

DETAILS REPORT BY KULIYYAH

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| AUDIT PLAN | REFERENCE | KCDIO | AUDITEE NAME | AUDITOR NAME | FINDING | STATUS |
|--------------------------------|----------------------|--------------------------------|-----------------------------|---------------------------------|--|----------------------|
| 2020-ISO 9001:2015- 2020 | AIKOL-2020-OFI-MUR01 | Ahmad Ibrahim Kulliyah of Laws | ANAS BIN SHAMSUDIN | MURNI BT. MAHMUD | AIKOL has conducted a complete and comprehensive strategic planning. It shows a very high commitment from the management. It is great to mention that AIKOL has a comprehensive organisation structure that covers all functions. It is found that the discussion on monitoring of success is not fully explored. It is suggested for AIKOL management to explore possibilities on monitoring of the successful implementation of the strategic plan e.g. data collection and progress monitoring | CLOSED |
| 2020-ISO 9001:2015- 2020 | AIKOL-2020-OFI-MUR02 | Ahmad Ibrahim Kulliyah of Laws | ANAS BIN SHAMSUDIN | MURNI BT. MAHMUD | Most of the processes in Academic Affair: e.g. registration, course scheduling are well administered and filed. However, it is found that most of the files are not well maintained which made documents are difficult to retrieve. It is proposed to review the all filing systems to be reviewed. e.g. to add minute of file for easy retrieval This finding also consistent with other sections and function e.g. filing for research monitoring. Therefor all relevant documentation should be reviewed. Finding shared with Sr Hanim, Dr Murni, Sr Zenita & Sr Zunika | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | AIKOL-2020-OFI-MUR03 | Ahmad Ibrahim Kulliyah of Laws | OMAR SHARIFF BIN SAGOL AMIT | MURNI BT. MAHMUD | APPLICATION TO ADD A COURSE FORM Overall the process of application to add course has been properly administered. However some are not properly documented. It is found that the first form was rejected due to 'Section full'. And the student has been suggested with other elective. However, the form has not been filled and completed. Therefore, it will cause problems in retrieving information. Auditor: Sr Hanim | CLOSED |
| 2020-ISO 9001:2015- 2020 | AIKOL-2020-OFI-MUR04 | Ahmad Ibrahim Kulliyah of Laws | OMAR SHARIFF BIN SAGOL AMIT | MURNI BT. MAHMUD | Applications and requests through specified forms at AIKOL have been well served. It is observed that some of the processed forms are not well completed - no stamp and date on the form. e.g. Section C was not filled in by the Dean/ DD (AA) / HOD and the received stamp was not available. Any changes should have recommendation/ approval by a certain person in charge. otherwise, it is difficult to trace who has given the recommendation or approval. Auditor: Sr Hanim | CLOSED |
| 2020-ISO 9001:2015- 2020 | AIKOL-2020-OFI-MUR05 | Ahmad Ibrahim Kulliyah of Laws | OMAR SHARIFF BIN SAGOL AMIT | MURNI BT. MAHMUD | LEAVE OF ABSENCE FORM It is found that the application for leave of absence did not use the new form provided by AMAD. Auditor: Sr Hanim | CLOSED |
| 2020-ISO 9001:2015- 2020 | AIKOL-2020-OFI-ZEN01 | Ahmad Ibrahim Kulliyah of Laws | ANAS BIN SHAMSUDIN | ZENITA ARRYANI BT. TIYUNIN | It was found out that there is no training analysis. | CLOSED |
| 2020-ISO 9001:2015- 2020 | AIKOL-2020-OFI-ZUN01 | Ahmad Ibrahim Kulliyah of Laws | HAMIZAH BINTI ZAINUDDIN | ZUNIKA BT OSMAN | 7.5.1 b) documented information determined by the organization as being necessary for the effectiveness of the quality management system. The auditor found no record for the PTEM conducted with viva voce or PTEM without viva voce. The confirmation to conduct the PTEM with or without viva voce is made orally only. Proposed to add an option to the examiner (in the examiner's result form), the choice of either the need for PTEM with viva voce or PTEM without viva voce. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | AIKOL-2020-OFI-ZUN02 | Ahmad Ibrahim Kulliyah of Laws | HAMIZAH BINTI ZAINUDDIN | ZUNIKA BT OSMAN | 7.5.1 b) documented information determined by the organization as being necessary for the effectiveness of the quality management system. Auditor found that the student, Br. Ramzi Khalifa AlMeshrgi (G1426309/MCL), graduated a master's program in 6 semesters (3 years) but no record of approval from UCPS meeting for extension of the study period for semester 2, 2016/2017 and semester 1, 2017/2018. Also, no record of the extension was updated in the postgraduate system. The normal study period for the master program is 4 semesters / 2 years. A suggestion that PIC to check the student's administrative partial transcripts to ensure that the students are still in their study period while registering subjects to students. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | CFS-2020-OFI-SNA01 | Centre for Foundation Studies | SHAMSUDDIN BIN ABDULLAH | SYAMSUL BAHIRIN BIN ABDUL HAMID | It was found after curriculum review cycle was not revised / reviewed after the foundation programme was changed from 2 years to a 1 year programme. | CLOSED |
| 2020-ISO 9001:2015- 2020 | CFS-2020-OFI-SNA02 | Centre for Foundation Studies | SHAMSUDDIN BIN ABDULLAH | SYAMSUL BAHIRIN BIN ABDUL HAMID | It was found that there is no official regular mechanism with gives direct feedback between Kulliyah lecturers and CFS lecturers who teaches the course at grass root level. This is with regards to students' results between Kulliyah and CFS. Since, CFS could be considered as a pre-requisite for Kulliyah programme, so the feedback between the two is final for continuous improvement process. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | CFS-2020-OFI-SNA03 | Centre for Foundation Studies | FADZIL BIN JUMMAN | SYAMSUL BAHIRIN BIN ABDUL HAMID | It was found that the understanding on how to enter the risk register is still lacking. It was found that the risk register unique number were not unique. It was also found that the date reported to the registry we changed on a year basis based on the year reporting in the risk registry. It was also found that the risk analysis that were performed does not correlate to the risk registry. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | CFS-2020-OFI-SNA04 | Centre for Foundation Studies | SHAMSUDDIN BIN ABDULLAH | SYAMSUL BAHIRIN BIN ABDUL HAMID | It was found that the documented evidence were not properly maintained. It was found that there is no official policy and standard for maintaining documented evidence between and within the department in CFS. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | CFS-2020-OFI-SNA05 | Centre for Foundation Studies | MUHAMMAD ALIF BIN ZAINUDDIN | SYAMSUL BAHIRIN BIN ABDUL HAMID | It was found that the course outline/ERTL does not match the CAM assessment. It was found that no official notification were made to the Office of Academic Quality and Industrial Linkages AND endorsement made to Centre Committee Meeting. | CLOSE WITH FOLLOW UP |

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| 2020-ISO 9001:2015- 2020 | CFS-2020-NCR-ACI01 | Centre for Foundation Studies | RADHIAH BT. MOHAMED | ASMAWATI BINTI CHE ISMAIL | Upon checking the file of procurement activities ,it was found that 1) No evidence of segregation of duties done in procurement activities (as per letter from Finance Division dated 19th October 2010). No involvement of Administration Office in the procurement activities at CFS. - Request of purchase approved by Finance, letter calling for quotation by Finance, Evaluation done by Finance 2) No evidence of purchase requisition approval by the CFS relevant authorities. 3) No evidence of Annual Declaration of staff involved in the procurement activities (only signed by Finance personnel). 4) Appendix F & G sent together with the letter calling for quotation whereas the Appendix G only to be sent to the successful bidders. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | CFS-2020-NCR-FH001 | Centre for Foundation Studies | MOHD SUFIE BIN ABDUL RAZAK | FIONA HOW NI FOONG | 8.2.1 Customer communication Not compliance with the length of time taken to response towards students' enquiries. | CLOSED |
| 2020-ISO 9001:2015- 2020 | CFS-2020-OFI-ACI02 | Centre for Foundation Studies | AMIR ZAHIRUDDIN BIN KAMAL PASHA | ASMAWATI BINTI CHE ISMAIL | Infrastructure - It was identified that several infrastructure and safety equipments aspects are showing risk and not compliance. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | CFS-2020-OFI-ACI03 | Centre for Foundation Studies | NOOR AZAH BT ARSHAD | ASMAWATI BINTI CHE ISMAIL | Previous internal audit report. No evidence of closed report due to moving process. Need to address the report accordingly. | CLOSED |
| 2020-ISO 9001:2015- 2020 | CFS-2020-OFI-ACI04 | Centre for Foundation Studies | MOHD SUFIE BIN ABDUL RAZAK | ASMAWATI BINTI CHE ISMAIL | The organisation shall analyse and evaluate appropriate data and information arising from monitoring and measurement | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | CFS-2020-OFI-ACI05 | Centre for Foundation Studies | FADZIL BIN JUMMAN | ASMAWATI BINTI CHE ISMAIL | During the audit, it was found that no evidence that interview being conducted by the HR Department for the appointment of part time staff. The staff being selected directly by the respective department/office. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | CFS-2020-OFI-FH002 | Centre for Foundation Studies | NORAZAH BINTI ISHAK | FIONA HOW NI FOONG | No processes found for the in-house staff development programme. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | CFS-2020-OFI-FH003 | Centre for Foundation Studies | MOHD. ZAHID BIN BAHARUM | FIONA HOW NI FOONG | 7.1.3 Infrastructure Aircond in Physic lab 4 and Biology lab 5 are not functioning. Auditee: Sr. Norfaizawati binti Mohamed Amin (Lab assistant Physic lab 4) and Br. Mohd. Zahid Bin Baharum (Lab assistant Biology lab 5) Exhaust fan was insufficient in the chemical store located at the ground floor at the laboratory lab building. Auditee: Br. Nasir (Chemical store) There was a no label fire extinguisher located in between Biolab 4 and Biolab 5. Auditee: Br. Mohd. Zahid Bin Baharum (Lab assistant Biology lab 5) | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | CFS-2020-OFI-FH004 | Centre for Foundation Studies | MOHD. ZAHID BIN BAHARUM | FIONA HOW NI FOONG | 7.1.4 Environment for operation of processes Students of course BBL0415 in Biolab 5 in the laboratory lab building complained about practical was conducted in a "hot" environment with open windows and without aircond. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | CFS-2020-OFI-FH005 | Centre for Foundation Studies | ASYRAF SYAHIR BIN MOHD NAJIB | FIONA HOW NI FOONG | No action plan to increase the participation of overall programme organized by CPDU was below the targeted 95% for the year 2018 and 2019 without any action plan | CLOSED |
| 2020-ISO 9001:2015- 2020 | CFS-2020-OFI-FH006 | Centre for Foundation Studies | FADZIL BIN JUMMAN | FIONA HOW NI FOONG | 7.5.1/ General Achievement and target of each of the quality objectives was not properly updated. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | CELPAD-2020-NCR-CEL01 | Centre for Languages and Pre-University Academic Development | MAZLINA BT. MUSTAFA | MASWA BT. MOKHTI | It was discovered that CELPAD has engaged with a company in China to offer an off-shore programme, to be based in China for potential Chinese students. However, the MOA was not found in auditee possession and the auditee was unable to determine the specific requirements. As such, it was a concern that CELPAD will not be able to: a) determining the requirements for products and services as spelled out in the MOA b) Establishing criteria for: 1) the processes; 2) the acceptance of product and services; c) determining the resources needed to achieve conformity to the product and services requirements; d) implementing control of the processes in accordance with the criteria; e) determining, maintaining and retaining documented information to the extent necessary: 1) to have confidence that the processes have been carried out as planned; 2) to demonstrate the conformity of products and services to their requirements. | CLOSED |
| 2020-ISO 9001:2015- 2020 | CELPAD-2020-OFI-AHS01 | Centre for Languages and Pre-University Academic Development | MAZLINA BT. MUSTAFA | AHMAD HIDAYAT BIN AHMAD SABI @ AHMAD SAUFI | Standard Operating Procedures (SOP) to conduct of EPT, APT and TPT for TEMU during ERTL for Semester 2 2019/2020. It was found that the SOP for marking the student answer sheet was different between EPT and APT. The unit have to spell out the different for all. | CLOSED |
| 2020-ISO 9001:2015- 2020 | CPS-2020-OFI-SUR04 | Centre for Postgraduate Studies | MASWA BT. MOKHTI | WAN SURBANI BT. WAN OMAR | clause 8.5.6 It was found that, CPS has amended the Postgraduate Regulations (Revised 2015).Deferment of Enrolment. However, no evidence to show that the CPS has sought the endorsement from the Student Affairs Committee. | CLOSED |
| 2020-ISO 9001:2015- 2020 | CPS-2020-OFI-SUR05 | Centre for Postgraduate Studies | FAZIDAH BINTI HAJI BAKHTIAR | WAN SURBANI BT. WAN OMAR | The measurement and analysis for the Quality Objective 2019 can be further improved by taking into consideration what needs to be monitored and measured and the methods for evaluation and analysis to ensure valid results | CLOSED |
| 2020-ISO 9001:2015- 2020 | CPS-2020-OFI-AH01 | Centre for Postgraduate Studies | MASWA BT. MOKHTI | AZURA BT. HAMZAH | it was found that there is a process on 'Application for change of offer into IIUM Postgraduate Programme. CPS to prepare the procedure and to get the approval from the Dean of CPS. | CLOSED |
| 2020-ISO 9001:2015- 2020 | CPS-2020-OFI-FBD01 | Centre for Postgraduate Studies | NUR DAMIA QISTINA BERAHIM | FAKHRURRAZI BIN DANIAL | It was found that certain work processes are not described in the flow chart of procedure, whereas in the actual circumstances, the works have been completed. | CLOSED |

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| 2020-ISO 9001:2015-2020 | CPS-2020-OFI-FBD02 | Centre for Postgraduate Studies | ZUNIKA BT OSMAN | FAKHRURRAZI BIN DANIAL | It was found that: i) Issuance of letter on examination, monitoring students attendance and graduation to Postgraduate Office, Centre of Studies was not meet the 1 -2 weeks time frame before commencement of semester as stated in the Procedure for Examination and Updating Graduation Status for Mode by Coursework Only. ii) Issuance of notice on Application for Graduation (Graduation Form) and List of Expected to Graduate to Postgraduate office, Centre of Studies was not meet the 1 – 2 weeks time frame before the commencement of the semester as stated in the Procedure on Updating Graduation Status for Mode by Coursework and Research and By Research Only and Preparation for Convocation Ceremony. | CLOSED |
| 2020-ISO 9001:2015-2020 | CPD-2020-NCR-KA03 | Centre for Professional Development | SALINA BT. SA-IDUL HAJ | KAMARRUDIN BIN ALI | The clause requires the Kulliyyah to establish quality objectives at relevant functions, levels and processes needed for the QMS. The quality objectives shall: a) Be consistent with the quality policy b) Be measurable c) Take into account applicable requirements d) Be relevant to conformity of products and services and to enhancement of customer satisfaction e) Be monitored f) Be communicated g) Be updated as appropriate h) Be maintained as documented information. During the audit, it was found that the Kulliyyah used BSC as its Quality Objectives but did not update and maintain them appropriately. | RECEIVED FROM AUDITEE |
| 2020-ISO 9001:2015-2020 | CPD-2020-OFI-KA01 | Centre for Professional Development | SALINA BT. SA-IDUL HAJ | KAMARRUDIN BIN ALI | Under this clause, the organization is required to determine the risks and opportunities arising from the raised from analysis of external and internal environment as well as interested parties. From the audit, it was found that a) the risks profiled and analyzed are not the ones found in the external and internal analysis. b) No action plan for opportunities | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | CPD-2020-OFI-KA02 | Centre for Professional Development | SALINA BT. SA-IDUL HAJ | KAMARRUDIN BIN ALI | The ISO 2001:2015 requires the organization to plan, implement and control the process needed to meet the requirements of products and services, and to implement the actions determined in action plans. Under the Clause 8.1 (d), it is required for the organization to implement control of the process in accordance to the criteria. During the audit, it was found that CPD has successfully carried out the planned activities mainly training courses successfully with limited resources. This is due to its strong and able current leadership. However, to ensure a more effective implementation of its programmes and gain stronger support for their offered courses, it is proposed that the courses are properly planned and endorsed. This could be done either by establishing a special committee and joining another appropriate existing committee which could be used to plan, endorse, and review the courses. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | CCSC-2020-OFI-RAS01 | Counselling & Career Services Centre | HURAIZAH BT. MAT HASSAN @ MOHD. HASSAN | MAZLINA BT. MUSTAFA | The organization shall determine necessary competence of the staff doing work under its control that affects the performance and effectiveness of the quality management system. During the audit session, it was observed that the staff competency and training needs was not evident. | CLOSED |
| 2020-ISO 9001:2015-2020 | CCSC-2020-OFI-RAS02 | Counselling & Career Services Centre | MOHD NORHAFIFI ZOLKIAPLY | MAZLINA BT. MUSTAFA | The organization shall analyze and evaluate appropriate data and information arising from monitoring and measurement. During the audit, it was found that, programme evaluation was done. However, the analysis of the programme evaluation was not evident. Therefore, the effectiveness of the action plan could not be evaluated effectively. | CLOSED |
| 2020-ISO 9001:2015-2020 | ACADEMY-2020-OFI-MBM01 | IIUM Academy of Graduate and Professional Studies | HASNITA BINTI TA'AT | MAZLINA BT. MUSTAFA | During the audit, it was found that the Risk Register 2020 document was incomplete, The impact after mitigation based on the proposed risk mitigation/ control actions could not be evaluated effectively. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | ACADEMY-2020-OFI-MBM02 | IIUM Academy of Graduate and Professional Studies | HASNITA BINTI TA'AT | MAZLINA BT. MUSTAFA | During the audit, the Quality Objective (QO) of IIUM Academy was cited. However, it was found that: i) achievement of each QO was not properly documented ii) analysis on achievement were not done iii) Planning to achieve the QO was not evidence. Therefore, the planning to achieve them could not be evaluated effectively. | CLOSED |
| 2020-ISO 9001:2015-2020 | ACADEMY-2020-OFI-MBM03 | IIUM Academy of Graduate and Professional Studies | FARIDAH BINTI IBRAHIM | MAZLINA BT. MUSTAFA | The organisation shall analyse and evaluate appropriate data and information. During the audit, it was found that Teaching Effectiveness Rating (TER) was conducted, but analysis of data and plan of actions were not evident. | CLOSED |
| 2020-ISO 9001:2015-2020 | ACADEMY-2020-OFI-MBM04 | IIUM Academy of Graduate and Professional Studies | HASNITA BINTI TA'AT | MAZLINA BT. MUSTAFA | The Management Review meeting was conducted. However, it was observed that the review inputs were inadequately discussed where the performance and effectiveness of the action plans were not effectively addressed. | CLOSED |
| 2020-ISO 9001:2015-2020 | ACADEMY-2020-OFI-MBM05 | IIUM Academy of Graduate and Professional Studies | HASNITA BINTI TA'AT | MAZLINA BT. MUSTAFA | During the audit it was found that the old/obsolete QMS ISO logo are still in use on letterheads. | CLOSED |
| 2020-ISO 9001:2015-2020 | ACADEMY-2020-OFI-MBM06 | IIUM Academy of Graduate and Professional Studies | HASNITA BINTI TA'AT | MAZLINA BT. MUSTAFA | The organization shall monitor customers' perception and to determine the method for obtaining, monitoring and reviewing the information. During the audit, it was observed that: i) customer feedbacks from the TER were not addressed. ii) Students' complaints were not properly documented for the purpose of conducting analysis of customer feedback. Customer complaint analysis was not evident. | CLOSED |
| 2020-ISO 9001:2015-2020 | ACADEMY-2020-OFI-MBM07 | IIUM Academy of Graduate and Professional Studies | FARIDAH BINTI IBRAHIM | MAZLINA BT. MUSTAFA | During the audit it was found that the course assessment method stated in the course outlines for foundation programmes were not followed. The organisation should have mechanism to monitor the assessment done by the lecturers even though the course delivery is run by the CFS. | CLOSED |
| 2020-ISO 9001:2015-2020 | ACADEMY-2020-OFI-MBM08 | IIUM Academy of Graduate and Professional Studies | NUR 'ATIKAH ABDUL RAHMAN | MAZLINA BT. MUSTAFA | 8.5.3 Property belonging to customers or external providers The organization shall exercise care with property belonging to customers or external providers while it is under the organisation control or being used by the organisation. It was found that the customers' passport held by the organization for the purpose of renewing visa process with Immigration Department were not securely kept and the copy of customers' ID were not protected. | CLOSED |
| 2020-ISO 9001:2015-2020 | ACADEMY-2020-OFI-ILM01 | IIUM Academy of Graduate and Professional Studies | NURZAIDAH BT. ABDUL MUTALLIB @ SHAWAL | ILMYZAT BIN ISMAIL | The document used in the Financial process should be controlled in order to maintain its legibility. It was sighted that the invoice to the students has no adequate legible marks (i.e. IIUM Academy Logo or other equivalent marks) | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | ACADEMY-2020-OFI-ILM02 | IIUM Academy of Graduate and Professional Studies | HASNITA BINTI TA'AT | ILMYZAT BIN ISMAIL | The process of managing strong room and handling the examination question papers have to be improved further. This is to ensure the distribution of question paper to the examination venues is well-taking care of in term of safety, security and confidentiality. | RECEIVED FROM AUDITEE |

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| 2020-ISO 9001:2015-2020 | ACADEMY-2020-OFI-RBK01 | IIUM Academy of Graduate and Professional Studies | HASNITA BINTI TA'AT | ROBITA BINTI KHALID | 8.5.1 (c) A confirmation and verification claim memo checked by the office secretary was documented to proof the claim form by relevant parties i.e. academic department, director etc. The implementation of monitoring and measuring activities to verify must meet the control of processes in order to produce the services, It must be verified by the appropriate managerial level. | CLOSED |
| 2020-ISO 9001:2015-2020 | ACADEMY-2020-OFI-RBK02 | IIUM Academy of Graduate and Professional Studies | HASNITA BINTI TA'AT | ROBITA BINTI KHALID | Auditor checked the OFI which supposed to be closed for 7.5.3 control documented information. In its recommendation IIUM Academy proposed to assigned two personnel to be responsible for filing management. The minutes of MRM conducted on 9th August 2019 also being observed on its action plan to ensure 2 staff to be fully trained on filing matters. During the audit, it was observed that there is no evidence to support the MRM proposal has been taken action by IIUM Academy. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | ACADEMY-2020-OFI-RBK03 | IIUM Academy of Graduate and Professional Studies | FARIDAH BINTI IBRAHIM | ROBITA BINTI KHALID | Result from the audit, listed as follows; 1. Job function of IIUM Academy is not clearly indicated its function and relation with CFS Foundation. No flowchart provided to check the function of IIUM Academy. 2. Lack of communication between 3 parties i.e CFS foundation, IIUM Academy and Academic Management and Admission Division. Communication through meeting was held but process or action was not fairly granted or authorized IIUM Academy as part of teaching and learning service providers 2. Do have a clear SOP on each services provided under CFS foundation During the audit, it was observed that IIUM Academy has determined its external and internal issues but its strategic direction and ability to achieve the intended results was not seen. | CLOSED |
| 2020-ISO 9001:2015-2020 | ITD-2020-NCR-NUR03 | Information Technology Division | DAYANG DAHLIANA BT. AWANG TALIP | NUR KHAMSI AH BT. AHMAD | In the previous years, there were 13 Standard Operating Procedures related to ISO 9001:2015 for ITD which was approved and uploaded in the ITD Website. During the audit, it was found out that the latest uploaded was 9 revised SOPs. However, there was no record on the process of approval and verification on the changes. It was also found out that one of the SOPs uploaded in the ITD Website, Management of IT Projects is outdated. Since this is the repetition of the previous OFI, the finding is now changed to NCR Minor | CLOSED |
| 2020-ISO 9001:2015-2020 | ITD-2020-OFI-NUR01 | Information Technology Division | DAYANG DAHLIANA BT. AWANG TALIP | NUR KHAMSI AH BT. AHMAD | The Management Review Meeting was conducted 3 times in a year. It shall be planned and carry out taking into consideration of various quality management agenda as stated in the QMS Requirement. However, during the audit, it was found that the meeting did not discuss many important QMS agenda; i.Customer Satisfaction Feedback ii.The performance of external providers iii.Adequacy of Resources iv.Continual Improvements v.Process Performance and conformity of products and services | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | ITD-2020-OFI-NUR02 | Information Technology Division | DAYANG DAHLIANA BT. AWANG TALIP | NUR KHAMSI AH BT. AHMAD | There is no record of training attended by the appointed Quality Manager did after her appointment as the ITD Quality Manager. Consequently, she was not aware on few important responsibilities as QM. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | ITD-2020-NCR-AZH01 | Information Technology Division | MUHAMMAD ZULHUSNI BIN MAT ISA | MOHD AZHARI BIN MOHD NADZARI | 7.5.3.2 : For the control of documented information, the organization shall address the following activities... b. Storage and preservation, including preservation of legibility Findings: It was found that during the audit, there was no physical record(filing) exist. The inventory list is kept in the Auditee personal computer. Sighted on the PC that the list was last updated in the year 2017. The list was not reviewed/verified by the second/third officer for the accuracy of information. | CLOSED |
| 2020-ISO 9001:2015-2020 | ITD-2020-OFI-AWA02 | Information Technology Division | SAIDAH ZAWANAH BINTI SULAIMAN | AMELIA WONG BINTI AZMAN | (e) The organization shall apply control to the design and development process to ensure that any necessary actions are taken on problems determined during the reviews, or verification and validation activities Finding: Reviewing the IT Change, it was found out that an IT Request form was not available. It was mentioned that it is part of an emergency change. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | ITD-2020-OFI-AZH02 | Information Technology Division | MUHAMMAD ZULHUSNI BIN MAT ISA | MOHD AZHARI BIN MOHD NADZARI | Based on the audit, it was found out that in IIUM Announcement email for scheduled maintenance of the Data Centre was dated 5th June 2020. The actual scheduled maintenance was held on the 4th till 5th of June 2020. Therefore, the announcement was not published as per quality procedure clause. IIUM/TNL/32-Mgmt of IIUM Data Centre: "Preventive maintenance exercise shall be informed to the end-users not less than 3 working days....." | CLOSED |
| 2020-ISO 9001:2015-2020 | ITD-2020-OFI-ILM01 | Information Technology Division | SHAHIDAH BINTI MAHBOB | ILMYZAT BIN ISMAIL | During the audit, it was observed that the fire prevention system (including devices) located inside the Internet Gateway Centre (critical area) has to be improved further in order to prevent any damage caused due to potential fire incident. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | IiBF-2020-OFI-SNA01 | Institute of Islamic Banking and Finance | JULIANA HANIM BINTI KAMARULZAMAN | SYAMSUL BAHRIN BIN ABDUL HAMID | It was found that guidelines for conducting final assessment are available. However schedule for final examination were not made available for staff. | CLOSED |
| 2020-ISO 9001:2015-2020 | IiBF-2020-OFI-SNA02 | Institute of Islamic Banking and Finance | JULIANA HANIM BINTI KAMARULZAMAN | SYAMSUL BAHRIN BIN ABDUL HAMID | It was observed that all attendance and courses during the ERTL were conducted conducted online and in electronic form. It is observed that ERTL original version is online, were printed and re-scanned to be made into electronic form again. With the university mission of being sustainable the process seem to be non sustainable and prone to mistake due to additional process added. | CLOSED |
| 2020-ISO 9001:2015-2020 | IiBF-2020-OFI-SNA03 | Institute of Islamic Banking and Finance | JULIANA HANIM BINTI KAMARULZAMAN | SYAMSUL BAHRIN BIN ABDUL HAMID | It was found that instruction on exam paper/final assessment is to still use the face to face instruction. Auxiliary instruction is given in various form such as whatsapp, additional sheet and email which pose to be a risk for students now knowing the full exam instructions. It was also found that exam papers are without date and time. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | IiBF-2020-OFI-KBK1 | Institute of Islamic Banking and Finance | JULIANA HANIM BINTI KAMARULZAMAN | KHAIRUL BARIYAH BT. KAMARUDDIN | It was found that the analysis for Student Feedback Survey was not comprehensively done, particularly related to the complaint/ dissatisfaction on one of the academic staff's teaching time. Action plans and timeline need also to be identified for purpose of monitoring | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | INHART-2020-OFI-AWA03 | International Institute for Halal Research and Training | MOHD HAFIDZ BIN MAHAMAD MAIFIAH | SYAMSUL BAHRIN BIN ABDUL HAMID | (e) The organization shall apply control to the design and development process to ensure that any necessary actions are taken on problems determined during the reviews, or verification and validation activities The date on the student's application form was signed by DDASA after KBM | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | INHART-2020-OFI-SNA01 | International Institute for Halal Research and Training | NURHIDAYU AL-SAARI | SYAMSUL BAHRIN BIN ABDUL HAMID | It was found that the risk register has not been updated and still in progress after 3 years. It was also found that risk register is deleted from the risk registry on the latest update. | SENT TO AUDITEE |

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| 2020-ISO 9001:2015-2020 | INHART-2020-OFI-SNA02 | International Institute for Halal Research and Training | NURHIDAYU AL-SAARI | SYAMSUL BHRIN BIN ABDUL HAMID | It was found that the quality objective for INHART was last updated for 1st Half 2019. The 2019 quality objective has not been close for year 2019. Quality objective target based on the current achievement have also not be discussed for any revision need. | SENT TO AUDITEE |
| 2020-ISO 9001:2015-2020 | INHART-2020-OFI-SNA03 | International Institute for Halal Research and Training | AZURA BT. AMID | SYAMSUL BHRIN BIN ABDUL HAMID | It was found that the quality objective and strategic direction does not include important targets for research institute. Based on the interview with auditee, it was found that the grant target is based on HICOE application which is 950k per year (Science 17 staff x 50k + Non Science 5 staff x 20k). However, this is target is based on approved grant amount. In order to achieve 950k approved grants, with assumption of 30% approval rate there is need to identify grant application target amount for the year to be at 3.2 million. This grant target is based on the 30% approval rate, if the rate is lower then a higher target is needed. There is a risk that HICOE status is revoked if the minimum grant target is not available. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | INHART-2020-OFI-SNA04 | International Institute for Halal Research and Training | NURHIDAYU AL-SAARI | SYAMSUL BHRIN BIN ABDUL HAMID | It was found that the competency mapping is available however it was not focused. It was also found that no official communication between INHART and MSD after the training needed analysis submitted. Interview with the auditee, it wads found that no discussion in strategic meeting on the training need analysis and no checking on staff performance improvement after the meeting or training. | SENT TO AUDITEE |
| 2020-ISO 9001:2015-2020 | INHART-2020-OFI-SNA05 | International Institute for Halal Research and Training | NURHIDAYU AL-SAARI | SYAMSUL BHRIN BIN ABDUL HAMID | It was found that strategic and quality objective reported to university level is on a half yearly basis. It was found that no immediate course correction is made upon submitting to the university level. A higher frequency may be needed for better course correction of any issues in quality objective before submission. It is also found that update to university level is missing. | SENT TO AUDITEE |
| 2020-ISO 9001:2015-2020 | INHART-2020-OFI-SNA06 | International Institute for Halal Research and Training | AZURA BT. AMID | SYAMSUL BHRIN BIN ABDUL HAMID | It was found that the research grant monitoring was not performed for grant exceeding the duration. Based on the interview, there is no official monitoring and action taked based on the INHART executive meeting. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | INHART-2020-OFI-AWA01 | International Institute for Halal Research and Training | MOHD HAFIDZ BIN MAHAMAD MAIFIAH | AMELIA WONG BINTI AZMAN | (b) The organization shall determine the methods for monitoring, measurement, analysis and evaluation needed to ensure valid results. While surveys (SFS and supervision) have been conducted, no analysis on the surveys have been done. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | INHART-2020-OFI-AWA02 | International Institute for Halal Research and Training | MOHD HAFIDZ BIN MAHAMAD MAIFIAH | AMELIA WONG BINTI AZMAN | The organization No administrative staff to support the work of Dr Hafiz in handling academic related administrative work. | CLOSED |
| 2020-ISO 9001:2015-2020 | ISTAC-2020-NCR-SNA01 | International Institute of Islamic Thought and Civilisation | HASLEENA BINTI MOHAMAD ARSAD | SYAMSUL BHRIN BIN ABDUL HAMID | It was found that the summary if competencies analysis for the performance after training is not available. There is no mapped between the job description for administrative, technical academic and the training need analysis. Based on the interview with the auditee it was found that training need analysis is not available and linked to the job desctiption. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | ISTAC-2020-NCR-SNA02 | International Institute of Islamic Thought and Civilisation | HASLEENA BINTI MOHAMAD ARSAD | SYAMSUL BHRIN BIN ABDUL HAMID | It was found that Dr Aznita was personally appointed by Prof. Datuk Dr. Osman to manage as Sajahar Journal and Research Publication. Based on the interview with auditee, it was found that the filing system does not adhere to the IIUM filing standard, and training was not made available to the staff performing the filing due to personal appointment. Thus, it was observed that the document were not properly documented per IIUM filing standard. Minutes of meeting for year 2019, were found to be missing. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | ISTAC-2020-OFI-SNA01 | International Institute of Islamic Thought and Civilisation | HASLEENA BINTI MOHAMAD ARSAD | SYAMSUL BHRIN BIN ABDUL HAMID | It was found that risk registry ISTAC-01 is still open after it is being entered in 1/10/2018, which is two years after it is being entered. No official monitoring on risk register was performed to reduce the risk on regular basis. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | ISTAC-2020-OFI-SNA02 | International Institute of Islamic Thought and Civilisation | HASLEENA BINTI MOHAMAD ARSAD | SYAMSUL BHRIN BIN ABDUL HAMID | It was found that risk registry is not properly updated as risk unique identifier is found to be not unique, as ISTAC-01 is found to have two different description. There is a duplication of ISTAC-01 unique identifier. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | ISTAC-2020-OFI-FAZ01 | International Institute of Islamic Thought and Civilisation | NURMAHANIM BINTI JUMAAT | FAZLINDA AYU @ NURULHUDA BINTI DAUD | MONITORING OF PG STUDENT The document was not being kept at a proper file. Some support documents are in the mailbox and some in the different file. Even though the evidence was there but it is important to tally with proper documentation standard. The opportunity to be risky whenever change of staff or structure in the management process. | RECEIVED FROM AUDITEE |
| 2020-ISO 9001:2015-2020 | ISTAC-2020-OFI-FAZ02 | International Institute of Islamic Thought and Civilisation | NURMAHANIM BINTI JUMAAT | FAZLINDA AYU @ NURULHUDA BINTI DAUD | APPOINTMENT OF EXTERNAL EXAMINER/MONITORING OF PG STUDENT The KCDIO suggested for continual improvement on internal SOP of the followings: - External appointment Examiner - Monitoring of reports/comment the external examiner | RECEIVED FROM AUDITEE |
| 2020-ISO 9001:2015-2020 | -2020-OFI-FJM01 | KUANTAN'S LIBRARY(LIB) | NOR HASYIMAH BT. MUSTAPA | MOHD RADZI BIN HILMI | 7.2-Competence and 7.3-Awareness - It is found that , KLC does not identify, Fire Hazard as one of the KLC risk register either in high, medium or low categories even though, KLC is keeping more than 100,000 books of collection and others materials. - As an unpredictable high risk category , fire hazard should be included in the KLC risk register together with mitigation and action plans. - It is found that KLC has already formed the Safety and Health committee. - However, Staff/committee are lacking in term of knowledge and practical exercise in handling fire situation in KLC building. - Based on interviews with Head Librarian ,Mdm Nor Hasyimah bt Mustapa, it was found that, there is no evidence on awareness or training such as evacuation drill , fire drill exercises and fire safety precaution has been conducted by KLC ,OSHBE,OSeM or others . | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | -2020-OFI-MRH01 | KUANTAN'S LIBRARY(LIB) | NOR HASYIMAH BT. MUSTAPA | MOHD RADZI BIN HILMI | It is suggested that Auditee monitor the competency of each staff after attending course/training pertaining to their work. This is to ensure that the training is/are beneficial applicable for them. Currently no evidence that showing that competency is/are being monitored by the Supervisor. Suggestion is that Auditee should have a proper planned on how to ensure the training/course is beneficial in a long run. not just for the sake of getting CTD points. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | -2020-OFI-WSW01 | KUANTAN'S LIBRARY(LIB) | NOR ISKHANDAR BIN ADNAN | MOHD RADZI BIN HILMI | 9.1.2 Customer Satisfaction Upon interview, there are hardcopies of Customer Satisfaction Survey (CSS) and it is managed properly by the officers. As per current situation on pandemic COVID-19, the university adopted Emergency Remote Teaching and Learning (ERTL) and migrating to online sessions more than in normal situation. As the university encouraged the library to adopt online references and getting more e-books over the hard copy books. Based on the observation, the library is using the hardcopy of CSS on entertaining the customer's complaints. | CLOSE WITH FOLLOW UP |

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| 2020-ISO 9001:2015-2020 | KAHS-2020-OFI-SJA01 | Kulliyyah of Allied Health Sciences | MOHD. ZULFAEZAL BIN CHE AZEMIN | SOLACHUDDIN JAUHARI ARIEF | A number of staff are not aware about the function master list of course outline | CLOSED |
| 2020-ISO 9001:2015-2020 | KAHS-2020-OFI-SJA02 | Kulliyyah of Allied Health Sciences | MOHD. ZULFAEZAL BIN CHE AZEMIN | SOLACHUDDIN JAUHARI ARIEF | Inadequate control on updating documents (course file) | CLOSED |
| 2020-ISO 9001:2015-2020 | KAHS-2020-OFI-LYZ01 | Kulliyyah of Allied Health Sciences | INTAN ELIZA BINTI ABDUL AZIZ | NOOR AZLINA BINTI HALIM | Research Progress Evaluation Form was not completed properly | CLOSED |
| 2020-ISO 9001:2015-2020 | KAHS-2020-OFI-LYZ02 | Kulliyyah of Allied Health Sciences | NOR AZLINA A. RAHMAN | NOOR AZLINA BINTI HALIM | 7.3 Awareness 7.4 Communication No awareness in department level and lack of communication from kulliyyah | CLOSED |
| 2020-ISO 9001:2015-2020 | KAHS-2020-OFI-NMA01 | Kulliyyah of Allied Health Sciences | MUHAMMAD AFIF BIN MUSA | NORSINA BT. MD. ARIFIN | Continuous training schedule for staff 1. Department should have training plan for staff who involve in handling/operating equipment. 2. By internal or external trainer 3. Competent staff can be internal trainer. 4. No documented training plan or training done. Should retain appropriate documented information as evidence of competence. | CLOSED |
| 2020-ISO 9001:2015-2020 | KAHS-2020-OFI-NMA02 | Kulliyyah of Allied Health Sciences | MOHD. YUSOF BIN MOHAMAD | NORSINA BT. MD. ARIFIN | Existing Internal Resources 1. Underutilize equipment (Thermal Cycler) at PCR Lab. Based on the record; the last usage of the thermal cycle was in 2017. 2. To have a proper documentation on the usage of all equipments – logbook 3. Can be proposed for sharing with other kulliyyah. 4. The arrangement, labelling, storing of lab facilities such as glassware other apparatus should be improved. 5. The equipment should be serviced and calibrated regularly, 6. Last date of service not displayed at each equipment. | CLOSED |
| 2020-ISO 9001:2015-2020 | KAHS-2020-OFI-NMA03 | Kulliyyah of Allied Health Sciences | AHMAD AIDIL ARAFAT BIN DZULKARNAIN | NORSINA BT. MD. ARIFIN | Based on the interview with PG Office staffs shows that the number of admin staff is Inadequate. PG & Research Office should be provided with more staffs so that postgraduate and research activities can be monitored efficiently. If possible postgraduate program/activities and research are monitored by at least 2 different persons. There should be one dedicated staff under Head of Research (HOR) to in charge of kulliyyah research related matters. Therefore, research grant, progress of research and completion of research can be monitored closely. | CLOSED |
| 2020-ISO 9001:2015-2020 | KAED-2020-OFI-BNZ01 | Kulliyyah of Architecture and Environmental Design | SITI MAKONAH BT SABTU | BADRI NAJIB BIN ZUBIR | The course outlines folders kept in the relevant offices were found not to be updated with information concerning Senate approval date, version and related details. Copies of the course outlines in the course files are also without those details. When they are in the course files, it means that they had been indeed distributed to the students, with the said details lacking. It is important for those details to be recorded on each course outline to ensure that the version used for teaching is the correct version that has been endorsed by the Senate. | CLOSED |
| 2020-ISO 9001:2015-2020 | KAED-2020-OFI-BNZ02 | Kulliyyah of Architecture and Environmental Design | JASASIKIN BIN AB SANI | BADRI NAJIB BIN ZUBIR | The course files were randomly selected with 2 picked up from each department of KAED. It was found that in one of the courses, the assessment implementation did not follow the assessment plan stipulated in the course outline. This involves the following course: ALA 2291 – taught by Dr. Putri Haryati The specific discrepancy is that the course outline stipulates 7 assessments to be conducted but the lecturer who taught the course carried out 8 assessments instead. There was no evidence of a specific control mechanism to prevent such practice. | CLOSED |
| 2020-ISO 9001:2015-2020 | KAED-2020-OFI-BNZ03 | Kulliyyah of Architecture and Environmental Design | ABDUL RAZAK BIN SAPIAN | BADRI NAJIB BIN ZUBIR | One of the commendable aspects of the kulliyyah management is that there is clear planning to achieve clearly defined targets for the satisfaction of clients and stakeholders. This is particularly so with regard to the planning to enhance the research and researchers profiles of the kulliyyah, in which evidence is sighted where the office in charge (HOR Office) has a clear plan for getting the high rating based on MyRA for the kulliyyah research and researchers. To assist the kulliyyah in enhancing this planning aspect, one observation is provided concerning its target on the percentage of PG programmes by research, which the kulliyyah stated as 100% in the document. Through clarifications sought from the Dean and the Assistant Director, it became clear that this was not really an objective that the kulliyyah intended to pursue. Hence, a review to identify the actual objective/target concerning this item needs to be carried out. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | KAED-2020-OFI-BNZ04 | Kulliyyah of Architecture and Environmental Design | ABDUL RAZAK BIN SAPIAN | BADRI NAJIB BIN ZUBIR | In one consultancy project led by a staff member of the Kulliyyah, it was found that the project leader wrote a letter of award to a company called "Universal Design Built Environment" for provision of services "with a total funding of RM23,329.00". There was no evidence that the project leader received authorization to produce and sign the said letter. This non-conformance incident was realized by the kulliyyah management and action to rectify that was carried out by preparing the necessary paperwork to obtain approval of the Rector through the recommendation of the Executive Director of Finance for the project and the expenses thereof. Nevertheless, similar incidents may occur in the future if there is no clear SOP that staff members can refer to and abide by in handling similar situations. Therefore it is proposed that the kulliyyah develops a user-friendly SOP to be distributed to all lecturers based on the relevant policies of the university, especially the financial policy. | CLOSED |
| 2020-ISO 9001:2015-2020 | KAED-2020-OFI-KAH01 | Kulliyyah of Architecture and Environmental Design | M. ZAINORA BT. ASMAWI | KAMARUDDIN B. ABDUL HAMID | Mental health nowadays is a national concern due to increasing cases reported. Counseling and Career Services Centre (CCSC) has developed a system called Online Counseling Record System that allows lecturers and officers to refer their students who need assistance from the professionals, i.e. the counselors. It was found that the office of the Deputy Dean (Academic and Industrial Linkages) is aware of the system and this covers the undergraduate population of KAED. However, it was also found that the office of the Deputy Dean (Postgraduate and Responsible Research) is not aware of the existence of the said system whilst mental health issues can obviously affect the postgraduate population as well. Given that the office of the Deputy Dean (Postgraduate and Responsible Research) can play a crucial role to link the kulliyyah's PG students with the support system that they can benefit from, it is therefore suggested that the office takes upon itself to disseminate the information to the lecturers teaching PG courses and those involved in supervision. | CLOSE WITH FOLLOW UP |

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| 2020-ISO 9001:2015- 2020 | KAED-2020-OFI-KAH02 | Kulliyah of Architecture and Environmental Design | MOHD. YUSRI BIN MOHAMED YUNUS | KAMARUDDIN B. ABDUL HAMID | Certain subjects have their own requirements or items to be used in the studio/lab/ workshop. If any of such items is not available, lecturers need to fill up the Request/Requisition Form to get the Kulliyah to purchase the necessary items. If the item has been approved for purchase, the officer in charge must make sure that the item is indeed procured. However, it was found in one instance that this did not happen, which is in the following case: Subject: AAD 2100 Requestor: Dr. Julaila Abdul Rahman Item: U Channel 6100mm The procurement was approved. However, it was found that the decision was not acted upon, resulting in the item not being procured. Furthermore, the Kulliyah Management was not in the know that the item was not purchased. In this situation, the teaching and learning effectiveness might be compromised. It is therefore suggested that the Kulliyah has a mechanism to monitor the complete process from purchase request to delivery of items to the party in need. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | KAED-2020-OFI-KAH03 | Kulliyah of Architecture and Environmental Design | MOHD. YUSRI BIN MOHAMED YUNUS | KAMARUDDIN B. ABDUL HAMID | Site visit to 1 lab and 1 workshop was carried out during the audit session. First Aid Kit were available in the inspected venues. It was also found that the technical staff in charge of the venues were competent in performing their technical tasks. However, it was discovered that all the personnel in charge had no first aid training. Therefore, it is suggested that all personnel responsible in handling the labs and workshops be given the first aider training as they are the front liners in each venue if accidents occur. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | KAED-2020-OFI-PAU01 | Kulliyah of Architecture and Environmental Design | SITI MAKONAH BT SABTU | PAUZIAH BT. ABAS | During the audit, it was found that correspondence records (e.g. letter, memo, etc.) related to Teaching and Learning processes was not communicated to the departments. | CLOSED |
| 2020-ISO 9001:2015- 2020 | KOD-2020-OFI-OFI03 | Kulliyah of Dentistry | HARIS BIN YUNNUS | MOHD FUAD BIN MISKON | Overall, the input needed for service monitoring is existing but not well recorded using filing system. Sighted that some input is in online system while some part is in hard copy, which create inconsistency. | RECEIVED FROM AUDITEE |
| 2020-ISO 9001:2015- 2020 | KOD-2020-OFI-OFI04 | Kulliyah of Dentistry | HARIS BIN YUNNUS | MOHD FUAD BIN MISKON | Overall management of strong room and control of keys need to establish accordingly. Please refer to KCA guidelines for Strong Room. | RECEIVED FROM AUDITEE |
| 2020-ISO 9001:2015- 2020 | KOD-2020-NO FINDING-04 | Kulliyah of Dentistry | HARIS BIN YUNNUS | RAHMATUL WAHIDA BINTI AHMAD | | CLOSED |
| 2020-ISO 9001:2015- 2020 | KOD-2020-OFI-NEB01 | Kulliyah of Dentistry | HASZELINI BINTI HASSAN | NOOR EZAILINA BINTI BADARUDIN | 8.2.2 1. DENT 2204: Absence of attendance sheet for one lecture session conducted by an external lecturer on 7/10/2019. (PIC: Dr Mohd Haidil Akmal). 2. DENT 1101: Absence of rubrics and instruction for one of the CAM assessments.(PIC: Dr Fadhilah Zainal Abidin). 3. DENT 5413: Absence of attendance sheet for a lecture conducted on 22/11/2019 (PIC: Dr Imran Zainal Abidin) 4. DENT 2210: Absence of medical certificate for a student Ahmad Aizat Izzuddin (1816359) who was absent from 6 class slots on these dates: 25/2/2020 2/3/2020 5/3/2020 10/3/2020 11/3/2020 (PIC: Dr Ghasak Ghazi Faisal) | CLOSED |
| 2020-ISO 9001:2015- 2020 | KENMS-2020-OFI-HS01 | Kulliyah of Economics and Management Sciences | FAZLINA BT. ABU BAKAR | HASLINA BINTI SHAMSUDDIN | It was observed that the communication on the release of results of the application for the manual course registration between the academic office and the students was not adequate. | CLOSED |
| 2020-ISO 9001:2015- 2020 | KENMS-2020-OFI-HS02 | Kulliyah of Economics and Management Sciences | FAZLINA BT. ABU BAKAR | HASLINA BINTI SHAMSUDDIN | It was observed that the minutes of the Senate meeting to indicate delegation of duties from the Senate to the Kulliyah committee meeting regarding change of assessment in the course outlines to support ERTL implementation during the Covid-19 pandemic was not clearly written. | CLOSED |
| 2020-ISO 9001:2015- 2020 | KENMS-2020-OFI-HS03 | Kulliyah of Economics and Management Sciences | FAZLINA BT. ABU BAKAR | HASLINA BINTI SHAMSUDDIN | It was not always evident that the information and communication technology infrastructure (online application facilities) necessary for the following processes was provided : a) Course Adjustment b) Appeal to Review Answer Script c) Appeal for Leave of Absence d) Appeal for Readmission | CLOSED |
| 2020-ISO 9001:2015- 2020 | KENMS-2020-OFI-HS04 | Kulliyah of Economics and Management Sciences | FAZLINA BT. ABU BAKAR | HASLINA BINTI SHAMSUDDIN | It was observed that the results of Appeal to Review Answer Script (Appeal for Re-checking of Answer Script) and correction of grades need to be endorsed by the Senate, not like other examination results such as End-of-Semester, Special and Resit examinations which were endorsed by the Board of Examiners meeting and released immediately after the endorsement. | CLOSED |
| 2020-ISO 9001:2015- 2020 | KENMS-2020-NCR-NHA05 | Kulliyah of Economics and Management Sciences | AZURA BT OMAR | NOOR HIDAYAH BT ARASAD | 8.5.1(c) It was found that the newly endorsed change of credit for PhD programme was not reflected in the study plan. | CLOSED |
| 2020-ISO 9001:2015- 2020 | KENMS-2020-NCR-SUR07 | Kulliyah of Economics and Management Sciences | RIDZUAN BIN ZAKARIA | WAN SURBANI BT. WAN OMAR | No management review conducted in 2019. | CLOSED |
| 2020-ISO 9001:2015- 2020 | KENMS-2020-NCR-SUR08 | Kulliyah of Economics and Management Sciences | RIDZUAN BIN ZAKARIA | WAN SURBANI BT. WAN OMAR | No evidence to show that the Kulliyah has determined its interested parties who are relevant to the QMS and their requirements. | CLOSED |
| 2020-ISO 9001:2015- 2020 | KENMS-2020-OFI-NHA01 | Kulliyah of Economics and Management Sciences | AZURA BT OMAR | NOOR HIDAYAH BT ARASAD | It was sighted that each of every department have its own style to schedule the timetable for Final Examination. The schedule of Final Examination need to be coordinated and standardized. This is to ensure that no clashes of timetable will happen especially if the student are taking cross department courses (e.g extra courses ect) | CLOSED |
| 2020-ISO 9001:2015- 2020 | KENMS-2020-OFI-NHA02 | Kulliyah of Economics and Management Sciences | AZURA BT OMAR | NOOR HIDAYAH BT ARASAD | 8.2.3 Review of the requirement for product and service. For Admission process, it has been stated in PG Regulation revised (2015) that the candidate should obtained a relevant undergraduate degree from IUM or any other accredited Institute of Higher learning. It was sighted that there were candidates applied for Master of Marketing and Master of Economics and they are not having related undergraduate degree. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | KENMS-2020-OFI-NHA03 | Kulliyah of Economics and Management Sciences | AZURA BT OMAR | NOOR HIDAYAH BT ARASAD | 8.2.1(a) Customer Communication- Providing requirement for product and services It was sighted that email was sent by the ODDPG Officer to request the course offering (for semester 2, 2019/2020) from the respective academic departments. However, the email was so general and no deadline was given for the preparation of the course offering. Deadline should be given so that ODDPG have an ample time to do course scheduling before the opening session of online course registration. | CLOSED |

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| 2020-ISO 9001:2015- 2020 | KENMS-2020-OFI-NHA04 | Kulliyah of Economics and Management Sciences | AZURA BT OMAR | NOOR HIDAYAH BT ARASAD | 7.5.2 - Creating and Updating It was sighted that the old version of course outline kept in the E- Course File. Endorsement Date, version Number and Effective Date were not found in the document | CLOSED |
| 2020-ISO 9001:2015- 2020 | KENMS-2020-OFI-NHA06 | Kulliyah of Economics and Management Sciences | AZURA BT OMAR | NOOR HIDAYAH BT ARASAD | 8.3.3 (c) It was found that the ratio of course work and research for Master degree (by mixed mode) was not in line with the MQA standard where the composition should be 50:50 or 40:60 or 30:70. | RECEIVED FROM AUDITEE |
| 2020-ISO 9001:2015- 2020 | KENMS-2020-OFI-SUR08 | Kulliyah of Economics and Management Sciences | RIDZUAN BIN ZAKARIA | WAN SURBANI BT. WAN OMAR | There is a Risk Register. It can be improved by including the risk in the main areas at the Kulliyah like Teaching and Learning, Research, and Publication especially in the post-covid-19 rather than only focus on a physical building. | CLOSED |
| 2020-ISO 9001:2015- 2020 | KENMS-2020-OFI-SUR09 | Kulliyah of Economics and Management Sciences | RIDZUAN BIN ZAKARIA | WAN SURBANI BT. WAN OMAR | 7.1.4- Environment for the operation of the process. It is proposed for the Research Unit to have a specific and conducive office in order to provide a comfortable ambiance in assisting researchers in preparing their researches. | CLOSED |
| 2020-ISO 9001:2015- 2020 | KENMS-2020-OFI-SUR10 | Kulliyah of Economics and Management Sciences | RIDZUAN BIN ZAKARIA | WAN SURBANI BT. WAN OMAR | Clause 7.1.2 The organization shall determine and provide the person necessary for the effective implementation of its QMS and for the operation and control of its processes. Kulliyah should assign one specific officer to manage the PG Programmes because the kulliyah has a very substantive number of PG students. | CLOSED |
| 2020-ISO 9001:2015- 2020 | KOED-2020-OFI-RNA02 | Kulliyah of Education | MADIHAH BINTI KHALID | RAJA NOOR ASHIKIN BT. RAJA ALIAS | The purpose of reporting the progress of publications in the platform meeting is to monitor the number of publications done by academic staff either for monthly basis or yearly basis. Moreover, the number of publications obtained by the Kulliyah would be the evidence and used for Myra purposes. However, During the audit, it was found that, there is no evidence for monitoring process for publication reported by the HOR. As for research grants, there is no evidence on the Principal Investigator (PI) with the status of 'in progress' or 'overdue' that have been reported in the platform meeting and action for the overdue status | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | KOED-2020-OFI-RNA03 | Kulliyah of Education | ROHAYATI BT ZAKARIA | RAJA NOOR ASHIKIN BT. RAJA ALIAS | During the audit, it was found that: i. There is no Person in Charge (PIC) for taking care of filing system for the Kulliyah. ii. Too many records of files that have been kept under one (1) reference number but with different titles. e.g. IIUM/312/RNP/14 – Research and Publication IIUM/312/RNP/14 - Book Projection IIUM/312/RNP/14 – Workshop Research iii. There were no minutes in the file MSD has established IIUM Document Management System (IDMS) to be utilized by KCDIOs. Thus, Kulliyah of Education can communicate with Sr. Ozaliyati Omar for further information on filing system or the utilization of IDMS | CLOSED |
| 2020-ISO 9001:2015- 2020 | KOED-2020-OFI-RNA04 | Kulliyah of Education | AZURA BT. HAMZAH | RAJA NOOR ASHIKIN BT. RAJA ALIAS | During the Audit, Kulliyah of Education (KOED) managed to present the PESTEL and SWOT Analysis and relate to Risk Register. In the PESTEL, the KOED has included the issues of Pandemic Covid-19 under environment i.e. classes are postponed and allowed to be carried out through e-platform and the difficulties of using e-platform for some lecturers and students due to lack of or weak internet availability. Risk coordinator had updated the Risk Register as required by OSIC. However, during the audit, no evidence (documents) shown to proof the monitoring and control process of the risk register as well as did not specify the following columns under monitoring and control: i) no interval or milestone check and remarks - no duration of period to monitor and control for each risk register ; ii) no action owner - the person who is responsible for each risk register; and iii) no risk status whether it is under progress, monitoring, close etc | CLOSED |
| 2020-ISO 9001:2015- 2020 | KOED-2020-OFI-AA01 | Kulliyah of Education | MOHD BURHAN BIN IBRAHIM | AYUNITA BINTI ATAN | Master of Education School Holidays It was found out that Board of Examiners (BOE) meeting have not been done for Semester 1, 2019/2020 and Semester 2, 2019/2020. At the time of the Internal Audit on 18th September 2020, Semester 3, 2019/2020 has begun. | VERIFYING PROCESS |
| 2020-ISO 9001:2015- 2020 | KOED-2020-OFI-AA02 | Kulliyah of Education | MOHD BURHAN BIN IBRAHIM | AYUNITA BINTI ATAN | It was found that the last Academic Review for postgraduate programmes was held in 2015. As of 18th September 2020, there is no record to plan for the next Academic Review. | VERIFYING PROCESS |
| 2020-ISO 9001:2015- 2020 | KOED-2020-OFI-AA03 | Kulliyah of Education | MOHD BURHAN BIN IBRAHIM | AYUNITA BINTI ATAN | The Kulliyah submitted 13 appeals from postgraduate students for extension of study period beyond maximum and reinstatement of study to the Deans' Council Meeting from January to August 2020. It was found that there is no monitoring or reminder from the Kulliyah to the students - those who were missing, those whose study period are going to expire and have expired. It is suggested that the Kulliyah to: 1. Have flowcharts at every stage of study/research progress, PG meeting schedules and publicise them as guidelines for students; 2. Monitor and remind students whose research progress are not moving or moving too slow; 3. Monitor and remind students whose study period is going to expire one or two semesters in advanced. | VERIFYING PROCESS |
| 2020-ISO 9001:2015- 2020 | KOED-2020-OFI-ASZ01 | Kulliyah of Education | SUHAILAH BINTI HUSSEIN | ANIZA SHAHREEN BINTI MD. ZAID | 8.3.4 c 8.3.5 b, c It was observed that no Board of Examiner meeting conducted for rechecking of answers script, RESIT and special exam exercises. It was found out that the result for rechecking Sem 1, 2018/2019 was not updated in the system. | CLOSED |
| 2020-ISO 9001:2015- 2020 | KOED-2020-OFI-ASZ02 | Kulliyah of Education | SUHAILAH BINTI HUSSEIN | ANIZA SHAHREEN BINTI MD. ZAID | 8.5.1 It was observed that there are no guideline for change of grade after the result release during ERTL since no final examination. During the interview with the auditee, a lot of complain for change of grades after result release for Sem 2, 2019/2020. | CLOSED |
| 2020-ISO 9001:2015- 2020 | KOED-2020-OFI-ASZ03 | Kulliyah of Education | SUHAILAH BINTI HUSSEIN | ANIZA SHAHREEN BINTI MD. ZAID | 7.5.3.2 It was observed that the Kulliyah used the obsolete logo. The Kulliyah members seem do not aware on the new certification number. It was implemented by IIUM since 2018. | CLOSED |
| 2020-ISO 9001:2015- 2020 | KOE-2020-OFI-AH01 | Kulliyah of Engineering | SHAHORIZAD BT. SA-IDUL HAJ | AZURA BT. HAMZAH | It was found that the 'adequacy of resources' was omitted in the Minutes of Management Review Meeting of Kulliyah of Engineering dated 23rd August 2019. It was suggested to include the planning of human resource and to give the recommendation in the next Management Review Meeting as the Kulliyah needs more administrative staff to ensure the smooth running of the Kulliyah, It was also suggested for the management of the Kulliyah of Engineering to decide on the existence of the Gymnasium at the Kulliyah of Engineering. | VERIFYING PROCESS |
| 2020-ISO 9001:2015- 2020 | KOE-2020-OFI-AH02 | Kulliyah of Engineering | SHAHORIZAD BT. SA-IDUL HAJ | AZURA BT. HAMZAH | It was recommended for the Kulliyah of Engineering to revisit the PESTEL Analysis and SWOT Analysis and also to prepare the Risk Summary and Basic Risk Assessment Information. In addition, the Risk Registry need to be revisited as well in order to match with the current scenario. | RECEIVED FROM AUDITEE |

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| 2020-ISO 9001:2015-2020 | KOE-2020-NCR-NMZ03 | Kulliyyah of Engineering | MOHAMED HADI HABAEBI | NORA BINTI MAT ZIN | 7.5.2 When creating and updating documented information, the organization shall ensure appropriate a) identification and description c) review and approval for suitability and adequacy 1. It was found that in the form of appeal for rechecking answer scripts the column of "course work" was referring to final course mark or existing mark of the student's answer script. It looks like it was a confusing column as another form was sampled and it was documented as an existing mark. Please refer to answer script of Abdullah Ali Hashem Al- Andal and Omar Mohamed Abdella Hassan 2. Both forms also had no effective date documented | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | KOE-2020-NCR-NMZ05 | Kulliyyah of Engineering | SARINA BT. SULAIMAN | NORA BINTI MAT ZIN | 8.2.4 Changes to requirement for products and services The organization shall ensure that relevant documented information is amended and that relevant persons are made aware of the changed requirements for products and services are changed It was found that the continuous assessment system and the conduct of assessment for the course code BTEN 7309 had been changed. However it was not clearly updated in the ERTL information /log sheet. | CLOSED |
| 2020-ISO 9001:2015-2020 | KOE-2020-OFI-NMZ06 | Kulliyyah of Engineering | MA'AN FAHMI RASHID AL-KHATIB | NORA BINTI MAT ZIN | 8.3.1 The organization shall establish, implement and maintain a design and development process that is appropriate to ensure the subsequent provision of products and services (j) The documented information needed to demonstrate the design and development requirements have been met It was found that the inconsistency in the student's learning time in the course outline BTEN 3317 . It was stated as 121 hours for total SLT. However the inconsistency is seen in documenting the self learning hours/ independent learning hours | CLOSED |
| 2020-ISO 9001:2015-2020 | KICT-2020-OFI-AWA01 | Kulliyyah of Information and Communication Technology | ZENITA ARRYANI BT. TIYUNIN | AMELIA WONG BINTI AZMAN | (b) To the extent necessary, the organization shall retain the documented information to have confidence that the processes are being carried out as planned. Policy on the vetting of final assessment during for KICT UG programmes during ERTL was set that for final assessment less than 40% does not need to be vetted. | CLOSED |
| 2020-ISO 9001:2015-2020 | KICT-2020-OFI-FBD01 | Kulliyyah of Information and Communication Technology | SYAMIMI NUR SYUHADAH BINTI SABRI | FAKHRURRAZI BIN DANIAL | It was found that three (3) students have yet to submit their thesis corrections after viva-voce and no evidence on reminder issued to the students. | CLOSED |
| 2020-ISO 9001:2015-2020 | KICT-2020-OFI-RCH01 | Kulliyyah of Information and Communication Technology | ZENITA ARRYANI BT. TIYUNIN | ROZIHA BINTI CHE HARON | 7.5.3.1 (a) Control of documented information required by the quality management system and by this International Standard shall be controlled to ensure it is available and suitable for use, where and when it is needed. Proper document controllers on filing system need to be improved. | CLOSED |
| 2020-ISO 9001:2015-2020 | KIRKHS-2020-OFI-ZMY01 | Kulliyyah of Islamic Revealed Knowledge and Human Sciences | MISZAIRI BIN SITIRIS | ZULKEFLI BIN MUHAMMED YUSOF | 8.2.1 Customer communication – customer with customer shall include providing information relating to products and services It was found that the course structure appears on the website is not current and different from the existing structure. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | KIRKHS-2020-OFI-ZMY02 | Kulliyyah of Islamic Revealed Knowledge and Human Sciences | WAN NAJIHAH NURASHIKIN BT. WAN ABDULLAH | ZULKEFLI BIN MUHAMMED YUSOF | 10.1 Improvement: General The organization shall determine and select opportunities for improvement and implement any necessary actions to meet customer requirements and enhance customer satisfaction. It was found that the Quality Committee of a department or the relevant persons should look into all aspects of quality matters. | CLOSED |
| 2020-ISO 9001:2015-2020 | KIRKHS-2020-OFI-ZMY03 | Kulliyyah of Islamic Revealed Knowledge and Human Sciences | NORASIKIN BT BASIR | ZULKEFLI BIN MUHAMMED YUSOF | 7.5.3 Control of Documented Information 7.5.3.2 Organization shall address the following activity: (a) distribution, retrieval and use It was found that the appointment letter of part-time lecturer (academic) was not received by the requesting department. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | KIRKHS-2020-OFI-ZMY04 | Kulliyyah of Islamic Revealed Knowledge and Human Sciences | WAN NAJIHAH NURASHIKIN BT. WAN ABDULLAH | ZULKEFLI BIN MUHAMMED YUSOF | 7.1.3 Infrastructure It was found that some of the lights on the corridor were switched on during day light. | CLOSED |
| 2020-ISO 9001:2015-2020 | KIRKHS-2020-OFI-RBK02 | Kulliyyah of Islamic Revealed Knowledge and Human Sciences | MAZLILAWATI BINTI MURAD | ROBITA BINTI KHALID | It was found that transfer of knowledge was not available to the necessary extent. This is required to ensure its processes and to achieve conformity of products, services, and objectives. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | KIRKHS-2020-OFI-RBK03 | Kulliyyah of Islamic Revealed Knowledge and Human Sciences | NAZARIAH SHAR'IE BINTI JANON | ROBITA BINTI KHALID | 7.1.3(a) It was found that the lack of maintenance of buildings and associated facilities. This is required to ensure the operation of its process and services and to achieve conformity of process, products, and services. 7.1.3 (b) It was found that the lack of maintenance of experimental equipment necessary for the operation product and services. This is required to ensure and achieve conformity of its process, products, and services. 7.1.5.1 (b) It was found the unavailability of necessary maintenance for the resources (i.e. experimental equipment) to ensure their continuing fitness for their purpose. This is needed to ensure valid and reliable results when measuring is used to verify the conformity of its process, products, and services to requirements. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | KIRKHS-2020-OFI-YZH01 | Kulliyyah of Islamic Revealed Knowledge and Human Sciences | SOFIAH BT. SAMSUDIN | YUMI ZUHANIS HAS-YUN BT. HASHIM | Course management with multiple sections shall be well-coordinated with evidence of important decision/communication/consolidation that have taken place in the semester. Particularly, in ERTL scenario, this is important to ensure the quality of delivery of course content and assessment are maintained | CLOSED |
| 2020-ISO 9001:2015-2020 | KIRKHS-2020-OFI-YZH02 | Kulliyyah of Islamic Revealed Knowledge and Human Sciences | NUR SURIYA BINTI MOHD NOR | YUMI ZUHANIS HAS-YUN BT. HASHIM | The department shall determine and select opportunities and implement any necessary actions in improving products and services to meet requirements as well as to address future needs and expectations. It was observed that the present PG postgraduate programme at the department has not significantly evolved over the years. It is timely to seriously look into this, considering the many changes happening both at the university level and beyond. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | KIRKHS-2020-OFI-YZH03 | Kulliyyah of Islamic Revealed Knowledge and Human Sciences | MOHAMMED FARID ALI | YUMI ZUHANIS HAS-YUN BT. HASHIM | An established process flow shall be in place as it could provide a better and streamlined operational control Scenarios: a) The filing of documents is not in proper order. Many records are incomplete. b) The process flow was not evident in the record keeping. The auditee informed that the filing was done merely for record keeping c) No systematic record keeping for minutes of meeting | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | KIRKHS-2020-OFI-YZH04 | Kulliyyah of Islamic Revealed Knowledge and Human Sciences | MOHAMMED FARID ALI | YUMI ZUHANIS HAS-YUN BT. HASHIM | Establish, implement, maintain and continually improve quality management system including processes required. It was observed that there are many initiatives taken in meeting the research -related quality objectives of the kulliyyah, however the planning and execution were not structured and not well-documented to enable efficient and effective monitoring and surveillance | CLOSE WITH FOLLOW UP |

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| 2020-ISO 9001:2015-2020 | KLM-2020-OFI-HS05 | Kulliyah of Languages and Management | NURUL 'AIN BT BUYONG JAFRIL | HASLINA BINTI SHAMSUDDIN | The Fundamental Research Grant Scheme (FRGS), a MOHE grant, Guidelines 2020 stated that each research project funded by the grant must produce at least a Graduate Research Assistant (GRA) on full research mode. However, it was found during the audit that there was no 'by research' mode offered by MTESP and MTASP programmes as the programmes offered mixed-mode only. | CLOSED |
| 2020-ISO 9001:2015-2020 | KLM-2020-OFI-HS06 | Kulliyah of Languages and Management | NURUL 'AIN BT BUYONG JAFRIL | HASLINA BINTI SHAMSUDDIN | It was not always evident that the results of the research dissertation were endorsed by the Board of Examiners' meeting. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | KLM-2020-OFI-HS07 | Kulliyah of Languages and Management | NURUL 'AIN BT BUYONG JAFRIL | HASLINA BINTI SHAMSUDDIN | The actions implemented to prevent human error were not adequate as it was observed that the submission of progress reports in the i-monitor system requires several levels of approvals and the course registration for Thesis / Dissertation was still done manually by the PG Office. | CLOSED |
| 2020-ISO 9001:2015-2020 | KLM-2020-NCR-NJ01 | Kulliyah of Languages and Management | NURUL 'ATIKAH BINTI MASDAR | NORASHIKIN BT. JAAFAR | Process: Evaluation and Verification of Graduating Students The endorsed Curriculum Structure for the Bachelor of Tourism and Hospitality Management for Students' Batch 2015/2016 stated that LE 4000 (Academic Writing) needs to be taken by the students as one of the University Required Courses. However, it was found that different course i.e. ENCO 1104 (English for Academic Writing) was taken by the students. In addition to that there was no evidence that the course replacement has been endorsed by the Senate. | CLOSED |
| 2020-ISO 9001:2015-2020 | KLM-2020-NCR-NJ02 | Kulliyah of Languages and Management | NURUL 'ATIKAH BINTI MASDAR | NORASHIKIN BT. JAAFAR | 8.3.5 8.3.5 (a) Design and development outputs Process: Grading and Submission of Final Grades It was found that for the Assessment Weightage (Semester 2, 2019/2020) that needs to be used during the Emergency Remote Teaching and Learning (ERTL) period for the course BMCO 2106 (Fonetik and Fonologi Bahasa Melayu) was not properly followed. The said course was taught by a staff (Staff No.: 8640) and the course ERTL Assessment Weightage was endorsed in the 467th Senate (24th July 2020). | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | KLM-2020-NCR-RDY04 | Kulliyah of Languages and Management | SHAZLINA BINTI SHAFEI | RUSNANI BINTI DIN @ YAAKOB | During the audit, it was found that appointment of part time staff (trainer/instructor) for cocu classes were done after the class started. In addition, based on interview and evidence submitted, it was found that the communication to STADD on the appointment was done 3 months after the classes. | CLOSED |
| 2020-ISO 9001:2015-2020 | KLM-2020-OFI-NJ01 | Kulliyah of Languages and Management | NURUL 'ATIKAH BINTI MASDAR | NORASHIKIN BT. JAAFAR | Process: Evaluation and Verification of Graduating Students The verification process for graduating students for the 36th Convocation by the person in charge (PIC) i.e. before submission to the Head of Department (HOD) was not evidenced. | CLOSED |
| 2020-ISO 9001:2015-2020 | KLM-2020-OFI-NJ02 | Kulliyah of Languages and Management | NURUL 'ATIKAH BINTI MASDAR | NORASHIKIN BT. JAAFAR | The Analysis for the Academic Teaching Workload was not evidenced to determine whether the Centre of Studies (CoS) has adequate number of academic staff for teaching purposes. | CLOSED |
| 2020-ISO 9001:2015-2020 | KLM-2020-OFI-RDY01 | Kulliyah of Languages and Management | RAJA NOOR ASHIKIN BT. RAJA ALIAS | RUSNANI BINTI DIN @ YAAKOB | It was found that risk template was available and updated as requested by OSIC. However, mitigation plan and actions to address opportunities were not evidenced in details. | CLOSED |
| 2020-ISO 9001:2015-2020 | KLM-2020-OFI-RDY02 | Kulliyah of Languages and Management | RAJA NOOR ASHIKIN BT. RAJA ALIAS | RUSNANI BINTI DIN @ YAAKOB | It was found that the monitoring of the cafeteria for Pagoh Hub was not done by staff with appropriate Food and Beverages (FnB) background. | CLOSED |
| 2020-ISO 9001:2015-2020 | KLM-2020-OFI-RDY03 | Kulliyah of Languages and Management | RAJA NOOR ASHIKIN BT. RAJA ALIAS | RUSNANI BINTI DIN @ YAAKOB | Clause - 6.2.1 During the audit 3 sets of document were shown. The Kulliyah is yet to finalize QO for KLM. In addition, achievement for all items were not monitored and evaluated. | CLOSED |
| 2020-ISO 9001:2015-2020 | KOM-2020-OFI-NEB01 | Kulliyah of Medicine | AHMAD MARZUKI BIN OMAR | NOOR EZAILINA BINTI BADARUDIN | 1.MBBS 1210 Course Outline: Absence of effective date endorsed by Senate and signatures. CAM assessment: Mini test (no sample) and PBL (no rubric) 2.MBBS 3309 Course Outline: Previous COL is kept in the course folder. ERTL log:Absence of student attendance for 28/7/20 11am online session with Prof Zalina and 13/7/20 9.30am online session with Prof Asma (other attendance evidence are available) No evidence of CAM assessment, Attitude (no rubric) and PBL assessment is present although not listed as part of assessments. 3.MED 2410 No evidence of CAM assessment for mini test and PBL.Tutorial assessment is present although not listed as part of CAM. 4.MBBS 3110: MED 3111 course outline instead 5.MED 4212 No evidence of CAM assessment, PBL and log book are present although not listed as part of CAM. ERTL Log: Absence of student attendance for the 19/8/2020 seminar 13 (other attendance evidence are available) 6.MED 5508 No evidence of CAM rubrics | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | KOM-2020-OFI-NEB02 | Kulliyah of Medicine | YUSOFF SHARIZAL B. YUSOFF AZMI MERICAN | NOOR EZAILINA BINTI BADARUDIN | 1. Preparation lab level 2 BMS department. Absence of internal and/or external calibration of the precision balance (PIC Br Zirianur Qarimie Zakaria) 2. ENT lab level 3 Absence of maintenance record for the instrument microsurgical microscope, microdebrider and visio (PIC Sr Siti Hajar Yumi) | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | KOM-2020-OFI-HAM01 | Kulliyah of Medicine | FA'IZA BINTI ABDULLAH | HASRUL AFIZAN BIN MOHD DIN | During the document review at Family Health Clinic, was found that procedures number IIUM/FHC/NP-001 until 026 were without appropriate reference number, approval, control of change and some legibility issues. When creating, updating and control documented information, Family Health Clinic should ensure appropriate; reference number, review and approval, control of change and preservation of legibility of the documented information | CLOSED |
| 2020-ISO 9001:2015-2020 | KOM-2020-OFI-NI01 | Kulliyah of Medicine | YUSOFF SHARIZAL B. YUSOFF AZMI MERICAN | NORAZAH BINTI ISHAK | Objectives No.2: To excel in Medical Research and Innovation - % of staff obtaining internal and external research grants. | CLOSED |
| 2020-ISO 9001:2015-2020 | KON-2020-OFI-CTZ01 | Kulliyah of Nursing | ASMAWATI BINTI CHE ISMAIL | SITI ZAINAB BT. TAUHED | 7.5.2 (a & d) / When creating and updating documented information, the organization shall ensure appropriate identification and description, format, review and approval for suitability and adequacy. Kull of Nursing has developed mechanism on documented information. However, KON needs to improve the identification and adequacy of the documents in the students' file for the following observations: A. Students Files 1. Students (Undergraduate - UG) personal file – no checklist of the items required to be in the file. 2. The placement of the students' file is not arranged according to the master list. 3. The list of students' names is placed not at the appropriate place. B. There is no checklist for course file for PG courses (course work). | CLOSED |

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| 2020-ISO 9001:2015-2020 | KON-2020-OFI-CTZ02 | Kulliyah of Nursing | SITI HAZARIAH BINTI ABDUL HAMID | SITI ZAINAB BT. TAUHED | 4.4.1 (b) The organization shall determine the processes needed for the quality management system and their application throughout the organization and shall determine the sequence and interaction of these processes. Kull of Nursing has yet to develop the mechanism on having a verified summary of the students' attendance record on fulfillment of clinical despite having the master plan for students' clinical attachment, roster and student's attendance for each session is available in the students clinical file. | CLOSED |
| 2020-ISO 9001:2015-2020 | KON-2020-OFI-CTZ03 | Kulliyah of Nursing | SITI HAZARIAH BINTI ABDUL HAMID | SITI ZAINAB BT. TAUHED | 7.5.3.2 (c & d) – For the control of documented information, the organization shall address the applicable activities. Kull of Nursing has developed mechanism on documented information. However, the form for student clinical posting is not prepared according to the format as stipulated in IIUM/General Procedure/03 on control of documents (Clause 5.7.2). | CLOSED |
| 2020-ISO 9001:2015-2020 | KON-2020-OFI-CTZ04 | Kulliyah of Nursing | ASMAWATI BINTI CHE ISMAIL | SITI ZAINAB BT. TAUHED | 7.1.2 Resources (people). The organization shall determine and provide the persons necessary for the effective implementation of its quality management system and for the operation and control of its processes. At present, nurses/Clinical Nursing Instructor of Clinical Skills Centre are also assisting IIUM Nursing Care Centre (INSC). However, there is no plan by the Kulliyah on the manpower needs to ensure the functioning of INSC. | CLOSED |
| 2020-ISO 9001:2015-2020 | KON-2020-OFI-CTZ05 | Kulliyah of Nursing | ASMAWATI BINTI CHE ISMAIL | SITI ZAINAB BT. TAUHED | 8.5.1 (c) the implementation of monitoring and measurement activities at appropriate stages to verify that criteria for control of processes or outputs and acceptance criteria for products and services have been met. 1. There was evidence that the Kulliyah (Dean) has authorized the Coordinator of IIUM Nursing Care Centre (INSC) to have a package for mobile phone through a letter dated 11/9/2019. The purpose was to facilitate the communication between INSC and the clients. However, it was sighted that the mobile phone is not under the custody of the Coordinator. 2. There is also no log book to record the number and details of request/calls for clinical nursing services received by INSC for monitoring purpose. | CLOSED |
| 2020-ISO 9001:2015-2020 | KON-2020-OFI-CTZ06 | Kulliyah of Nursing | ASMAWATI BINTI CHE ISMAIL | SITI ZAINAB BT. TAUHED | 7.5.3.1 Documented information required by QMS There was evidence that minutes of INSC Meeting held in 20th September 2019 has yet to be prepared in an appropriate documentation format. | CLOSED |
| 2020-ISO 9001:2015-2020 | KON-2020-NCR-SA01 | Kulliyah of Nursing | MUHAMMAD KAMIL BIN CHE HASAN | SHAMSUDDIN BIN ABDULLAH | Clause 8.5.6 It was found that the Course Outline for NURD3415 from the Course File was not exactly the same with the Course Outline in the DDAIL record from post-senate meeting. There were changes in the course learning outcomes in which it affects the Bloom's Taxonomy Cognitive levels. This then affects other parts of the course such as delivery and especially assessments. However, there was no documented evidence found for the change and whether or not it was approved at the kulliyah level. | CLOSED |
| 2020-ISO 9001:2015-2020 | KON-2020-OFI-NMZ01 | Kulliyah of Nursing | RUSILAWATI BT ABD. RAHMAN | NUR MUNIRAH BINTI ZAINOL ABIDIN | It was identified that an infrastructure and several safety equipments possess risk and non-compliance. | CLOSED |
| 2020-ISO 9001:2015-2020 | KON-2020-OFI-NMZ02 | Kulliyah of Nursing | ASMAWATI BINTI CHE ISMAIL | NUR MUNIRAH BINTI ZAINOL ABIDIN | No evidence of procedure or related document pertaining monitoring of Staffs' training. | CLOSED |
| 2020-ISO 9001:2015-2020 | KON-2020-OFI-SA02 | Kulliyah of Nursing | ASMAWATI BINTI CHE ISMAIL | SHAMSUDDIN BIN ABDULLAH | Clause 8.5.5 (e) It was found that SFS feedback (qualitative data) were not summarized and each comment was dealt with individually. This method may lead to waste of resources as it was not based on summarized findings. | CLOSED |
| 2020-ISO 9001:2015-2020 | KON-2020-OFI-SA03 | Kulliyah of Nursing | ASMAWATI BINTI CHE ISMAIL | SHAMSUDDIN BIN ABDULLAH | Clause 6.2.1 (g) It was found that few targets of Quality Objectives were not met: a) No. 7 - % students gain international experience were consistently not met since 2017. b) No. X - % research target achieved was not achieved for 2019 due to many of staff returning from study. There should be an agreement made at the kulliyah level to determine a realistic target based on the situation at hand. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | KOP-2020-OFI-NMZ01 | Kulliyah of Pharmacy | NOR ILYANI BINTI MOHAMED NAZAR | NORA BINTI MAT ZIN | 8.5.1 - Control of production and service provision The organization shall implement production and service provision under controlled conditions c) The implementation of monitoring and measurement activities at appropriate stages to verify that criteria for control processes or output and acceptance criteria for products and services have been met. It was found that the conduct of examination during final examination used a simulated patient who is also an assessor (examiner) for the exam. No observer involved in the examination. It will invite the issues of standardization. reliability and integrity of the examination would be an issue as the examiner is also the simulated patient and no observer during the exam. Despite being suggested and highlighted by external examiner and it was discussed in the kulliyah board meeting | SENT TO AUDITEE |
| 2020-ISO 9001:2015-2020 | KOP-2020-OFI-NMZ02 | Kulliyah of Pharmacy | NORNY SYAFINAZ BINTI AB RAHMAN | NORA BINTI MAT ZIN | 8.3.1 The organization shall establish, implement and maintain a design and development process that is appropriate to ensure the subsequent provision of products and services (j) The documented information needed to demonstrate the design and development requirements have been met It was found that the inconsistency in the student's independent learning time in the course outline PHMP 4224 . It was stated as 79 in the independent learning time. however it was stated as 80 in the column self learning hours | RECEIVED FROM AUDITEE |
| 2020-ISO 9001:2015-2020 | KOP-2020-NO FINDING-SNB01 | Kulliyah of Pharmacy | WAN ZUHAIIRA AMIRAH BINTI WAN AMRAN | SITI NAFIZAH BINTI HJ MOHAMED BASSRI | | CLOSED |
| 2020-ISO 9001:2015-2020 | KOP-2020-OFI-ACI01 | Kulliyah of Pharmacy | MOHAMMAD HABIB BIN AHMAD | ASMAWATI BINTI CHE ISMAIL | During the audit checking, it was found that twenty six (26) document/procurement activities didn't comply with the IIUM Financial Policies and Procedures. 1. Appendix F & G sent together with the quotation letter whereas the Appendix F should be filled by all bidders and Appendix G to be filled by only successful bidders. 2. It was found in the 26 procurement that the justification for PR didn't justified according to the requirement. The justification made based on the previous experience with suppliers. It should be to filled with objective justifications such as to fulfill the teaching and learning or laboratory requirements. 3. There is no evidence of opening and evaluation committee done before awarded to supplier. (It shouldn't be done by the requestor). | CLOSE WITH FOLLOW UP |

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| 2020-ISO 9001:2015-2020 | KOP-2020-OFI-ACI02 | Kulliyyah of Pharmacy | MOHAMMAD HABIB BIN AHMAD | ASMAWATI BINTI CHE ISMAIL | Kulliyyah of Pharmacy has yet to develop control on the documents and records that has been used in documenting activities and recording evidences as per requirement of the clause. The procedures registered under KOP should be kept and controlled by the Document Controller (a) distribution, access, retrieval and use (b) storage and preservation, including preservation of legibility (c) control of changes (d) retention and disposition. The university procedures and KOP procedures should be filed separately. | VERIFYING PROCESS |
| 2020-ISO 9001:2015-2020 | KOP-2020-OFI-ACI03 | Kulliyyah of Pharmacy | MOHAMMAD HABIB BIN AHMAD | ASMAWATI BINTI CHE ISMAIL | No evidence of update taken for risk registry. Date reported was 13th September 2018 and updated on 22nd July 2018. However, there is no evidence of closed status. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | KOS-2020-OFI-MBB01 | Kulliyyah of Science | MOHD ROSLAN BIN ZAINOL ABIDIN | MOHD RADZI BIN HILMI | The followings were observed in Quality File (Internal Audit Findings 2019) : Finding 10.2.1 i. Incomplete evidence on an action plan to close the OFI. Finding 10.2.2 ii. No Auditor signature. Finding 10.2.3 iii. Root cause not properly identified. Finding 10.2.4 Total OFIs from previous Internal Audit findings 2019 compiled in quality file was not tally with Management Review Minute Meeting on 21st August 2019. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | KOS-2020-OFI-MRH01 | Kulliyyah of Science | MOHD ROSLAN BIN ZAINOL ABIDIN | MOHD RADZI BIN HILMI | 1.) The attendance for each log session is properly maintained, however, those who are absent were not properly documented (Eg. evidences such as Medical Certificate are missing) 2.) Vetting forms are not properly carried out. Each vetting form (either separate or combined) should be signed by Course Coordinator (CC) and another TWO (2) vetters during that session. Altogether, 3 signatures required for each vetting form. 3.) CAM sheets were not properly maintained as lack of standardization was observed in most academic files. CAM sheet should be the one that has been instructed by KCA, and not the CC "version". Validation sheet should not be inside the course file as it is considered as controlled documents and Private-and-Confidential. Course Outline (CO) was not properly documented and maintained. There are some files which are missing CO, and most CO were not signed by either the CC/Head of Department (HOD)/Dean. 4.) Auditors would like to suggest for e-course file. | CLOSED |
| 2020-ISO 9001:2015-2020 | KOS-2020-OFI-MRH02 | Kulliyyah of Science | MOHD ROSLAN BIN ZAINOL ABIDIN | MOHD RADZI BIN HILMI | The followings were observed in Greenhouse and Nursery Complex (GNC) and Plant Science Laboratory 4, Department of Plant Science : Finding Maintenance and support services for GNC are yet to be addressed (IUM/210/C/3/4/1/1). The facilities are in very bad condition, not conducive for teaching and learning (TnL). 50% of courses under Bachelor of Science (Plant science/applied plant science) using GNC as their part of TnL. On top of that, 91.7% of concentration courses under the same programme are using these facilities, thus it is heavily used. Based on the census provided by the Head of Department, a total of 61 undergraduate and postgraduate students are using GNC as their FYP and PG projects. It is highly advisable to solve these problems before external audit/MQA comes in. Objective Evidence Based on the site visit on 10/9/2020 at 11.00 am, various maintenance work are urgently needed. Refer to attachment. | CLOSED |
| 2020-ISO 9001:2015-2020 | KOS-2020-OFI-MRH03 | Kulliyyah of Science | MOHD ROSLAN BIN ZAINOL ABIDIN | MOHD RADZI BIN HILMI | 2.) Finding Fume hood was not properly maintained. Objective Evidence Fume Hood located in Plant Science Laboratory 4 was last maintained in 2018. The fume hood required to be assessed by Hygiene Tech II due to hazardous chemical handling. e.g. formaldehyde (Undergraduate teaching) and xylene (research purposes). | SENT TO AUDITEE |
| 2020-ISO 9001:2015-2020 | KOS-2020-OFI-ZRK01 | Kulliyyah of Science | MOHD ROSLAN BIN ZAINOL ABIDIN | MOHD RADZI BIN HILMI | A structured competency assessment should be carried out where feasible following staff training session. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015-2020 | LIB-2020-NCR-ZMY01 | Library | SITI HAWA BT. DARUS | ZULKEFLI BIN MUHAMMED YUSOF | 7.1.4 There are issues found pertaining to the safety at the library | CLOSED |
| 2020-ISO 9001:2015-2020 | LIB-2020-OFI-ZMY01 | Library | SITI HAWA BT. DARUS | ZULKEFLI BIN MUHAMMED YUSOF | 7.1.4 Environment for the operation of Process The following observations highlighted concerns on the safe and clean working place: | CLOSED |
| 2020-ISO 9001:2015-2020 | LIB-2020-OFI-ZMY02 | Library | SITI HAWA BT. DARUS | ZULKEFLI BIN MUHAMMED YUSOF | 7.1.3 Infrastructure The organization shall determine, provide and maintain the infrastructure necessary for the operation of its process and to achieve conformity of products and services It was found that preventive maintenance are not done on sensitive and expensive equipment. The maintenance service were not continued after the end of warranty. The breakdown of the equipment may cause longer disruption of service and higher cost for repairs. | CLOSED |
| 2020-ISO 9001:2015-2020 | LIB-2020-OFI-ZMY03 | Library | FAZLI BIN OMAR | ZULKEFLI BIN MUHAMMED YUSOF | The organization shall determine the internal and external communications relevant to the quality management system It was observed that the use of discussion rooms and other facilities at SMNA was underutilized. Noted that minimal effort has been made to promote the venue. | CLOSED |
| 2020-ISO 9001:2015-2020 | LIB-2020-OFI-ZMY04 | Library | FAZLI BIN OMAR | ZULKEFLI BIN MUHAMMED YUSOF | 8.4.1 Control of externally provided process, products and services (General) The SMNA library relies only on DBSB on the issues relating to the lifts. Later, it was found that the license required to operate the lift has already expired, without the library knowing it. | CLOSED |
| 2020-ISO 9001:2015-2020 | LIB-2020-NO FINDING-ABA01 | Library | SITI HAWA BT. DARUS | ABAZAZILAH BINTI MOHD ABBAS | | CLOSED |
| 2020-ISO 9001:2015-2020 | LIB-2020-OFI-AHS01 | Library | ZAHROTOL 'AMANI HJ. SHIHABUDDIN | AHMAD HIDAYAT BIN AHMAD SABI @ AHMAD SAUFI | Staff Training It was found that many of the library staff did not have any record of attending training related to their actual work. | CLOSED |
| 2020-ISO 9001:2015-2020 | MSD-2020-OFI-YZH06 | Management Services Division | NURMALIZA BINTI JUMAAT | YUMI ZUHANIS HAS-YUN BT. HASHIM | 6.2.1 The organization shall establish quality objectives at relevant functions, levels and processes needed for the quality management system It was sighted that there is no specific quality objectives on development and maintenance of IT support/infrastructure/system. Scenario: The current (almost obsolete) system is used not only by MSD but other offices as well. And it is a fundamental system that support MSD processes that affect all staff at IIUM. The risks and opportunities have been identified but they are not captured in quality objectives. Should the needs for development and maintenance of the IT system are captured as one of the quality objectives of MSD, this would help move the initiative to get a new system in timely fashion with sufficient/required funding. This shall ensure attainment of effective and efficient IT system not only for MSD and the university as a whole. | CLOSED |

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| 2020-ISO 9001:2015- 2020 | MSD-2020-OFI-HS08 | Management Services Division | MOHAMAD ZAIDY BIN DARAPAR | HASLINA BINTI SHAMSUDDIN | The action implemented to prevent human error was not adequate as it took about 3 weeks to obtain the approval for Moving to a New House Allowance application. | CLOSED |
| 2020-ISO 9001:2015- 2020 | MSD-2020-OFI-PAU01 | Management Services Division | JUAINI ZANA BINTI MOHAMED RAMLY | PAUZIAH BT. ABAS | During the audit, it was found that the submission of APAR 2019 was extended from 23rd January 2020 to 28th February 2020. This caused delay in Staff Annual Salary Increment for January 2020. | CLOSED |
| 2020-ISO 9001:2015- 2020 | MSD-2020-OFI-SUR01 | Management Services Division | AYUNITA BINTI ATAN | WAN SURBANI BT. WAN OMAR | It was found that two SOPs i.e Recruitment of Academic Staff and Renewal of contract for academic staff were not updated accordingly among others to revise membership as outlined in the ASCC Regulations 2018 | CLOSED |
| 2020-ISO 9001:2015- 2020 | MSD-2020-OFI-SUR02 | Management Services Division | ROHANI BT. AMAT | WAN SURBANI BT. WAN OMAR | It was found that three (3) different forms were used by the 3 different applicants to apply for Staff Khairat Fund Benefits. 1) Sr. Siti Nur Nazeha Saiffuddin Zuhri dated 30 July 2020. 2) Sr. Raheme Ahmad dated 15 June 2020 3) Hafifi Ilyana Abdullah dated 3 Aug 2020. | CLOSED |
| 2020-ISO 9001:2015- 2020 | MSD-2020-OFI-SUR03 | Management Services Division | ROHANI BT. AMAT | WAN SURBANI BT. WAN OMAR | The supporting documents attached by the 3 applicants for Staff Khairat Fund Benefits (same evidence) were not stamped. | CLOSED |
| 2020-ISO 9001:2015- 2020 | OSIC-2020-OFI-KA01 | Office for Strategy & Institutional Change | ZURINA BT. ABDUL GHANI | KAMARRUDIN BIN ALI | During the audit, it was found that the presentation of OSIC was made by using information on the website. It is a commendable approach because it will force the department to regularly update the website and the website is more dynamic. The website listed the general information and activities of the Office. As an improvement, however, it is suggested that the information on the website is to be rearranged to reflect the nature of the office which is to lead in strategic planning and execution. The strategic initiatives of the Universities have to be positioned prominently and visibly so that other Kulliyah/Divisions/Offices could easily refer and relate in planning their strategies. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | OCAP-2020-OFI-ZEN02 | Office of Communication, Advocacy and Promotion for Change | A. KAMAL BAHRI BIN ABU | ZENITA ARRYANI BT. TIYUNIN | It was found out that there is a minute of MRM 2019. However, the details of: - Date - Time - Attendance was not been recorded. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | OCAP-2020-OFI-ZEN03 | Office of Communication, Advocacy and Promotion for Change | A. KAMAL BAHRI BIN ABU | ZENITA ARRYANI BT. TIYUNIN | Announcement of Poster / Banner It was observed that there is no evidence of communication done for application for announcement of poster / banner that has been rejected. There is also no evidence of follows up been done on the process. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | KCA-2020-OFI-ZEN05 | Office of Knowledge for Change & Advancement | RUSNANI BINTI DIN @ YAAKOB | ZENITA ARRYANI BT. TIYUNIN | It was found out that there is no evidence given by MSD to approve the application for part time staff but the staff has been appointed on 1st February 2019 and 30th Apr 2019. According to KCA, they only received verbal approval through phone call. | CLOSED |
| 2020-ISO 9001:2015- 2020 | KCA-2020-OFI-ZEN06 | Office of Knowledge for Change & Advancement | RUSNANI BINTI DIN @ YAAKOB | ZENITA ARRYANI BT. TIYUNIN | It was found out that there is no filing done on the request for part time staff.(Muhammad Arif Muhaimin bin Zulkipli and Muhammad Khairul Azam Mohd Junit) | CLOSED |
| 2020-ISO 9001:2015- 2020 | KCA-2020-OFI-ZEN07 | Office of Knowledge for Change & Advancement | RUSNANI BINTI DIN @ YAAKOB | ZENITA ARRYANI BT. TIYUNIN | Filing was not recorded for easy retrieval. | CLOSED |
| 2020-ISO 9001:2015- 2020 | DRRI-2020-OFI-MUR01 | Office of the Deputy Rector (Responsible Research and Innovation) | KAMARRUDIN BIN ALI | MURNI BT. MAHMUD | Leadership and commitment of the ODRRI are commendable. Through their strategies planning and risk mitigation, they aspire to enculturate research to be continuously integrated and feedback for the better performance of teaching and learning. It is suggested for the Office to consider having collaborative efforts (e.g. workshop or seminar) with the Office of Deputy Rector Academic & Industrial Linkages to emphasize and portray the intent of strengthening symbiosis between research and academic. | CLOSED |
| 2020-ISO 9001:2015- 2020 | DRRI-2020-OFI-MUR02 | Office of the Deputy Rector (Responsible Research and Innovation) | KAMARRUDIN BIN ALI | MURNI BT. MAHMUD | ODRRRI has a website as a medium of sharing and communicating the about the Office, latest event etc. It is found that some parts of the website are not well-updated. It is suggested for the Office to keep the website updated and continuously disseminate and sharing the latest information. | CLOSED |
| 2020-ISO 9001:2015- 2020 | DRSDCE-2020-NCR-ZMY01 | Office of the Deputy Rector (Student Development & Community Engagement) | AHMAD 'IZZUDDIN BIN YUNUS | ZULKEFLI BIN MUHAMMED YUSOF | There are 2 cases where the communication process have led to serious unexpected outcomes that would have certain impact on the operations of the office. | CLOSED |
| 2020-ISO 9001:2015- 2020 | DRSDCE-2020-OFI-ZMY01 | Office of the Deputy Rector (Student Development & Community Engagement) | AHMAD 'IZZUDDIN BIN YUNUS | ZULKEFLI BIN MUHAMMED YUSOF | 8.2.1 Customer communication The ODRSDCE website has not been regularly updated. | CLOSED |
| 2020-ISO 9001:2015- 2020 | DRSDCE-2020-OFI-ZMY02 | Office of the Deputy Rector (Student Development & Community Engagement) | AHMAD 'IZZUDDIN BIN YUNUS | ZULKEFLI BIN MUHAMMED YUSOF | 9.1.1 Monitoring, measurement, analysis and evaluation It was found that the identified Opportunity has been addressed in an ad hoc manner. | CLOSED |
| 2020-ISO 9001:2015- 2020 | DRSDCE-2020-OFI-ZMY03 | Office of the Deputy Rector (Student Development & Community Engagement) | AHMAD 'IZZUDDIN BIN YUNUS | ZULKEFLI BIN MUHAMMED YUSOF | 7.1.5.1 Monitoring and measuring resources (General) The minutes of meetings did not highlights the issues that need to be addressed and monitored from the reports by the respective units | CLOSED |
| 2020-ISO 9001:2015- 2020 | RMC-2020-NCR-NJ01 | Research Management Centre | MORNILIZA BINTI MA'AMOR | NORASHIKIN BT. JAAFAR | 8.1(e) - Operational planning and control Process: Commercialisation Activities Some of the Commercialisation processes and activities that were stated in the Innovation and Commercialisation Procedure (Process Flow): Version No. 3; Revision: 00; Reference No.: IIUM/RMC/INC/05; Effective Date: 1/12/2019 could not be evidenced. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | RMC-2020-OFI-NJ01 | Research Management Centre | MORNILIZA BINTI MA'AMOR | NORASHIKIN BT. JAAFAR | 7.5.3.1 (a) Control of documented information Process: Managing of Intellectual Property Rights It was found that the Intellectual Property Disclosure Form available at the Research Management Centre website was obsolete. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | RMC-2020-OFI-NJ02 | Research Management Centre | MORNILIZA BINTI MA'AMOR | NORASHIKIN BT. JAAFAR | 7.5.2 (a) Creating and updating Process: Managing of Intellectual Property Rights There were inconsistencies found for controlling of the Intellectual Property coding number. | CLOSE WITH FOLLOW UP |

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| 2020-ISO 9001:2015- 2020 | RMC-2020-OFI-NJ03 | Research Management Centre | MORNILIZA BINTI MA'AMOR | NORASHIKIN BT. JAAFAR | 8.2.2 (a) Determining the requirements for products and services Process: Commercialisation Activities The approach to identify types of agreements was not clearly defined. | CLOSE WITH FOLLOW UP |
| 2020-ISO 9001:2015- 2020 | RMC-2020-OFI-AZ01 | Research Management Centre | RAJA NUR SABRINA BINTI RAJA AHMAD SHAH | AHMAD ZULHILMI BIN AHMAD HIZAM | It was found that the evaluation of the proposal process at RMSv2 is still using the manual (need to print from the system) while the other process already included there. It was proposed that GIU to include the evaluation process into RMSv2. | CLOSED |