



Audit Report

Re-Certification audit for
Politeknik STMI Jakarta

Jl. Letjend Suprpto No. 26, Cempaka Putih, DKI Jakarta, 10510,
Indonesia

Certificate No.: QEC26427

Audit Date: 29/1/2018 - 31/1/2018

Work Item I.D.: WI-705638

Issue Date:

BACKGROUND INFORMATION

SAI Global conducted an audit of Politeknik STMI Jakarta on 29/1/2018 - 31/1/2018.

The purpose of this audit report is to summarise the degree of compliance with relevant criteria, as defined on this page, based on the evidence obtained during the audit of your organisation. This audit report considers your organisation's policies, objectives, and continual improvement processes. Comments may include how suitable the objectives selected by your organisation appear to be in regard to maintaining customer satisfaction levels and providing other benefits with respect to policy and other external and internal needs. We may also comment regarding the measurable progress you have made in reaching these targets for improvement.

SAI Global audits are carried out within the requirements of SAI Global procedures that also reflect the requirements and guidance provided in the international standards relating to audit practice such as ISO/IEC 17021, ISO 19011 and other normative criteria. Auditing is based on a sampling process of the available information. SAI Global Auditors are assigned to audits according to industry, standard or technical competencies appropriate to the organisation being audited. Details of such experience and competency are maintained in our records.

In addition to the information contained in this audit report, SAI Global maintains files for each client. These files contain details of organisation size and personnel as well as evidence collected during preliminary and subsequent audit activities (Documentation Review and Scope) relevant to the application for initial and continuing certification of your organisation.

Please take care to advise us of any change that may affect the application/certification or may assist us to keep your contact information up to date, as required by SAI Global Terms and Conditions.

This report has been prepared by SAI Global Pty Limited (SAI Global) in respect of a Client's application for assessment by SAI Global. The purpose of the report is to comment upon evidence of the Client's compliance with the standards or other criteria specified. The content of this report applies only to matters, which were evident to SAI Global at the time of the audit within the audit scope. SAI Global does not warrant or otherwise comment upon the suitability of the contents of the report or the certificate for any particular purpose or use. SAI Global accepts no liability whatsoever for consequences to, or actions taken by, third parties as a result of or in reliance upon information contained in this report or certificate.

Please note that this report is subject to independent review and approval. Should changes to the outcomes of this report be necessary as a result of the review, a revised report will be issued and will supersede this report.

| | |
|--------------------------------|---|
| Standard(s): | 9001:2008 Certification 9001:2015 Certification |
| Code(s): | 85 |
| Scope of Certification: | Design & development of curriculum and the provision of education services D4 programs majoring in Automotive Industrial Engineering, Information System in Automotive Industry, Polymeric - Chemical Engineering, and Business Administration in Automotive Industry |
| Number of Staff: | 110 (FTE) |
| Shifts: | Shifts |
| Total audit duration: | 48 hrs |
| Audit Team Members(s): | Andri Sulendra - Auditor, Desti Hilvawaty - Lead Auditor |
| Audit Team Leader | Desti Hilvawaty |
| Other Participants: | Other Participants |

Definitions and action required with respect to audit findings

Major non-conformance:

Based on objective evidence, the absence of, or a significant failure to implement and/or maintain conformance to requirements of the applicable standard. Such issues may raise significant doubt as to the capability of the management system to achieve its intended outputs (i.e. the absence of or failure to implement a complete Management System clause of the standard); or a situation which would on the basis of available objective evidence, raise significant doubt as to the capability of the Management System to achieve the stated policy and objectives of the customer.

NOTE: The "applicable Standard" is the Standard which SAI Global are issuing certification against, and may be a Product Standard, a management system Standard, a food safety Standard or another set of documented criteria.

Action required: This category of findings requires SAI Global to issue a formal NCR; to receive and approve client's proposed correction and corrective action plans; and formally verify the effective implementation of planned activities. Correction and corrective action plan should be submitted to SAI Global prior to commencement of follow-up activities as required. Follow-up action by SAI Global must 'close out' the NCR or reduce it to a lesser category within 90 days or as specified in NCR form.

If significant risk issues (e.g. safety, environmental, food safety, product legality/quality, etc.) are detected during an audit these shall be reported immediately to the Client and more immediate or instant correction shall be requested. If this is not agreed and cannot be resolved to the satisfaction of SAI Global, immediate suspension shall be recommended.

In the case of an already certified client, failure to close out NCR within the time limits means that suspension proceedings may be instituted by SAI Global.

Follow-up activities incur additional charges.

Minor non-conformance:

Represents either a management system weakness or minor issue that could lead to a major non-conformance if not addressed. Each minor NC should be considered for potential improvement and to further investigate any system weaknesses for possible inclusion in the corrective action program.

Action required: This category of findings requires SAI Global to issue a formal NCR; to receive and approve client's proposed correction and corrective action plans; and formally verify the effective implementation of planned activities at the next scheduled audit or within specified time frames.

Opportunity for Improvement:

A documented statement, which may identify areas for improvement however shall not make specific recommendation(s).

Action required: Client may develop and implement solutions in order to add value to operations and management systems. SAI Global is not required to follow-up on this category of audit finding.

EXECUTIVE OVERVIEW

The objective of this audit was to determine the capability and effectiveness of your organisation's management system in: ensuring continual compliance with customer, statutory and regulatory requirements; meeting its specified objectives; and conformity of the management system to stated criteria.

The audit revealed that based on the evidence verified and findings of this audit, the management system is in need of immediate attention and rectification. Non-conformance has been identified suggesting a lack of effective system implementation in accordance with minimum requirements of the standard. Also refer to Major Non Conformance report.

This audit was a joint audit of the system(s) listed in the "Background Information" section of this report.

The audit has determined that your management system does not have the ability to ensure the organisation meets its identified applicable statutory, regulatory and contractual requirements relevant to the scope of certification.

The audit has determined that your management system is not effective in ensuring that the organisation can reasonably expect to achieve its defined objectives.

Recommendation

The recommendation from this audit is **that your certification continues when corrective action is taken and verified.**

Audit recommendations are always subject to ratification by the SAI Global certification authority.

This report was prepared by: Desti Hilvawaty and Andri Sulendra - Management Systems Auditor

Meeting Attendance Register

| Name | Position | Entry | Exit |
|----------------------|--------------------------------------|---------|---------|
| Desti Hilvawaty | Auditor SAI Global | Present | Present |
| Andri Sulendra | Auditor SAI Global | Present | Present |
| Indah Kurnia | Ka.SPM | Present | Present |
| Dr. Mustofa, ST., MT | Director Politeknik STMI | Present | Present |
| Rizqy | Pudir 1 | Present | Present |
| Dedy T | Pudir II | Present | Present |
| Immanuel | Pudir III | Present | Present |
| Emi Rusmiati | WMM | Present | Present |
| Roosmariharso | Kaprodi TKP/Teknik Kimia Polimer | Present | Present |
| Muh. Agus | Kaprodi TIO/Teknik Industri Otomotif | Present | Present |
| Mulyono | Kaprodi ABO/Adm Bisnis Otomotif | Present | Present |
| Jacob Saragih | Kaprodi SIO/Sistem Informasi Oto | Present | Present |
| Huwae Elias | Ketua Senat | Present | Present |

Changes to the audit plan and the reasons for the change

The change has showed in audit plan.

Significant issues impacting on the Audit Programme

Audit program has been reviewed and describes for the next three years.

Appropriateness of the certification scope

There change of scope of certification become: Design & development of curriculum and the provision of education services D4 programs majoring in Automotive Industrial Engineering, Information System in Automotive Industry, Polymeric Chemical Engineering, and Business Administration in Automotive Industry

Introduction and site description

There was one site for this audit as stated in the cover and the processes were also stated in the scope of certification.

Review of any changes including documentation

Organisation structure has sighted, i.e. Director, Deputy Director 1 (Academic Administration division), Deputy Director 2 (General administration & finance), Deputy Director 3 (Studentship & cooperation); SPI (Internal Control Unit). SPM (Quality Assurance Unit), Program study (4 Program study), UPPM (Research and Services Unit), Supporting Unit (Library, Bahasa laboratory, and Laboratories).

Documentation revision has been done since 1st November 2017 i.e. Manual Mutu ISO 9001:2015 (MM-S-01).

Action taken on previous audit findings

All minor non-conformances have been followed up and are now considered adequately addressed or sufficient evidence of progress and action was identified to enable final verification during the next audit.

Use of the certification documents and marks

The use of the Standards Mark and claims of certification appear to be in accordance with the guidelines available via the SAI Global website.

Context of the organisation

The organisation has determined the external and internal issues that may affect its ability to achieve intended results of the quality management system. Information about external and internal issues is regularly reviewed.

Examples viewed to validate findings include:

External issue:

1. Statutory/regulatory related accreditation by BAN-PT
2. Standard meet related education, research and dedication as required KEMENRISKEK DIKTI (absorption of graduates to industrial).
3. Curriculum have to link and match with industry (automotive).

Internal issued:

1. Infrastructure need improved, i.e. laboratory equipment for accreditation
2. Quality management system need improved
3. BAN-PT and SPMI need high implemented
4. LSP – P1 certification, human resources need improved

Interested parties

The organisation has clearly identified interested parties relevant to the Quality Management System. The requirements of these parties have also been defined.

The following examples of these parties and requirements were viewed: Mahasiswa → konsen dg kurikulum [dari akadmeik ke vokasi sejak 2 tahun terakhir] Industry , asosiasi, → kurikulum yang diajarkan menggambarkan kompetensi link and match, juga soft-skill

1. Students/college: obtain the skills and expertise (proficiency)
2. Government: existing rules, support programs, competent graduates (as vocational)
3. Industry: the fulfilment of work both on skill and attitude
4. Association: Curriculum have to link and match with industry
5. Employees: comfortable and prosperous working environment

Scope of the Quality Management System

The organisation has determined the boundaries and applicability of the Quality Management System to determine its scope. Consideration of interested parties along with internal and external issues and the products/services provided is clearly evident.

The following evidence was reviewed: Design & development of curriculum and the provision of education services D4 programs majoring in Automotive Industrial Engineering, Information System in Automotive Industry, Polymeric- Chemical Engineering, and Business Administration in Automotive Industry.

Leadership and commitment

The organisation has demonstrated that Senior Management provides leadership and commitment with respect to the Quality Management System.

The primary activities conducted by top management include: briefing and meeting management. The organization has demonstrated that top management engaging, directing and supporting persons to contribute to the effectiveness of the quality management system.

Customer focus

The organisation's top management has demonstrated commitment to ensuring customer satisfaction is maintained. Customer and applicable statutory and regulatory requirements have been determined and are consistently implemented. Risks and opportunities that could affect the delivery of products and services have been identified and are regularly reviewed. The following evidence was reviewed: such as quality policy, vision-mission statement, quality objective and records management review meeting.

Quality Policy

A Quality Policy that is appropriate to the organisation's purpose and context has been established, implemented and maintained by top management. The policy is available as documented information to all interested parties.

Organisational roles, responsibilities and authorities

There is consistent evidence that responsibilities and authorities for relevant roles are assigned and communicated within the organisation to ensure that the Quality Management System conforms to the requirements of the Standard and meets the intended outputs for the organisation. There is clear evidence to demonstrate that where Quality Management System changes are required, planning and actions are implemented to ensure that compliance with activities is maintained. The following examples were reviewed: Organization chart; Job Description, Role, Authority and Competency requirements.

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Management System Planning

Risks and opportunities

The organisation has not determined the risks and opportunities that may impact on the effectiveness of the Quality Management System. Details are provided in major NCR.

Major Non-conformances #1:

- Tidak semua unit telah meng-identifikasi resiko dan opportunity termasuk pengendaliannya, yaitu:
 - Subbag umum dan keuangan
 - Subbag Adm Akademik
 - Unit penunjang Perpustakaan
 - Unit penunjang Laboratorium
 - Unit P2M
 - Program study

Quality Objectives

The Quality Management System's ability to meet quality objectives was reviewed and minor non-conformance was identified. Details are provided in minor NCR. The following evidence was reviewed:

Quality Objectives corporate, i.e. (2017)

1. Serapan lulusan di sector industry manufaktur target 60%, actual: 0.54%
2. Masa tunggu kerja 6 bulan 60%, actual 0.53
3. Bersertifikat kompetensi sesuai bidang keahlian (mahasiswa) 350 (100%), actual 231
4. Masa studi 4 tahun 75%, actual 0.78
5. Semua prodi terakreditasi minimal B 100%, actual 0.75

(2018)

1. Serapan lulusan di sector otomatis target 50%
2. Masa tunggu kerja 6 bulan 100%
3. Bersertifikat kompetensi sesuai bidang keahlian (mahasiswa) 75%
4. Masa studi 4 tahun 75%
5. Semua prodi terakreditasi minimal B 100%,
6. Indeks kepuasan pelanggan untuk Dunia Industri 3.50 & Mahasiswa 3.00

Minor Non-conformances:

- Sasaran mutu yang tidak tercapai pada beberapa unit belum dilakukan identifikasi terhadap akar penyebab masalah dan tindakan koreksinya, yaitu: Prodi TIO, TKP, dan unit penunjang Lab.

Planning of change

The organisation has implemented an effective process for the systematic planning and management of identified changes to the Quality Management System. Examples of planned changes to the Quality Management System include: Organization planned transition process to ISO 9001:2015 standard. Transition team has been appointed. In-house-training has been held by external party. Workshops for transition were conducted several times.

Resources

In relation to the identification of internal and external resources required to implement the Quality Management System, minor non-conformance was identified. Details are provided in minor NCR. The following evidence was reviewed:

Unit Penunjang – Laboratorium : each of study program have supported by laboratory. Coordinator of laboratory and staff has responsible related maintenance process and services both of laboratory and classroom. "Jadwal penggunaan laboratorium" has used and sighted. Also form "Penggunaan lab computer" and "Surat Permohonan Perbaikan" are sighted.

There have 12 laboratory, i.e. laboratory of polymer, instrument, physical and basic chemical, ergonomic, PTLP/Perancangan Tata Letak Pabrik, computer application, statistic and quality control, manufacturing industry process, industrial metrology, CAD CAM, ERP, accountancy and business simulation.

Minor Non-conformances

- Bukti realisasi penggunaan Lab C-21 (Kamis) Semester Gasal 2017/2018 untuk Praktikum Komunikasi Data & jaringan Komputer (pk. 17.21 – 21.21) tidak dicatat
- "Surat Permohonan Perbaikan" untuk Lab C.22 PC-23 monitor mati sejak bulan September – December 2017 tidak dibuat.

Organisational knowledge

The organisation has determined and made available the knowledge necessary for the implementation of processes required for the delivery of products and/or services. The company has identified processes for acquiring additional knowledge as required. The following examples were reviewed: examples of internal and external resources and their purpose of use include: non-permanent lecturer were used in teaching-learning process and non-permanent administration staff was used to handle academic related administration process.

Competence and awareness

A review of the competency and awareness of the people doing work under the organisation's control has identified minor non-conformance. The following evidence was reviewed: Job Description also has been developed. Improved the skills and competency of teachers has been planned by top management give them chance to continuous study. Data of teacher and staff were developed for training plan. Competence matrix has been done, also schedule, recapitulation and evaluation of training effectiveness for period 2016/2017

Minor Non-conformances

- Didapat bahwa Evaluasi Keefektipan Pelatihan belum di lakukan untuk periode 2017

Communication

Internal and external communication processes relevant to the Quality Management System have been determined. The following examples were reviewed: communication was conducted periodically (weekly, monthly and or semester) by organization. The result of meeting both internally and or external was recorded at minute of meeting.

Monitoring and measurement of resources

The organisation has determined and made available the resources needed to ensure that monitoring and measuring activities provide valid and reliable results and are fit for purpose. Examples of evidence checked and observations made include: monitoring of measurement tool mechanism was established in the procedure and implementation of ISO 9001:2015 has sighted, such as in the Curriculum for teaching-learning process included verification and validation process, i.e. test material for mid-semester (UTS) and final test (UAS).

Documented information

The organisation's Quality Management System documented information was reviewed and minor non-conformance was identified. The following examples were reviewed: Documentation revision has been done since 1st November 2017 i.e. Manual Mutu ISO 9001:2015 (MM-S-01).

Documents information has been reviewed and approved and has been defined in related procedure. Documented information (both of internal and external) have been controlled and distributed for relevant units using "master list of documents and its distribution

Normative reference has sighted, such as: UU No. 20/2003 regarding "Sistem Pendidikan Nasional" ; UU No. 12/2012 regarding "Pendidikan Tinggi" ; Permenristek No.01/M.IND/PER/1/2015 regarding "Organisasi & Tata Kerja Politeknik STMI Jakarta" ; etc.

Organisational operation and service delivery

Customer requirements and planning of products/services

The organisation has implemented processes for communicating with its clients and determining and reviewing the requirements for its products and services. The following evidence was reviewed: promote was recorded, service activity requirement was also recorded.

Control of externally provided processes, products and services

The organisation's process for controlling externally provided products and services was audited and minor non-conformity was identified. The following records relating to the process for controlling externally provided products and services were reviewed: The procedures for purchasing and selection and evaluation of supplier were described in the relevant documents. Government regulation was used as guidance for procurement. Criteria for selection and evaluation were stated. Some purchasing processes activities were assessed and found satisfactory. Several observation data has been sampled during audit.

Minor Non-conformances

- Didapat bahwa Evaluasi Kinerja Provider External yaitu Rekanan Perawatan AC dan Perawatan Lift, tidak selalu dilakukan

Design and development of products and services

The site undertakes the design and development of the following products/services:

The organisation's design and development process was audited and major non-conformity in relation to the requirements of the standard was identified. A detailed description of the major non-conformity has been documented in major NCR.

Major Non-conformances #4:

- Sistem tidak dapat memastikan Struktur kurikulum baru yang telah digunakan pada Semester gasal 2017/2018 untuk prodi TKP (Teknologi Kimia Polimer) dan TIO (Teknologi Industri Otomotif) telah divalidasi oleh Direktur dan Senat Politeknik.

Business processes

This audit included a review of the processes needed for the Quality Management System. Operation and control of the audited processes is described below: the business process has been conform to clause of ISO 9001:2015.

Release of products and services

This audit identified minor non-conformity in the organisation's processes for releasing products and services to their customers. The following records relating to the release of products and services were reviewed: The study period for D4 program are 4 year with total 144 SKS (credit semester). Also all of students must have taken and passed on job training (PKL) and final project (thesis). Assessment system has been determined as detailed in academic guideline book, approved by Director and Senate Chairman.

Pusat Data

Documented procedure has determined. The data and information system procedure has been established to control the information of hardware, software, network and website maintenance, input evaluation and monitoring of value Student College. Also data of academic, financial, studentship and employee. Backed-up data has also done regularly. Several data has been observed during audit, such as: "Form Permohonan Pemeliharaan" dated on 29th August 2017 for change address student requested.

Minor Non-conformances

- Belum ada deskripsi pekerjaan perbaikan terhadap hasil kegiatan yang dilakukan pada permohonan perubahan data mahasiswa (alamat, bulan lahir, dsb), seperti tanggal 29/8/2017 (a.n. Mahasiswa Dimaas Raihan) dan 4/9/2017 (a.n. mahasiswa Namira Albay).

Penelitian dan Pengabdian Masyarakat

Quality objective has been determined and documented. Record of quality objective achievement was established and seen. The risk and opportunities have not been determined and documented. There are no limitations of topics for researcher. Total some reviewer in the university based on SK rector. The Criteria of selection of proposal was established. Monitoring of research was conducted with contract signed with lecturer.

Minor Non-conformances

- Didapat bahwa Proses Seleksi Proposal Penelitian tidak selalu dilakukan sesuai dengan Prosedur Penelitian, contoh: tidak ada berita acara Hasil Seleksi Proposal dan Tidak ada nya Reviewer Eksternal

Sub Bag Umum dan Keuangan

Quality objective has been determined and documented. Record of quality objective achievement was established and seen. The risk and opportunities have not been determined and documented. Infrastructure maintenance program for year 2017-2018 has been made includes ; Classrooms, Theory Rooms, Learning Media, Teaching Rooms, Hardware (PC, Printer, Server, Networking), Green Area, Parking Area, Toilet, Canteen/Cafeterias, Lift. Supplier evaluation was conducted consistently. Job Description and Job Requirements have been determined and documented. Training plan was established. Procurement of certificate form was conducted by certificate request conducted by Administration Academic bureau.

Sub Bag Administrasi Akademik

Quality objective has been determined and documented. Record of quality objective achievement was established and seen. The risk and opportunities have not been determined and documented. The activity is covering for student planning every semester. Also for process is academic administration. Other activity is certificate administration after graduation. All certificates have been taken by student. Procedure has been sighted. Data for leaves request of student was kept in program administration. Student leave letter was produced by this section/ bureau. The application letter must be completed by student. The dean approval letter was established after received application letter.

Perpustakaan

Quality objective has been determined and documented. Record of quality objective achievement was established and seen. The risk and opportunities have not been determined and documented. The book collection was kept and stored in racking system. The book was stored based on DDC classification. The current DDC guidance has been used. The stock opname was not conducted periodically. The lending of book collection was not defined in documented procedure.

Teaching and learning process for study program: Administrasi Bisnis Otomotif; Sistem Informasi Otomotive; Teknik Kimia Polimer and Teknik Industri Otomotive

Quality objective has been determined and documented. Record of quality objective achievement was established and seen. The risk and opportunities have not been determined and documented. Curriculum development consisted of sequence stages; development team arrangement, identification of inputs (e.g. national curriculum, curriculum evaluation report), review of existing curriculum, development of new

curriculum, and approval of new curriculum. Lecturing process has been arranged on documented procedures including planning and preparation, implementation and evaluation. Final evaluation method was defined referring to university manual book that was included evaluation component, grade range. Lecturer has freedom to define weight of evaluation components (final test, mid-semester test, assignment). Customer satisfaction regarding lecture delivery and lecturer performance was measured at the end of semester. Corrective action has been defined for underperforming lecturer including warning, supervision and training. Last assignment is making graduate thesis (skripsi). Procedure and guidance for making thesis were established. Supervisor lecturer (promoter) was assigned based on his/her competency referring to decree from Dean.

The study period for D4 program are 4 year with total 144 SKS (credit semester system). All student college must have taken and passed on job training (PKL) and final project (thesis). Verification of the exam, both of middle semester exam (UTS) and final exam (UAS) has been done. Verification result has been recorded and maintained at each study program.

Control of non-conforming products related teaching – learning activities are identified and controlled effectively. The remedial process has been performed, if the student value has below the specified quality standard. Assessment system has been determined as detailed in academic guideline book, approved by Director and Senate Chairman.

Minor Non-conformances

- Didapat bahwa kehadiran tatap muka dosen tidak sesuai dengan ketentuan dalam peraturan akademik thn 2016 (14 x tatap muka) pada semester Ganjil 2017/2018.
- Didapat bahwa Tanda tangan Koordinator Mata kuliah tidak selalu dilengkapi dalam Daftar Hadir dan Realisasi SAP pada semester ganjil 2017/2018, contoh: pada prodi SIO (Sistem Informasi Otomotif) dan ABO (Administrasi Bisnis Otomotif).
- Didapat bahwa Monitoring Pelaksanaan Praktek Kerja Lapangan (PKL) yang dilakukan oleh Mahasiswa, belum di lakukan secara konsisten Contoh: PKL di Prodi ABO
- Didapat bahwa Persyaratan / Kriteria Perusahaan tempat PKL belum ditetapkan
- Didapat bahwa rentang nilai di buku Peraturan Akademik 2016 , yaitu berupa A,B+,B,C+ dan C berbeda dengan rentang nilai di Formulir Penilaian Laporan Praktek Kerja yang hanya berupa rentang A,B, C dan D
- Didapat bahwa Soal Praktikum UAS semester Ganjil 2017/2018 belum divalidasi dan verifikasi. Contoh: Soal UAS mata kuliah Praktikum di Prodi SIO.
- Didapat bahwa formulir / instrument penilaian untuk Mata Kuliah Praktikum Smt Ganjil 2017/2018, belum dibuatkan secara terdokumentasi. Contoh : Soal UAS mata kuliah Praktikum di Prodi SIO
- Didapat bahwa stock opname koleksi Buku Perpustakaan, tidak selalu dilakukan secara periodic
- Didapat bahwa tidak ada proses penagihan buku perpustakaan yang belum dikembalikan oleh mahasiswa dan dosen
- Didapat bahwa belum ada proses pengadaan buku secara periodic

Program Study: TKP (Polymeric - Chemical Engineering/Teknik Kimia Polimer) and Automotive Industrial Engineering (Teknik Industri Otomotive)

Observation during audit has sighted, such as:

TKP (Polymeric - Chemical Engineering/Teknik Kimia Polimer)

Odd Semester started on September 2017 – January 2018

Even Semester started on February 2018 – July 2018

| | |
|--|------------------------------|
| 2016 → 2017 | |
| Teknologi Polimer menjad Kimia Polimer | |
| Teknologi polimer | Kimia polimer |
| | Teknologi Manufaktur Plastik |
| | Teknologi komposit polimer |

| | |
|--|---|
| Design or development of Curriculum: Namun belum ada approval terhadap hasil kajian kurikulum baru oleh pucuk pimpinan. | Teknologi Karet 1 & karet 2 Notes: Praktik = di LAB Praktikum = bagian dari mata kuliah |
| Perubahan tsb atas masukan dari: PT Toray Sintetik, Polban, ITB, Untirta, PT Inter Aneka Tangerang 10 march 2016 → langkah perub 18 march 2016 → profil lulusan 30 May 2016 → bahan kajian dan struktur kurikulum | UAS : 8 – 23 January 2018 |
| Sampling: dosen Pak Saiful dan Ibu Fitria Aryanti (1 kelas + 1 kelas) Teknologi Manufaktur Plastik + Praktikum Teknologi Manufaktur Plastik (T/P 1/1) Silabus + RPS (Rencana Pembelajaran Semester) → 16 tata muka incl. UTS dan UAS | |
| Proporsi penilaian: Nilai tugas/kuis (20 – 30%) + nilai UTS (30-40%)+ Nilai UAS (35-45%) Untuk bu Fitria: 30 + 35 + 35% | |
| Berdasarkan surat dari Direktur maka minimal tatap muka adalah 6 kali | |
| PKL atas nama Gorbi Nurcahyo (1513023) → Tugas Akhir Penelitian : "Pembuatan Komposit Kayu Plastik (Wood Composite/WPC) Dengan Penambahan Nanoclay → aspek penilaian : 5 aspek nilai tertulis dan 3 aspek nilai lisan. → dinilai oleh 4 Tim Penguji. Nilai TA → Sidang Penelitian (81.22) + Sidang Rancang Pabrik (77.63/ B+) | |

Automotive Industrial Engineering (Teknik Industri Otomotive) → 144 SKS {Kaprod: Bp. Muh. Agus, ST.,MT)
Laboratory: PIM (Proses Industri Manuf) + Lab APSK (Analisis Perancangan Sistem Kerja) + Lab Perancang manufaktur (CAD CAM) + Meterologi.

Design / development of curriculum: Struktur kurikulum period 2017 telah diubah dan digunakan pada semester gasal yang baru, namun belum ada approval dan dasar analisa perubahan.

| 2015 revisi | 2017 |
|--|---|
| Semester 1 Statistik inudstri (2) Praktikum Statistik Industri (3) Praktikum Metrologi dan Alat banfu Produksi Industri Otomotif (2) - | Semester 1 Statistik inudstri (1) Praktikum Statistik Industri 1 (2) Praktikum Metrologi dan Alat banfu Produksi Industri Otomotif (2) Metrologi dan Alat banfu Produksi Industri Otomotif (1) → change Pengetahuan Bahan dan Alat banfu Produksi Industri Otomotif |
| Semester 3 Praktikum Perancangan proses manufaktur Otomotif 2 (3) Teori - | Semester 3 Praktikum Perancangan proses manufaktur Otomotif 2 (3) Teori : Perancangan proses manufaktur Otomotif 2 (1) |
| Semester 8 Prakerin Otomotif (10) TA (5) | Semester 8 Prakerin Otomotif (13) TA (5) |
| Analisa data pengguna lulusan, such as PTALun (Dealer Renault truck); PT. Mattel Ind; PT Suzuki Indomobil, etc. Ada 8 jenis kemampuan yang ditanyakan seperti kemampuan bekerja, bekerja sama & beradaptasi, berkenaan dg inegritas | |
| Perancangan proses manufaktur Otomotif 2 (1) → Semester 1 (2017/2018) Surat Tugas Mengajar: Bp. Muh. Agus, ST.,MT. RPS untuk kur yang lalu adlh 2 SKS Modul praktikum manufaktur mesin bubut available. | |
| Metrologi →change to Pengetahuan Bahan dan Alat banfu Produksi Industri Otomotif (1) → Semester 1 (2017/2018) [Bp. Ir. Sumpena] → RPS non found Praktikum Metrologi dan Alat banfu Produksi Industri Otomotif (2) → Semester 1 (2017/2018) [Bp. Ir. Sumpena] "Daftar hadir dan Realisasi SAP" untuk Pengetahuan Bahan dan Alat banfu Produksi Industri Otomotif (1) → Semester 1 (2017/2018) ada | |
| Sistem Manajemen Lingkungan (Semester 7) Pak Taswir Syahfoeddin, SMI, M.Si RPS available Soal UAS available, but kunci jawaban belum ada (dari 5 soal) Modul Praktikum Analisis Kelayakan Pabrik (2 SKS) → | |
| PKL : atas nama mhsw Stevanus Dwi irianto di PPPRS Kem Tower → Usulan Mengurangi Jumlah Kecelakaan Kerja pada bagian Maintenance di PPPRS Kem Tower" using "Formulir PenilaianLaporan Praktikum Kerja / Magang", aspek Laporan dan Hasil wawancara. Tugas Akhir: "Nilai Ujian Tugas Akhir/Skripsi" untuk mhsw nama Fahmi Fahlevi (1113058) → oleh 4 penguji. | |

Control of non-conforming products and services

The organisation has effectively implemented a process to ensure non-conforming products and services are identified and controlled to prevent their unintended use or delivery. The following evidence was reviewed: internal audit activities, remedial in teaching learning process.

Organisational performance evaluation

Customer satisfaction

The customer's perception of meeting customer requirements is adequately managed by the organisation. The information obtained is being organised to drive system improvement.

The following evidence was reviewed:

1. Student/college: 27 aspect evaluated, at expectation and perception (satisfaction). The actually: 3.35 and 3.07
2. Industrial (DUDI): hard-skill attribute (7 aspect) and soft-skill (12 aspect) with lower value at Bahasa (foreign language) and computer, also attitude.
3. Lecturer
4. Parent

Internal audit

The organisation's internal audit process was audited and major non-conformity in relation to the requirements of the standard was identified. A detailed description of the major non-conformity has been documented in major NCR. Internal audit has performed on 15th – 16th January 2018. Internal auditor has been appointed based on Nota Dinas No. 89/SJ-IND-7.-2/1/2018 approved by Director (Mr. Dr. Mustofa, ST., MT), i.e. amount 20 person. Documented procedure has determined PM-S-04 (1st November 2017), i.e. once per year. Negative finding has described in form "Hasil Audit Internal Mutu", but the root cause of non-conformance has still unclearly.

Major Non-conformances #2:

- Internal audit yang dilakukan belum memastikan semua unit kerja telah melakukan identifikasi resiko dan opportunity, serta keefektifan dari implementasi tersebut

Analysis and evaluation

The organisation has implemented a process to analyse and evaluate data and information in order to operate, control and improve the management system. The following evidence was reviewed: data analysis for questionnaire, student assessment for examination process.

Management review

The organisation's management review process was audited and major non-conformity in relation to the requirements of the standard was identified. Management review has been performed on 23rd and 25th January 2018. A detailed description of the major non-conformity has been documented in major NCR.

Major Non-conformances #3:

- Keefektifan terhadap identifikasi resiko dan opportunity, kinerja external provider, serta perubahan terhadap issue external/internal yang relevan terhadap system tidak menjadi agenda pada rapat tinjauan manajemen

Organisational Improvement

Non-conformity, complaints and corrective action

The organisation has implemented a process for managing non-conformities including those arising from customer complaints. Appropriate corrective action measures have also been implemented. The following evidence was sighted: teaching method of lecturers and attendance of lecturers.

Continual improvement

The organisation has implemented an effective process for the continual improvement of the management system.

A proposed plan for the next audit is included on the last page of this report.

Thank you for the cooperation and hospitality extended.

This report was prepared by: Desti Hilvawaty and Andri Sulendra

NEXT AUDIT PLAN

During our next audit the issues identified as requiring attention will be reviewed to ensure they have been adequately addressed, as well as the following set out in the plan below:

This plan is a draft and can be modified to suit the availability of relevant people.

| Audit type : | | Follow-up Audit | | |
|--|-----------------|---|---------|--------------|
| Date | Auditor | Audit meetings plus functions/ processes/ areas/ shifts audited | # Shift | Approx. time |
| Date to be planned/ confirmed with client before leaving | To be confirmed | Follow-up major | | |
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