errors especially in mapping to taxonomy / soft skills, inappropriate alignment of assessment against LO and wrong calculation of SLT.	Objective evidence: ISF 3011, 3207, FIN 6130, FIN 6224, ACC 4401, ACC 7025
228	OFI	OFI08	Kulliyah of Economics and Management Sciences	16-May-18	Br. Fakhrruzai Daniai	Assoc. Prof. Dr. Fatima Abdul Hamid	5	Leadership	5.3	Organization roles, responsibilities and authorities	Update the job descriptions of Head of Research.	
229	OFI	OFI09	Kulliyah of Economics and Management Sciences	16-May-18	Br. Fakhrruzai Daniai	Noor Hildawati Abdul Hamid	8	Operation	8.1	Operational planning and control	Create annual almanac for identification and monitoring of research activities and programmes at the Kulliyah.	
230	OFI	OFI10	Kulliyah of Economics and Management Sciences	16-May-18	Br. Fakhrruzai Daniai	Noor Hildawati Abdul Hamid	8	Operation	8.1	Operational planning and control	Develop process flow of works for every research management processes at the Kulliyah.	
231	OFI	OFI11	Kulliyah of Economics and Management Sciences	16-May-18	Br. Fakhrruzai Daniai	Noor Hildawati Abdul Hamid	7	Support	7.4	Communication	Part of communication channel on research activities to researchers done via e-mails and telephone calls. Enhance the use of official website as communication channel for disseminating information to interested parties.	
232	NCR (Minor)	NCR01	Kulliyah of Education	15-May-18	Sr. Sabirah Abdullah, Sr. Nor Hidayah Arasad and Dr. Nur Affah Mohyini	Sr. Nor Salwa Nordin, Sr. Fajariah Mohd Yusof, Br. Mohammad Amer Ezzat Omar, Firdaus, Assoc. Prof. Dr. Ainol Madiatiah Zubairi and Dr Siti Kholijah Kassim	7	Support	7.5.3	Control of documented information	During the audit, retrieval of documents for undergraduate and postgraduate processes as well as for Academic Review took too long.	Objective Evidence: i) Undergraduate related letters (course offering/examination matters) took more than half an hour to retrieve. ii) Appointment letter for external examiner (postgraduate) took more than four hours to retrieve. iii) Teaching notes for courses are not in the course files – took time to retrieve.
233	OFI	OFI01	Kulliyah of Education	14-May-18	Sr. Zulaifah Sharif	Br. Muhamad Azmi Ibrahim	9	Performance Evaluation	9.1.2	Customer satisfaction	SFS Report Semester 1, 2017/2018 In the students comments report: 3 complaints on the same person i.e. Hafizah – staff of Postgraduate office Upon checking, she is a part time staff that is still in service at the Kulliyah. There is no evidence that the complaints were being communicated to the staff. No action taken on that complaints.	
234	OFI	OFI02	Kulliyah of Education	14-May-18	Sr. Zulaifah Sharif	Sr. Rohayati Zakaria	7	Support	7.1.2	People	Late issuance of appointment letter Semester begin 5/2/2018 Appointment letter for Part Time Lecturer dated 15/2/2018: i) Dr. Nor Azlan Md. Noor ii) Dr. Shazifah Salleh	
235	OFI	OFI03	Kulliyah of Education	14-May-18	Sr. Zulaifah Sharif	Dr. Haniza Rais	7	Support	7.1.3	Infrastructure	Counseling and Therapy Lab The venues and rooms are there but not fully equipped as planned (recording facilities). The project was put on hold due to budget constraint – no further effort to ask for equipment as currently utilizing a studio room under OCCM.	

236	OFI	OFI04	Kulliyah of Education	14-May-18	Sr. Zulaifah Sharif	Br.Muhamad Azmi Ibrahim	7	Support	7.1.4	Environment for the operation of processes.	1) Water coolers were not being maintained properly – the water cooler still functioning well (dispensing cool and hot water) – but due to leakage, they are not usable Sighted at Level 2 and 3, KOED building 2) OSH The appointment of committee members and Safety Liaison Officer has been done but there is no meeting yet. Hence, no OSH corner, no OSH Policy being displayed etc.		
237	OFI	OFI05	Kulliyah of Education	15-May-18	Sr. Noor Hidayah Arasad	Sr. Nor Salwa Nordin / Sr. Fajariah Mohd Yusof	7	Support	7.5.3	Control of documented information	1) It was sighted that some of the admission applications were not having any written recommendation from DDPG. 2) Upon recommendation for admission, the student submitted the proposal through EAS system. However, no evidence to show that the proposal has been reviewed by the Arabic speaker reviewer (Proposal is in Arabic Language). Sample: Application No : PY 17227348/ Muhammad Salim Sulaiman		
238	OFI	OFI06	Kulliyah of Education	15-May-18	Sr. Noor Hidayah Arasad	Sr. Nor Salwa Nordin / Sr. Fajariah Mohd Yusof	8	Operation	8.2.3.1	Review of requirement for product and services	1) It was sighted that the course offered for Master and PhD programmes is on structured basis. Courses in Semester 1 & 2 are offer alternately. The student who failed the course needs to repeat it in the alternate semester. Normal duration of Master programme is only 2 years and this structure might cause delay to achieve "Graduate on Time-GOT" Sample: Course Offered Semester 1 & 2 2) It was sighted that there is no control document to check on the submission of Final Examination Question Paper as per the deadline set by the ODDPG. It is advisable to have such document to ensure all paper submitted on time and ODDPG staff has ample time for printing process. 3) No secrecy form has been signed by the staff who are involved directly in handling Final Examination Question (Postgraduate)		
239	OFI	OFI07	Kulliyah of Education	15-May-18	Sr. Noor Hidayah Arasad	Sr. Nor Salwa Nordin / Sr. Fajariah Mohd Yusof	7	Support	7.4	Communication	It was sighted that the Change of Mode, Change of Status and Leave of Absence forms submitted to CPS without any communication media (memo/ letter)	Sample : Application of Change of Mode for G1711549 and G1727566	
240	OFI	OFI08	Kulliyah of Education	15-May-18	Sr. Noor Hidayah Arasad		8	Operation	8.2.3.1	Review of requirement for product and services	It was sighted that the selection of the winner for the Best Student Award for the 33rd Convocation was done based on the highest CGPA. As such, by research mode students (which are not having any CGPA) will have lower chance / no chance to get the award. It is advisable for KOED to come up with the other mechanism of selection for the award winner so that all students have equal chances.		
241	OFI	OFI09	Kulliyah of Education	15-May-18	Dr. Nur Affah Mohyini	Assoc. Prof. Dr Ainal Madziah Zubairi, Dr Norwati Mansor & Assoc. Prof. Dr Muhammad Sabri Sahrir	7	Support	7.5.3.1	Control of documented information	On the matter of Course File: The process of document control has been implemented, however the documentation and preparation of course files could be further improved. The control of documented information is inadequate to ensure that it is available and protected from loss and improper use. Objective evidence: It was found that some of the contents of the course files are loose and not properly organized/arranged according to the material	Objective evidences: Teaching Grammar in Secondary School (EDC 4212), Islamic Approach to Counseling (EDG 4009) and Arabic Language Drills (EDL 1110).	
242	OFI	OFI10	Kulliyah of Education	15-May-18	Dr. Nur Affah Mohyini	Dr Siti Kholijah Kassim, Assoc. Prof. Dr Ainal Madziah Zubairi	8	Operation	8.6	Release of products and services	On the matter of Course Delivery: It was observed that the Continuous Assessment Marks (CAM) that has been specified in the course outline could not be verified on the breakdown of the total CAM.	Objective evidence: It was found that breakdown of total CAM is inconsistent with those stated in the course outline. Objective evidences: Introduction to Group Counseling (EDG 2003) and Teaching Grammar in Secondary School (EDC 4212)	
243	OFI	OFI11	Kulliyah of Education	15-May-18	Dr. Nur Affah Mohyini	Dr Kamal J.I. Badrasawi, Dr Adnan Abd Rashid, Dr Siti Kholijah Kassim, Dr Norwati Mansor, Assoc. Prof. Dr Ainal Madziah Zubairi, Assoc. Prof. Dr Muhammad Sabri Sahrir Auditor	7	Support	7.4	Communication	On the matter of Course Delivery: It was observed that there is confusion among staff on the implementation of the new course outline and its assessment method and weightage. There is no evidence of clear communication and instruction on this matter so that all relevant staffs are made aware of the changed requirements and as to when the changes are to be effectively implemented. Thus, communication on this matter could be further improved.	Objective evidence: It was found that there are courses that have implemented the new course outline while others are still using the old course outline. Courses that have started using the new course outline and its new assessment method and weightage are: - Philosophy of Islamic Education (EDI 2000) - Arabic Language Drills (EDL 1110) Courses that are still using the old course outline and its assessment method and weightage are: - Da'wah and Leadership (EDI 4604) - Introduction to Group Counseling (EDG 2003) - Islamic Approach to Counseling (EDG 4009) - Teaching Grammar in Secondary School (EDC 4212)	

244	OFI	OFI12	Kulliyah of Education	15-May-18	Dr. Nur Afah Mohyln	Assoc. Prof. Dr. Suhallah Hussien	8	Operation	8.2.3.1	Review of the requirement for products and services	On the matter of Academic Review: The organization has conducted academic review however the review process could be further improved. There is no evidence of nomination and appointment of Internal Assessor and External Assessors. However, it was found that one of the Internal Members of Board of Studies (BOS) for the Bachelor of Education in Guidance and Counselling (GUIDE) (Honours), Dr Haniza Rais, was appointed as the Internal Reviewer for the programme.	Objective evidence: Proposal submitted by KOED and has been endorsed by the 437th and 438th Senate Meeting dated 28th July 2017 and 25th August 2017. Appointment letter of Dr Haniza Rais dated 4th December 2017.
245	OFI	OFI13	Kulliyah of Education	17-May-18	Mdm. Sa'idatul Bariah Ahmad	Prof. Dr. Noor Lide Abu Kassim	7	Support	7.1.5	Monitoring and measuring resources	It was found that the Kulliyah has not made enough effort to resolve issue of overdue researches. There must be better communication between the Kulliyah and RMC on status of	
246	OFI	OFI14	Kulliyah of Education	17-May-18	Mdm. Sa'idatul Bariah Ahmad	Prof. Dr. Noor Lide Abu Kassim	5	Leadership	5.3	Organization roles, responsibilities and authorities	Completed research Referring to the Roles and Responsibilities of Heads of Research, it was found that the KPI of HOR under Monitoring of Research Progress could not be achieved as the KPIs are not within their control. The KPIs are as follows : 1. % of submission of progress report 2. % of research project completed within the stipulated time frame (including extensions). It was highlighted that HOR can issue out reminders to researches for the above KPIs but they cannot control the process of submission and completion. KOED probably can propose for the KPIs to be reviewed.	
247	OFI	OFI15	Kulliyah of Education	17-May-18	Mdm. Sa'idatul Bariah Ahmad	Prof. Dr. Noor Lide Abu Kassim	7	Support	7.5.1	Documented information - General	It was found that the list for research projects that are overdue from RMC does not tally with the list provided by KOED whereas KOED extracted the list from RMSV2. It was also found that few overdue projects which was listed in the RMSV2 had already being submitted and evidence was available. KOED probably should have a session with RMC to look into these overdue projects and assist RMC to update the project status.	
248	OFI	OFI16	Kulliyah of Education	17-May-18	Br. Ahmad Zuhilmi Ahmad Hizam	Prof. Dr. Noor Lide Abu Kassim	7	Support	7.5.2	Creating and updating	There is no hardcopy evaluation of application as stated in the process flow for application of research grant whereby researchers fill in the application from online and print hardcopy to be submitted to HOR or K/C/D/I for evaluation. The evaluation from KOED is through the presentation by the researcher.	Evidence: IUM/RIU/01
249	OFI	OFI17	Kulliyah of Education	17-May-18	Mdm. Sa'idatul Bariah Ahmad	Prof. Dr. Noor Lide Abu Kassim	7	Support	7.5.2	Creating and updating	There were no file minutes provided/created in the file.	Evidence: IUM/312/RNP/14 – Research grant IUM/312/rnp/14 – MOHE grant Letter appointment job specification for Head of Research (HOR).
250	NCR (Minor)	NCR01	Kulliyah of Engineering	22-May-18	Br. Kamaruddin Abdul Hamid	Sr. Siti Salwiah Shukri @ Samsuri	8	Operation	8.5.4	Preservation	Handling of Question Paper During the audit, it was found that the confidentiality and security of the question papers at the PG Office are not adequately controlled.	Objective Evidence: Photos as attached i. The question papers were found kept in a filing room instead of strong room. Furthermore, there is no single signage related to confidentiality i.e. Authorize Personnel Only or Confidential. ii. No grill install at the door as to ensure the security and confidentiality of the question papers inside the room are taken care off. iii. Unauthorized personnel i.e. a newly appointed examination assistant 'Sr. Mayyazah Ulfa' was inside the printing of question papers room. She did not filled up the 'Secrecy Form'. iv. All administrative staff form PG office who were involved in the examination did not filled up the "Secrecy Form".
251	NCR (Minor)	NCR02	Kulliyah of Engineering	22-May-18	Br. Kamaruddin Abdul Hamid	Sr. Siti Salwiah Shukri @ Samsuri	7	Support	7.1.5.1	Monitoring and measuring resources	It was found that the ELKEN water dispenser which located at the PG Office used by the staff was not serviced since 8/7/2015.	Objective Evidence: Photos as attached Even though there was an instruction for recommendation of service to replace the filters, there was no action taken seen to ensure the maintenance of the water dispenser.
252	OFI	OFI01	Kulliyah of Engineering	22-May-18	Sr. Norashikin Jaafar	Madam Shahrizad Sa-Idul Haj/ Sr. Noor Hidayah Arasad	8	Operation	8.4.2 (d)	Type and extent of control	Process: Appointment and Re-Appointment of Part Lecturer (IUM/TNL/AMAD/25 – V2 (01): 09/2015) The current appointment process of Part-time lecturers does not properly followed the stated procedure i.e.: i. No Application Form was sighted being filled up by applicants. ii. No acceptance of offer was sighted. iii. CVs not available for the purpose of assessment (meeting stated criteria).	Objectives Evidence: Appointment of Part-time Lecturers for the Department of Civil Engineering. i. Dr. Shuib b. Rambat – Offer Letter issued on 5/2/2018 ii. Dr. Erni Syuhada bt. Mazwil Ismail – Offer Letter issued on 5/9/2017 - Her CVs was not available.
253	OFI	OFI02	Kulliyah of Engineering	22-May-18	Sr. Norashikin Jaafar	Madam Shahrizad Sa-Idul Haj	7	Support	7.2	Competence	Process: Training and its effectiveness Training needs were not properly identified for the technical staff to enhance or upgrade their competencies in their related field of work.	Objectives Evidence: i. Sr. Ida Rahayu Yahya – Assistant Engineer ii. Br. Mohamad Hafiz b. Jumiran Assistant Engineer

254	OFI	OFI03	Kulliyah of Engineering	22-May-18	Sr. Norashikin Jaafar	Sr. Noor Hidayah Arasad	7	Support	7.5.3.2 (c)	Control of documented information	Process: Academic Affairs It was found that some course outlines used old template version.	Objectives Evidence: i. ECOM 4312 – Optical Communications ii. ECE 3101 – Computer and Information Engineering Lab 1
255	OFI	OFI04	Kulliyah of Engineering	22-May-18	Sr. Norashikin Jaafar	Dr. Norazlina Bt. Saidin / Br. Abdul Rahmat Abdul Latiff	8	Operation	8.3.5	Design and development outputs	Process: Academic Affair The Course Learning Outcomes stated that the course ECOM 4312 Optical Communications require practical skills i.e. “know how to deal with optical components and their specifications” and “Use optical fiber technology in various application”. However, it was found that the course was delivered in theory and through video presentation without having any practical session which is due to the unavailability of fiber optics system/equipment.	Objectives Evidence: i. Course Outline ECOM 4312 – Optical Communications
256	OFI	OFI05	Kulliyah of Engineering	22-May-18	Sr. Norashikin Jaafar	Br. Abdul Rahmat Abdul Latiff / Br. Yusni b. Yusop	7	Support	7.1.5.1	Monitoring and measuring resources	Process: Academic Affair – Teaching Facilities It was found that outdated Personal Computers (PCs) purchased in 2006 (Pentium 4) were still being used for teaching the core courses.	Objectives Evidence: i. 40 units of PCs in Computer Teaching Lab. ii. Course being taught in the lab are: - ECE 3101 – Computer and Information Engineering Lab 1, - EECE 1313 – Programming and Engineers - ECE 4331 (MATLAB) – Speech and Image Processing.
257	OFI	OFI06	Kulliyah of Engineering	22-May-18	Sr. Norashikin Jaafar	Sr. Aziza Embong / Br. Mohamad Hafiz b. Jamiran	7	Support	7.1.5.1	Monitoring and measuring resources	Process: Academic Affair – Teaching Facilities It was found that some equipment in the lab were not properly maintained and used.	Objectives Evidence: Fluid Mechanics Laboratory: i. Air Flow Bench (under maintenance since 2015) ii. Gunt@Hydrolic Bench with Osborne Reynolds Apparatus (under commissioning since 2015)
258	OFI	OFI07	Kulliyah of Engineering	22-May-18	Assoc. Prof. Dr. Zainurin Abdul Rahman	2 HODs	7	Support	7.5.3.1 (a)	Control of documented information	It was found that the feedback from the present students towards the implementation of Academic/Curriculum Review was not appropriately noted and recorded.	Objective Evidence: During an interview with two of the HODs (Dr. Khamsiah Ismail – Civil Engineering and Assoc. Prof. Mohamed Abd Rahman-Manufacturing Engineering), they seem to be uncertain about this matter. Document for evidence could not be produced.
259	OFI	OFI08	Kulliyah of Engineering	22-May-18	Assoc. Prof. Dr. Zainurin Abdul Rahman	2 HODs	7	Support	7.5.3.1 (d)	Documented information	It was found that there was an uncertainty among the 2 Head of Department (HOD) on the duration by which the Course Files should be kept.	Objective Evidence: During an interview with two of the HODs (Dr. Khamsiah Ismail – Civil Engineering and Assoc. Prof. Mohamed Abd Rahman-Manufacturing Engineering), they seem to be uncertain about this matter.
260	OFI	OFI09	Kulliyah of Engineering	22-May-18	Br. Kamaruddin Abdul Hamid	Sr. Siti Salwiah Shukri	9	Performance Evaluation	9.1.2	Customer satisfaction	It was found that the PG Office KOE did not conduct survey on customer satisfaction in order to improve the quality of services rendered.	
261	OFI	OFI10	Kulliyah of Engineering	22-May-18	Br. Kamaruddin Abdul Hamid	Sr. Siti Salwiah Shukri	7	Support	7.5.1	Documented information - General	There were two findings in this particular evidence as follows: 1. The lecturer filled up an old version of form (Semester 1, 2017/2018 Session) even though the application was for Semester 2, 2017/2018 Session 2. Incomplete students’ consensus as only 3 out of 4 students signed in the form.	Evidence: Application For Decentralized Examination Semester 1, 2017/2018 Session Form. Course code :EECE 6111 Lecturer: Assoc. Prof. Dr. Mohamed Hadi Habeibi Propose Date: 4th June 2018
262	OFI	OFI11	Kulliyah of Engineering	22-May-18	Mdm. Rusnani Din @ Yaakob	Sr. Noor Hidayah Arasad	8	Operation	8.1 (d)	Implementing control of the processes in accordance with the criteria	During the audit it was found that applications for reducing academic load were approved by Deputy Dean (Academic & Industrial Linkages) not by the Dean as stated in SAPER 2015.	Objective Evidence Matric No. 1714155, 1625865 & 1726900 SAPER 2015 7(2) Nevertheless, student who requests to carry less than the minimum academic load with valid reasons shall get prior approval of the Dean.
263	OFI	OFI12	Kulliyah of Engineering	22-May-18	Mdm. Rusnani Din @ Yaakob	Sr. Noor Hidayah Arasad	8	Operation	8.1 (d)	Implementing control of the processes in accordance with the criteria	During the audit, it was found in the Registration System list of students with less and more academic load without approval and it contradict with SAPER 2015.	Objective Evidence a) Less academic load Matric No:1518387 Level :2 Total Cr Hours:14.5 Matric No:1520265 Level :2 Total Cr Hours:14 Matric No:1521697 Level :2 Total Cr Hours:14 Matric No:1625543 Level :1 Total Cr Hours:10 b) Maximum academic load Matric No:1420349 CGPA:2.65 Total Cr Hours:23 Matric No:1427939 CGPA:2.61 Total Cr Hours:21.5 Matric No:1519017 CGPA:2.65 Total Cr Hours:21 Matric No:1522865 CGPA:2.84 Total Cr Hours:20.5 c) Similar finding for cases of withdrawal of courses and affected minimum academic load Matric No Total Cr Hours 1726113 12 1611078 14.5 1427221 13 d) SAPER clause 7 Minimum academic load, clause 8 maximum academic load and clause 12 course withdrawal
264	OFI	OFI13	Kulliyah of Engineering	22-May-18	Mdm. Rusnani Din @ Yaakob	Sr. Noor Hidayah Arasad	8	Operation	8.1 (d)	Implementing control of the processes in accordance with the criteria	During the audit it was found that no warning letter issued to students who absent for more than 20%.	Objective Evidence Course ECE 2223 Matric No. 1422844, 1419275 and 1413405

265	OFI	OF14	Kulliyah of Engineering	22-May-18	Mdm. Rusnani Din @ Yaakob	Sr-Noor Hidayah Arasad	8	Operation	8.1 (d)	Implementing control of the processes in accordance with the criteria	During the audit it was found that an active student but not registered for any courses. The student had applied for leave of absence on Semester 1 2017/2018 only.	Objective Evidence Matric No. 1713808 SAPER clause 12 (3)
266	OFI	OF15	Kulliyah of Engineering	22-May-18	Mdm. Rusnani Din @ Yaakob	Sr-Noor Hidayah Arasad	8	Operation	8.1 (d)	Implementing control of the processes in accordance with the criteria	Revision period for Semester 1 2017/2018 was from 23 until 27 July, 2018. During the audit it was found decentralized exam for 8TEN 3316 for 14 students was held on 18th January, 2018. I.e during final exam period and it was contradicted with the above decision.	Objective Evidence 429th Senate Meeting. It stated that no. of students less than 15 a decentralized exam may be conducted on the last day of class or during the revision period.
267	OFI	OF16	Kulliyah of Engineering	22-May-18	Mdm. Rusnani Din @ Yaakob	Sr-Noor Hidayah Arasad	8	Operation	8.1 (d)	Implementing control of the processes in accordance with the criteria	Announcement on SFS was issued on 24th April, 2018 and students were requested answer the survey in order to prevent any issues related to examination barring and suspension of result slips. However, during the audit it was found that lecturers' name were not updated by Kulliyah resulted student cannot fill in the SFS.	Objective evidence MATH 132, MECH 1302 (Section 6 and 16), MECH 2340 (Section 1)
	OFI	OF17	Kulliyah of Engineering	22-May-18	Izni Izwah Abu Bakar	Assoc. Prof. Dr. Fauziah Toha	8	Operation	8.5.1		Researcher is aware about the progress of her research (RAGS14-040-0103, EDW B13-032-0917, EDW B14-124-1009, RIGS15-147-0147, RIGS16-085-0249) progress. She has received an email from RMC to state the extension date and completion of research. However, it was found, the RMSV2 states the status as "pending for completion". In actual, the research has been completed. It is suggested for HOR to assist in monitoring the progress of all researches to be in the correct status through RMSV2.	
	OFI	OF18	Kulliyah of Engineering	22-May-18	Izni Izwah Abu Bakar	Assoc. Prof. Dr. Fauziah Toha	8	Operation	8.6		HOR has to check the research status prior approval of research claim (FRGS14-104-0345) in RMSV2 e.g. completion date, available balance, milestone completion etc. However, it was found, there was lack of guide for HOR to conduct the approval and the flow in RMSV2 requires several interfaces which distract the efficiency of the approval work. It is suggested for HOR to provide recommendation to RMC in improving the process in RMSV2 e.g. New completion date should be included in "Basic Information" in addition to "Milestone".	
	OFI	OF19	Kulliyah of Engineering	22-May-18	Izni Izwah Abu Bakar	Shahrizad Saidul Haj Assoc. Prof. Dr. Fauziah Toha	7	Support	7.1.2		HOR&I office has been tasked to monitor and enhance the quality of Kulliyah research activities which involved all academic staff. There is a need to have a dedicate staff to support the effectiveness and efficiency of the operation. However, it is observed that there is no permanent staff to support HOR&I office. The office has been supported by a part time staff for more than 3 years.	
	OFI	OF20	Kulliyah of Engineering	22-May-18	Assoc. Prof. Dr. Murni Mahmud	Shahrizad Saidul Haj Assoc. Prof. Dr. Fauziah Toha			8.3		HOR&I has been performing her tasks accordingly and effectively. However, it is found that, there was lack of communication relating to University Research Committee meeting and Job Description (e.g. not well informed, JD was not signed)	
	OFI	OF21	Kulliyah of Engineering	22-May-18	Assoc. Prof. Dr. Murni Mahmud	Shahrizad Saidul Haj Assoc. Prof. Dr. Fauziah Toha			8.5.2		Filing system for monitoring research progress has been established for HOR&I office. There are categorized by research with approved extension application (IUM/304/HOR/14/3/1/11/2 – Research grant: LT (RAGS) EXT). The filing is available until early of 2017. In 2017, record and documentation of research progress (e.g. application of extension, application etc) have been made available through RMSV2 (RIG16-337-0501). However, it is observed there is difficulty in tracing and monitoring research progress through the filing method. It is suggested to focus researches to be monitored through RMSV2 unless manual filing is required. Filing should be categorised by research title/id.	

	OFI	OFI22	Kulliyah of Engineering	22-May-18	Assoc. Prof. Dr. Murni Mahmud	Shahrizad Saidul Haj Dr. Fauziah Toha			7.1.4		Strategic Objective for HOR&I has been documented in KOE Strategic Plan (2017-2021) for Research, Innovation & Commercialization ecosystem. The objective is to enrich niches areas demand-driven supporting commercialization and entrepreneurship culture. Action plans are focusing on highly profitable research product, internationally recognized CoE, High Impact research culture at KOE, reputable high impact-bio system journal. However, it is observed there is lack of action plan to address the non-progress researches/researchers. It is suggested to discuss and develop programmes to support the researchers. The current initiative such as mentor-mentee could be further enhanced to strengthen research culture.	
268	NCR (Minor)	NCR01	Kulliyah of Information & Communication Technology	16-May-18	Sr. Ayunita Atan	Sr. Narieta Bukhari	8	Operation	8.1	Operational planning and control	It was found that an application for admission took 2 months to be processed. KICT received the application on 6 July 2017 and sent to CPS on 12 September 2017. When asked for justification, the staff said it was overlooked.	Almurahheem Aiman Mohsen A (PY17227428)
269	NCR (Minor)	NCR02	Kulliyah of Information & Communication Technology	16-May-18	Sr. Ayunita Atan	Sr. Narieta Bukhari	9	Performance Evaluation	9.1.1	Monitoring, measurement, analysis and evaluation - General	It was found that 9 students of the Master of Protective and Security Management (MPSM) were active but not registered since 2013/2014. Some of the results in Semester 2, 2013/2014 are still In Progress (IP).	Refer List Distribution of Postgraduate Students Session 2017/2018 and Semester 2 by Kulliyah. Status Not registered – G1110475, G1110976, G1111357, G1112469, G1114053, G1115653, G1117101, G1118118, G1314875, G1324531, G1329955, G1419951, G1423148
	NCR (Minor)	NCR03	Kulliyah of Information & Communication Technology	16-May-18	Mdm. Sa'idatul Bariah Ahmad	Prof. Dr. Imad Fakhri Taha	5	Leadership	5.3	Organisational roles, responsibilities and authorities	It was found that the Head of Research is still following the Job Description given by RMC in 2013 when he was first appointed to hold the position. Job description needs to be updated at least once in 2 years. It was also found that the Kulliyah had drawn out a job description for the Head of Research. However, the job description did not address all the tasks related to research and publications and furthermore the HOR was not aware of this job description.	Job Description given to HOR in year 2013 by RMC. Job Description produced by KICT.
	NCR (Minor)	NCR04	Kulliyah of Information & Communication Technology	16-May-18	Mdm. Sa'idatul Bariah Ahmad	Prof. Dr. Imad Fakhri Taha	8	Operation	8.5.1	Control of production and service provision	It was found that the Principal Investigators of researches which are overdue lacked control of the progress of their research. It was also observed that the Kulliyah lacks monitoring of most of the researchers who has research grants that is overdue.	List of overdue researches by KICT academic staff (list under RMC). Whatsapp conversation with a Principal Investigator
270	OFI	OFI01	Kulliyah of Information & Communication Technology	16-May-18	Mdm. Rusnani Din @ Yaakob	Br. Wan Nasruddin Wan Abdullah	6	Planning	6.1	Action to address risks and opportunities.	During the audit, it was found that the risk template was not updated. Last updated was on 7 July, 2017	
271	OFI	OFI02	Kulliyah of Information & Communication Technology	16-May-18	Mdm. Rusnani Din @ Yaakob	Br. Wan Nasruddin Wan Abdullah	7	Support	7.1.3	Infrastructure	Feedback related to female musolla was highlighted 10 times by students in SFS Sem. 1 2017/2018. However, during the audit it was found that two fans installed in the female musolla were not functioning. The cleanliness should be improved as well.	
272	OFI	OFI03	Kulliyah of Information & Communication Technology	16-May-18	Mdm. Rusnani Din @ Yaakob	Br. Noor Syazwan Adli Nordin	5	Leadership	5.3	Organizational Roles, Responsibilities and authorities	It was found that similar task was assigned to different grades of technical staff except additional task to: a) Br. Mohd. Hafizee bin Razak (FA29) Additional task – website b) Nurusan Jamiri Yacob(FT22) Additional task assigned – Supervise equipment c) Raja Norzahrman Raja Shahadan(FT22) Additional task assigned – Supervise VC equipment Similar task d) Mohd. Affindee Hamzah (C22) e) Harman Hashim(FT19) f) Shahrizal Ahmad (FT19) FA 29 should have additional task- supervisory level	
273	OFI	OFI04	Kulliyah of Information & Communication Technology	16-May-18	Mdm. Rusnani Din @ Yaakob	Br. Noor Syazwan Adli Nordin	8	Operation	8.2.3.2 (a)	The organization shall retain documented information as applicable; a) on the results of the review on any new requirements for the products and services	It was found that no record to verify that the following issues have been resolved and root cause for PC 40 Sample sighted : Preventive Maintenance for Computer Lab. Teaching lab 3 Date 29 March 2016 PC 33 Problem – Windows Corrupt Action – will reinstall windows PC 40 Problem – No CPU Action- Need to replace	
274	OFI	OFI05	Kulliyah of Information & Communication Technology	16-May-18	Sr. Zunika Osman	Sr. Sharan Abu Bakar	9	Performance Evaluation	9.1.1	Monitoring, measurement, analysis and evaluation - General	Student Matric No. 1521059/ BIT, Br. Arif UI Al-Haq approved for readmission in Semester 2, 2017/2018 but did not registered any course due to financial block. His status is still active until week 14 (now 16.5.2018) Br. Arif submitted the registration form to register three (3) courses. The lecturers of the courses verified that he attended the classes. The courses attended are courses with final examination. It is found that no records (log book) to record student's report to DDSA Office every week. Br. Arif still did not return the attendance card (red card) to DDSA office. Student on readmission is supposed to return the red card after approved by the University Senate (readmission status) to DDSA Office.	
275	OFI	OFI06	Kulliyah of Information & Communication Technology	16-May-18	Sr. Ayunita Atan	Sr. Narieta Bukhari	7	Support	7.5.2	Documented information - Creating and updating	It was found that filing for all postgraduate processes at PG Office, KICT were not properly minuted, label and some records are missing.	

276	OFI	OFI07	Kulliyah of Information & Communication Technology	16-May-18	Sr. Ayunita Atan	Sr. Narieta Bukhari	8	Operation	8.1	Operational planning and control	It was found that there is no standard operating procedures for course offerings, registration and examinations. Some practices are not standardized across all departments. For instance Vetting of End-of-Semester Assessment Method is implemented for Master of Protective and Security Management only.		
	OFI	OFI08	Kulliyah of Information & Communication Technology	16-May-18	Sr. Suhaila Marsidi	Sr. Sarah Liyana Suhaimi	7	Support	7.5.3	Control of documented information	The staff is aware that there is a user manual for decentralization of verification of financial processes issued out by RMC. It was found that the staff had created a process flow chart of their own whereas a SOP by RMC is already available. The flow chart created did not fulfill the requirement of the QMS.		
277	NCR (Minor)	NCR01	Kulliyah of Islamic Revealed Knowledge and Human Sciences	22-May-18	Sr. Robita Khalid	Br. Hamdan Adnan	6	Planning	6.1.2	Actions to address risks and opportunities	It was found that the Kulliyah of Islamic Revealed Knowledge and Human Sciences had identified the risks and opportunity, eliminating the risk source, changing likelihood or consequences, sharing the risk, or retaining risk by informed decision.	Objective Evidence: The risks and opportunities were not complete during the audit	
278	NCR (Minor)	NCR02	Kulliyah of Islamic Revealed Knowledge and Human Sciences	22-May-18	Sr. Robita Khalid	Br. Hamdan Adnan	8	Operation	8.4.2	Type and extent of control	It was found that the Kulliyah of Islamic Revealed Knowledge and Human Sciences appointed part time staff who obtained less than 80% marks in SFS without justification. The SFS was not included during the application for reappointment. The SFS was printed out on 12/04/2018.	The appointment of part timer lecturers to teach PSYC 3090 - Sr. Nurul Miza Mohd Rashid – PSYC 3090 – SFS result 79.15%	
279	NCR (Minor)	NCR03	Kulliyah of Islamic Revealed Knowledge and Human Sciences	22-May-18	Mdm. Sa'idatul Bariah Ahmad	Br. Hamdan Adnan	9	Performance Evaluation	9.1.3	Analysis and evaluation	It was found that for year 2015, 2016 and 2017, the Quality Objectives (To be a World Class Research and Innovation Hub) was not available. It was also found that the data was available under MyRA report but it was not analysed accordingly to fill out the achievement in the Quality Objectives.	IRKHS Quality Objectives.	
280	OFI	OFI01	Kulliyah of Islamic Revealed Knowledge and Human Sciences	22-May-18	Sr. Robita Khalid	Br. Hamdan Adnan	8	Operation	8.5.1 (c)	Control of production and service provision	Statement During the audit, it was sighted that the IRKHS did not establish mechanism to monitor performance of academic staff who received SFS below 80%.	Objective evidence: Policy on SFS and Reminder on low score in SFS, Semester 1, 2017/218	
281	OFI	OFI02	Kulliyah of Islamic Revealed Knowledge and Human Sciences	22-May-18	Sr. Raja Noor Ashikin Raja Alias	Sr. Nur Damia Qistina Berahim	8	Operation	8.2.2	Determining the requirements for products and services	Statement It was found that the appointment of external examiner was not made in accordance with the IUM statutory and regulatory requirements.	Objective evidence: Letter of appointment of external examiner for master's dissertation for Siti Aishah bt. Muslim (G1624020) was signed by the Dean of IRKHS instead of the Deputy Rector in charge of academic affairs which is not in accordance with the requirement set by the IUM Academic Quality Assurance Regulations (2015).	
282	OFI	OFI03	Kulliyah of Islamic Revealed Knowledge and Human Sciences	22-May-18	Sr. Raja Noor Ashikin Raja Alias	Sr. Nur Damia Qistina Berahim	7	Support	7.4	Communication	Statement During the audit, it was found that the student Rohana (G1027498) did not register for courses. The last semester registered was during Semester 2, 2014/2015 due to exceed study period. The kulliyah is expected to monitor and inform CPS the status of the student in writing.	Objective evidence: Administrative partial transcript – Rohana (G1027498)	
283	OFI	OFI04	Kulliyah of Islamic Revealed Knowledge and Human Sciences	22-May-18	Br. Ahmad Hidayat Ahmad Saufi	Sr. Rafidah Md Desa	8	Operation	8.5.1 (g)	Control of production and service provision	Statement It was found that the IRKHS did not implement controlled conditions to prevent human error when updating records of students in the system.	Objective evidence: Matrix no. 1725182 – UNGS 2080. She requested to withdraw from UNGS 2080 course and paid RM300.00. However, the system did not record "W" status as the course was dropped by the staff.	
284	OFI	OFI05	Kulliyah of Islamic Revealed Knowledge and Human Sciences	22-May-18	Dr. Nur Afiah Mohyini	Sr. Rafidah Md. Desa	7	Support	7.5.3	Control of documented information	On the matter of Academic Review: The organization has conducted academic review however the control of documented information could be further improved. Based on the sample i.e Academic Review for the Bachelor of Human Sciences (Psychology), it was found: - Appointment of External Assessor – Prof. Dr. Rohany Nasir dated 13th April 2015 was issued. HoD informed that Prof. Dr. Rohany has declined but no evidence was found - Report from one of the appointed External Assessor (i.e Prof. Allan B.J Bernado) was not found. - Proposal on the appointment of Board of Studies and Senate approval on the proposal were not found. - Report from the Board of Studies was not found.	Objective evidence: E-mail from the External Assessor (i.e Prof. Allan B.J Bernado) stated that he has attached the report, but the report was not found in the e-mail as well as in the Curriculum review file. Appointment letter of Board of Studies: - Dr. Ng Wai Shend - Prof. Dr. Uichol Kim - Prof. Dr. Hairul Anuar Ismail	
285	OFI	OFI06	Kulliyah of Islamic Revealed Knowledge and Human Sciences	22-May-18	Dr. Nur Afiah Mohyini	Sr. Rafidah Md. Desa	7	Support	7.5.3	Control of documented information	On the matter of Course File: The control of documented information i.e course file is inadequate to ensure that it is available, suitable and well protected from loss and improper use. It was found that individual course file (by courses and by programs) are not controlled and retained at the Kulliyah's office (Department/Academic office). The files are prepared and retained by the individual lecturers. There is also no standardization of the documentation and preparation of course files.	Objective evidence: Contemporary Muslim Society (SOCA 4030), Introduction to Sociolinguistic (ENGL 2070), Text Formation (ENGL 2025)/ Morphology (ENGL 2020), Organization Communication Case Studies (COMM4230), Revelation as a Source of Knowledge (RKQS 1030), Fiqh al-Ibadat: Juristic Study of Ibadat (RKFQ 3122A)	
286	OFI	OFI07	Kulliyah of Islamic Revealed Knowledge and Human Sciences	22-May-18	Mdm. Sa'idatul Bariah Ahmad	Br. Hamdan Adnan	6	Planning	6.1	Actions to address risks and opportunities	It was found that in addressing its opportunities i.e. To increase the no. of articles published in journals for year 2018, there is no target whereas it is almost half year of 2018.		
287	OFI	OFI08	Kulliyah of Islamic Revealed Knowledge and Human Sciences	22-May-18	Dr. Syamsul Bahrin Abdul Hamid	Dr. Luqman Zakariyah	7	Support	7.4	Communication	Interview with Dr. Wan Mazwati & HOR indicate that Dr. Wan have communicated with RMC on withdrawal of grant but no official procedure is known in the Kulliyah. It is proposed that a structured update process between RMC and HOR	Objective evidence: 1. Interview with HOR which indicate no procedure known on withdrawal. 2. Grant of Dr. Wan shown still 100% which indicate purpose of withdrawal	

288	OFI	OFI09	Kulliyah of Islamic Revealed Knowledge and Human Sciences	22-May-18	Dr. Syamsul Bahrin Abdul Hamid	Dr. Luqman Zakariyah	7	Support	7.1.5	Monitoring and measuring resources	HOR has performed some form of monitoring on the overdue of grants for RIGS and FRGS but did not do for other grants.	Objective evidence: 1. Email sent on 13/4/2018 show those overdue FRGS and RIGS to close their grants 2. Sample and interview with a) Dr. Zeil Azreen (EDW fund) b) Dr. Wan Mazwati (EDW) c) Dr. Muhsammad Awwar (EDM)	
289	OFI	OFI10	Kulliyah of Islamic Revealed Knowledge and Human Sciences	22-May-18	Dr. Syamsul Bahrin Abdul Hamid	Dr. Luqman Zakariyah	7	Support	7.1.5	Monitoring and measuring resources	HOR has shown the list target for KII 2018 publication by individual. However, based on interview there are no official monitoring of publication based on I-Rep data. There is however a request from all staff using google collaboration to update their publication. This data is then updated in KBM.	Objective evidence: KBM Highlights March 2018	
290	NCR (Minor)	NCR01	Kulliyah of Languages and Management	14-May-18	Sr. Zenita Arryani Tiyunin	Sr. Salmah Ahmad	9	Performance Evaluation	9.1.3	Analysis and evaluation	Non-conformity: It was found out that there is no analysis and evaluation been done on the customer complaint. Findings: No records of analysis and evaluation been done on the customer complaint.		
291	NCR (Minor)	NCR02	Kulliyah of Languages and Management	14-May-18	Sr. Zenita Arryani Tiyunin	Sr. Salmah Ahmad	9	Performance Evaluation	9.1.1	Monitoring, measurement, analysis and evaluation.- General	Non-conformity: It was found out that there is no evidence of Tracer's Study been requested or submitted whether from Kulliyah to Alumni Office vice versa. However, according to the Deputy Director, request has been made through phone call. According to Alumni Office, the students did not fill up the Tracer's Study survey. Findings: First batch of students have graduated in the year 2017.		
292	NCR (Minor)	NCR03	Kulliyah of Languages and Management	14-May-18	Sr. Zenita Arryani Tiyunin	Sr. Salmah Ahmad	9	Performance Evaluation	9.1.1	Monitoring, measurement, analysis and evaluation.- General	Non-conformity: It was found out that the students could not complaint on matters related to Library as there is no avenue given for complaint. Findings: No suggestion box and necessary form were placed at the Library. Only available at the Administrative Building.		
293	OFI	OFI01	Kulliyah of Languages and Management	14-May-18	Sr. Khairul Bariyah Kamaruddin	Sr. Nurul Atikah Masdar	8	Operation	8.2.4	Changes to requirements for products and services	It was found that Semester I, 2017/2018 course outlines were not following the latest standard format.	Objective Evidence: Old Format: • BMCO 2107 (Pragmatik dan Wacana) • ARCO 2999 (Research Methodology) • TPHM 2222 (Sustainable Tourism Planning and Development) • ENCO 1104 (English for Academic Writing) No Senate Endorsement Date/ Effective Date • ASP 6010 (Technology in ASP)	
294	OFI	OFI02	Kulliyah of Languages and Management	14-May-18	Sr. Khairul Bariyah Kamaruddin	Sr. Nurul Atikah Masdar	8	Operation	8.3.5	Design and development outputs	It was found that SLT attached to ENCO 1104 (English for Academic Writing) was SLT for ENCO 2101 (Intercultural Communication).	Objective Evidence: • Course file of ENCO 1104 (English for Academic Writing)	
295	OFI	OFI03	Kulliyah of Languages and Management	14-May-18	Sr. Khairul Bariyah Kamaruddin	Sr. Nurul Atikah Masdar	8	Operation	8.3.5	Design and development outputs	It was found that the course assessment (separate sheet) for ENCO 1104 (English for Academic Writing) for Semester II, 2016/2017 did not tally with the assessment in the course outline.	Objective Evidence: • Participation was given 5 marks in the course assessment (separate sheet) of ENCO 1104. There was no allocation of marks for participation in the assessment stated in the course outline.	
296	OFI	OFI04	Kulliyah of Languages and Management	14-May-18	Sr. Khairul Bariyah Kamaruddin	Sr. Nurul Atikah Masdar	7	Support	7.5.2	Creating and updating	It was found that justification for examination results of BMCO 1102 for Semester I, 2017/2018 was not minuted in the Kulliyah Board of Examiners Meeting.	Objective Evidence: • 33 students got 'A' and 1 student got 'A-' for BMCO 1102. Minutes of KLM BOE 2018 held on 30th January 2018 did not record the verification process took place during the meeting and no justification given for the awarding of 'A's to the students.	
297	OFI	OFI05	Kulliyah of Languages and Management	14-May-18	Assoc. Prof. Dr. Zainurin Abdul Rahman	Prof. Dr. Nurahlan Mat Daud	7	Support	7.1.3	Infrastructure	It was found that the bus and wi-fi services are not satisfactory to the students.	Objective Evidence: The Dean acknowledged the existence of both issues during the interview and through a notice to the students signed by her.	
298	OFI	OFI06	Kulliyah of Languages and Management	14-May-18	Assoc. Prof. Dr. Zainurin Abdul Rahman	Sr. Salmah Ahmad	7	Support	7.1.4	Environment for the operation of process	It was found that the Strong Room is not suitable for usage.	OBJECTIVE EVIDENCE: Through observation with the officer-in-charge (name) the room was found to be badly dusty.	
299	OFI	OFI07	Kulliyah of Languages and Management	14-May-18	Assoc. Prof. Dr. Zainurin Abdul Rahman	Sr. Salmah Ahmad	7	Support	7.1.4	Environment for the operation of process	It was found that the fire extinguishers around campus are not serviced and labelled accordingly.	OBJECTIVE EVIDENCE: Through observation it was found that there are extinguishers which do not have BOMBA sticker (extinguisher next to the Examination Preparation Room) and extinguishers that have expiry dates (extinguisher near the library).	
300	OFI	OFI08	Kulliyah of Languages and Management	14-May-18	Assoc. Prof. Dr. Zainurin Abdul Rahman	Sr. Salmah Ahmad	7	Support	7.2	Competence	It was found that the details on the appointment of part-time lecturers are not included in the file. Missing information includes: CV, application form, evaluation form and the stated provision for part timers to go for training.	OBJECTIVE EVIDENCE: Sample: The appointment letter of Sr. Nurul Husna bt Nor Aripin	
301	OFI	OFI09	Kulliyah of Languages and Management	14-May-18	Assoc. Prof. Dr. Zainurin Abdul Rahman	Sr. Salmah Ahmad	7	Support	7.3	Awareness	It was found that the members of staff are not fully aware of the quality policy.	OBJECTIVE EVIDENCE: Interviews with a few members of staff showed that they are now sure of the quality policy. Those interviewed were: Anis Asyikin bt Kassim, Ezroldi Emryn b Ahmad Samsuddin and Rossitah bt Abd Rahman	
302	OFI	OFI10	Kulliyah of Languages and Management	14-May-18	Dr. Zulkefli Muhammed Yusof	Dr Siti Yuliandi Ahmad Sr Salmah	4	Context of the organization	4.4.2	Quality management system and its processes	There were instances when information is not well documented even though the tasks have been successfully executed. The documents on the processes need to be updated to match with the current practices.	Evidences: - The process of keeping research files are not documented - Handling of customer complaints as in the case of bus issues have been well handled but the process is not documented.	

303	OFI	OFI11	Kulliyah of Languages and Management	14-May-18	Dr. Zulkefli Muhammed Yusof	Prof. Dr. Nuraihan Mat Daud	5	Leadership	5.1.1 (e)	Leadership and commitment - General	The management has identified the resources needed to implement the quality management system. However, there are many clear evidences that the resources are not sufficient, which have been acknowledged by the auditee	Evidences: - High number of contract staff and low number of permanent staff - Infrastructure issues such as transportation and wifi services effecting the students	
304	OFI	OFI12	Kulliyah of Languages and Management	14-May-18	Dr. Zulkefli Muhammed Yusof	Sr. Salmah Br Ezroul, Br Hazim, Sr. Rosisah	5	Leadership	5.2.2 (b)	Communicating the quality policy	The management need to improve the effort to ensure that the staff understands the quality policy.	Evidences: - Staff being briefed through the bi-monthly meeting - 3 admin staff were found to be unable to relate the quality policy and the quality management system	
305	OFI	OFI13	Kulliyah of Languages and Management	14-May-18	Dr. Zulkefli Muhammed Yusof	Prof. Dr. Nuraihan Mat Daud, Sr. Salmah Ahmad	6	Planning	6.3	Planning of changes	The recent student intake has shown a big reduction. KLM has started the initiatives to deal with the issues. However, the relevant documents need to be consistently reviewed and updated to reflect these activities	Evidences: - KLM minutes - Risk Register - SWOT analysis and PESTEL	
306	OFI	OFI01	Kulliyah of Medicine	30-May-18	Mdm. Haslina Shamsuddin	Sr. Norhafiza Zainon/ Assoc. Prof. Dr Ahmad Marzuki Omar	9	Performance Evaluation	9.1.1	Monitoring, measuring, analysis and evaluation - General	It was found that no analysis was done to evaluate the correlation between the admission criteria and students' academic performance.	Objective Evidence : Report on the analysis was not available at the KOM.	
307	OFI	OFI02	Kulliyah of Medicine	30-May-18	Mdm. Haslina Shamsuddin	Sr. Norhafiza Zainon/ Assoc. Prof. Dr Ahmad Marzuki Omar	7	Support	7.1.3 (d)	Information and communication	It was found that the Kulliyah of Medicine did not adequately provide and maintain the infrastructure necessary for the operation of its processes and to achieve conformity of products and services.	Objective Evidence : 1) Course Registration – did not link to examination modules 2) Examination Results – still using excel sheet. 3) Announcement of examination results – still using notice board	
308	OFI	OFI03	Kulliyah of Medicine	31-May-18	Mdm. Haslina Shamsuddin	Sr. Norhafiza Zainon/ Assoc. Prof. Dr Ahmad Marzuki Omar	7	Support	7.1.6	Organizational knowledge	It was found that the knowledge necessary for the operation of its processes and to achieve conformity of products and services at the Kulliyah of Medicine was not adequately maintained.	Objective Evidence : No complete compilation of policies and procedures of Undergraduate programme was available. - Student Assessment - Student Handbook	
309	OFI	OFI04	Kulliyah of Medicine	31-May-18	Dr. Mohd Radzi Hilmi	Sr. Abida Noorazabi Abdul Razak	7	Support	7.5.3.1	Control of documented information	During the audit it was found that PTEM report for two candidates were switched between the two candidates.	Objective Evidence: Report for PTEM 02/2017 at 11.00 am and PTEM 03/2017 at 9.00 am were done on the same day on 22 May 2017. All documents including two examiner reports, invitation letter, PTEM report and attendance for PTEM are compiled in the file and it is updated. - Dr Wan Maihan Wan Salleh (PTEM 03/2017) - Dr Mohd Asyraf Bin Abdul Jalil (PTEM 02/2017)	
310	OFI	OFI05	Kulliyah of Medicine	31-May-18	Dr. Rosyidah Tajau Rahim	Sr. Jarifah Aman	8	Operation	8.2.1	Customer communication	It was found that communication with customers was not adequately managed.	Objective evidence Based on the new student's feedback and the auditors' observation during Postgraduate registration day, the PG office can improve the registration's process as follows: a. To prepare the registration workflow in order to avoid confusion among the new students. b. Try to reduce the time spent in checking the supporting documents c. To provide a customer feedback forms as a tool to monitor customers perceptions of the degree to which their needs and expectations have been fulfilled.	
311	OFI	OFI06	Kulliyah of Medicine	31-May-18	Mdm. Rusnani Din @ Yaakob	Sr. Rosazura Jasmii	8	Operation	8.1 (d)	Implementing control of the processes in accordance with the criteria	During the audit it was found that only few students did the Student Feedback Survey(SFS). No mechanism to control since KOM was using their own system.	Objective evidence Announcement on SFS was issued on 24th April, 2018 and students were requested answer the survey in order to prevent any issues related to examination barring and suspension of result slips. i) Lecturer: Khaomul Nizam Saron @ Baharir, Course Code: MED 4212, Total No. Student: 44, No. of student fill in SFS: 17 ii) Lecturer: Vladimír Klebnikov, Course Code: MED 3111, Total No. Student: 39, No. of student fill in SFS: 13 iii) Lecturer: Siti Aesah@ Nazmin Muhammad, Course Code: MED 2110, Total No. Student: 135, No. of student fill in SFS: 2	
312	OFI	OFI07	Kulliyah of Medicine	31-May-18	Mdm. Rusnani Din @ Yaakob	Mdm. Izan Khairana Abd. Majid	8	Operation	8.4	Control of externally provided processes, products and services	During the audit it was found that no evaluation, selection, monitoring of performance and re-evaluation process of part time academic staff as required in clause 8.4. Current grade was also not sighted to determine rate of payment.	Objective Evidence 1. Dr. Fatimah Suhaila Suhaimey 2. Dr. Junid Mohamed Razali 3. Dr. Mokhtar Awang	
313	OFI	OFI08	Kulliyah of Medicine	31-May-18	Mdm. Rusnani Din @ Yaakob	Mdm. Izan Khairana Abd. Majid	9	Performance Evaluation	9.3	Management review	During the audit it was found that agenda discussed in the MRM contradicted with standards. No discussion related to item c) to f) were sighted in the Minutes of meeting.	Objective Evidence Minutes of Management Review Meeting No. 1/2017 which was held on 8/11/2018	
314	OFI	OFI09	Kulliyah of Medicine	31-May-18	Mdm. Rusnani Din @ Yaakob	Mdm. Izan Khairana Abd. Majid	7	Support	7.5.3.2	Control of documented information	During the audit it was found that user name and password of permanent staff was used by part time staff. Fatin Hanani to prepare payment using iFIS. It relates to issue on confidentiality and risk	Objective Evidence a) Ahmad Salihin Khalil b) Intan Syaila Wahid	

315	OFI	OFI10	Kulliyah of Medicine	31-May-18	Mdm. Rusnani Din @ Yaakob	Mdm. Izan Khairana Abd. Majid	7	Support	7.2	Competence	During the audit it was found that no training needs analysis and job related training were recorded especially for admin and technical staff.	Objective evidence 1. Ahmad Sallihin Khalili/N19 2. Yusof Mahamad/J22 3. Mohamed Zir Ainur Qarimie Zakaria/U36 4. Abdul Matilab Mohd Yatim/U36 5. Aidil Ikhwan Saffuan Mohd Yaacob/U29 6. Aidli Azhar Dobi/U32 7. Azmi Abdullah/N11	
316	OFI	OFI11	Kulliyah of Medicine	31-May-18	Sriwardi Noordin	Br. Mohd. Shahrman bin Ghazali	7	Support	7.5.1	Documented information - General	It was found that documents necessary for the effectiveness of the quality management system were not documented.	Objective Evidence (4.3.1 HSE Risk Management) 1) Last training on Chemical Handling was updated on 29/1/2013 2) CHRA (Chemical Register was not available at Physiology & Pharmacology Biochemical Lab	
317	OFI	OFI12	Kulliyah of Medicine	31-May-18	Sriwardi Noordin	Br. Mohd. Shahrman bin Ghazali	7	Support	7.1.4	Environment for the operation of processes.	It was found that the Kulliyah of Medicine did not adequately provide and maintain the environment necessary for the operation of its processes and to achieve conformity of products and services.	Objective evidence (4.3.1 HSE Risk Management) Animal Retention Room: Cleanliness at the room very poor and 1st aid kit not available.	
318	OFI	OFI13	Kulliyah of Medicine	31-May-18	Mdm. Siti Zainab bt. Tauhed	Assoc. Prof. Dato' Dr. Mohd Basri Mat Nor	8	Operation	8.5.1 (c)	Control of production and service provision – the implementation of monitoring and measurement activities at appropriate stages to verify that criteria for control of processes or outputs	It was observed that there was lack of monitoring of research project which has led to no submission of research progress and delay in submitting the request for extension.	Objective evidence (i) Lead to no submission of research progress (RGS 16-115-0279) – Dr. Najwa Hanim Mohd Rosli); and (ii) Lead to delay in submitting the request for extension (FRGS 15-235-0476) – the due date was 31/10/2017 and the application for extension was sent on 29/1/2018)	To follow up by Dec. 2018
319	OFI	OFI14	Kulliyah of Medicine	31-May-18	Mdm. Siti Zainab bt. Tauhed	Assoc. Prof. Dato' Dr. Mohd Basri Mat Nor	8	Operation	8.2.1 (d)	Customer communication (handling or controlling customer property)	It was observed that there was lack of communication with the customer which has led to pending status of research project.	Objective evidence (FRGS14-110-0351 – Assoc. Prof. Dr. Zamzila Abdullah: 1/7/2014 – 30/6/2016. She has submitted the report but there is no communication informing her the steps that she should take).	
320	OFI	OFI01	Kulliyah of Nursing	14-May-18	Br. Mohd Farouq Alias	Sis. Norhaslina Mohd Sharif	6	Planning	6.1.2	Action to address risks and opportunities	Risk Management has been prepared. However, the follow-up action on the mitigation was not properly been taken up.		
321	OFI	OFI02	Kulliyah of Nursing	14-May-18	Br. Mohd Farouq Alias	Sis. Norhaslina Mohd Sharif	4	Context of the organization	4.1	Understanding the organization and its context & Understanding the needs and expectations of interested parties	It is proposed that SWOT and PESTEL Analysis to be improved to identify more external and internal issues		
322	OFI	OFI03	Kulliyah of Nursing	14-May-18	Br. Mohd Farouq Alias	Sis. Norhaslina Mohd Sharif	6	Planning	6.2.2	Quality objectives and planning to achieve them	Analysis on Quality Objectives should be further improved in order for Kulliyah to come up with proper action plan and initiatives to achieve the target		
323	OFI	OFI04	Kulliyah of Nursing	14-May-18	Br. Muhamad Ariffuzfitri Abu Kasim	Sr. Siti Nafizah	7	Support	7.1.3	Infrastructure	It was found that the evacuation plan for KON Building was outdated and not according to the latest layout		
324	OFI	OFI05	Kulliyah of Nursing	14-May-18	Br. Muhamad Ariffuzfitri Abu Kasim	Sr. Siti Nafizah	9	Performance Evaluation	9.3.1	Management review	The Safety Committee Meeting for Kulliyah of Nursing was conducted only once in 2017. The meeting should be done every 3 months.		
325	NCR (Minor)	NCR01	Kulliyah of Pharmacy	15-May-18	Dr. Roslina Abdul Rahim	Dr. Juliana Md Jaffri	9	Performance Evaluation	9.3.1	Management review. -General	Kulliyah of Pharmacy did not perform the Management Review Meeting for year of 2017.	Objective evidence: There are only management review meeting until 2016.	
326	NCR (Minor)	NCR02	Kulliyah of Pharmacy	15-May-18	Dr. Roslina Abdul Rahim	Dr. Juliana Md Jaffri	7	Support	7.1.3	Infrastructure	1) The main building of Kulliyah of Pharmacy are cracked from level 5 to ground. The cracks building were severe at the level 5. The lecture halls were located at the ground floor. 2) Post graduate room is under utilized due to many problem such as leaking and fungus. 3) Broken chairs at the lecture hall.		
327	NCR (Minor)	NCR03	Kulliyah of Pharmacy	15-May-18	Dr. Roslina Abdul Rahim	Dr. Awis Sukarni Mohamad Sabere/ Dr Taher Bakhtiar	8	Operation	8.7.1	Control of non-conforming process outputs, products and services	No evidence on the issuance of warning letter been issued to students who had absent for more than 10% of attendance. The kulliyah has received the same ncr in internal audit 2017.	Objective evidence: Course code: phmc 2162 (auditee: dr. Awis sukarni mohamad sabere) Year: 2 Sem: 2, 2017/2018 Total students: 2 – absent for 3 days 1. Name: Umar Bin Azhan Matric no.: 1611213 % of absence: 11.5% absence date: 26-oct-17, 27-oct-17, 07-nov-17 2. Name: Izruddin Bin Mohamad Matric no.: 1617003 % of absence: 11.5% absence date: 05-oct-17, 31-oct-17, 02-nov-17 Course code: PHM 4123 (auditee: Dr. Taher bakhtiar) Sem: 1, 2017/2018 Total students: 9 – absent for 4-5 days Matric numbers: 1415010, 1415270, 1413087, 1411580, 1411698, 1411203, 1413461, 1417149, 1416934 % of absence: 12.12%-15.15%	
328	NCR (Minor)	NCR04	Kulliyah of Pharmacy	15-May-18	Dr. Noor Ezailina Badarudin	Sr Zaillah Md Tahir	8	Operation	8.5.1	Control of production and service provision	A. Obstruction of the emergency door (animal culture lab): Lab waste containers/plastic bags are left unhandled and obstructing the emergency exit (photo 1) B. Research "materials" are kept underneath the lab benches which results in less leg room for students while working. According to the pic, there is no more rooms/stores available in the building for storage purpose. (photo 2)		

329	NCR (Minor)	NCR05	Kulliyah of Pharmacy	15-May-18	Dr. Roslina Abdul Rahim/ Dr. Hafizah Pasi	Sr.Sriwawati Noerdin/ Sr Siti Rusianti Tomin/ Sr Nurul Hidayah Abdullah/ Br Ariff Fadzilla Khalif	7	Support	7.1.3	Infrastructure	1) Emergency shower and eye wash last maintained 2016 and the walls are cracked; level 5 lab 6 (photo 1) 2) No curtain at the emergency shower; level 5, lab 6 (photo 2) 3) No back door key (histology lab) available at level 5, lab 6. 4) No eye shower available at dispensing lab (pharmaco practice) and undergraduate lab.	Objective evidence: interview were conducted on the lab staffs. Lab staffs interviewed are as below: 1) Sriwawati Noerdin 2) Siti Rusianti Tomin	
330	NCR (Minor)	NCR06	Kulliyah of Pharmacy	15-May-18	Br. Farouq Md Alias	Sr. Suzyyant Md. Said	8	Operation	8.5.1 (e)	Control of production and service provision	It was found that the Kulliyah is yet to have technical person to manage and maintain the audio visual system for lecture room and auditorium. This issue was brought up as NCR during the internal audit last year.	This issue was brought up as NCR during the internal audit of previous year.	
331	OFI	OFI01	Kulliyah of Pharmacy	15-May-18	Sr. Nurusy Syahidah Shamsudin	Dr. Juliana Md. Jaffri / Sr. Suzyyant Md. Said	6	Planning	6.2	Quality objectives and planning to achieve them	Some of the achievement in quality objective report not being monitored and updated as appropriate. The inconsistency between the results and the evidence may impact on quality management system. Staff responsible for providing the documented information struggled to find the associated records.		
332	OFI	OFI02	Kulliyah of Pharmacy	15-May-18	Dr Hafizah Pasi/ Dr Noor Ezailina Badarudin / Sr Nurusy Syahidah Shamsudin	Syed Mohd Syhami Syed Mohamad Fauzi	7		7.5.2		Statement It was found that the kulliyah of pharmacy failed to update the documented information to ensure the identification and description of products:	Objective evidence: 1) students' report sheet for phm 4216 (pharmacotheapeutics iv) was not completed properly (no number of cases, no preceptors' assessment). Sample: a. Ammar bin zhari (matric no: 1313985) b. Nur amalina binti abdul rahim (matric no: 1311630) 2) no notification letter regarding students' application for absence after it was approved. Sample: a. Sr mastura ahmad (g1615044) 3) date is not stated in the second week of the attendance sheet of phmm 2182 4) course outline a. The final exam details are presented in the document for phmc 2162, ph 4162 eg. Short essay 10 marks, long essay 20 b. The percentage of final exam exceeds 40% in phmm 3163, phm 1122, phm 1133, phm 3152 and phm 2113, which requires the attachment of a senate-endorsed document c. A reviewed version of the final exam paper (with track changes) is kept in the course file of phm 3132 5) no revision number, effective date and review / approval process (e.g. no signature & approved date) for the following documents: a. Course registration procedure: ium/trn/amad/06/10p	
333	OFI	OFI03	Kulliyah of Pharmacy	15-May-18	Dr Hafizah Pasi/ Dr Sahena Ferdosh	Sr Nurul Hidayah Abdullah/ Br Ariff Fadzilah Khalif	7		7.1.3		1) expired items in the first aid kit box available at dispensing lab (pharmaco practice): a. Cold pack: expired 03/2017 b. Povidone iodine: expired 07/2017 2) expired items in the first aid kit box available at pharmaceutical chemistry lab: a. Betnovate cream: expired 04/2018		
334	OFI	OFI04	Kulliyah of Pharmacy	15-May-18	Dr Hafizah Pasi/ Dr Sahena Ferdosh	Sr Nurul Hidayah Abdullah/ Br Ariff Fadzilah Khalif	8	Operation	8.3.5	Design and development outputs	1) it was found that there are bottles which contain clear and green fluid, but without any label at dispensing lab (pharmaco practice). 2) it was found that there are blue cap squash bottles in the shelf which contain clear liquid, but without any label at gcms lab.		
335	NCR (Minor)	NCR01	Kulliyah of Science	30-31 May 18	Assoc. Prof. Dr. Nik Mazlan Mamat		7	Support	7.1.5.1	Monitoring and measuring resources	Scheduled maintenance of Fume hoods in teaching labs has not been carried out for sometime. This is also an NCR for last year's internal audit which no positive/further action taken by the university's management. □	Objective Evidence: No maintenance record.	
336	NCR (Minor)	NCR02	Kulliyah of Science	30-31 May 18	Assoc. Prof. Dr. Nik Mazlan Mamat		7	Support	7.1.4	Environment for the operation of processes	Fire safety system is not functioning. This is also an NCR for last year's internal audit which no positive/further action taken by the university's management. □	Objective Evidence: The system is not functioning.	
337	OFI	OFI01	Kulliyah of Science	30-31 May 18	Assoc. Prof. Dr. Nik Mazlan Mamat		8	Operation	8.7.1	Control of Nonconforming Outputs	There are non-compliance among the lecturers in monitoring students attendance. Warning letters and barring letters were not issued for absence of more than 40% e.g. SCH2013 and SCH20153, student Mohd Amirul Fariq (1612715) It was also noted that the students passed a subject without sitting for final exam as his CAM marks exceed 50%. There is also a need of a policy on this.		
338	OFI	OFI02	Kulliyah of Science	31-May-18	Assoc. Prof. Dr. Nik Mazlan Mamat		7	Support	7.5.3.2	Control of documented information	Files are not updated with necessary documents/copies of documents. e.g. Academic review and Leave of Absence files.		
339	OFI	OFI03	Kulliyah of Science	31-May-18	Assoc. Prof. Dr. Nik Mazlan Mamat		8	Operation	8.5.1	Control of production and service provision	Monitoring of students' Study Plan. The Kulliyah need to look into this to avoid incompleteness of studies at the end of four years. e.g. Credited COCU and University subjects were not monitored		
340	OFI	OFI04	Kulliyah of Science	31-May-18	Assoc. Prof. Dr. Nik Mazlan Mamat		7	Support	7.1.3 (b)	Infrastructure	Basic laboratory equipment is not adequate for teaching learning activities and research activities e.g. Chemistry lab. Equipment such as digital balance is shared and moved around between labs and users. This affects the accuracy of measures and increase risk for damage.		

341	OFI	OFI05	Kulliyah of Science	31-May-18	Assoc. Prof. Dr. Nik Mazlan Mamat		7	Support	7.1.3 (a)	Infrastructure	To have a common Postgraduate research lab for about 40 students with common use of basic consumables and glassware. e.g. Only about 30% of postgraduate students have proper work area. Most shares area with undergraduates and have to move around to look for work space. This may lead to delays and unnecessary problems in managing samples or specimens.		
342	OFI	OFI06	Kulliyah of Science	31-May-18	Assoc. Prof. Dr. Nik Mazlan Mamat		6	Planning	6.1	Action to address risks and opportunities	To review the Risk assessments and mitigations processes. Need to have proper criteria for assessment and mitigations. e.g. Some areas assessed as high risk but given a simple mitigations action.		
343	OFI	OFI01	Management Services Division	25-May-18	Br. Ilmyzat Ismail	Sr. Nor Azura Bt. Aini @ Abas	8	Operation	8.7	Control of Nonconforming Outputs	Payroll It was sighted that one staff is being requested to pay back her salary to the university amounting RM10,350.00 due to overpaid salary. As such, it suggested for MSD to improve its mechanism in monitoring the overpaid or underpaid salary of staff.		
344	OFI	OFI02	Management Services Division	25-May-18	Sr. Nur Khamsiah Ahmad	Sr. Asnili Marniwati Ahmad	8	Operation	8.5.2	Identification and traceability	Academic Trainee Status Report It was sighted that the reporting of Academic Trainee data from HURIS system are generated in Microsoft Excel format. All information were lumped together without sorting mechanism through the system. Staff need to sort it manually which might lead to human error while doing the reporting.		
345	OFI	OFI03	Management Services Division	25-May-18	Sr. Raja Noor Ashikin Raja Alias	Br. Norazilee Abd. Aziz	7	Support	7.2	Competence	Training for Admin and Technical Staff of IUM It was observed that MSD has made compulsory for officer grade of 44 to take the English Placement Test on 25th January 2018. However, several staff failed to attend the training and no letter was issued to them requesting for the justification. It was also sighted that there was no list of absentees provided during the audit.		
346	OFI	OFI04	Management Services Division	25-May-18	Sr. Raja Noor Ashikin Raja Alias	Sr. Asnili Marniwati Ahmad	7	Support	7.2	Competence	Training for Academic and Technical Staff of IUM It was sighted that no proper analysis was done for comments received from participants who attended training programmes organized by MSD. Hence, no adequate remedial action carried out based on the analysis.		
347	OFI	OFI01	Office of Corporate Communication	15-May-18	Sr. Maswa Mokhti	Dr. Rajabi Abdul Razak	6	Planning	6.2	Quality objectives and planning to achieve them	It was found during the audit that some of the targets for Quality Objectives were not properly determine. Evidence: Gallery visitors target was put as 80% however the numbers of visitors were not specified, so how do you derived at the percentage. Suggestion to change to number of visitors instead of percentage.		
348	OFI	OFI02	Office of Corporate Communication	15-May-18	Sr. Maswa Mokhti	Br. Abdul Latif Abd Rahman	9	Performance Evaluation	9.1.2	Customer satisfaction	It was found during the audit that OCCM gave services and consultation for several functions for example event management and audio visual. However no evidence found on Customer Satisfaction Survey on services rendered being done.		
349	NCR (Minor)	NCR01	Office of Corporate Strategy	8-May-18	Sr. Wan Surbani Wan Omar	Dr. Mior Nasir Mior Nazri	7	Support	7.4 (b),(c)&(d)	Communication	It was found that MSD, Finance Division and Development Division are identified as the Risk Owners in the Risk Register Template prepared by OCS. However, no evidence to show that there is a communication done by OCS to these divisions.	Objective evidence: Masterlist - Risk Register 20 Feb. 2018	
350	OFI	OFI01	Office of Corporate Strategy	8-May-18	Sr. Nur Khamsiah Ahmad	Br. Mohd Asri Basil	6	Planning	6.2	Quality objectives and planning to achieve them	During the audit there was no evidence that the analysis of Quality Objectives for year 2018 has been made. Since it is already month of May, 1st Quarter Analysis should be in place.		
351	OFI	OFI02	Office of Corporate Strategy	8-May-18	Sr. Nur Khamsiah Ahmad	Br. Mohd Asri Basil	5	Leadership	5.3	Organizational Roles, Responsibilities and authorities	During the audit, there was no evidence on the Job Description for newly appointed Deputy Directors (January 2018). The management shall ensure the responsibilities and authorities for relevant roles are assigned, communicated and understood within the organization.		
352	OFI	OFI01	Office of Industrial Links	24-May-18	Sr. Raja Noor Ashikin Raja Alias	Dr. Norbaiduri Ruslan	8	Operation	8.2.1	Customer communication	Customer Complaint Communication with customers shall include obtaining customer feedback relating to products and services, including customer complaints. It was found that the Office of Industrial Links (OIL) did not provide any method on customer complaint. For instance, either by displaying the customer complaint's box or via online. It was also found that during the audit, the Office failed to provide the customer complaint form.		
353	OFI	OFI02	Office of Industrial Links	24-May-18	Sr. Raja Noor Ashikin Raja Alias	Dr. Norbaiduri Ruslan	8	Operation	8.2.1	Customer communication	Update content/information in Website It was found that no information available on OIL at the OIL's website. It may difficult for other K/C/D/I/Os or public to retrieve or view information, product and services of the organization.	OIL's website : http://www.iium.edu.my/office/oil	
354	OFI	OFI03	Office of Industrial Links	24-May-18	Sr. Raja Noor Ashikin Raja Alias	Dr. Norbaiduri Ruslan	9	Performance Evaluation	9.1	Monitoring, measurement, analysis and evaluation	Performance Evaluation of Supplier/Service Provider It was found that there was no monitoring, analysis and evaluation done on the suppliers/service providers whereas it is required for any K/C/D/I/Os to analyze and evaluate the suppliers and service providers that they deal with.		
355	OFI	OFI04	Office of Industrial Links	24-May-18	Sr. Raja Noor Ashikin Raja Alias	Dr. Norbaiduri Ruslan	7	Support	7.1.4	Environment for the operation of processes	First Aid Kit The Office has provided two boxes of First Aid Kit. However, the boxes are kept in the cabinet file instead of displaying at the appropriate place for quick accessible. Moreover, a few items inside the Kit were already expired.	First Aid kit – i. Bacidin Antiseptic Cream – expired on May 2017 ii. Losyen Kuning – expired on Nov 2017	

356	OFI	OFI05	Office of Industrial Links	24-May-18	Sr. Raja Noor Ashikin Raja Alias	Dr. Norbaiduri Ruslan	6	Planning	6.1.1	Actions to address risk and opportunities	Risk Management and mitigation plans It was found that, the last update of risk management/assessment (risks registry) was on 1 August 2017 and no latest update available during the audit. As for mitigation plan for Risk 1 and Risk 2, it were stated that the OIL will use (I-Intern) as reporting system to collect internship data for every semester whereas the system is still under development and yet to be implemented. It is proposed for OIL to review its risk management and consult with office of Corporate Strategy (OCS)	OIL's Risk Management	
357	OFI	OFI01	Office of Institutional and Academic Quality Management	6-Jun-18	Sr. Nur Khamsiah Ahmad	Mdm. Rusnani Din @ Yaakob	6	Planning	6.2.1	Quality objectives and planning to achieve them	During the audit, the Quality Objectives of OQM has been documented. However, there are contradiction between the Strategy and Initiatives in most of the Quality Objectives which lead to wrong measurement of achievements.		
358	OFI	OFI02	Office of Institutional and Academic Quality Management	6-Jun-18	Sr. Nur Khamsiah Ahmad	Mdm. Rusnani Din @ Yaakob	9	Performance Evaluation	9.3.2	Management review inputs	The Management Review shall be planned and carried out taking into considerations of the 6 main agenda as spelled out in the standards. However, during the audit, there was no evidence that the Management Review for OQM in year 2017 has been planned and conducted. There was a Management Review Session for university level in year 2017 which include part of their quality agenda. But yet, the office still need to conduct Management Review for internal quality agenda.		
359	OFI	OFI03	Office of Institutional and Academic Quality Management	6-Jun-18	Sr. Raja Noor Ashikin Raja Alias	Mdm. Rusnani Din @ Yaakob	9	Performance Evaluation	9.2	Internal audit	According to the clause 9.2.2 Item no e) : The organization shall take appropriate correction and corrective actions without undue delay. However, during the audit on OQM, it was found that several offices of K/C/D/Os still did not provide corrective actions and evidence for the findings of internal audit findings 2017 received by their offices. Thus, it is difficult for auditors to close the findings since there were no supporting document or evidence. It is proposed for OQM to provide mechanism monitoring to overcome the issues.	Objective Evidence : Internal Audit Findings 2017 i. Kulliyah of Engineering ii. Kulliyah of Islamic Revealed Knowledge & Human Science iii. Kulliyah of Allied Health & Human Sciences iv. Office of the Campus Director (Kuantan Campus)	
360	OFI	OFI01	Office of International Affairs	31-May-18	Sr. Nur Khamsiah Ahmad	Br. Ahmad Hidayat Ahmad Saufi	6	Planning	6.2.1	Quality objectives and planning to achieve them	During the audit there was no evidence that the Quality Objectives for year 2018 has been developed for OPM. Since it is already in month of June, 1st Quarter Analysis should be in place. In addition, some of the quality objectives and KPI Statement need to be rephrased to ensure the precise action taken for the KPI Sample: Quality Objective no 4, 6 and 7		
361	OFI	OFI02	Office of International Affairs	31-May-18	Sr. Nordinah Mohd Kassim	Mdm. Abazaimah Mohd Abbas	7	Support	7.2	Competence - Retain appropriate documented information as evidence of competence	Staff Training Staff attended training related to daily work yet no record found in STEPS individual Learning for CTD Statement in HURIS. Cited record for Robita Khalid (3954) training on E Admission System (EAS)		
362	OFI	OFI03	Office of International Affairs	31-May-18	Sr. Nordinah Mohd Kassim	Sr. Robita Khalid	9	Performance Evaluation	9.1	Monitoring, measurement, analysis and evaluation	Customer satisfaction and continual improvement To have a simple evaluation for the students after they managed to apply for admission via EAS. This evaluation might help them to identify the effectiveness of the service rendered.		
363	OFI	OFI04	Office of International Affairs	31-May-18	Sr. Nordinah Mohd Kassim	Br. Jamaludin Said	7	Support	7.1.4	Environment for the operation of processes.	Safety & Physical Maintenance-OSH Requirement Water filter services scheduled. The last service was on 14 March 2017 (invoice date)		
364	OFI	OFI05	Office of International Affairs	5-Jun-18	Sr. Nordinah Mohd Kassim	Br. Jamaludin Said	8	Operation	8.5.1	Control of product and service provision	Admin & Finance It is suggested to add a column on "issues attended" in the officer's log book of meeting students. This will enhance the service rendered to students in the case of the officer need to trace the previous students.	Sample cited the log book of Sr Raja Nur Sabrina Raja Ahmad Shah	
365	OFI	OFI01	Office of Promotion and Marketing	5-Jun-18	Sr. Nur Khamsiah Ahmad	Br. Ermil Zulkifli	6	Planning	6.2.1	Quality objectives and planning to achieve them	During the audit there was no evidence that the Quality Objectives for year 2018 has been developed for OPM. Since it is already month of June, 1st Quarter Analysis should be in place.		
366	OFI	OFI02	Office of Promotion and Marketing	5-Jun-18	Sr. Nur Khamsiah Ahmad	Br. Ermil Zulkifli	9	Performance Evaluation	9.1.2	Customer satisfaction	During the audit, there was no evidence that the monitoring of customer's perception of the degree to which their needs and expectation has been fulfilled by OPM. As such, customer satisfaction survey need to be done for the above purpose. In addition, there was also no platform available for customer do address their complaints/ request and suggestion officially.		
367	OFI	OFI03	Office of Promotion and Marketing	5-Jun-18	Sr. Nur Khamsiah Ahmad	Br. Ermil Zulkifli	9	Performance Evaluation	9.3.2	Management review inputs	There was no evidence that the Management Review has been conducted to review the OPM QMS as to ensure its continuing suitability, adequacy, effectiveness and alignment with the strategic direction of the organization.		
368	OFI	OFI04	Office of Promotion and Marketing	5-Jun-18	Sr. Nur Khamsiah Ahmad	Br. Ermil Zulkifli	6	Planning	6.1	Action to address risks and opportunities	OPM has yet to determine the risks and opportunities that need to be address and plan actions to address the risk and opportunities		
369	OFI	OFI05	Office of Promotion and Marketing	5-Jun-18	Sr. Nur Khamsiah Ahmad	Br. Ermil Zulkifli	7	Support	7.1.4	Environment for the operation of processes.	During the audit, it was found that the air quality in the office was not really good. It trigger allergic to the auditor and the staff as well. Can be hazardous for long term. The fire extinguisher located at 2 different location has expired. Location 1: At Emergency Exit – Expired on 7/1/2017 Location 2: At Entrance – Expired on 2/1/2017		
370	OFI	OFI06	Office of Promotion and Marketing	5-Jun-18	Br. Ilmyzat Ismail	Br. Ermil Zulkifli	9	Performance Evaluation	9.1.3 (f)	Analysis and evaluation - the performance of external providers	The evaluation of student recruitment agents has to be improved further by including proper performance criteria		
371	OFI	OFI01	Office of Security Management	5-Jun-18	Sr. Wan Surbani Wan Omar	Insp. PB Mohd Shakirin Abdulah @ Ab Aziz	6	Planning	6.2.1	Quality objectives and planning to achieve them	The Quality Objectives were found insufficient to cover all processes. The Quality Objectives were not measurable.		

372	OFI	OFI02	Office of Security Management	5-Jun-18	Sr. Wan Surbani Wan Omar	Br. Syamsul Amri Abdul Bahim	5	Leadership	5.3	Organizational Roles, Responsibilities and authorities	The Job Description for most of the staff were found not available.		
373	OFI	OFI03	Office of Security Management	5-Jun-18	Sr. Wan Surbani Wan Omar	Insp. PB Mohd Shakirin Abdullah @ Ab Aziz	9	Performance Evaluation	9.1.2	Monitoring, measurement, analysis and evaluation.- Customer satisfaction	It was proposed for OSEM to come up with survey on customer service in order to monitors customer's perceptions and to what extend their needs and expectations have been fulfilled		
374	OFI	OFI04	Office of Security Management	5-Jun-18	Sr. Wan Surbani Wan Omar	Insp. PB Mohd Shakirin Abdullah @ Ab Aziz	10	Improvement	10.1	Improvement.- General	It was proposed for OSEM to use IUM Service Desk system to monitors all requests/queries at Operation Rooms.		
375	OFI	OFI05	Office of Security Management	5-Jun-18	Sr. Wan Surbani Wan Omar	Br. Syamsul Amri Abdul Bahim	8	Operation	8.2.1	Customer communication	The website of OSEM was not created		
376	OFI	OFI06	Office of Security Management	4-Jun-18	Br. Fakhruddin Danial	PB Azli Ismail	7	Support	7.1.4	Environment for the operation of processes.	Take out paracetamol and gastric tablets from first aid box located in Operation Room where over-the-counter (OTC) tablets are not recommended contents to be kept in the box based on Guidelines on First-Aid in the Workplace 2004 issued by the Department of Occupational Safety and Health (DOSH).		
377	OFI	OFI07	Office of Security Management	4-Jun-18	Br. Fakhruddin Danial	Insp. PB Muhammad Muda	7	Support	7.1.3	Infrastructure	Install portable fire extinguisher at Rector's Hill post that can be used in case of emergency at post and nearby senior official bungalows.		
378	OFI	OFI08	Office of Security Management	4-Jun-18	Br. Fakhruddin Danial	Insp. PB Muhammad Muda	8	Operation	8.5.1	Control of production and service provision	To amend/update SOP to report and communicate emergency cases occurred in the campus from auxiliary posts to OSEM operation room as follows: i. Prosedur Kawalan Akses (IUM/OSEM/SMU/PROC/01) Tankh kuatkuasa: 1/10/2015		
379	OFI	OFI09	Office of Security Management	4-Jun-18	Br. Fakhruddin Danial	Insp. PB Muhammad Muda	8	Operation	8.5.1	Control of production and service provision	Visitors information that have gone out of the Gombak campus at Access 1 were not recorded in the record book as follows: i. Pass no.: 523 Date: 28/05/2018 ii. Pass no.: 513 Date: 28/05/2018 iii. Pass no.: 504 Date: 28/05/2018 OSEM shall ensure that all records of visitors' in and out of campus to be under controlled condition.		
380	OFI	OFI01	Office of Security Management	1-Jun-18	Assoc. Prof. Dr. Solachuddin J. A. Ichwan / Dr. Munirah Yaacob	Br. Shahru Ariffin Maskuri	5	Leadership	5.1	Leadership and commitment. - General	The QMS is not effectively communicated to the subordinates.		
381	OFI	OFI02	Office of Security Management	1-Jun-18	Assoc. Prof. Dr. Solachuddin J. A. Ichwan / Dr. Munirah Yaacob	Br. Shahru Ariffin Maskuri	7	Support	7.1.3	Infrastructure	Main screens, which are critical for monitoring the CCTV are not functional. The condition will affect the task and function of OSEM in observing the Campus security and safety.		
382	OFI	OFI03	Office of Security Management	1-Jun-18	Assoc. Prof. Dr. Solachuddin J. A. Ichwan / Dr. Munirah Yaacob	Br. Shahru Ariffin Maskuri	7	Support	7.1.4	Environment for the operation of processes.	Filing room (for keeping documents and records) 1.1. The room has a window without metal grill protection, which is inappropriate for the safety of the documents. 1.2. The room almost reaches its maximum storage capacity due to the presence of obsolete record that exceed the maximum duration for retaining the records. 1.3. Several unrelated items with filing system, were also being kept in the room such as disposable plates, boxes, unused furnitures and equipments. 1.4. At the entrance of CCTV monitoring room, several broken AC and other items are dumped. This condition may become the breeding site for mosquitoes.		
383	OFI	OFI04	Office of Security Management	1-Jun-18	Assoc. Prof. Dr. Solachuddin J. A. Ichwan / Dr. Munirah Yaacob	Br. Shahru Ariffin Maskuri	7	Support	7.3	Awareness	Despite that the staff are very clear about their routine job scope, majority of staff are unaware about quality objectives & policy and have minimal understanding about to the purpose of quality audit.		
384	OFI	OFI05	Office of Security Management	1-Jun-18	Assoc. Prof. Dr. Solachuddin J. A. Ichwan / Dr. Munirah Yaacob	Br. Shahru Ariffin Maskuri	7	Support	7.4	Communication	1. Outdated organizational chart was displayed at the notification board. 2. No quality objectives were displayed at the main office.		
385	OFI	OFI06	Office of Security Management	1-Jun-18	Assoc. Prof. Dr. Solachuddin J. A. Ichwan / Dr. Munirah Yaacob	Br. Shahru Ariffin Maskuri	7	Support	7.1.2	Control of production and service provision	Inadequate number of staff to accommodate expanded community in Kuantan Campus. This may be a potential risk that may breach the proper work process if these people not available or leaving or have to take emergency leave. Total staff number is inadequate with the expanded community. Ideally OSEM Kuantan should have 80 persons however currently only 50 persons. 1. There was no administration staff in the office. All documentation and filing are done by only 1 (one) security staff without administration background. 1. Only 1 dedicated staff was assigned for each duty with no backup staff for example; the investigation unit and the document control person. 3. Only 1 (one) staff is assigned at the main gate, with the main duty is to guard at the entrance only. No guard at the exit gate.		

386	NCR (Minor)	NCR01	Office of the Campus Director	1-Jun-18	Br. Wan Syahrul/ Sr. Nursiah/ Sr. Norazah)	Halimatus Saadiah	5	Leadership	5.3 / 7.1.5	Organizational roles, responsibilities and authority/ Monitoring and measuring resources.	Nonconformity: No official appointment for UNGS Coordinator Findings: It was found that Dr. Hasbullah has been assisting Kuliyah of IRK as coordinator for UNGS without proper official appointment. He has been appointing lecturer for UNGS group for the past years. He is currently the Deputy Director for Masjid SHAS, Kuantan Campus.	Objective Evidence: No appointment letter.	
387	NCR (Minor)	NCR02	Office of the Campus Director	1-Jun-18	Br. Wan Syahrul/ Sr. Nursiah/ Sr. Norazah)	Sr. Halimatus Saadiah	8	Operation	8.5.1	Control of production and service provision	Nonconformity: No approval letter for student to open stall at Mahallah Cafe Findings: Student has been operating a stall selling waffle at Mahallah Cafe. However, no approval (proposal/ letter) given by Food and Services to Mahallah office.	Objective Evidence: No approval/ proposal letter.	
388	NCR (Minor)	NCR03	Office of the Campus Director	1-Jun-18	Br. Wan Syahrul/ Sr. Nursiah/ Sr. Norazah)	Sr. Halimatus Saadiah	9	Performance Evaluation	9.1	Monitoring, measurement, analysis and evaluation	Nonconformity: No report on the disbursement of money received by CENTRIS Findings: 1. No proposal for ICPC 2017 2. No clear statement on the budget spent.	Objective Evidence: No proposal and statement on budget.	
389	OFI	OFI01	Office of the Campus Director	1-Jun-18	Br. Wan Syahrul/ Sr. Nursiah/ Sr. Norazah)	Sr. Khairul Zain	9	Performance Evaluation	9.1.2	Customer satisfaction	No feedback receives from student as stated in the flowchart. (Application for Transportation Services for student activities)		
390	OFI	OFI02	Office of the Campus Director	1-Jun-18	Br. Wan Syahrul/ Sr. Nursiah/ Sr. Norazah)	Sr. Halimatus Saadiah	7	Support	7.5	Documented information	Original booking form kept by the dept. and incomplete (some without signature and stamp from the officer). Original form need to be send to the respective authority to be validated.		
391	OFI	OFI03	Office of the Campus Director	1-Jun-18	Br. Wan Syahrul/ Sr. Nursiah/ Sr. Norazah)	Prof. Rezak	7	Support	7.1.2	People	Minutes meeting prepared and sign by part- timer (for IWIN)		
392	OFI	OFI04	Office of the Campus Director	1-Jun-18	Br. Wan Syahrul/ Sr. Nursiah/ Sr. Norazah)	Dr. Intan/ Dr. Shahbudin	8	Operation	8.4.3	Information for external provider	No communication between Mahallah and Kuliyah on the status of student (study leave/withdrawal/dismissal)		
393	OFI	OFI05	Office of the Campus Director	1-Jun-18	Br. Wan Syahrul/ Sr. Nursiah/ Sr. Norazah)	Dr. Intan	8	Operation	8.5.2		Proper mechanism to monitor room keys (keys that were returned are not original copies with brand name LOKRITE)		
394	OFI	OFI06	Office of the Campus Director	1-Jun-18	Br. Wan Syahrul/ Sr. Nursiah/ Sr. Norazah)	Dr. Intan	7	Support	7.1.2	People	Only 2 fellow in- charge of 1000 students due to shortage of interested academican as per policy by the University (Kuliyah base Mahallah).		
395	OFI	OFI07	Office of the Campus Director	1-Jun-18	Sr. Nur Munirah Zainol Abidin	Br. Mohd Danial Jamaluddin	7	Support	7.1.4	Environment for the Operation of Process	Finding: 1. The Ointments and Creams that were found in both kits were already expired. This indicate that maintenance for the kits were not done periodically. a) in red First Aid kit – expired on 2010. b) in white First Aid kit – expired on 2016. 2. It was found that inavailability of First Aid Kit at most of departments under OCD except main office of OCD and Sport Development Department.		
396	OFI	OFI08	Office of the Campus Director	1-Jun-18	Sr. Nur Munirah Zainol Abidin	Br. Mohd Danial Jamaluddin	7	Support	7.5.2	Documented information - Creating and updating	Finding: No emergency contact, evacuation plan as well as assembly point were displayed at easily accessible area/ OSH corner in each department of OCD. Suggestion: Create and display emergency contact, evacuation plan and assembly point at easily accessible area in each department.		
397	OFI	OFI09	Office of the Campus Director	1-Jun-18	Sr. Nur Munirah Zainol Abidin	Br. Mohd Danial Jamaluddin	7	Support	7.2	Competence	It was found that there is no training made for Fire Drill and First Aid course. Suggestion: Schedule a training for Fire Drill course for all staff and First Aid course at least one staff of each from department.		
398	OFI	OFI10	Office of the Campus Director	1-Jun-18	Sr. Nur Munirah Zainol Abidin	Br. Mohd Danial Jamaluddin	9	Performance Evaluation	9.3.1		It was informed that Safety and Health Committee OCD only had meeting once on 29th November 2017. This situation did not comply with Regulation 21, Occupational Safety and Health (Safety and Health Committee) 1996 where the committee shall meet not less than once in three months		
399	OFI	OFI11	Office of the Campus Director	1-Jun-18	Br. Mohd Farouq Alias	Br. Mohd Danial Jamaluddin	6	Planning	6.1	Action to address the risks and opportunities	No proper mechanism to monitor and control the risks identified by all departments under Office of the Campus Director		
400	OFI	OFI12	Office of the Campus Director	1-Jun-18	Br. Mohd Farouq Alias	Br. Mohd Danial Jamaluddin	6	Planning	6.2	Quality Objective and planning to achieve them	It is proposed that OCD to initiate its strategic plan to properly monitor the KPI and Quality Objectives of all departments		
401	OFI	OFI13	Office of the Campus Director	1-Jun-18	Br. Mohd Farouq Alias	Br. Mohd Danial Jamaluddin	9	Performance Evaluation	9.1.2	Customer satisfaction	No proper evidence shows that the customer satisfaction for 2017 is done. No proper decision on the frequency to conduct customer satisfaction survey. (once a year or once in two years)		
402	OFI	OFI14	Office of the Campus Director	1-Jun-18	Br. Mohd Farouq Alias	Br. Mohd Danial Jamaluddin	9	Performance Evaluation	9.1.2	Customer satisfaction	It is proposed that the customer complaint form to be standardized and made available in proper channel (website/counter).		
403	OFI	OFI15	Office of the Campus Director	1-Jun-18	Br. Mohd Farouq Alias	Br. Mohd Danial Jamaluddin	8	Operation	8.6	Release of products and services	It is proposed that dedicated staff to monitor the content of the website and general announcement made through email.		
404	OFI	OFI16	Office of the Campus Director	1-Jun-18	Br. Khairul Syafiq Bin Ahmad	Sallehuddin	7	Support	7.5.3.1	Control of documented information	Finding: Improper use of the Procurement Checklist. Most of the procurement checklist used are not properly used whereby some of the document provided is not tally to the tick checklist. From the sample, most of the date and time received is not stamped on the quotation, however is was ticked on the procurement checklist.		
405	OFI	OFI17	Office of the Campus Director	1-Jun-18	Br. Khairul Syafiq Bin Ahmad	Sallehuddin	7	Support	7.5.3.1	Control of documented information	Finding: Improper use of the Procurement Approval form Sample: Procurement approval for the Installation of Information Counter of ITD From the sample, there are 3 bidders quoted the price, however there is only 1 vendor mentioned in the PA form. All the 3 bidders should be mentioned in the PA form.		

406	OFI	OFI18	Office of the Campus Director	1-Jun-18	Br. Khairul Syaifiq Bin Ahmad	Sallehuddin	7	Support	7.5.3.1	Control of documented information	Finding: Date of the quotation are not tally to the duration date of Request for Quotation (RFQ) letter. Sample: Purchase request for Office Supplies (Direct Purchase) and Purchase Request for Maintenance air-cond at ITD Data Centre (Direct Purchase) From the sample, the date of the reply quotation are not tally to the duration date of the RFQ letter issued.		
407	OFI	OFI01	Office of the Deputy Rector (Academic and Industrial Linkages)	1-Jun-18	Mdm. Haslina Shamsuddin	Sr. Ayunita Atan	6	Planning	6.1.1	Actions to address risks and opportunities	It was found that the Office of the Deputy Rector (Academic and Industrial Linkages) did not consider the issues referred to in 4.1 and the requirements referred to in 4.2 when determining the risks and opportunities.	Objective Evidence: DRAL's Risk Register	
408	OFI	OFI01	Office of the Deputy Rector (Internationalisation and Global Networking)	4-Jun-18	Sr. Nur Khamsiah Ahmad	Sr. Sabirah Abdullah	6	Planning	6.2.1	Quality objectives and planning to achieve them	During the audit there was no evidence that the analysis of Quality Objectives for year 2018 has been made. Since it is already month of May, 1 st Quarter Analysis should be in place.		
409	OFI	OFI02	Office of the Deputy Rector (Internationalisation and Global Networking)	4-Jun-18	Sr. Nur Khamsiah Ahmad	Sr. Sabirah Abdullah	5	Leadership	5.2.2	Communicating the Quality Policy	During the audit, it was found that the Quality Policy available was the old version Policy. It is suggested that the latest Quality Policy to be disseminated to all staff.		
410	OFI	OFI01	Office of the Deputy Rector (Research and Innovation)	31-May-18	Mdm. Sa'idatul Bariah Ahmad	Br. Kamarrudin Ali	6	Planning	6.2	Quality objectives and planning to achieve them	It was found that there is no alignment of objective targets between the Kulliyahs KIL, MyRA, ODRRI Quality Objectives and HOR's KPI. Objective evidence: 1. % of Principal Investigator - Kulliyah's KPI (different Kulliyahs different target e.g. KOE 95%, KCT 70%) - MyRA (80% of staff) - ODRRI Quality Objectives (100%) - HOR's KPI (90%) 2. Citation per academic staff - Kulliyah's KPI is 12 - ODRRI Quality Objectives is 13		
411	OFI	OFI02	Office of the Deputy Rector (Research and Innovation)	31-May-18	Mdm. Sa'idatul Bariah Ahmad	Br. Kamarrudin Ali	6	Planning	6.1	Action to address risks and opportunities	It was highlighted that KPI to increase no. of research collaborations with international organisations secured is very difficult to achieve. It was found that at the Kulliyahs' MOAs/MOUs scope, it has been listed joint research and joint publication as part of their collaboration activities. It is proposed that ODRRI may use this opportunity to achieve the above KPI.		
412	OFI	OFI03	Office of the Deputy Rector (Research and Innovation)	31-May-18	Mdm. Sa'idatul Bariah Ahmad	Br. Kamarrudin Ali	8	Operation	8.1	Operational planning and control	The Business Model Canvas on Research and Innovation needs to be implemented and controlled to meet the requirements for the provision of services by the ODRRI: i. Determining the support documents needed for key activities e.g. identify department to do marketing and research product. ii. Determining the support documents needed for revenue stream e.g. provide data/information of management fees and sales from departments under ODRRI.		
413	NCR (Minor)	NCR01	Office of the Deputy Rector (Student Affairs and Alumni)	24-May-18	Br. Kamarrudin Ali	Tuan Anuzi Nik Him	4	Context of the organization	4	Context of the organization	It was found that the Office DID NOT a) determine the external and internal issues that are relevant to its purpose and its strategic direction. b) determine the needs of interested and expectations of interested parties		
414	NCR (Minor)	NCR02	Office of the Deputy Rector (Student Affairs and Alumni)	24-May-18	Br. Kamarrudin Ali	Tuan Anuzi Nik Him	6	Planning	6	Planning	It was found that the Office DID NOT: a) determine the risks and opportunities and plan to mitigate them b) establish the quality objective c) plan to achieve the quality objectives.		
415	OFI	OFI01	Office of the Deputy Rector (Student Affairs and Alumni)	24-May-18	Br. Kamarrudin Ali	Tuan Anuzi Nik Him	4	Context of the organization	4	Context of the organization	It was found that the Office has published the functions of the Office. However, it is proposed that the Office to review its published functions so that it would portray more of the strategic roles of the office. (Note: refer to slide presentation)		
416	OFI	OFI02	Office of the Deputy Rector (Student Affairs and Alumni)	24-May-18	Br. Kamarrudin Ali	Tuan Anuzi Nik Him	4	Context of the organization	4	Context of the organization	The office has established its Safety & Health Committee. However, it is suggested that all divisions and units under the purview of ODRSA be represented.		
417	No finding		Office of the Legal Adviser	3-May-18	Br. Ilmyzat Irmal						No finding		
418	NCR (Minor)	NCR01	Research Management Centre	14-May-18	Sr. Suhaila Marsidi	Br. Muhammad Khairul Azli Zulkifli	7	Support	7.5.3.2 (c)	Control of documented information	It was found that the control of changes (version control) is not stated or addressed in the quality records.	Process flow GMU01 until GMU10. 2. Evaluation form for Patent Agent.	
419	NCR (Minor)	NCR02	Research Management Centre	14-May-18	Sr. Suhaila Marsidi	Br. Muhammad Khairul Azli Zulkifli	7	Support	7.5.3.2 (c)	Control of documented information	It was found that the retrieval of the documents took more than 2 hours.	File IUM/504/14/3/2/SP18-111-0373.	
420	NCR (Minor)	NCR03	Research Management Centre	14-May-18	Br. Ahmad Zulhimi Ahmad Hizam	Sr. Suzannah Umar	7	Support	7.5.1	Documented information	1. It was found that the file minutes were not updated. 2. It was also found that for completion of project process such as 'Complete' stamping on the file was not performed. This does not follow the Standard Operation Procedure where stamping is required for the completed file. 3. It was discovered that several retention files were not kept in proper storage.	1. IUM/504/14/3/2/TRGS16-04-002-0002 2. IUM/504/14/3/2/RIGS16-017-0181 3. Retention document in the musolla and along the hallway at level 2.	
421	NCR (Minor)	NCR04	Research Management Centre	14-May-18	Br. Ahmad Zulhimi Ahmad Hizam	Sr. Noriza Awang Hitam	7	Support	7.1.4	Environment for the operation of process	It was found that there are air conditioner heat pumps inside the building (emergency exit) and there is also an iron pipe protruding from the floor near the emergency exit. This may cause injury such as falling down the staircase.	Emergency exit level 3.	

422	OFI	OFI01	Research Management Centre	14-May-18	Mdm. Sa'idatul Bariah Ahmad	Mdm. Haslina Shamsuddin	9	Performance Evaluation	9.1.3	Analysis and evaluation	It was highlighted that trainings on usage of RMSV2 conducted for academic staff was not received well. Attendance was poor. This affects several processes such as submission of progress reports and completion of research projects. It was found that RMC did not conduct any analysis on the poor attendance or provide any proposals for continual improvement.	Evidence: 1. Attendance for Training on RMSV2 for Kuantan staff on 8th March 2018. 2. Attendance for Clinic on Submission of Progress Report Using RMSV2 on 28th July 2017.	
423	OFI	OFI02	Research Management Centre	14-May-18	Mdm. Sa'idatul Bariah Ahmad	Mdm. Haslina Shamsuddin	6	Planning	6.1	Actions to address risks and opportunities	It was highlighted that in the Risk Assessment Information under Risk Number RRI that one of the mitigations is to make compulsory for all Vks and Associate Professors to apply for grants. However, in the Coordination Meeting with the DRI No. 1/2018, the matter was listed out in the agenda but in the minutes the matter was not addressed.	Evidence: 1. Minutes of the Coordination Meeting with the Deputy Rector (Research and Innovation) No. 1/2018 dated 20th April 2018.	
424	OFI	OFI03	Research Management Centre	14-May-18	Br. Fakhruurazi Danial	Sr. Aida Melly Tan Mutalib/Sr. Morniliza Ma'amor	8	Operation	8.3.1	Design and development planning	Improve process flow in Application of Research Project by showing division of works between Research Management Centre, Kulliyyahs and others.		
425	OFI	OFI04	Research Management Centre	14-May-18	Br. Fakhruurazi Danial	Sr. Aida Melly Tan Mutalib/Sr. Morniliza Ma'amor	8	Operation	8.5.1	Control of production and service provision	For TRGS 2018, eleven (11) applications were collected and nine (9) were recommended. Two (2) applications were rejected due to failure to submit on time. It was found that there is no action plan to address on the failures of submission.		
426	OFI	OFI05	Research Management Centre	14-May-18	Br. Fakhruurazi Danial	Sr. Sharifah Najah Aqlah Syed Mohd Amudin	6	Planning	6.1	Actions to address risks	Since the work done by the officer requires technical and special skills for patent and copyright process flow, action plan is needed to ensure continuity of services are not interrupted. This is a risk mitigation that the unit has to perform.		
427	OFI	OFI06	Research Management Centre	14-May-18	Br. Fakhruurazi Danial	Sr. Sharifah Najah Aqlah Syed Mohd Amudin	8	Operation	8.2.2	Determining the requirements for product and services	The University needs commercialization to be upgraded and become a main component of research. As such RMC has to plan that the commercialization need to be in line with demands by industry and community and to ensure that the continuity of the commercialization is maintained. Since for the above to be materialized, RMC need to have the proper facilities and resources. It is proposed that RMC request through a proper proposal paper for the relevant authority to approve.		
428	OFI	OFI07	Research Management Centre	14-May-18	Br. Fakhruurazi Danial	Sr. Sharifah Najah Aqlah Syed Mohd Amudin	8	Operation	8.1	Operational planning and control	RMC need to develop process flow for commercialization for the purpose of monitoring work progress		
429	OFI	OFI08	Research Management Centre	15-May-18	Sr. Suhaila Marsidi	Br. Muhammad Khairul Azli Zulkifli	8	Operation	8.5.5	Control of production and service provision	There are overdue projects which is not closely monitored and lacking of monitoring mechanism on the overdue projects. Sample: SP17-019-0281 duration of project from 10/5/2017 to 30/4/2018.		
430	OFI	OFI09	Research Management Centre	15-May-18	Sr. Suhaila Marsidi	Br. Muhammad Khairul Azli Zulkifli	8	Operation	8.1	Operation planning and control	In the Guidelines on Research Consultancy and Sponsored Research, it was found that it only caters for the Research Consultancy and not for Sponsored Research as stated in the title of the document.	Evidence: Guidelines on Research Consultancy and Sponsored Research URL: http://www.iium.edu.my/research-management-centre/our-services-iium-researchers/guidelines/guidelines-research-consultancy-	
431	OFI	OFI10	Research Management Centre	15-May-18	Sr. Suhaila Marsidi	Br. Muhammad Khairul Azli Zulkifli	8	Operation	8.1	Operation planning and control	It was found that documents received from researchers and MOHE was not stamped "Received" and no receive date indicated.	Evidence: For project PRG515-011-002 Letter from KPT: JPT.S(BPK)2000/09/01/060Jld.8(19) Letter from researcher (Assoc. Prof. Dr. Mohammed Saedi Jami) dated 17 November 2017 to RMC.	
432	OFI	OFI11	Research Management Centre	15-May-18	Br. Ahmad Zuhilmi Ahmad Hizam	Sr. Noriza Awang Hitam	7	Support	7.1.3	Infrastructure	Both exit lights are not functioning in RMC Conference Room whereby it does not comply with OSH safe infrastructure		
433	OFI	OFI12	Research Management Centre	15-May-18	Br. Ahmad Zuhilmi Ahmad Hizam	Br. Shawalfitri Safar	7	Support	7.5.3	Creating and updating	It was found that there is no maintenance record for computer lab.		
434	OFI	OFI13	Research Management Centre	13-May-18	Mdm. Sa'idatul Bariah Ahmad	Mdm. Haslina Shamsuddin	7	Support	7.1.5	Monitoring and measuring resources	After auditing all kulliyyahs and institutes, it was found that there is lacking in the following areas: 1) Monitoring of overdue researches - In KOED and KOE, it was found that the researchers had submitted their report but RMC still has the status as overdue. 2) Update on status of researches - The master list of overdue projects did not portray the current status e.g., when the researchers had applied for extensions. This was observed in KIRKHS. - Due date of completion should be according to extension date and not the original expected completion date. 3) Dissemination of the updated Roles and Responsibilities of Head of Research (HOR) to Kulliyyahs/Institutes - Only HOR from KOED and KIRKHS had received the document. - HOR from KAED, AIKOL, KENMS, KAHs, KOP and KOM are not aware of their new roles and KPIs. - Even RMC Kuantan did not know of the document RMC need to improve on its monitoring and communication with all Kulliyyahs/Institutes, Heads of Research and researchers.		

435	OFI	OFI14	Research Management Centre	13-May-18	Mdm. Sa'idatul Bariah Ahmad	Mdm. Haslina Shamsuddin	7	Support	7.15	Monitoring and measuring resources	It was found that there are 492 research projects which are overdue. Even though reminders have been sent occasionally to the researchers concern and now with the utilization of RMSV2, reminders are being sent through emails, not much progress have been made. RMC must take a more effective action to resolve the matter especially if the projects are very long overdue since year 2013, 2014, 2015 and 2016.	Evidence: 1. List of Project Monitoring Report 2. Reminder emails from Grant Initiative Unit 3. Reminder emails from Grant Management Unit Since this issue will recur as audit findings from year to year, it is proposed that a table of progress in resolving the completion of projects is produced for future audits.
436	OFI	OFI15	Research Management Centre	30-May-18	Mdm. Sa'idatul Bariah Ahmad	Sr. Mastura Abdul Wahab	7	Support	7.5	Documented information	It was found that RMC Kuantan Campus need to improve on its record management such as implementation of file minutes and updating of file minutes.	
437	OFI	OFI16	Research Management Centre	30-May-18	Mdm. Sa'idatul Bariah Ahmad	Sr. Mastura Abdul Wahab	6	Planning	6.1	Action to address risks and opportunities	RMC Kuantan is currently following the risk mitigations outlined by RMC Gombak. It is observed that few mitigations proposed by RMC Gombak may not be suitable for Kuantan. It is proposed that RMC Kuantan also plan its mitigation that will resolve matters at RMC Kuantan level.	
438	OFI	OFI17	Research Management Centre	30-May-18	Mdm. Siti Zainab bt. Tauhed	Sr. Mastura Abdul Wahab	8	Operation	8.5.1	Control of production and service provision	It was found that there is lack of monitoring on research progress among lecturers by the RMC Kuantan.	
439	OFI	OFI18	Research Management Centre	30-May-18	Mdm. Siti Zainab bt. Tauhed	Sr. Mastura Abdul Wahab	8	Operation	8.1 (d)	Operational planning and control	It is observed that there are lecturers who were approved for RIGS did not meet the eligibility criteria, i.e. they have been approved as PI in past research	
440	OFI	OFI19	Research Management Centre	30-May-18	Mdm. Sa'idatul Bariah Ahmad	Prof. Dr. Ahmed Jalal Khan Chowdhury	7	Support	7.1	Resources	It was highlighted that RMC Kuantan Campus is having difficulty managing its resources (human resources and financial) as all budget is under the RMC Gombak Campus. They need to request from RMC Gombak for even the smallest of item. RMC Kuantan in collecting revenue from its activities is also finding difficulty in handling the cash as RMC Kuantan do not have an account for themselves. RMC Kuantan need to discuss with RMC Gombak and Finance Division and request for its own account.	
441	NCR (Minor)	NCR01	Residential and Services Department	22-May-18	Dr. Zulkefli Muhammed Yusof	Br. Md Tahir Bahari / Sr. Noor Asma Hj Abd. Aziz	7	Support	7.5.2	Documented information - Creating and updating	It was found that when creating and updating of documented information, the identification and description, review and approval, were not properly ensured. Some of the Standard Operating Procedure (SOP) documents have no information such as version number, revision number, and effective date. Noted that a practice was in accordance to the procedure but was not reviewed and approved accordingly.	Objective Evidence: - Use of different form for Event Order form instead of the latest one from the SOP - SOP for F&B Outlet Monitoring version 01 dated 29/2/206 requires inspection to be made twice a week, but the current practice is less than that - SOP on Preparation of Room for Senior Students – information on the responsible persons were left blank
442	NCR (Minor)	NCR02	Residential and Services Department	22-May-18	Dr. Zulkefli Muhammed Yusof	Sr. Rosidah Mat Dom	7	Support	7.1.4	Environment for the operation of processes.	There were sightings which have shown flaws in determining, providing, and maintaining the environment necessary for the operation of its processes and to achieve conformity of products and services There were safety issues found that can be hazardous. The list of findings as stated under evidence.	Objective Evidence: a. Wiring done by students were exposed due to unsupervised work b. Dangling media-related wires at Mahallahs Salahudin, Farouq and Uthman c. Very smelly surau at Mahallah Uthman due to leaked water from the IT LAN room d. Broken wooden cabinet with exposed rusty nails near the surau of Mallah Uthman e. Plant on balcony at the KM17 apartment block f. Broken power box near one of the KM apartment block g. BioPure water dispensers not maintained in all Mahallahs.
443	NCR (Minor)	NCR03	Residential and Services Department	22-May-18	Mdm. Mazlina Mustafa		8	Operation	8.5.1	Control of production and service provision	The organization shall implement production and service provision under controlled conditions including the implementation of monitoring activities to verify the criteria for control of process/output have been met. a) Cooked food was found not covered, kept in the fridge which is used to store vegetables. b) Processed food was found in top chest freezer uncovered. c) Dead cockroaches were found in the same top chest freezer. d) top chest freezer was not cleaned and frosted. Location: Mahallah Halimatus Saadiah Café.	Objective Evidence: Please refer to photo evidence attached.
444	NCR (Minor)	NCR04	Residential and Services Department	22-May-18	Mdm. Mazlina Mustafa		7	Operation	7.1.4	Environment for the operation of processes.	The organization shall maintain the environment necessary for the operation of its processes. It was found that: a) Fridge due for disposal (out of order) was not labelled and placed inside the kitchen area. b) Damaged/unused kitchen equipment were not disposed appropriately and stored at the back of the cafeteria. Location: Mahallah Halimatus Saadiah Café.	Objective Evidence: Please refer to photo evidence attached.

445	OFI	OFI01	Residential and Services Department	28-May-18	Dr. Zulkefli Muhammed Yusof	Mdm. Siti Thuraiya Abd. Rahman	8	Operation	8.4.2 (d)	Control of externally provided processes, products and services. - Type and extent of control	The division was unable to determine the verification, or other activities, necessary to ensure that the externally services meet requirements The outstanding issues on the services rendered by the contractor Daya Bersih S8 (DBS8) were still could not be resolved after more than a year despite efforts to mitigate with the service provider.	Objective Evidence: -KM17 Apartment - Wild plant growing on the apartment balcony is still not being removed, Electrical Power Box which was damaged and partially exposed – no actions taken by DBS8 despite being reported ever since the taking over of the apartment by RSD.
446	OFI	OFI02	Residential and Services Department	28-May-18	Dr. Zulkefli Muhammed Yusof	Br. Nor Izzan Ali Agbar	7	Support	7.1.4	Environment for the operation of processes.	Filing room of Mahallah Farouq was not in a good state with files being kept outside the cabinet and not easily accessible. Also found some file were not neatly kept in an unsuitable cabinet. There were also some other unused items being kept in the filing room.	
447	OFI	OFI03	Residential and Services Department	23-May-18	Mdm. Mazlina Mustafa	Sr. Rosidah Mat Dom	7	Support	7.3	Awareness	It was observed that only few staff attended the ISO 9001:2015 Awareness training. F&B staff appointed under Daya Bersih Sdn. Bhd. were not exposed to the understanding of ISO 9001:2015 standard. In-house training on awareness of ISO 9001:2015 is recommended.	
448	OFI	OFI04	Residential and Services Department	23-May-18	Mdm. Mazlina Mustafa	Sr. Rosidah Mat Dom	6	Planning	6.2	Quality objectives and planning to achieve them	It was observed that 2(two) Quality Objectives (QO) of RSD did not achieve the target. However, no justification on non-achievement of the 2 QOs was documented. Therefore, planning to achieve the QO could not be evaluated effectively.	
449	OFI	OFI05	Residential and Services Department	23-May-18	Mdm. Mazlina Mustafa	Sr. Rosidah Mat Dom	9	Performance Evaluation	9.1.3	Monitoring, measurement, analysis and evaluation - Analysis and evaluation	It was observed that customer complaints were recorded based on data extracted from EzyKdsun apps. The report was documented. However, no proper analysis was done to evaluate the data and effectiveness of the action plan.	
450	OFI	OFI06	Residential and Services Department	23-May-18	Mdm. Mazlina Mustafa	Sr. Rosidah Mat Dom	7	Support	7.1.4	Environment for the operation of processes.	2 fire extinguishers located in the main office of RSD (Level 3) were not replaced by the contractor after the maintenance work done.	
451	OFI	OFI07	Residential and Services Department	23-May-18	Mdm. Mazlina Mustafa	Sr. Rosidah Mat Dom	7	Support	7.2	Competence	It was observed that staff attended trainings but mostly on spiritual training e.g tazkirah, Liqa' As shari and religious talk. Management to determine necessary competency of staff and ensure they attend job-related skills training.	
452	OFI	OFI08	Residential and Services Department	23-May-18	Mdm. Mazlina Mustafa	Sr. Noor Zamzarina Mohd. Noor/AHM Mahallah Halimatus Saadiah/Asma'	8	Operation	8.4.1	Control of externally provided processes, products and services. - General	It was found that no verification by the Assistant Hostel Manager on the 'Furniture Defect Report' forms after the work done by the contractor. The management shall ensure that the contractor provides products and services conform to requirements.	
453	OFI	OFI09	Residential and Services Department	23-May-18	Mdm. Mazlina Mustafa	Sr. Noor Zamzarina Mohd. Noor	8	Operation	8.4	Control of externally provided processes, products and services	It was found that water coolers located at Mahallah Halimah, Mahallah Shafiyah and Mahallah Asma' were not well maintained/service by the contractor/vendor and damaged units were not properly labelled.	
454	OFI	OFI10	Residential and Services Department	23-May-18	Mdm. Mazlina Mustafa	Br. Muhammad Saufi Shamsuddin	7	Support	7.1.4	Environment for the operation of processes.	It was observed that the broken tiles (hazard) at the dining hall near the serving area of Café Mahallah Shafiyah was not attended appropriately.	
	NCR (Minor)	NCR01	Student Affairs and Development Division	22-May-18	Mdm. Mazlina Mustafa	Br. Faizal Kamal Mohamed	8	Operation	8.3.4	Design and Development Controls	It was found that the assessment method did not follow the course outlines. Different trainers implemented different assessment method. Course Title: Leadership and Management Course code: CCLM 2051 Assessment method in the course outline: i) Presentation 60% ii) Participation 20% iii) Class activity 20% Total 100% Course Title: Horse Riding Module 1 Course code: CCHR 3571 Assessment method in the course outline: i) Practical Test 40% ii) Participation 40% iii) Course work 20% Total 100%	a) CCLM 2051 Section: 4 Instructor: Rafidah Che Ros Assessment: a) Presentation 50% b) Participation 30% c) Final Assessment 20% Total 100% b) CCLM 2051 Section: 12 Instructor: Md. Sayed Uddin Assessment: a) Presentation & Participation 35% b) Attendance & Participation 30% c) Final Assessment 35% Total 100% c) CCLM 2051 Section: 34 Instructor: Salmah Md. Shah Assessment: a) Presentation 20% b) Participation 10% c) Project 35% d) Attendance 10% e) Adab/budi 5% Total 80% d) CCHR 3571 Section: 1 Instructor: Rusnan bin Ngadio
	NCR (Minor)	NCR02	Student Affairs and Development Division	22-May-18	Mdm. Mazlina Mustafa	Br. Faizal Kamal Mohamed	8	Operation	8.3.6	Design and Development Changes	It was found that: a) assessment method was changed and implemented by trainers without approval from authority. b) Different implementation of assessment method by different trainers.	No evidence (minutes of meeting or proposal paper) of changes made was documented and endorsed at any level of authority.
	NCR (Minor)	NCR03	Student Affairs and Development Division	22-May-18	Mdm. Mazlina Mustafa	Br. Faizal Kamal Mohamed	8	Operation	8.1	Operational planning and control	It was found that the add/drop exercise did not follow the standard operating procedure of teaching and learning. The procedure allows from week 2 until week 3.	Students are allowed to drop courses after week 3 until week 6 of the semester (without payment): a) Sakinah Na'amnat (1629574) CCHS 1012 – Study Circle 2 Semester 1, 2017/2018. Date applied: 10/10/2017 (week 5)
	NCR (Minor)	NCR04	Student Affairs and Development Division	22-May-18	Mdm. Mazlina Mustafa	Br. Faizal Kamal Mohamed	7	Support	7.5.3	Control of Documented Information	During the audit, it was found that obsolete add/drop exercise form i.e UG 04 (Application to Drop Course), effective date: 1/9/2011 was in use. AMAD has introduced new form i.e UG03 (Application to Drop Course), effective date: 1/1/2017	Form: UG 04 (Application to Drop Course), effective date: 1/9/2011(attached) a) Ahmad Norfiridauz Rozali (1426009) CCSS 3371– Sewing Skills 1 Date submit: 31/10/2017 (week 6) b) Muhamamd Hafizuddin bin Che Kassim (1423359) CCSS 3371– Sewing Skills 1 Date submit: 31/10/2017 (week 6)

	NCR (Minor)	NCR05	Student Affairs and Development Division	22-May-18	Mdm. Mazlina Mustafa	Br. Faizal Kamal Mohamed	8	Support	7.1.5.1	Monitoring and measuring resources	It was found that warning and barring letter were not issued to student who did not fulfil the attendance requirement.	Muhammad Luqman (1620551) Course: Leadership and Management (CCLM 2051) Section: 12 Instructor: Md. Sayed Uddin CAM: 0 Final Assessment: 0 Status: Failed	
455	OFI	OFI01	Student Affairs and Development Division	3-May-18	Br. Kamarrudin Ali	Br. Mohd. Salme Mohd. Sari	6	Planning	6.1	Action to address risks and opportunities.	It was found that workshops was conducted to discuss the organization in context and come out with risks and opportunities and review the interested parties. However, it is suggested that a) risks to be reviewed so that the mitigation plans could be rightly made. b) The risks should be comprehensive so that all units's risks are included such as Transport Unit.		
456	OFI	OFI02	Student Affairs and Development Division	3-May-18	Br. Kamarrudin Ali	Br. Mohd. Salme Mohd. Sari	6	Planning	6.2	Quality objectives and planning to achieve them	The planning was available and rightly addressed. However, it is suggested that the planning table should be complete with achievement data. "In Progress" status could be put to indicate that the data are not available at the time of reporting.		
457	OFI	OFI03	Student Affairs and Development Division	3-May-18	Br. Kamarrudin Ali	Br. Mohd. Salme Mohd. Sari	6	Planning	6.2	Quality objectives and planning to achieve them	It was found that the Quality Objectives were not comprehensive and inclusive of all units' Objective i.e. Transport and etc.		
458	OFI	OFI04	Student Affairs and Development Division	3-May-18	Br. Kamarrudin Ali	Br. Nik Hizman Nik Mat	9	Performance Evaluation	9.1.3	Analysis and evaluation	It was found that the evaluation of the booking process was done at STAD level with one question item in their survey. However, since the booking process is one the main and important processes for the transport Unit, it is proposed that the Unit come out with its own survey for the booking process.		
459	OFI	OFI05	Student Affairs and Development Division	3-May-18	Br. Kamarrudin Ali	Br. Nik Hizman Nik Mat	9	Performance Evaluation	9.1.3	Analysis and evaluation	It was found that the report for Vehicle Usage was prepared for 2017 & 2018 listing of the number of various types of vehicles usage. However, it is proposed that in order to give more value and meaning to the report, it should incorporate the number of bookings received. This may indicate the real need of transport unit...e.g. acquiring more vehicles or not.		
460	OFI	OFI06	Student Affairs and Development Division	25-May-18	Sr. Nurul'Ain Mohamed Noor	Br. Mohd. Salme Mohd. Sari / Sr. Rohaida Abd Salam	7	Support	7.1.4 (c)	Environment for the operation of processes.	OSH Corner During the audit, it was suggested that an OSH corner is set up as an improvement for the working environment in the STADD Main office.		
461	OFI	OFI07	Student Affairs and Development Division	25-May-18	Sr. Nurul'Ain Mohamed Noor	Br. Mohd. Salme Mohd. Sari / Sr. Rohaida Abd Salam	9	Performance Evaluation	9.1.3 (d)	Analysis and evaluation	It was found that, in 2017 STADD received 1 complaint received on 7th March 2017 about time schedule of shuttle bus. Preventive action proposed was to use GPS tracker to trace the bus location by using apps via install in smart phone. Until to the audit date GPS tracker was still not in placed. It is proposed for the matter to be expedited.		
462	OFI	OFI08	Student Affairs and Development Division	25-May-18	Br. Kamarrudin Ali	Br. Roestam Effendi Sijar	8	Operation	8.2.1 (a)	Customer communication	It was found that there are 3 main processes for the Sports Development Centre. One of those is the booking process and it is displayed prominently for customers' reference. However, it was found that the booking process was not complete did not include the payment element. So, it is proposed for the following: a) adjustment to be made to include those payment element. b) To include the process flows of Sports in its Website and student Portal c) To include contact number in the website i.e. booking section		
463	OFI	OFI09	Student Affairs and Development Division	28-May-18	Br. Muhammad Faizal Mohd Gunny	Br. Mohamad Hidayat Ahmad Trainizi	9	Performance Evaluation	9.1.3	Analysis and evaluation	It was found that during the audit at sport development centre, the evaluation on coaches were only done by office staff. However, it is not comprehensive enough because the analysis was also not done properly. So, it highly recommended for the Sports Development Centre to: a) do the evaluation for all of their coaches by their trainees. b) Prepare a detailed analysis so that the selection or re-appointment should be made based on that analysis.		
464	OFI	OFI10	Student Affairs and Development Division	25-May-18	Br. Muhammad Faizal Mohd Gunny	Prof. Dr. Ruzita Mohd Amin	4	Context of the organization	4.4	Quality management system and its processes	It was found that during the audit at Disability Unit, the unit yet to establish process needed for quality management system and its application. I recommend the unit should have their quality management system latest by end of this year.		
465	OFI	OFI11	Student Affairs and Development Division	25-May-18	Br. Muhammad Faizal Mohd Gunny	Sr. Nur Zalfah Mohd Faiz	8	Operation	8.2.1	Customer communication	It was found that during the audit at Welfare Unit, the information relating to the service was not published anywhere. I recommend the information should be published at student portal or STAD website for students' reference.		
466	OFI	OFI12	Student Affairs and Development Division	25-May-18	Sr. Leenawati Razali	Sr. Rohaida Abd Salam / Br. Subki Ahmad	9	Performance Evaluation	9.1.3 (f)	Analysis and evaluation	It was found that not all suppliers being evaluated. For 2017 Ta'aruf Week programme, the purchasing activities has been made to 4 suppliers (Precise Communication Sdn. Bhd., Nur Naqsa Enterprise, KSM.AD Enterprise and Azet Vision (M) Sdn Bhd). However, the evaluation for KSM.AD was not carried out.		
467	OFI	OFI13	Student Affairs and Development Division	25-May-18	Sr. Leenawati Razali	Br. Subki Ahmad / Br. Zahurin Mon	7	Support	7.5.3	Control of documented information	During the audit, it was found that the filing system for Ta'aruf/Orientation week process needs further improvement to ensure the retrieval of documents can be done efficiently as required under Clause 7.5.3.2 - for the control of documented information, the organization shall address the following activities: (f) distribution, retrieval and use	Objective evidence: Ta'aruf/Orientation Week 2017 file	

468	OFI	OFI14	Student Affairs and Development Division	25-May-18	Sr. Leenawati Razali	Br. Wan Rizalla Wan Mamat Saufi	7	Support	7.1.5.1	Monitoring and measuring resources	It was observed that the following documents are not endorsed or verified or signed by the relevant officers/person in charge: i. Payment Request for reimbursement for programme induction course for student committees of Ta'aruf week Sem II, 2017/2018 (stationaries) - Appendix 1 ii. Letter - approval of students' programme - DD001/07/17 - Appendix 2 iii. Report on IUM Rover Scouts Vigil and induction course 2018 - Appendix 3 iv. SRC Election 2017: Counting Statement Form - Appendix 4		
469	OFI	OFI15	Student Affairs and Development Division	25-May-18	Mdm. Mazlina Mustafa	Sr. Noraini Md Ghazali	9	Performance Evaluation	9.1.3	Analysis and evaluation	Result of Student Satisfaction Survey (SFS) presented to Credited Leadership Approval Programme (CLAP) meeting but analysis of the SFS result was not evident. Therefore, effectiveness of the action plan could not be evaluated.		
470	OFI	OFI16	Student Affairs and Development Division	25-May-18	Mdm. Mazlina Mustafa	Br. Faizal Kamal	8	Operation	8.1 (e)	Operational planning and control	It was found that validation sheets for semester 1, 2017/2018 were not signed/ recommended by HOD and Director.		
471	OFI	OFI17	Student Affairs and Development Division	25-May-18	Mdm. Mazlina Mustafa	Br. Faizal Kamal	8	Operation	8.1	Operational planning and control	It was observed that monitoring on conduct of course/course delivery was not adequately done and visitation records were not evident during the audit.		
472	OFI	OFI18	Student Affairs and Development Division	25-May-18	Mdm. Mazlina Mustafa	Br. Faizal Kamal / Sr. Rohaida Abd Salam	9	Performance Evaluation	9.1.2	Customer satisfaction	Complaints by customers on issues related to CLAV activities were not adequately handled. No evident of the complaints received via email/verbal/ WhatsApp application being recorded.		
473	OFI	OFI19	Student Affairs and Development Division	25-May-18	Mdm. Mazlina Mustafa	Sr. Noraini Md Ghazali	7	Support	7.2	Competence	The re-appointment of trainers was based on SFS marks only. Criteria for re-appointment should be reviewed to ensure necessary competence of trainers.		
474	OFI	OFI20	Student Affairs and Development Division	25-May-18	Mdm. Mazlina Mustafa	Br. Faizal Kamal	8	Operation	8.2.3	Review of requirement for product and services	Academic curriculum review is due in 2018. However, planning for curriculum review activities was not evident.		
475	NCR (Minor)	NCR01	Sultan Haji Ahmad Shah Mosque	21-May-18	Sr. Nur Khamsiah Ahmad	Br. Badrul Shabri Basri	8	Operation	8.7.1	Control of Nonconforming Outputs	During the audit, it was found that the evidences and corrective action for 15 OFI was not submitted to OQM for auditor's verification. As such, the findings remain open and some of the findings remain without action.	Objective evidence: OFI#4, OFI#6, OFI#10-15	
476	OFI	OFI01	Sultan Haji Ahmad Shah Mosque	21-May-18	Sr. Nur Khamsiah Ahmad	Br. Badrul Shabri Basri	6	Planning	6.2	Quality objectives and planning to achieve them	During the audit there was no evidence that the analysis of Quality Objectives for year 2018 has been made. Since it is already month of May, 1st Quarter Analysis should be in place.		
477	OFI	OFI02	Sultan Haji Ahmad Shah Mosque	21-May-18	Dr. Noor Azizah Mohamadali	Ustaz Muhammad Ramadhan Subky	8	Operation	8.4.2	Type and Extend of Control	During the audit, it was found that the monitoring on the execution of programme almanac need to be done. No any records on planned programme whether the programme successfully conducted, programme cancelled or programme postponed.		
478	OFI	OFI03	Sultan Haji Ahmad Shah Mosque	21-May-18	Sr. Nur Khamsiah Ahmad	Ustaz Muhammad Ramadhan Subky	8	Operation	8.4.3	Type and Extend of Control	During the audit session, it was found that the venue and booking form are lack of: a) user acceptance to term and condition b) hand over process c) return of key and related equipments d) verification the venue and equipment are in good condition after programme		
479	OFI	OFI04	Sultan Haji Ahmad Shah Mosque	21-May-18	Dr. Noor Azizah Mohamadali	Ustaz Muhammad Ramadhan Subky	8	Operation	8.5.1	Control of production and service provision	Main Process 4: Delivery of Friday Sermons Once invitation send, there is no issuance of Confirmation Letter, no record on monitoring of the khatib, no any record or report is prepared. Current practice to get confirmation is through verbal communication.		
480	OFI	OFI05	Sultan Haji Ahmad Shah Mosque	22-May-18	Dr. Noor Azizah Mohamadali	Ust. Mohamad Zaki Abdul Ghani	7	Support	7.5.3	Control of Documented Information	1. Janazah Management Services Forms are not consistently filled in and approved. Sample I: Applicant: G1112375 Date: 12 Apr. 2018 Action: Burial Sample II: Applicant: 1619091 Date: 30 Jan. 2018 Action: Solat janazah Sample III: Applicant: Rabi Gharba Idris Date: 12 Jan. 2018 Action: Solat janazah 2. Most of the reports of completed programme are not signed in due course although the programme has been conducted in January. Sample I: Basic Imam & Bilal Course Date: 16 & 17 Jan. 2018 Sample II: Janazah Course Date: 13 Feb. 2018 No approval signature from Deputy Director of training unit for report prepared.		
481	OFI	OFI06	Sultan Haji Ahmad Shah Mosque	22-May-18	Dr. Noor Azizah Mohamadali	Ust. Mohd. Solahuddin Mohammed	7	Support	7.1.3	Infrastructure	It was found that General Safety Requirement is not fulfilled. Fire extinguisher is not available in all place and no indication of where is the fire extinguisher is available. All the safety procedure and emergency execution need to be updated. Staircase is not safe for adult and children. Huge gap at the staircase holder may cause serious accident especially to children.		
482	OFI	OFI07	Sultan Haji Ahmad Shah Mosque	22-May-18	Dr. Noor Azizah Mohamadali	Ust. Mohd. Solahuddin Mohammed	8	Operation	8.2.1	Customer Communication	Emergency contact number is not available around mosque in case accident happened. Important information on fire execution is not available in many places	Objective Evidence: Email from JK Baseer dated 21 August 2017	
483	No finding		University Centre for Community Engagement (BUDI)	23-May-18	Br. Kamarrudin Ali	Br. Mohd Hakimi Mohd Badrol Afandi					No finding		

