



# Audit Report

POLITEKNIK NEGERI BATAM

Address of Main Location

Kampus Politeknik Negeri Batam  
Jl. Ahmad Yani  
Batam Kota  
Batam 29461  
Indonesia

Standard Audited **ISO 9001:2008**  
Date of Audit **11 – 13 July 2018**

## Disclaimers and Notes

Number	Disclaimer and Notes
1	The report is confidential between the client and the URS Group of Companies and Regulators. Should a client and/or URS wish to circulate to other, non-named parties, then consent in writing should be obtained from the stated parties above.
2	The content of this report has been produced from samples taken during the visit.
3	If the client does NOT agree with the content of this report, the Client should notify URS within 7 working days of receipt of the report.
4	The audit has been performed in-line with the quotation and the scheme rules and regulations - refer to <a href="http://www.urs-holdings.com">www.urs-holdings.com</a> (Scheme Rules and Regulations)
5	Cancellation of a planned audit visit may incur a cost if not requested in writing and is less than 7 working days before the visit is scheduled - refer to <a href="http://www.urs-holdings.com">www.urs-holdings.com</a>
6	If significant changes are made to the management system, scope, location, number of sites or ownership, please notify URS in writing as soon as possible.
7	Please note that Audit Reports are independently reviewed within URS and in the unlikely event that the internal reviewer does not agree with the Auditor's recommendations and conclusion, URS shall notify you of the outcome.
8	During the independent review of this report, should the auditor be required to explain further his/her audit comments, the content of the audit report and supporting documents may be amended. Should any alteration materially affect the outcome of this report, you will be advised accordingly.

Client Signature (Optional)	Lead Auditor Signature (Optional)
<b>Mr. Priyono Eko Sanyoto / Mr. Uuf Brajawidagda</b>	Ms. Purnama Sari



## 1.0 Administration of the Audit Activity and Changes

AUDIT TEAM members	Total Hours on Audit	Total Days on Audit (nearest half day)	Shift(s) Audited	Name of Translator if Applicable	Name of Specialist if Applicable
Ms. Purnama Sari	24.0	3.0 days	NIL	NIL	NIL
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CLIENT CONTACT(s) - Primary	Primary Contact(s) Changed
<b>Mr. Priyono Eko Sanyoto / Mr. Uuf Brajawidagda</b>	---

CLIENT FINANCIAL Contact(s) - Currently	Financial Contact(s) Changed
<b>Mr. Priyono Eko Sanyoto / Mr. Uuf Brajawidagda</b>	---

OTHER ADMINISTRATIVE CHANGES that may be Relevant for the Client Record
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## 2.0 Technical Aspects of the Audit and Changes

This section of the Report seeks to identify significant technical or business changes to the Client, that may effect the certification scope, the manner in which the audit was conducted, or is to be conducted for the future, which may effect the audit duration.

### 2.0.1 The Client's Fundamental Processes:

The auditor is ONLY defining the Client's Fundamental Processes or Departments that the client refers to in their management system (i.e.: functions in the standard such as Management Review, is a Management Process and is recorded else where). The auditor may further clarify a Client's fundamental process name to aid programme activities e.g.: if reference is made to Manufacture in a general engineering company, the auditor may expand its reference by stating Manufacture - cutting, Manufacture - Painting. The auditor is responsible for "building" the fundamental processes for the 3 year certification programme; as well as showing which fundamental processes have been seen in the individual audit plan for this visit.

Name of the Fundamental Process or Department	Name of the Fundamental Process or Department	Name of the Fundamental Process or Department	Name of the Fundamental Process or Department	Fundamental Process or Department CHANGED since last Visit
Curriculum Design and Teaching Activities (competency program)	--	--	--	---
Academic and Quality Assurance	--	--	--	---
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## 2.0.2 The Client's Business Structure - Locations and Shifts

Client Certification Structure	Change in Address(es) of Certification Structure	Address CHANGES	Changes in Work Pattern (e.g.: Shifts)	Shift CHANGES
Single	No	---	--	---
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## 2.0.3 The Client's Scope

Scope of Certification (refer to relevant Certificate)	Scope of Certification - minor CHANGES required
Management of Higher Education	No

## 3.0 Significant Changes

Significant changes that have been identified by the auditor during planning activities, or during the audit itself, or notified by the client to the auditor, are changes that require additional time to audit. As such, the auditor should perform a Special Visit to verify compliance of the changes.

Area of Significant Change	Applicability	Brief Description of Change	Estimated Duration of Special Visit
NEW Location (to be added to Certification)	--	---	--
A major increase in Employee numbers (greater than 45% from last visit)	--	---	--
Major change in the volume of Sales and/or Customers (e.g.: over 40% increase since last visit)	--	---	--
Major Change in applied technology/equipment/processes (e.g.: hand solder to automatic placement of components)	--	---	--
Major change in Regulation and/or customer requirements	--	---	--
Major change in scope (e.g.: Adding Design, Installation, extended products or services offered)	--	---	--



## 4.0 Audit Team Summary, Recommendations and Conclusion

### 4.0.1 Audit Team Summary

Management shown their commitment not only by defining Quality Policy and Objectives and providing necessary resources; but also involvement in day to day basis supervision and coordinating of activities at Organization. The Management also actively involved in Quality Objective achievement reviews and routinely charing the Management Review Meetings.

All staff and employee, demonstrate the knowledge related to Quality Management System. Site Tours, Interview, Observation and Desk Audit had been conducted for ensuring the effectiveness of Quality Management System.

The surveillance audit had been conducted based on organization quality management system documentation and accordance with ISO 9001:2008 requirements and according to the scope " Management of Higher Education. The audit has been conducted covering all relevant area such as BAAK (Alumni services, Student Services, Student Admission), UPT-PM (Academic Planning, Curriculum and Program Study, Doc. Control, corrective and preventive action, Continual improvement), BAUK (Administration & Resources, Finance), P3M, Information system (SI), Prodi ABT, Prodi Mekatronika, Prodi Konstruksi Kapal, Prodi MJ, Prodi TM, UPT - Pengadaan, UPT- PP, Library, etc.

All personnel have shown a high level of enthusiasm and commitment towards the quality system and are positively responsive to the audit.

The quality management system implementation largely comply with ISO 9001:2015 requirements. There was no Non Compliance but 2 Discrepancy were found during audit. PNC, and OFI have been raised during audit for organization improvement. The PNC and OFI are listed in page Comments Raised.

The company is being recommended for the registration status of ISO 9001:2015 once corrective action effectively taken for discrepancy findings.

### 4.0.2 Recommendation and Conclusion from the Normal Scheduled Visit

Recommendation	Indicate Where Applicable
No action required	<input type="checkbox"/>
Consider the Comment(s) Raised for the Next Visit	<input checked="" type="checkbox"/>
Send in a Corrective Action Plan and EVIDENCE to close the Concern(s) - Ds (evidence should be sent within 60 working days)	<input checked="" type="checkbox"/>
As a Major NC(s) has been raised this visit, a Special Visit will be required to verify closure of the NC(s) - the visit must be performed within 90 days	--
The date of the special visit has been booked for	---

Conclusion	Indicate Next Action
Grant Certification or Continued Certification	<input type="checkbox"/>
Grant Certification or Continued Certification - Subject to the Client forwarding the information requested above	<input checked="" type="checkbox"/>
Suspension and Special Visit Required	<input type="checkbox"/>



Conclusion	Indicate Next Action
Immediate withdrawal of Certification	<input type="checkbox"/>

### 4.0.3 Audit Team Recommendation from Acknowledged Significant Changes

The recommendation below is based upon the information stated in the Table under section 3.0 of this report (Significant Changes). The URS Office will review the recommendation below and confirm, or otherwise the requirement.

Special Recommendation	Duration of Special Visit (to the nearest 0.5 day)	Proposed Date
A special visit to verify compliance of the management system with respect to the significant changes noted is required; which may amend the formally issued Certificate of Registration. The special visit should be conducted no later than 90 days from this visit date.	---	---



## 5.0 Concerns Raised

Non-Compliance (NC)= major break-down in a process that may directly effect the final product or service being delivered, regulatory failure; or danger to life, or lack of compliance to a clause of the standard. Discrepancy (D) = a partial break-down in a process that does not directly cause a failure to the Product or Service being delivered, partial regulatory failure; possible minor injury, or partial non-compliance to a clause or sub-clause of the standard.

Number	Wording of Requirement	Wording of NC or D (include Client Document Reference)	Evidence for NC or D	Clause Ref.	Classification	Justification of D
1	<ul style="list-style-type: none"> <li>- The risks and opportunity had been identified</li> <li>- Status of achieve improvement of risk had been clear:</li> <li>- Identify the risk for other process shall proportionate to the potential impact on the conformity of products and services.</li> </ul>	<p>Determine and actions to address the risks and opportunity into the quality management system process had not been effectively performed refer to Risk Management Procedures PR.36.1 - 36.4, as seen below [D. Clause 6.1]</p> <ul style="list-style-type: none"> <li>@ The risks and opportunity had not been identified at SBPK-Kerjasama</li> <li>@ Incorrect to determine and actions to address the risks: Prodi Akuntansi, Prodi Administrasi Terapan (ABT), UPT-PP, UPT-SI</li> <li>@ Status of achieve improvement of risk had not been clear: Academic Service and Student Affairs Department</li> <li>@ Identify the risk for other process shall proportionate to the potential impact on the conformity of</li> </ul>	<ul style="list-style-type: none"> <li>@ The risks and opportunity had not been identified at SBPK-Kerjasama</li> <li>@ Incorrect to determine and actions to address the risks: Prodi Akuntansi, Prodi Administrasi Terapan (ABT), UPT-PP, UPT-SI</li> <li>@ Status of achieve improvement of risk had not been clear: Academic Service and Student Affairs Department</li> <li>@ Identify the risk for other process shall proportionate to the potential impact on the conformity of products and services or covered all process at the department/unit</li> </ul>	6.1	D	Determine and actions to address the risks and opportunity into the quality management system process had not been effectively performed



Number	Wording of Requirement	Wording of NC or D (include Client Document Reference)	Evidence for NC or D	Clause Ref.	Classification	Justification of D
		<p>products and services or covered all process at the department/unit</p> <p>a. MR: IQA, Management review, customer complaint handling, data analysis, etc</p> <p>b. UPT-PP: K3, services outsourced, etc</p> <p>c. Library: handling, borrowing system, handling visitor and guest, operation system "digilib" of book's collection</p> <p>d. Prodi Mekatronika, Prodi MJ: Intership, exam, Quiz, quest lecture, practical and workshop activities, etc.</p>				
2	<p>a. Control of documented information as applicable: distrution, access, retrival and use</p> <p>b. Documented information of external origin had identified as appropriate and be controlled</p> <p>c. Storage and preservation including</p>	<p>Inadequated evidence that control of documented information had implemented properly as per requirement in ISO 9001:2015 and procedure PR.34 as issue below [D. Clause 7.5]:</p> <p>a. The quality manual and new documents had been distributed to relevant department but lack of evidence "note receiver".</p> <p>b. Documented information of external origin had identified as appropriate, but it no updated, e.g: PP ASN No. 11 Y 2017, permenristek Dikti No. 44 Y 2015,</p>	<p>a. The quality manual and new documents had been distributed to relevant department but lack of evidence "note receiver".</p> <p>b. Documented information of external origin had identified as appropriate, but it no updated, e.g: PP ASN No. 11 Y 2017, permenristek Dikti No. 44 Y 2015, etc</p> <p>c. Storage and preservation including preservation legibility had not been done properly: Data of advertisement Y 2018 at PR and archieve and disposition records</p>	7.5	D	Inadequated evidence that control of documented information had implemented properly as per requirement in ISO 9001:2015 and procedure PR.34





Number	Wording of Requirement	Wording of NC or D (include Client Document Reference)	Evidence for NC or D	Clause Ref.	Classification	Justification of D
	preservation legibility should be controlled d. Retention time of quality records should be controlled	etc c. Storage and preservation including preservation legibility had not been done properly: Data of advertisement Y 2018 at PR and archieve and disposition records incoming and outgoing letter was not found: No. 3695/A.A5/TU/2017 (2008), dated 29/08/2017; No. B-7432/BATAN/SEN/RN01017/7/2016 (2099), dated 19/12/2017 and No. 39/UND/BPP-PA-KB/BTM/XI/2015 (3263), 24/03/2018. d. Retention time of quality records at administration letter (PR.29) need to be review related to needs and interests og organization	incoming and outgoing letter was not found: No. 3695/A.A5/TU/2017 (2008), dated 29/08/2017; No. B-7432/BATAN/SEN/RN01017/7/2016 (2099), dated 19/12/2017 and No. 39/UND/BPP-PA-KB/BTM/XI/2015 (3263), 24/03/2018. d. Retention time of quality records at administration letter (PR.29) need to be review related to needs and interests og organization			
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Number	Wording of Requirement	Wording of NC or D (include Client Document Reference)	Evidence for NC or D	Clause Ref.	Classification	Justification of D
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## 6.0 Comments Raised

OFI = Opportunity for Improvement - An area noted in a process that the auditor is aware that potential improvement can be made within the said process.  
PNC = Potential Non-Compliance - An area where the auditor has not fully audited the process (e.g.: a new change has been introduced to a process) but is aware that the process is not fully compliant.

Number	Description of Comment	Comment Type
1	The needs and expectations of interest parties of organization have not been identified such as society, government, customer, supplier and employees themselves. [Clause 4.2]	PNC
2	Determination of the new quality objectives at relevant function, levels and processes needed for the quality management system should be considered risk assesment issues.[Clause 6.2]	OFI
3	Maintenance schedule form (No.Bo.26.1.1-V2) and checklist of maintenance and repair (CH.26.2.1-V2) please considered integrated form for easy monitoring and controlling. [Clause 7.5]	OFI
4	Internal quality audit reports seen at "Laporan Audit Internal Kepatuhan ISO – No.BO.34.8.2-V2" had been done for the all audit findings (2NC + 12 D) but it had not been closed and identify the root caused should be stated clearly. [Clause 9.2]	PNC
5	Management review meeting had been done at 09 July 2018, seen completed on list attendance (i.e. top management, MR, Head of Dept, Staff,). Agenda have discussed: : QA result, CA/PA and improvement, QO Monitoring, Customers feedback/complaints, last management review result, risk assessment, except the change of internal and external issues and the performance of external provider. [Clause 9.3]	PNC
6	Maintenance schedule had been established at Sistem Informasi, and seen maintenance reports IT check form "boring perbaikan dan	PNC



Number	Description of Comment	Comment Type
	perawatan: pelaksanaan perawatan No.BO.26.2.1-V2) item maintenance: check temperature CPU, RAM, implementation, Check free space Drivee C minimal 600 MB-1000 MB for windows 7, software cleaner. Seen also Preventive maintenance of Generator at "check list bulanan (Generator Set 001)" include instrument: periksa oli, running hours, generator voltage (380), generator Hz (50 Hz), generator RPM (1500), periksa air radiator. Standards and tolerances for inspection result should be established by the organization. [Clause 8.2]	
7	GBPP and material teaching activities for Program: D3 Teknik Konstruksi Kapal; Lecture/Dosen Pengampu : Mr. Noval Abdurrahman, 3rd Semester Y2017/2018; Subject Lesson : Tahanan dan Propulsi Kapal (2 SKS) – KP016 should be not upload at the "e-learning" Politeknik Negeri Batam with minimal target 1 weeks before teaching activities at the class. [Clause 8.2]	PNC
8	Teaching activities check at "jurnal mengajar dosen" but it had not been confirmed by student's representative i.e: Program: D3 Teknik Konstruksi Kapal; Lecture/Dosen Pengampu : Mr. Noval Abdurrahman, 3rd Semester Y2017/2018; Subject Lesson : Tahanan dan Propulsi Kapal (2 SKS) – KP016. Sampling: kuliah minggu ke-11 and 12 (Kavitasi pada propeler, engine matching) and Program D3 Teknik Mesin; Subject Lesson : Pemeliharaan Mesin dan Kendali Mutu/Machinery (2 SKS) – KP016; Lecture/Dosen Pengampu : Mr. Ihsan Saputra, 5th Semester Y2017/2018. Sampling: kuliah minggu ke-3, 4 and 14 (Preventive maintenance + chemical corrosion control and cleaning). [Clause 8.2]	PNC
9	Curriculum design for all programs had been done by FGD (Focus Group Discussion) with industry, graduates, partnersio, etc. Input and output seen on FGD Report, e.g. Industrial Feedback, Regulation, etc. Verification and validation of curriculum design seen at "berita acara validasi kurikulum dengan industri" but it had not found for: Administrasi Bisnis Terapan Y 2017 and Teknik KONstruksi Kapal Y 2016. [Clause 8.3.4]	PNC
10	Seen measuring equipment list keep at the Workshop Manufacture. However for external calibrated to ensuring validity of measurement results should be planned by the organization on periodically, e.g: micrometer, vernier caliper, surface roughness tester, bevel protactor, gauge block set, precision square, etc. [Clause 7.1.5]	PNC

2018/18477/RC1  
ISO 9001:2008



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