



**CONFIDENTIAL**

	<b>SIRIM QAS INTERNATIONAL SDN. BHD.</b> <b>MANAGEMENT SYSTEM CERTIFICATION DEPARTMENT</b> Block 4, SIRIM Complex, No. 1, Persiaran Dato' Menteri Section 2, 40700 Shah Alam, Selangor Darul Ehsan	File No. : 20190103598
	<b>QUALITY MANAGEMENT SYSTEM SURVEILLANCE AUDIT REPORT</b>	
<b>CLIENT :</b> International Islamic University Malaysia		
<b>ADDRESS OF MAIN SITE AUDITED</b> (In the case of multisite certification, additional sites are listed in the attachment) :  Jalan Gombak 53100 Kuala Lumpur Wilayah Persekutuan		
<b>CERTIFICATION NO :</b> QMS 01195		<b>STANDARD :</b> ISO 9001:2015
<b>AUDIT DATE :</b> 7-11 NOV 2022 / __25__ auditor day(s)		<b>LAST AUDIT DATE :</b> 23-27 NOV 2021
<b>SCOPE OF CERTIFICATION :</b>  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		
Maznah Mai Isa Nuraadhiah Binti Yusoff Thani Amrulah Muhammad Fadhullullah Bin Rahmat Sarasvathy Sundara Pathar Dr. Roslina Bt Sailan Siti Rahmah Bt Ahmad Liew Yuen Chun (Evelyn) Noor Kamasahliza Binti Md Sahair @ Shahir Arfa Atirah Binti Arshad		Audit team leader 5 Auditor days Audit team 4 Auditor days Audit team 4 Auditor days Audit team 3 Auditor days Audit team 2 Auditor days Audit team 3 Auditor days Audit team 2 Auditor days Audit team 1 Auditor day Audit team 1 Auditor day
<b>NO. OF EMPLOYEES (Applicable to the scope of certification) :</b> 5723 (ACADEMIC= 1933 ADM = 3790)		
<b>Report by Audit Team Leader</b>  Name : MAZNAH MAT ISA Signature :  Date : 11 NOVEMBER 2022		<b>Acknowledgement by Client's Representative</b>  Name : _____ Signature : _____ Date : 11 NOVEMBER 2022
<b>The Audit Plan and the following attachments form part of this report:</b>  Nonconformity Report(s) <input type="checkbox"/> NA Opportunities for Improvement <input checked="" type="checkbox"/> List of additional site(s) <input type="checkbox"/> NA  Tick ( ✓ ) where applicable		<b>Report reviewed by :</b>  _____ (Senior Auditor/ Section Head)  _____ Date


<b>SURVEILLANCE AUDIT REPORT</b>	
<b>1.</b>	<b>ANY DEVIATION FROM THE AUDIT PLAN AND THEIR REASONS (IF APPLICABLE)</b>
	Slight changes on the audit plan, CENTRIS- Both Sultan Haji Ahmad Shah Mosque and Islamisation were audited on Wednesday and Mahallah Sumayyah and Ali is an additional service being audited.
<b>2.</b>	<b>SIGNIFICANT CHANGES TO ORGANIZATION'S QUALITY MANAGEMENT SYSTEM SINCE THE LAST AUDIT (IF APPLICABLE)</b>
	<ul style="list-style-type: none"> <li>• The appointment new Deputy Rector for student Development and Community Engagement YBrS Prof Dr.Akmal Khuzairy Abd Rahman – 1<sup>st</sup> Oct 2022 until 30<sup>th</sup> of Sept. 2024</li> <li>• Reappointment Deputy Rector for Academic and Internationalisation, YBrS Prof Ahmad Faris Ismail - 1<sup>st</sup> Oct 2022 until 30<sup>th</sup> of Sept. 2024</li> <li>• Reappointment of YBrS Prof Dr Ahmad Hafiz Zulkifly as Deputy Rector for Responsible Research and Innovation – 1<sup>st</sup> Oct 2022 until 30<sup>th</sup> Sept 2023</li> <li>• Establishment of Institute of planetary Survival for sustainable wellbeing – PLANETIUM on 23<sup>rd</sup> August 2022</li> </ul>
<b>3.</b>	<b>SUMMARY OF EFFECTIVENESS OF ACTIONS TAKEN ON NONCONFORMITIES IDENTIFIED DURING THE PREVIOUS AUDIT (details of NCRs and their status are to be listed in Appendix 1):</b>
	No NCR was raised during the previous audit, However OFI raised has been closed and verified.
<b>4.</b>	<b>USE OF CERTIFICATION / ACCREDITATION MARKS &amp; CERTIFICATION DOCUMENT (CERTIFICATE)</b>
	<input type="checkbox"/> Not in use <input type="checkbox"/> Used; unacceptable <input checked="" type="checkbox"/> Used; acceptable                      Action required :
<b>5.</b>	<b>SUMMARY ON FINDINGS :</b>
<b>5.1</b>	<b>Changes in the external and internal issues relevant to the quality management system</b>
	IIUM has reviewed processes related to Risk Management Policies.and endorsed in BOG on the 29 <sup>th</sup> of October 2021.The university risk management process involves all level of the university in the systematic application of policies, procedures, and practices to the activities of communicating and consulting, establishing the context in relation to internal and external issues.in assessing, treating, monitoring, reviewing, recording and reporting risks. The risks will be categorized under Operational, Financial and Governance, and each office will identify their own internal and external issues, and any changes related will be reported to RMO together with risk and opportunity register yearly.
<b>5.2</b>	<b>Appropriateness of risks and opportunities identified and actions taken to address them</b>
	IIUM adopts the risk management approach and general methodology specified in the latest versions of ISO 31000- Risk management and guidelines on implementation. The IIUM risk management approach and methodology for this purpose is as set out in the risk framework and guidelines, The risk management committee of each office shall develop a proper risk management processes and associated documentation appropriate to their domain. Risk owner Committee (ROC) at KDCIOM are expected to monitor their identified risk accordingly and report to RMO. University Risk Management Committee (URMC) which has just being established on the 1 <sup>st</sup> of October 2022 will review all the operational risks and do the necessary actions based on the risk reporting system. Any risk that was identified as top risk will be discussed at URMC and brought to the attention of Board of Governance (BOG) for further action.
<b>5.3</b>	<b>Summary of performance against objectives and actions taken if applicable</b>
	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 being monitored quarterly by each KDCIOM. The fourth quarter report has yet to be analyzed.

**SURVEILLANCE AUDIT REPORT**

<b>5.4</b>	<b>Overall control of processes related to the scope of certification including core and support processes</b>		
	<p>The implementation of QMS at IIUM is based on the scope of certification which begins with all relevant processes related to teaching and learning which is the core activities of IIUM, followed by other corporate and support services. The implementation and control of the processes is being monitored continuously by head of KDCIOM and reported to KCA accordingly. There are several policies, SOP and guidelines to safeguard practices. The necessary resources have been provided for and supported by all other services. The related staff will be given continuous training to improve their knowledge and skills in their fields and specialties. Evaluation of the achievement for all the activities is done as an ongoing basis. Continuous improvements are being discussed, implemented and their effectiveness is evaluated and documented. As a conclusion, it was found that the implementation of controls on key and support processes was found to be good, appropriate, and relevant to the scope of certification for IIUM.</p>		
<b>5.5</b>	<b>Internal audit</b>		
	<p>IIUM has planned and has excuted the internal audit on the 18<sup>th</sup> of July until 9<sup>th</sup> of August 2022. A total of 120 trained and appointed internal auditors have carried out the audit activities. Briefing has been given to them prior to the audit. 30 offices have been audited. The internal audit team has recorded 19 NCRs and 172 OFIs. These findings were related to all the clauses of the Standard within the scope of certification. The findings will be closed within the allocated time frame. An audit report was prepared, and presented to the Management Review meeting</p>		
<b>5.6</b>	<b>Management review</b>		
	<p>IIUM has planned to conduct the MRM twice a year. The 1/2022 review was conducted on 8 June 2022, and the latest MRM i.e. 2/2022 was conducted on 21 October 2022. The IIUM Rector chaired both the MRM. Among the matters discussed were the KDCIOM performances, the results of suppliers' evaluations, the adequacy of resources and the feedback from the intersted parties. The MRM has been conducted accordingly to the requirement of the standards</p>		
<b>5.7</b>	<b>Handling of customer complaints</b>		
	<p>OCAP IIUM recorded 26 complaints in 2022 as compared with 6 complaints which were recorded in 2021. The procedure to managed complaints has been aetablised and reviewed, however OCAP could further improved on the mechanism to receive complaint or feedback other than using google forms. It is good to have a system that could be utilized by KDCIOM in order to ensure the feedback could be handled more effectively and holistically.</p>		
<b>5.8</b>	<b>Continual improvement</b>		
	<p>Several improvement has been planned and some are in progress. Among the improvement are Risk Management based on the revised guidelines, SAF and Sejahtera Culture Index</p>		
<b>5.9</b>	<b>Useful comparisons with previous audit results</b>		
	<p>The quality management system was found to be adequately implemented and meeting the requirements of the standard ISO 9001: 2015. It was noted that the implementation of the system was found to be effective. As per the previous year, there was no breakdown of the system and no NCR has been raised. The audit was conducted onsite.</p>		
<b>6.</b>	<b>NONCONFORMITY REPORT(S)</b>		
	Total no. of minor NCR(s) :	<b>NONE</b>	List : <b>NONE</b>
	Total no. of major NCR(s) :	<b>NONE</b>	List : <b>NONE</b>
	List of minor NCRs which collectively constitute major NCR(s) :	<b>NONE</b>	

<b>SURVEILLANCE AUDIT REPORT</b>	
<b>7.</b>	<b>ANY UNRESOLVED ISSUES, IF APPLICABLE</b>
	NONE
<b>8.</b>	<b>ANY SIGNIFICANT ISSUES THAT MAY IMPACT THE AUDIT PROGRAMME</b>
	NONE
<b>9.</b>	<b>CONCLUSION ON THE CONFORMITY AND EFFECTIVENESS OF THE SYSTEM</b>
	The University Top Management and all staff have displayed good commitment towards the maintenance of quality management system. The understanding of personnel in implementing and maintaining the standard requirements are acceptable. The record keeping system were found to be adequate as it can be retrieved in a timely manner. KCA and the management had generated adequate action plans to ensure continuous achievement on the target set as well as reducing the level of risks. The system was found to be matured and was effective in meeting the objectives. Overall, the quality management was meeting the requirements of the ISO 9001:2015 standard. The system was found to be in place, however further improvement is needed as specified in the relevant OFIs.
<b>10.</b>	<b>APPROPRIATENESS OF THE SCOPE OF CERTIFICATION</b>
	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> No (please comment) :
<b>11.</b>	<b>HAVE THE AUDIT OBJECTIVES BEEN FULFILLED?</b>
	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> No (please comment) :

**SURVEILLANCE AUDIT REPORT**

<b>12.</b>	<b>RECOMMENDATION</b>		
<input checked="" type="checkbox"/>	No NCR recorded. Recommended to continue certification *with / without change.		
<input type="checkbox"/>	Minor NCR(s) recorded. Recommended to continue certification *with / without change conditional upon satisfactory verification of corrective actions taken.		
<input type="checkbox"/>	Major NCR(s) recorded. Recommendation to continue certification *with / without change will be made after :		
<input type="checkbox"/>	On-site audit of the following area(s) including verification of corrective action :		
<input type="checkbox"/>	Off-site verification of corrective action(s). Records of implementation of proposed corrective action to be submitted for verification.		
* Nature of change : (if applicable)			
<input type="checkbox"/>	Suspension of certification, a reaudit of the system shall be carried out before a recommendation is made to lift the suspension.		
<input type="checkbox"/>	Withdrawal of certification.		
<p><i>Note :</i></p> <ul style="list-style-type: none"> <li>a) <i>Corrective Action Plans for all nonconformities (minor/ major) raised shall be submitted to the Audit Team Leader within one month and evidence of implementation within 3 months of the date of this report. Failure to comply shall result in either suspension or withdrawal of the certification.</i></li> <li>b) <i>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.</i></li> <li>c) <i>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.</i></li> <li>d) <i>Auditing is based on a sampling process of the available information.</i></li> </ul>			
<b>FOLLOW UP ON NCR(s)</b>			
It is confirmed that all corrective actions taken have been satisfactorily verified. Recommended to continue certification.			
Audit Team Leader :	<b>MAZNAH BINTI MAT ISA</b>		11/11/2022
	(Name)	(Signature)	(Date)

**SURVEILLANCE AUDIT REPORT**

**SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE**

File No. 20190103598

ISO 9001:2015		Requirement audited	FUNCTION/ PROCESS/ PROJECT SITE									NCR	
			QUALITY AND MGMT	KCA, RMO, AMAD	CENTRIS, OSHBE	INHART, OCAP, OIL	OSeM, CPD, MSD	RSD, MAHALLAH	FINANCE	KULLIYAH (4)	Major	Minor	
<b>4. Context of the organization</b>													
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	/	/	/	/	/	/	/	/	/	/	-	-
<b>5. Leadership</b>													
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	/	/									-	-
<b>6. Planning</b>													
6.1	Actions to address risks and opportunities	/	/	/	/	/	/	/	/	/	/	-	-
6.2	Quality objectives and planning to achieve them	/	/	/	/	/	/	/	/	/	/	-	-
6.3	Planning of changes	/	/	/	/	/	/	/	/	/	/	-	-
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	/	/	/	/	/	/	/	/	/	/	-	-
7.1.5.2	Measurement traceability											-	-
7.1.6	Organizational knowledge	/	/	/	/	/	/	/	/	/	/	-	-
7.2	Competence	/	/	/	/	/	/	/	/	/	/	-	-
	<b>Major</b>	/	/	/	/	/	/	/	/	/	/		
	<b>Minor</b>	/	/	/	/	/	/	/	/	/	/		

Note :

- a) Indicate in the "Requirement audited" column with a (√) the requirements that were audited and (-) for requirements that were not audited.
- b) In the case where requirements were audited and nonconformities detected, replace the (√) with the number of nonconformities (no. of major/ no. of minor)
- c) Indicate with (NA) if the requirement is not applicable.

**SURVEILLANCE AUDIT REPORT**

**SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE**

ISO 9001:2015		Requirement audited	FUNCTION/ PROCESS/ PROJECT SITE									NCR		
			QUALITY AND MGMT	KCA, RMO, AMAD	CENTRIS, OSHBE	INHART, OCAP, OIL	OSEM, CPD, MSD	RSD, MAHALLAH	FINANCE	KULLIYAH (4)			Major	Minor
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	/	/	/	/	/	/	/	/	/	/		-	-
<b>8. Operation</b>														
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	/	/	/	/	/	/	/	/	/	/		-	-
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	/	/	/	/	/	/	/	/	/	/		-	-
	<b>Major</b>	/	/	/	/	/	/	/	/	/	/			
	<b>Minor</b>	/	/	/	/	/	/	/	/	/	/			

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**SURVEILLANCE AUDIT REPORT**

**SUMMARY BY FUNCTION/ PROCESS/ PROJECT SITE**

ISO 9001:2015		Requirement audited	FUNCTION/ PROCESS/ PROJECT SITE									NCR		
			QUALITY AND MGMT	KCA, RMO, AMAD	CENTRIS, OSHBE	INHART, OCAP, OIL	OSeM, CPD, MSD	RSD, MAHALLAH	FINANCE	KULLIYAH (4)			Major	Minor
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	/	/	/	/	/	/	/	/	/	/		-	-
<b>9. Performance evaluation</b>														
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	/	/	/	/	/	/	/	/	/	/		-	-
<b>10. Improvement</b>														
10.1	General	/	/	/	/	/	/	/	/	/	/		-	-
10.2	Nonconformity and corrective action	/	/	/	/	/	/	/	/	/	/		-	-
10.3	Continual improvement	/	/	/	/	/	/	/	/	/	/		-	-
<b>Other Certification Requirements</b>														
1.	Use of marks/ certificate	/	LETTER HEAD											
	<b>Major</b>	/	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0			
	<b>Minor</b>	/	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0			

Note :

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- b) In the case where requirements were audited and nonconformities detected, replace the (√) with the number of nonconformities (No of major/ no. of minor)
- c) Indicate with (NA) if the requirement is not applicable.



**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
		NOT APPLICABLE AS NO NCR RAISED DURING THE LAST AUDIT		

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

Auditor Name: MAZNAH MAT ISA

Date: 11 NOVEMBER 2022

Client :  
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

File Ref :  
20190103598



OPPORTUNITIES FOR IMPROVEMENT		
Clause	Details	Comments on action taken
6.2	<p><b>Quality Objective &amp; Planning to achieve them</b></p> <p>The KPI statement for the Quality Objective "Reporting on students internship data to MyMohes system" of Office Industrial Link can be reviewed especially in ensuring the accuracy of the data reported and also dateline of reporting as per requirement of MoHE.</p> <p><b>-OIL</b></p>	
8.5.3	<p><b>Property Belonging to Customers or External Providers</b></p> <p>Organizations can ensure that property belonging to customers such as copies of personal information (bank statements,SSM etc.) is well controlled while it is being used or stored under organisational possession to prevent any misuse of the information.</p> <p><b>-OIL</b></p>	

Auditor : ARFA ATIRAH BINTI ARSHAD

Date : 10-Nov-2022

**Client :**  
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

**File Ref :**  
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<b>OPPORTUNITIES FOR IMPROVEMENT</b>		
<b>Clause</b>	<b>Details</b>	<b>Comments on action taken</b>
8.4.1	<p><b>Control of externally provided processes, products and services:</b></p> <p>The organization has decided to collaborate with several external service providers to jointly deliver services to customers (clients). Letter of Intent (LOI) or Letter of Collaboration (LOC) were issued to the collaborating partners/ agents with intention written in the letter to develop a Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU). Further improvement could be done to complete the MOA/MOU within specific time frame and document the processes. Also, monitoring of performance and re-evaluation of external service provider ability should be done on a periodical basis.</p> <p><b>(International Institute for Halal Research &amp; Training (INHART))</b></p>	

Auditor : Dr. Roslina bt Sailan

Date : 10-Nov-2022

Client :  
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

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OPPORTUNITIES FOR IMPROVEMENT		
Clause	Details	Comments on action taken
8.4	<p><b>8.4 Control of externally provided processes, products and services</b></p> <p>i. Monitoring of validity period of outsourced external providers' contract / vendor' contracts are closely conducted. However, the steps taken for renewal of contracts could be enhanced and specify the requirements necessary for successful renewal of contracts.</p> <p>ii. The existing evaluation of suppliers' performance form could be further improved.</p> <p>(Procurement/Purchasing Unit)</p>	
8.5	<p><b>8.5 Control of production and service provision</b></p> <p>Though there is a policy for debt recovery for financial services offered to staff (both local and international employees) and students (both local and international students), consideration to establish a procedure for debt recovery of different types of financial services. In addition, an analysis of why there is an increase in debt would be useful to assist in planning to strategically improve collection and reduce debt.</p> <p>( Student &amp; Scholarship Unit , Financing &amp; Taxation Unit)</p>	

Auditor : Liew Yuen Chun (Evelyn)

Date : 07-08-Nov-2022

**Client :**  
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

**File Ref :**  
20190103598



OPPORTUNITIES FOR IMPROVEMENT		
Clause	Details	Comments on action taken
8.5.1	<p><b>Control of production and service provision</b></p> <p>The OCAP has developed a checklist form to control and monitor the event management (OCAP02), however the recording and documentation of the events could be done consistently. The checklist can be improved to cater the events organized by OCAP and other organizers.</p> <p>(OCAP)</p>	

Auditor : NOOR KAMAS AHLIZA BINTI MD SHAHIR @ SHAHIR

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OPPORTUNITIES FOR IMPROVEMENT		
Clause	Details	Comments on action taken
8.5.1	<p>Production and Service Provision Control</p> <p>1. The implementation of the teaching and learning process has been implemented with the appropriate mechanism. However, based on the sample, the assessment for continuous quality improvement by subject is not clearly stated. For example, in the CQI form there is only CLO-PLO mapping and student grade distribution. Analysis of CLO achievements cannot be identified. (KAHS, KON)</p> <p>2. The development of the program structure and the review of the program have been carried out accordingly. However, the continuous assessment of students can be improved by ensuring the CLO distribution marks can be specified clearly according to the assessment methods. For example, the CLO distribution marks can be found in TOS of final exam but cannot be identified in the continuous assessment. (KAHS, KON)</p>	
7.1.3	<p>Infrastructure</p> <p>From the audit visit found that the assets in the location could not be verified accurately. For example, no asset list was found in the bio behavioral laboratory and research laboratory. The Kulliyah can display a list of assets at each of location to ensure the assets can be checked accordingly.(KON)</p>	

Auditor : NURAADHIAH BINTI YUSOFF THANI AMRULAH

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OPPORTUNITIES FOR IMPROVEMENT		
Clause	Details	Comments on action taken
10.2	<p><b>Non conformity and corrective action</b></p> <p>Data captured during "Rondaan" and "Aduan" received by "Bilik Gerakan" are combined into one report. Action required are taken promptly, for improvement purpose these could be :</p> <ol style="list-style-type: none"><li>1. Segregated</li><li>2 Complaints could be further attended to with regards to eliminating the causes of non conformity in order that it does not recur or occur elsewhere</li></ol> <p>OHSEM</p>	-
8.5.3	<p><b>Property belonging to customer or external providers</b></p> <p>Vehicles (Cars and Motorcycles) that are abandoned by students are all stored in the premis and lists of vehicles are retained. A procedure could be developed to ensure regular checks are done to ensure the property belonging to external party is under control.</p> <p>OHSEM</p>	

Auditor : Sarasvathy Sundara Pathar

Date : 11-Nov-2022