SIRIM QAS INTERNATIONAL	**SIRIM QAS INTERNATIONAL SDN. BHD.** MANAGEMENT SYSTEM CERTIFICATION DEPARTMENT Block 4, SIRIM Complex, No. 1, Persiaran Dato' Menteri Section 2, 40700 Shah Alam, Selangor Darul Ehsan	**File No. :** 20190103598
	QUALITY MANAGEMENT SYSTEM **RECERTIFICATION AUDIT REPORT**	

CLIENT : International Islamic University Malaysia

ADDRESS OF MAIN SITE AUDITED :
(In the case of multisite certification, additional sites are listed in the attachment) :

Jalan Gombak
53100 Kuala Lumpur
Wilayah Persekutuan

CERTIFICATION NO :	QMS 01195	**STANDARD** :	ISO 9001:2015
AUDIT DATE :	22 November until 26 November / 30 auditor day(s) 2021	**LAST AUDIT DATE :**	23, 24, 25 26 & 27 November 2020

SCOPE OF CERTIFICATION :

1) Design And Development Of Education Programs;
2) Provision Of Education Services At Foundation, Undergraduate And Postgraduate Levels;
3) Management Of Research And Publication Activities
4) Management Of Student Development
5) Provision Of Corporate Services

AUDIT TEAM :	Hanida Ghazali Siti Roshaiza Ali Maznah Mat Isa Lt Kol (B) Tn Hj Abdul Lataf Daud Evelyn Liew Parimala Devi Ganesan Tn Hj Shahanif Hj Hasan Elly Nadia Che Afzar Hjh Hawa Maarof Abdul Rashid Mohr Ya'acob	Audit team leader - 3 days Audit team – 5 days Audit team – 5 days Audit team – 5 days Audit team – 3 days Audit team – 3 days Audit team – 3 days Audit team – 1 day Audit team – 1 day Audit team – 1 day

NO. OF EMPLOYEES (Applicable to the scope of certification) : 4049

Report by Audit Team Leader	**Acknowledgement by Client's Representative**
Name : Hanida Ghazali	Name : Prof Dr Ahmad Faris Bin Ismail
Signature :	Signature :
Date : 26.11.2021	Date : 26.11.2021

The Audit Plan and following attachments form part of this report :	**Report reviewed and recommendation approved by :**
Nonconformity Report(s) ☐	
Opportunities for Improvement ☐	**(Section Head)**
List of additional site(s) ☐	
Tick (√) where applicable	**Date**

RECERTIFICATION AUDIT REPORT

1. ANY DEVIATION FROM THE AUDIT PLAN AND THEIR REASONS (IF APPLICABLE)

No deviation

2. SIGNIFICANT CHANGES TO ORGANIZATION'S QUALITY MANAGEMENT SYSTEM/ SCOPE OF CERTIFICATION AND DOCUMENTATION SINCE ORIGINAL CERTIFICATION OR LAST CERTIFICATION AUDIT.

The appointment of new President i.e. YB Dr Maszlee Malik on 1st July 2018.
The appointment of new Rector i.e. Prof Tan Sri Dato' Dzulkifli Abd Razak on 31st July 2018.
The appointment of new Deputy Rector (Internationalisation & Global Networking) i.e. Prof Dr Noor Faridah Abdul Manaf on 31st July 2018.
The appointment of new Deputy Rector (Research & Innovation) i.e. Prof Dr Ahmad Hafiz Zulkifli on 31st July 2016.
The appointment of new Deputy Rector (Student Affairs) i.e. Assoc. Prof. Dr Ahmad Zulkifili Hassan on 31st August 2018.

3. MANUAL REFERENCE (including revision number) : QM 1, Version 04, Revision 01, 01.07.2019

4. SUMMARY OF EFFECTIVENESS OF ACTIONS TAKEN ON NONCONFORMITIES IDENTIFIED DURING THE PREVIOUS AUDIT (detail of NCR's and their status are to be listed in the Appendix 1):

No NCR issued

5. USE OF CERTIFICATION / ACCREDITATION MARKS & CERTIFICATION DOCUMENT (CERTIFICATE)

| ☐ Not in use | ☐ Used; unacceptable |
| ☑ **Used; acceptable** | Action required : |

6. SUMMARY ON FINDINGS

6.1 Documentation
IIUM established a documentation system that consists of a quality manual, procedures, risks documents, guidelines and appropriate forms. As for the documentation system, no changes have been made, except for the risks documents, that will be reviewed thoroughly, after the RMO has started to identify the factors that will lead to the risks of KDCIOM.

6.2 Changes in the external and internal issues relevant to the quality management system
IIUM has restructured the whole processes related to risks for IIUM. RMO has been newly established on 25th May 2021 with the responsibility to monitor the identification, analyzing, evaluating, treating, monitoring and reviewing the risks within IIUM group. The risks will be categorized under Operational, Financial and Governance risks. Risk Owner Committee will be appointed from the KDCIO. Risk Management Working Committee has been appointed at IIUM level. IIUM ERM will be established and soon, it will be embedded with ABMS and cybersecurity risks.

6.3 Appropriateness of risks and opportunities identified and actions taken to address them
IIUM has restructured the whole processes related to risks for IIUM. RMO has been newly established on 25th May 2021 with the responsibility to monitor the identification, analyzing, evaluating, treating, monitoring and reviewing the risks within IIUM group. The risks will be categorized under Operational, Financial and Governance risks. Risk Owner Committee will be appointed from the KDCIO. Risk Management Working Committee has been appointed at IIUM level. IIUM ERM will be established and soon, it will be embedded with ABMS and cybersecurity risks.

6.4 Summary of performance against objectives and actions taken if applicable
At present, IIUM identifies the quality objectives based on the IIUM Roadmap 2021 – 2022. The IIUM Roadmap 2021 – 2022 elaborates on the aspect of Balanced graduates & staff, Institutional stability, Sejahtera society as well as values creation. The analysis of the quality objective achievements is monitored by each KDCIOM.

6.5 Overall control of processes related to the scope of certification including core and support processes
IIUM offers higher education services that covers design & development of programs, selection of students, enrolment of students, preparing of course outlines & teaching plan, execution of classes, tutorials & lab works, continuous assessment of students, final examinations, graduation, convocation, tracer study as well the support processes. Beside the education services, IIUM also include the research activities, publication activities, student affairs as well as the corporate services offered throughout the university.

The corporate services enable IIUM to compliment the education services, as well as to support the objectives of the education services. The education services, as well as the research & publication activities, student affairs and the corporate services, are controlled by their respective KDCIOM. The head of the KDCIOM will implement certain control on the processes.

The conduct of internal audit and management review which is coordinated by KCA, enables additional monitoring at KDCIOM level.

6.6 Internal audit

IIUM has planned and has excuted the internal audit at 13 – 24 September 2021.A briefing to the internal auditors has been made on 3rd September 2021. The internal audit team consists of 84 internal auditors and 40 offices has been audited. The internal audit team has recorded 22 NCRs and 164 OFIs.

Sighted some inconsistencies of competence among the internal auditor, as well as the auditee in responding to the NCRs. During the management review meeting, the issue on competency has been highlighted, and appropriate actions has been identified.

6.7 Management review

IIUM has planned to conduct the MRM twice a year. The 1/2021 review was conducted on 26 April 2021, and the latest MRM i.e. 2/2021 was conducted on 2 November 2021. The IIUM Rector chaired the MRM. Among the matters discussed were the KDCIOM performances, the results of suppliers' evaluations, the adequacy of resources and the feedback from the interseted parties. The MRM has been conducted accordingly.

6.8 Handling of customer complaints

OCAP IIUM recorded 6 complaints in 2021, compared with 20 complaints recorded in 2020. For the processes of complaints, refer to OFI report.

6.9 Continual improvement

Several impovement has been planned and some are in progress. Among the improvement are SHARP, SAF and Sejahtera Culture Index.

6.10 Useful comparisons with previous audit results

No repetitive issue observed.

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7. NONCONFORMITY REPORT(S)

Total no. of minor NCR(s) :   0   List : -

Total no. of major NCR(s) :   0   List : -

List of minor NCRs which collectively constitute major NCR(s) :   -

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8. ANY UNRESOLVED ISSUES, IF APPLICABLE

No

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9. ANY SIGNIFICANT ISSUES THAT MAY IMPACT THE AUDIT PROGRAMME

No significant issues

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10. CONCLUSION ON THE CONFORMITY AND EFFECTIVENESS OF THE SYSTEM

Overall, the implementation of ISO 9001:2015 in IIUM is at satisfactorily level. The commitment of the top management and all staff remains at high level.

The feedbacks obtained from the students resulted in high percentage of customer satisfactions.

The conduct of internal audit and MRM helps the KDCIOM to continually review and improve their processes.

IIUM is expected to undergo Self - accreditation Compliance audit in 2022.

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11. APPROPRIATENESS OF THE SCOPE OF CERTIFICATION

[/]   Yes

[ ]   No (please comment) :

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12. HAVE THE AUDIT OBJECTIVES BEEN FULFILLED?

[/]   Yes

[ ]   No (please comment) :

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13.   RECOMMENDATION

☑   <u>**No NCR recorded. Renewal of certification**</u> *with/ ~~without~~ <u>**change**</u>.

☐   Minor NCR(s) recorded. Renewal of certification *with/ without change conditional upon satisfactory verification of corrective actions taken.

☐   Major NCR(s) recorded. Recommendation for renewal of certification *with/ without change will be made after :

         ☐   On-site audit of the following area(s) including verification of corrective action :

         _____

         ☐   Off-site verification of corrective action(s). Records of implementation of proposed corrective action to be submitted for verification.

* Nature of change :   _____
(if applicable)

☐   Withdrawal (Non-renewal) of certification.

Note :

     a) *Corrective action plans for all nonconformities (minor/ major) raised shall be submitted within one month and evidence of implementation within 3 months of the date of this report or before the expiry of the certificate (whichever earlier) to the Audit Team Leader. Failure to comply shall result in either suspension or withdrawal of the certification.*

     b) *Certificate will only be issued upon satisfactory verification of corrective actions for nonconformities raised.*

     c) *If corrective action responses are received and verified after the expiry of the certificate, renewal of certificate will begin from the date of certification decision i.e. after the expiry of previous certificate.*

     d) *If nonconformity(ies) remain open six months after the expiry of the certificate, the certificate shall not be renewed.*

     e) *If there is any unresolved issue at the end of the audit, it shall be brought to the attention of the management of SIRIM QAS Intl for resolution. The client will be notified in writing of the decision within two weeks of the date of this report.*

     f) *In case the evidence of correction/ corrective actions submitted is not adequate, SIRIM QAS Intl reserves the right to conduct an on-site audit to verify the effectiveness of correction/ corrective actions taken.*

     g) *Auditing is based on a sampling process of the available information.*

FOLLOW UP ON NCR(s)

It is confirmed that all corrective actions taken have been satisfactorily verified. Recommended to continue certification.

Audit Team Leader :	Hanida Ghazali		26.11.2021
	(Name)	(Signature)	(Date)

SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE

File No. : 20190103598

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR	
				Management & KCA	RMO	KOS	KENMS	KOP	AIKOL	KICT	CELPAD	Major	Minor
4. Context of the organization													
4.1	Understanding the organization and its context	/	/	/	/	/	/	/	/	/	/		
4.2	Understanding the needs and expectations of interested parties	/	/	/	/	/	/	/	/	/	/		
4.3	Determining the scope of the quality management system	/	/	/	/	/	/	/	/	/	/		
4.4	Quality management system and its processes	/	/	/	/	/	/	/	/	/	/		
5. Leadership													
5.1	Leadership and commitment	/	/	/	/	/	/	/	/	/	/		
5.1.1	General	/	/	/	/	/	/	/	/	/	/		
5.1.2	Customer focus	/	/	/	/	/	/	/	/	/	/		
5.2	Policy	/	/	/	/	/	/	/	/	/	/		
5.2.1	Establishing the quality policy	/	/	/	/	/	/	/	/	/	/		
5.2.2	Communicating the quality policy	/	/	/	/	/	/	/	/	/	/		
5.3	Organizational roles, responsibilities and authorities	/	/	/	/	/	/	/	/	/	/		
6. Planning													
6.1	Actions to address risks and opportunities	/	/	/	/	/	/	/	/	/	/		
6.2	Quality objectives and planning to achieve them	/	/	/	/	/	/	/	/	/	/		
6.3	Planning of changes	/	/	/	/	/	/	/	/	/	/		
7. Support													
7.1	Resources	/	/	/	/	/	/	/	/	/	/		
7.1.1	General	/	/	/	/	/	/	/	/	/	/		
7.1.2	People	/	/	/	/	/	/	/	/	/	/		
7.1.3	Infrastructure	/	/	/	/	/	/	/	/	/	/		
7.1.4	Environment for the operation of processes	/	/	/	/	/	/	/	/	/	/		
7.1.5	Monitoring and measuring resources	/	/	/	/	/	/	/	/	/	/		
7.1.5.1	General	/	/	/	/	/	/	/	/	/	/		
	Major / **Minor**											0	0

Note :
a) Indicate in the "Requirement audited" column with a (√) the requirements that were audited and (-) for requirements that were not audited. Indicate with (NA) if the requirement is not applicable.
b) In the case where requirements were audited and nonconformities detected, replace the (√) with the number of nonconformities (no. of major/ minor)
c) Tick (√) for adequacy of documentation. For requirements which have been deemed to be inadequately addressed in the documented quality system, NCR shall be raised.

RECERTIFICATION AUDIT REPORT

SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE

ISO 9001:2015		Requirement audited	Adequacy of documentation	Management & KCA	RMO	KOS	KENMS	KOP	AIKOL	KICT	CELPAD	NCR Major	NCR Minor
7.1.5.2	Measurement traceability	/	/	/		/		/					
7.1.6	Organizational knowledge	/	/	/	/	/	/	/	/	/	/		
7.2	Competence	/	/	/	/	/	/	/	/	/	/		
7.3	Awareness	/	/	/	/	/	/	/	/	/	/		
7.4	Communication	/	/	/	/	/	/	/	/	/	/		
7.5	Documented information	/	/	/	/	/	/	/	/	/	/		
7.5.1	General	/	/	/	/	/	/	/	/	/	/		
7.5.2	Creating and updating	/	/	/	/	/	/	/	/	/	/		
7.5.3	Control of documented information	/	/	/	/	/	/	/	/	/	/		
8. Operation													
8.1	Operational planning and control	/	/	/	/	/	/	/	/	/	/		
8.2	Requirements for products and services	/	/	/	/	/	/	/	/	/	/		
8.2.1	Customer communication	/	/	/	/	/	/	/	/	/	/		
8.2.2	Determining the requirements for products and services	/	/	/	/	/	/	/	/	/	/		
8.2.3	Review of the requirements for products and services	/	/	/	/	/	/	/	/	/	/		
8.2.4	Changes to requirements for products and services	/	/	/	/	/	/	/	/	/	/		
8.3	Design and development of products and services	/	/	/	/	/	/	/	/	/	/		
8.3.1	General	/	/	/	/	/	/	/	/	/	/		
8.3.2	Design and development planning	/	/	/	/	/	/	/	/	/	/		
8.3.3	Design and development inputs	/	/	/	/	/	/	/	/	/	/		
8.3.4	Design and development controls	/	/	/	/	/	/	/	/	/	/		
8.3.5	Design and development outputs	/	/	/	/	/	/	/	/	/	/		
8.3.6	Design and development changes	/	/	/	/	/	/	/	/	/	/		
8.4	Control of externally provided processes, products and services	/	/	/	/	/	/	/	/	/	/		
8.4.1	General	/	/	/	/	/	/	/	/	/	/		
8.4.2	Type and extent of control	/	/	/	/	/	/	/	/	/	/		
8.4.3	Information for external providers	/	/	/	/	/	/	/	/	/	/		
	Major / Minor											0	0

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SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE

ISO 9001:2015		Requirement audited	Adequacy of documentation	Management & KCA	RMO	KOS	KENMS	KOP	AIKOL	KICT	CELPAD	NCR Major	NCR Minor
8.5	Production and service provision	/	/	/	/	/	/	/	/	/	/		
8.5.1	Control of production and service provision	/	/	/	/	/	/	/	/	/	/		
8.5.2	Identification and traceability	/	/	/	/	/	/	/	/	/	/		
8.5.3	Property belonging to customers or external providers	/	/	/	/	/	/	/	/	/	/		
8.5.4	Preservation	/	/	/	/	/	/	/	/	/	/		
8.5.5	Post-delivery activities	/	/	/	/	/	/	/	/	/	/		
8.5.6	Control of changes	/	/	/	/	/	/	/	/	/	/		
8.6	Release of products and services	/	/	/	/	/	/	/	/	/	/		
8.7	Control of nonconforming outputs	/	/	/	/	/	/	/	/	/	/		
9. Performance evaluation													
9.1	Monitoring, measurement, analysis and evaluation	/	/	/	/	/	/	/	/	/	/		
9.1.1	General	/	/	/	/	/	/	/	/	/	/		
9.1.2	Customer satisfaction	/	/	/	/	/	/	/	/	/	/		
9.1.3	Analysis and evaluation	/	/	/	/	/	/	/	/	/	/		
9.2	Internal audit	/	/	/	/	/	/	/	/	/	/		
9.3	Management review	/	/	/	/	/	/	/	/	/	/		
9.3.1	General	/	/	/	/	/	/	/	/	/	/		
9.3.2	Management review inputs	/	/	/	/	/	/	/	/	/	/		
9.3.3	Management review outputs	/	/	/	/	/	/	/	/	/	/		
10. Improvement													
10.1	General	/	/	/	/	/	/	/	/	/	/		
10.2	Nonconformity and corrective action	/	/	/	/	/	/	/	/	/	/		
10.3	Continual improvement	/	/	/	/	/	/	/	/	/	/		
Other Certification Requirements													
1.	Use of marks/ certificate	/											
	Major Minor											0	0

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				ISTAC	IIiBF	OCD	EDC	STAD	MSD	CPD	SDC	Major	Minor
4. Context of the organization													
4.1	Understanding the organization and its context	/	/	/	/	/	/	/	/	/	/		
4.2	Understanding the needs and expectations of interested parties	/	/	/	/	/	/	/	/	/	/		
4.3	Determining the scope of the quality management system	/	/	/	/	/	/	/	/	/	/		
4.4	Quality management system and its processes	/	/	/	/	/	/	/	/	/	/		
5. Leadership													
5.1	Leadership and commitment	/	/	/	/	/	/	/	/	/	/		
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5.1.2	Customer focus	/	/	/	/	/	/	/	/	/	/		
5.2	Policy	/	/	/	/	/	/	/	/	/	/		
5.2.1	Establishing the quality policy	/	/	/	/	/	/	/	/	/	/		
5.2.2	Communicating the quality policy	/	/	/	/	/	/	/	/	/	/		
5.3	Organizational roles, responsibilities and authorities	/	/	/	/	/	/	/	/	/	/		
6. Planning													
6.1	Actions to address risks and opportunities	/	/	/	/	/	/	/	/	/	/		
6.2	Quality objectives and planning to achieve them	/	/	/	/	/	/	/	/	/	/		
6.3	Planning of changes	/	/	/	/	/	/	/	/	/	/		
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7.1.1	General	/	/	/	/	/	/	/	/	/	/		
7.1.2	People	/	/	/	/	/	/	/	/	/	/		
7.1.3	Infrastructure	/	/	/	/	/	/	/	/	/	/		
7.1.4	Environment for the operation of processes	/	/	/	/	/	/	/	/	/	/		
7.1.5	Monitoring and measuring resources	/	/	/	/	/	/	/	/	/	/		
7.1.5.1	General	/	/	/	/	/	/	/	/	/	/		
Major / Minor													

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ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR	
				ISTAC	IIiBF	OCD	EDC	STAD	MSD	CPD	SDC	Major	Minor
7.1.5.2	Measurement traceability	/	/										
7.1.6	Organizational knowledge	/	/	/	/	/	/	/	/	/	/		
7.2	Competence	/	/	/	/	/	/	/	/	/	/		
7.3	Awareness	/	/	/	/	/	/	/	/	/	/		
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7.5	Documented information	/	/	/	/	/	/	/	/	/	/		
7.5.1	General	/	/	/	/	/	/	/·	/	/	/		
7.5.2	Creating and updating	/	/	/	/	/	/	/	/	/	/		
7.5.3	Control of documented information	/	/	/	/	/	/	/	/	/	/		
8. Operation													
8.1	Operational planning and control	/	/	/	/	/	/	/	/	/	/		-
8.2	Requirements for products and services	/	/	/	/	/	/	/	/	/	/		-
8.2.1	Customer communication	/	/	/	/	/	/	/	/	/	/		
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8.2.3	Review of the requirements for products and services	/	/	/	/	/	/	/	/	/	/		
8.2.4	Changes to requirements for products and services	/	/	/	/	/	/	/	/	/	/		
8.3	Design and development of products and services	/	/	/	/								
8.3.1	General	/	/	/	/								
8.3.2	Design and development planning	/	/	/	/								
8.3.3	Design and development inputs	/	/	/	/								
8.3.4	Design and development controls	/	/	/	/								
8.3.5	Design and development outputs	/	/	/	/								
8.3.6	Design and development changes	/	/	/	/								
8.4	Control of externally provided processes, products and services	/	/	/	/	/	/	/	/	/	/		
8.4.1	General	/	/	/	/	/	/	/	/	/	/		
8.4.2	Type and extent of control	/	/	/	/	/	/	/	/	/	/		
8.4.3	Information for external providers	/	/	/	/	/	/	/	/	/	/		
Major / **Minor**												0	0

Note :
d) Indicate in the "Requirement audited" column with a (√) the requirements that were audited and (-) for requirements that were not audited. Indicate with (NA) if the requirement is not applicable.
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SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE

ISO 9001:2015		Requirement audited	Adequacy of documentation	ISTAC	IiBF	OCD	EDC	STAD	MSD	CPD	SDC	NCR Major	NCR Minor
8.5	Production and service provision	/	/	/	/	/	/	/	/	/	/		
8.5.1	Control of production and service provision	/	/	/	/	/	/	/	/	/	/		
8.5.2	Identification and traceability	/	/	/	/	/	/	/	/	/	/		
8.5.3	Property belonging to customers or external providers	/	/	/	/	/	/	/	/	/	/		
8.5.4	Preservation	/	/	/	/	/	/	/	/	/	/		
8.5.5	Post-delivery activities	/	/	/	/	/	/	/	/	/	/		
8.5.6	Control of changes	/	/	/	/	/	/	/	/	/	/		
8.6	Release of products and services	/	/	/	/	/	/	/	/	/	/		
8.7	Control of nonconforming outputs	/	/	/	/	/	/	/	/	/	/		
9. Performance evaluation													
9.1	Monitoring, measurement, analysis and evaluation	/	/	/	/	/	/	/	/	/	/		
9.1.1	General	/	/	/	/	/	/	/	/	/	/		
9.1.2	Customer satisfaction	/	/	/	/	/	/	/	/	/	/		
9.1.3	Analysis and evaluation	/	/	/	/	/	/	/	/	/	/		
9.2	Internal audit	/	/	/	/	/	/	/	/	/	/		
9.3	Management review	/	/	/	/	/	/	/	/	/	/		
9.3.1	General	/	/	/	/	/	/	/	/	/	/		
9.3.2	Management review inputs	/	/	/	/	/	/	/	/	/	/		
9.3.3	Management review outputs	/	/	/	/	/	/	/	/	/	/		
10. Improvement													
10.1	General	/	/	/	/	/	/	/	/	/	/		
10.2	Nonconformity and corrective action	/	/	/	/	/	/	/	/	/	/		
10.3	Continual improvement	/	/	/	/	/	/	/	/	/	/		
Other Certification Requirements													
1.	Use of marks/ certificate	/											
	Major / Minor												0	0

Note :
d)   Indicate in the "Requirement audited" column with a (√) the requirements that were audited and (-) for requirements that were not audited. Indicate with (NA) if the requirement is not applicable.
e)   In the case where requirements were audited and nonconformities detected, replace the (√) with the number of nonconformities (no. of major/ minor)
f)   Tick (√) for adequacy of documentation. For requirements which have been deemed to be inadequately addressed in the documented quality system, NCR shall be raised.

RECERTIFICATION AUDIT REPORT

SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE

File No. : 20190103598

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR	
				OCAP	Office of Deputy Rector (Students Development& Community)	IIUM Press	IO	IWON	OLA	SC4SH	Office Of Internal Audit	Major	Minor
4. Context of the organization													
4.1	Understanding the organization and its context	/	/	/	/	/	/	/	/	/	/		
4.2	Understanding the needs and expectations of interested parties	/	/	/	/	/	/	/	/	/	/		
4.3	Determining the scope of the quality management system	/	/	/	/	/	/	/	/	/	/		
4.4	Quality management system and its processes	/	/	/	/	/	/	/	/	/	/		
5. Leadership													
5.1	Leadership and commitment	/	/	/	/	/	/	/	/	/	/		
5.1.1	General	/	/	/	/	/	/	/	/	/	/		
5.1.2	Customer focus	/	/	/	/	/	/	/	/	/	/		
5.2	Policy	/	/	/	/	/	/	/	/	/	/		
5.2.1	Establishing the quality policy	/	/	/	/	/	/	/	/	/	/		
5.2.2	Communicating the quality policy	/	/	/	/	/	/	/	/	/	/		
5.3	Organizational roles, responsibilities and authorities	/	/	/	/	/	/	/	/	/	/		
6. Planning													
6.1	Actions to address risks and opportunities	/	/	/	/	/	/	/	/	/	/		
6.2	Quality objectives and planning to achieve them	/	/	/	/	/	/	/	/	/	/		
6.3	Planning of changes	/	/	/	/	/	/	/	/	/	/		
7. Support													
7.1	Resources	/	/	/	/	/	/	/	/	/	/		
7.1.1	General	/	/	/	/	/	/	/	/	/	/		
7.1.2	People	/	/	/	/	/	/	/	/	/	/		
7.1.3	Infrastructure	/	/	/	/	/	/	/	/	/	/		
7.1.4	Environment for the operation of processes	/	/	/	/	/	/	/	/	/	/		
7.1.5	Monitoring and measuring resources	/	/	/	/	/	/	/	/	/	/		
7.1.5.1	General	/	/	/	/	/	/	/	/	/	/		
Major / **Minor**												0	0

Note :
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SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE

ISO 9001:2015		Requirement audited	Adequacy of documentation	OCAP	Office of Deputy Rector (Students Development& Community)	IIUM Press	IO	IWON	OLA	SC4SH	Office Of Internal Audit	Major	Minor
7.1.5.2	Measurement traceability	/	/										
7.1.6	Organizational knowledge	/	/	/	/	/	/	/	/	/	/		
7.2	Competence	/	/	/	/	/	/	/	/	/	/		
7.3	Awareness	/	/	/	/	/	/	/	/	/	/		
7.4	Communication	/	/	/	/	/	/	/	/	/	/		
7.5	Documented information	/	/	/	/	/	/	/	/	/	/		
7.5.1	General	/	/	/	/	/	/	/	/	/	/		
7.5.2	Creating and updating	/	/	/	/	/	/	/	/	/	/		
7.5.3	Control of documented information	/	/	/	/	/	/	/	/	/	/		
8. Operation													
8.1	Operational planning and control	/	/	/	/	/	/	/	/	/	/		
8.2	Requirements for products and services	/	/	/	/	/	/	/	/	/	/		
8.2.1	Customer communication	/	/	/	/	/	/	/	/	/	/		
8.2.2	Determining the requirements for products and services	/	/	/	/	/	/	/	/	/	/		
8.2.3	Review of the requirements for products and services	/	/	/	/	/	/	/	/	/	/		
8.2.4	Changes to requirements for products and services	/	/	/	/	/	/	/	/	/	/		
8.3	Design and development of products and services	/	/										
8.3.1	General	/	/										
8.3.2	Design and development planning	/	/										
8.3.3	Design and development inputs	/	/										
8.3.4	Design and development controls	/	/										
8.3.5	Design and development outputs	/	/										
8.3.6	Design and development changes	/	/										
8.4	Control of externally provided processes, products and services	/	/	/	/	/	/	/	/	/	/		
8.4.1	General	/	/	/	/	/	/	/	/	/	/		
8.4.2	Type and extent of control	/	/	/	/	/	/	/	/	/	/		
8.4.3	Information for external providers	/	/	/	/	/	/	/	/	/	/		
Major / Minor												0	0

Note :
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SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE								NCR	
				OCAP	Office of Deputy Rector (Students Development& Community)	IIUM Press	IO	IWON	OLA	SC4SH	Office Of Internal Audit	Major	Minor
8.5	Production and service provision	/	/	/	/	/	/	/	/	/	/		
8.5.1	Control of production and service provision	/	/	/	/	/	/	/	/	/	/		
8.5.2	Identification and traceability	/	/	/	/	/	/	/	/	/	/		
8.5.3	Property belonging to customers or external providers	/	/	/	/	/	/	/	/	/	/		
8.5.4	Preservation	/	/	/	/	/	/	/	/	/	/		
8.5.5	Post-delivery activities	/	/	/	/	/	/	/	/	/	/		
8.5.6	Control of changes	/	/	/	/	/	/	/	/	/	/		
8.6	Release of products and services	/	/	/	/	/	/	/	/	/	/		
8.7	Control of nonconforming outputs	/	/	/	/	/	/	/	/	/	/		
9. Performance evaluation													
9.1	Monitoring, measurement, analysis and evaluation	/	/	/	/	/	/	/	/	/	/		
9.1.1	General	/	/	/	/	/	/	/	/	/	/		
9.1.2	Customer satisfaction	/	/	/	/	/	/	/	/	/	/		
9.1.3	Analysis and evaluation	/	/	/	/	/	/	/	/	/	/		
9.2	Internal audit	/	/	/	/	/	/	/	/	/	/		
9.3	Management review	/	/	/	/	/	/	/	/	/	/		
9.3.1	General	/	/	/	/	/	/	/	/	/	/		
9.3.2	Management review inputs	/	/	/	/	/	/	/	/	/	/		
9.3.3	Management review outputs	/	/	/	/	/	/	/	/	/	/		
10. Improvement													
10.1	General	/	/	/	/	/	/	/	/	/	/		
10.2	Nonconformity and corrective action	/	/	/	/	/	/	/	/	/	/		
10.3	Continual improvement	/	/	/	/	/	/	/	/	/	/		
Other Certification Requirements													
1.	Use of marks/ certificate	/												
	Major / Minor												0	0

Note :

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RECERTIFICATION AUDIT REPORT

SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE

File No. : 20190103598

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE										NCR	
				Office of Ombudsman & Integrity	IIUM Academy									Major	Minor
4. Context of the organization															
4.1	Understanding the organization and its context	/	/	/	/										
4.2	Understanding the needs and expectations of interested parties	/	/	/	/										
4.3	Determining the scope of the quality management system	/	/	/	/										
4.4	Quality management system and its processes	/	/	/	/										
5. Leadership															
5.1	Leadership and commitment	/	/	/	/										
5.1.1	General	/	/	/	/										
5.1.2	Customer focus	/	/	/	/										
5.2	Policy	/	/	/	/										
5.2.1	Establishing the quality policy	/	/	/	/										
5.2.2	Communicating the quality policy	/	/	/	/										
5.3	Organizational roles, responsibilities and authorities	/	/	/	/										
6. Planning															
6.1	Actions to address risks and opportunities	/	/	/	/										
6.2	Quality objectives and planning to achieve them	/	/	/	/										
6.3	Planning of changes	/	/	/	/										
7. Support															
7.1	Resources	/	/	/	/										
7.1.1	General	/	/	/	/										
7.1.2	People	/	/	/	/										
7.1.3	Infrastructure	/	/	/	/										
7.1.4	Environment for the operation of processes	/	/	/	/										
7.1.5	Monitoring and measuring resources	/	/	/	/										
7.1.5.1	General	/	/	/	/										
Major **Minor**														0	0

Note :
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RECERTIFICATION AUDIT REPORT

SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE									NCR	
				Office of Ombudsman & Integrity	IIUM Academy								Major	Minor
7.1.5.2	Measurement traceability	/	/											
7.1.6	Organizational knowledge	/	/	/	/									
7.2	Competence	/	/	/	/									
7.3	Awareness	/	/	/	/									
7.4	Communication	/	/	/	/									
7.5	Documented information	/	/	/	/									
7.5.1	General	/	/	/	/									
7.5.2	Creating and updating	/	/	/	/									
7.5.3	Control of documented information	/	/	/	/									
8. Operation														
8.1	Operational planning and control	/	/	/	/									
8.2	Requirements for products and services	/	/	/	/									
8.2.1	Customer communication	/	/	/	/									
8.2.2	Determining the requirements for products and services	/	/	/	/									
8.2.3	Review of the requirements for products and services	/	/	/	/									
8.2.4	Changes to requirements for products and services	/	/	/	/									
8.3	Design and development of products and services	/	/		/									
8.3.1	General	/	/		/									
8.3.2	Design and development planning	/	/		/									
8.3.3	Design and development inputs	/	/		/									
8.3.4	Design and development controls	/	/		/									
8.3.5	Design and development outputs	/	/		/									
8.3.6	Design and development changes	/	/		/									
8.4	Control of externally provided processes, products and services	/	/	/	/									
8.4.1	General	/	/	/	/									
8.4.2	Type and extent of control	/	/	/	/									
8.4.3	Information for external providers	/	/	/	/									
	Major / Minor												0	0

Note :
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SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE

ISO 9001:2015		Requirement audited	Adequacy of documentation	FUNCTION/ PROCESS/ PROJECT SITE									NCR	
				Office of Ombudsman & Integrity	IIUM Academy								Major	Minor
8.5	Production and service provision	/	/	/	/									
8.5.1	Control of production and service provision	/	/	/	/									
8.5.2	Identification and traceability	/	/	/	/									
8.5.3	Property belonging to customers or external providers	/	/	/	/									
8.5.4	Preservation	/	/	/	/									
8.5.5	Post-delivery activities	/	/	/	/									
8.5.6	Control of changes	/	/	/	/									
8.6	Release of products and services	/	/	/	/									
8.7	Control of nonconforming outputs	/	/	/	/									
9. Performance evaluation														
9.1	Monitoring, measurement, analysis and evaluation	/	/	/	/									
9.1.1	General	/	/	/	/									
9.1.2	Customer satisfaction	/	/	/	/									
9.1.3	Analysis and evaluation	/	/	/	/									
9.2	Internal audit	/	/	/	/									
9.3	Management review	/	/	/	/									
9.3.1	General	/	/	/	/									
9.3.2	Management review inputs	/	/	/	/									
9.3.3	Management review outputs	/	/	/	/									
10. Improvement														
10.1	General	/	/	/	/									
10.2	Nonconformity and corrective action	/	/	/	/									
10.3	Continual improvement	/	/	/	/									
Other Certification Requirements														
1.	Use of marks/ certificate	/													
	Major Minor													0	0

Note :
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APPENDIX 1 : VERIFICATION OF PREVIOUSLY RAISED NONCONFORMITY REPORTS:

File No. : 20190103598

No.	NCR Reference No.	Evidence sighted for the implementation of the corrective action	Effectiveness of corrective action (Y/N)	Remarks
		NO NCR		

Note:
If the corrective action has not been effectively implemented, a new NCR shall be reissued and indicate in the "Remarks" column.

Auditor Name: Hanida Ghazali   Date: 26.11.2021

SIRIM QAS INTERNATIONAL

OPPORTUNITIES FOR IMPROVEMENT		
Clause	Details	Comments on action taken
8.5.1 (c)	**Control of production and service provision** The kulliyah has established mechanisms to monitor and control on the attendances of students for lectures and tutorial during the pandemics, however the recording and documentation of the attendances could be done consistently. (AIKOL)	
8.5.2	**Identification and traceability** The standardized information requirement of the course outline, such as senate endorsement reference and date, version number and version effective date has been established for ensuring the latest contents to be implemented. The information could be ensured to be filled up for all courses, in order to maintain the accuracy of contents, latest reference and traceability of the document. (AIKOL)	

Auditor :   Maznah bt Mat Isa

Date   :   26-Nov-2021

SIRIM QAS INTERNATIONAL

	OPPORTUNITIES FOR IMPROVEMENT	
Clause	**Details**	**Comments on action taken**
8.5.1	**Control of Production and Service Provision** **KICT** 1. Course code of subjects could be updated accordingly, cited different versions of course outline during the audit. Example: KICT - Course outline – INFO 1103/INFO 1303, CBIA 6101/CBIA 7101 2. Final examination vetting process could be further extended to the postgraduate programs with coursework mode to ensure that the final questions prepared are verified and approved accordingly. Example: MBIA - CBIA 7101	
9.1.3	**Analysis and evaluation** **KICT** The organization has yet to determind the mechanism to retrieve Student feedback survey report (SFS) for Postgraduate programs with coursework mode. Example: MPSM, MLIS, MBIA	

Auditor :   Parimala Devi Ganesan

Date   :   26-Nov-2021

Client :

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

File Ref :

20190103598

	OPPORTUNITIES FOR IMPROVEMENT	
Clause	**Details**	**Comments on action taken**
8.5.1	**Control of production and service provision** 1. The implementation of TnL process that has been conducted is very satisfactory, however based on the audit sample, it was found that the detailing of the evaluation criteria for scoring students' continuous assessment were not clear in order to facilitate the evaluation to be conducted better and consistently. In addition the scoring rubric also could not be proven. – KOS & KENMS 2. The audit found that IIUM has created a course outline that contains information on the course learning outcomes (CLO). Sighted of audit, CLO mapping with bloom's taxonomy are not match when compared with the assessment method specified for the course.- KOS & KENMS 3. Sighted of audit, the kulliyyah has implemented a vetting process for the final evaluation, but there is no evidence show the correction has been made by lecturers. 4. The reference books available on the course outline need to be improved by using the latest and appropriate reference books. – KOS & KENMS	

Auditor :   SITI ROSHAIZA BINTI ALI

Date   :   26-Nov-2021

Client :

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

File Ref :

20190103598

SIRIM
QAS INTERNATIONAL

	OPPORTUNITIES FOR IMPROVEMENT	
Clause	**Details**	**Comments on action taken**
8.2.3	**Review of the requirements for products and services** Vehicle Maintenance Unit has developed related procedures for its services. However, the procedure for maintenance the vehicles is yet to be established. (STADD)	
7.1.3	**Infrastructure** Most of fire extinguishers in the laboratories and offices has already past the expiry dates (4 August 2021 and 16 July 2021) (CREAM & INOCEM)	

Auditor :   Lt. Kol (B) Abd Lataf Bin Daud

Date   :   26-Nov-2021

Client :
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

File Ref :
20190103598

SIRIM QAS INTERNATIONAL

OPPORTUNITIES FOR IMPROVEMENT		
Clause	**Details**	**Comments on action taken**
7.5 Documented Information	**7.5 Documented Information** **7.5.2 Creating and updating** i.The current procedure for handling complaints could be further reviewed and improved to ensure all departments/entity from various campuses to provide input on statistics and status of complaints to OCAP for purpose of reporting to Management Review meetings (university wide). However, the respective department are to handle the complaints according to procedure and maintain detail records of the complaints, using the stipulated complaint form, at their respective departments/entity. **7.5.3 Control of Documented Information** ii. Control of usage of obsoleted forms could be further enhanced. Example: Complaint form.	
8.5.2 Identification and Traceability	**8.5.2 Identification and Traceability** Consideration to provide a identification/reference number for every complaints / inquiries /suggestion for purpose of identification and traceability.	

Auditor :   Liew Yuen Chun (Evelyn)

Date   :   24-Nov-2021