

Organisation Name:		Politeknik STMI Jakarta			Location:		Jl. Letjend Suprpto No. 26, Cempaka Putih, DKI Jakarta, 10510, Indonesia		
Date:	30/01/2020	Audit team leader:	Vinka Cantikara		Activity/Report ID:	WI-897127	License/Certificate No.:	QEC26427	
Organisation's acknowledgement of receipt of NCR				Employee Name:	Mrs Emi		Date NCR Accepted:		
Section 1					Section 2		Section 3		Section 4
NCR Nr	Standard(s) & clause(s)	Classification	Details of non-conforming situation and Objective Evidence :	SAI Verification (how and when)	Correction : (immediate fix)	Root Cause and Corrective Action : (action to prevent recurrence) Next	SAI Global Response Review:	SAI Global Verification of Corrective Action for Effectiveness:	
1	ISO 9001:2015 cl 8.5.1	Minor	Non-conforming situation: Bobot SKS dalam RPS belum sesuai dengan struktur kurikulum. Misalnya untuk mata kuliah Pemograman Generasi ke 4.	Due Date: Next Audit SAI Follow up Method: Onsite	Correction : Menyesuaikan bobot sks dalam RPS dengan struktur kurikulum	Root Cause : Prodi belum mensosialisasikan standar pembuatan RPS kepada dosen pengampu mata kuliah Corrective Action : Menjadwalkan kegiatan sosialisasi standar pembuatan RPS kepada dosen pengampu mata kuliah sebelum kegiatan perkuliahan dimulai	Response: Acceptable 11/02/2020 Reviewer: Vinka C	Verification of Effectiveness: Name Date: SELECT	
2	ISO 9001:2015 cl. 8.5.1	Minor	Non-conforming situation: Realisasi RPS tidak selalu divalidasi, misalnya untuk mata kuliah ERP 2 semester 7 kelas SA03.	Due Date: Next Audit SAI Follow up Method: Onsite	Correction : Memvalidasi realisasi perkuliahan sesuai dengan RPS yang dibuat	Root Cause : Kesulitan dalam memvalidasi realisasi perkuliahan sesuai dengan RPS apabila dosen pengampu mata kuliah tidak menyerahkan form realisasi perkuliahan Corrective Action : Menggunakan sistem berbasis komputer secara online agar dapat memvalidasi realiasi perkuliahan yang diinputkan dosen pengampu mata kuliah sesuai dengan RPS.	Response: Acceptable 11/02/2020 Reviewer: Vinka C	Verification of Effectiveness: Name Date: SELECT	

Section 1				Section 2		Section 3	Section 4	
NCR Nr	Standard(s) & clause(s)	Classification	Details of non-conforming situation and Objective Evidence :	SAI Verification (how and when)	Correction : (immediate fix)	Root Cause and Corrective Action : (action to prevent recurrence) Next	SAI Global Response Review:	SAI Global Verification of Corrective Action for Effectiveness:
3	ISO 9001:2015 cl.8.5.1	Minor	Non-conforming situation: Tata tertib lab. menyatakan dilarang membawa makan dan minum pada saat praktikum, namun pada saat praktikum di ruang ERP 2 di meja praktikan ada makanan dan minuman.	Due Date: Next Audit SAI Follow up Method: Onsite	Correction : Lebih mematuhi tata tertib dalam penggunaan lab dengan melakukan sosialisasi secara terus-menerus terhadap dosen dan mahasiswa. Mencetak ketentuan dilarang makan dan minum dengan ukuran besar.	Root Cause : Kurangnya disiplin dosen dan mahasiswa dalam mematuhi tata tertib penggunaan lab, serta tidak ada laci/loker khusus untuk menyimpan tas/makanan/minuman mahasiswa yang akan menggunakan lab Corrective Action : Prodi lebih mensosialisasikan tata tertib penggunaan lab ke pada dosen, serta mengusulkan pengadaan laci/loker khusus penyimpanan sebagai tambahan fasilitas lab.	Response: Acceptable 11/02/2020 Reviewer: Vinka C	Verification of Effectiveness: Name Date: SELECT
4	ISO 9001:2015 cl.6.2	Minor	Non-conforming situation: Sasaran Mutu sub bagian akademik belum diukur pencapaiannya untuk tahun 2019	Due Date: Next Audit SAI Follow up Method: Onsite	Correction : Sasaran Mutu bagian Akademik akan segera diukur ketercapaiannya, dan akan dimonitoring secara rutin	Root Cause : - Monitoring sasaran mutu telah dilakukan namun belum semua sampai pada evaluasi ketercapaiannya Corrective Action : 1. Monitoring sasaran mutu akan lebih di tingkatkan lagi. 2. Evaluasi ketercapaian sistem mutu akan dilakukan rutin sesuai target waktunya.	Response: Acceptable 11/02/2020 Reviewer: Vinka C	Verification of Effectiveness: Name Date: SELECT
5	ISO 9001:2015 cl 7.1.3	Minor	Non-conforming situation: Sirkulasi dan tanggal kadaluarsa reagen di lab TKP contoh chloroform tidak konsisten terpantau.	Due Date: Next Audit SAI Follow up Method: Onsite	Correction : Setiap kemasan bahan dicantumkan tanggal kadaluarsa	Root Cause : Tidak ada jadwal rutin pengecekan bahan Corrective Action : Dibuat jadwal rutin pengecekan bahan	Response: Acceptable 11/02/2020 Reviewer: Vinka C	Verification of Effectiveness: Name Date: SELECT

Section 1				Section 2		Section 3	Section 4	
NCR Nr	Standard(s) & clause(s)	Classification	Details of non-conforming situation and Objective Evidence :	SAI Verification (how and when)	Correction : (immediate fix)	Root Cause and Corrective Action : (action to prevent recurrence) Next	SAI Global Response Review:	SAI Global Verification of Corrective Action for Effectiveness:
6	ISO 9001:2015 cl.7.1.4	Minor	Non-conforming situation: Standar safety praktikum baik di lab TKP maupun manufaktur belum ditetapkan	Due Date: Next Audit SAI Follow up Method: Onsite	Correction : Pemasangan informasi standar safty di ruangan laboratorium PIM Standar safety setiap lab ditetapkan, disosialisasikan, dan ditempel di setiap lab	Root Cause : Standar safty belum lengkap Sarana safety tidak lengkap Corrective Action : 1. Informasi standar safty dipasang di ruangan lab Proses Industri Manufaktur 2. APD standar safty perlu dilengkapi oleh Manajemen untuk digunakan dilab pada saat praktikum 3. Melengkapi sarana safety	Response: Acceptable 11/02/2020 Reviewer: Vinka C	Verification of Effectiveness: Name Date: SELECT
7	SAI Global Rules of Logo StandardMark	Minor	Non-conforming situation: Logo StandardMark yang digunakan pada Website dan Maps tidak sesuai SAI Global Rules of Logo StandardMark, logo yang digunakan adalah logo SAI Global	Due Date: Next Audit SAI Follow up Method: Onsite	Correction : Akan segera diperbaiki dengan berkoordinasi dengan Kepala Pusat Data Politeknik STMI Jakarta	Root Cause : Kurang pemantauan dan koordinasi antar unit sehingga ketentuan Rules of Logo StandarMark Logo tidak tersosialisasi dengan baik Corrective Action : Mengeshare/Mendistribusikan pada unit kerja yang berkepentingan dengan penggunaan Rules of Logo StandarMark Logo	Response: Acceptable 11/02/2020 Reviewer: Vinka C	Verification of Effectiveness: Name Date: SELECT

Section 1				Section 2		Section 3	Section 4	
NCR Nr	Standard(s) & clause(s)	Classification	Details of non-conforming situation and Objective Evidence :	SAI Verification (how and when)	Correction : (immediate fix)	Root Cause and Corrective Action : (action to prevent recurrence) Next	SAI Global Response Review:	SAI Global Verification of Corrective Action for Effectiveness:
8	ISO 9001 : 2015, klausa 7.5	Minor	<p>Non-conforming situation: Beberapa aturan terkait pengendalian mutu pada SOP Pengendalian Dokumen Mutu PM-S-01 belum dilakukan seperti :</p> <p>a. Master dokumen tidak diberikan cap master dokumen seperti Pengendalian Dokumen Mutu PM-S-01, Manajemen Resiko PM-S-08, Audit Internal PM-S-04;</p> <p>b. Form Tabel Manajemen Resiko belum diberikan identifikasi seperti tertuang dalam SOP Manajemen Resiko (PM-S-08)</p> <p>c. Tanggal terbit tidak aktual, seperti SOP manajemen resiko revisi ke-1, tanggal terbit 23 Januari 2017, aktualnya terbit di tahun 2019</p>	<p>Due Date: Next Audit</p> <p>SAI Follow up Method: Onsite</p>	<p>Correction :</p> <p>a. Master Dokumen akan segera di beri cap Dokumen Master/Master Dokumen</p> <p>b. Form tabel Manajemen Risiko akan segera dibuat dan diidentifikasi kodingnya/Kodefikasinya</p> <p>c. Tanggal terbit untuk setiap SOP baik PM maupun PK akan sgera direvisi</p>	<p>Root Cause : Keterbatasan SDM sehingga pengendalian dokumen tidak tertangani dengan baik (Tidak ada Document Control)</p> <p>Corrective Action : Segera ditunjuk Document Control dan diberikan pelatihan/ pengarahan kepada yg bersangkutan tentang Pengendalian Dokumen sesuai dengan SOP Pengendalian Dokumen yang berlaku</p>	<p>Response: Acceptable</p> <p>11/02/2020 Reviewer: Vinka C</p>	<p>Verification of Effectiveness:</p> <p>Name</p> <p>Date: SELECT</p>

Section 1				Section 2		Section 3	Section 4	
NCR Nr	Standard(s) & clause(s)	Classification	Details of non-conforming situation and Objective Evidence :	SAI Verification (how and when)	Correction : (immediate fix)	Root Cause and Corrective Action : (action to prevent recurrence) Next	SAI Global Response Review:	SAI Global Verification of Corrective Action for Effectiveness:
9	ISO 9001 : 2015, klausa 9.2	Minor	<p>Non-conforming situation: Bukti tidak lanjut terhadap temuan audit internal belum dilakukan seperti :</p> <ol style="list-style-type: none"> 1. Temuan audit internal th 2018 untuk P2M seperti pelaksanaan seminar pelatihan (dasar : SOP-PK-D-03) dan Pelatihan&Evaluasi (dasar : SOP-PK-D-04) 2. Belum ada uraian tindakan perbaikan yang ditentukan pada form Hasil Audit Internal Mutu FM-4-06, contoh temuan-temuan pada Perpustakaan 	<p>Due Date: Next Audit</p> <p>SAI Follow up Method: Onsite</p>	<p>Correction :</p> <ol style="list-style-type: none"> 1. P2M <ol style="list-style-type: none"> a. Meninjau ulang SOP nya, jika SOP nya telah benar maka tindak lanjut berikutnya adalah menunggu keputusan dari direktur berikutnya. b. Mengajukan anggaran utk kegiatan Review proposal penelitian dan diseminasi hasil penelitian serta anggaran untuk pelatihan penulisan ilmiah bagi dosen 2. Hasil temuan Audit Internal pada bagian perpustakaan akan segera dimintakan tindakan perbaikan dan pencegahannya dan akan diverifikasi oleh auditornya 	<p>Root Cause :</p> <ol style="list-style-type: none"> 1. Keterbatasan SDM, anggaran dan waktu 2. Auditi lupa mengisi tindakan perbaikan dan pencegahannya <p>Corrective Action :</p> <ol style="list-style-type: none"> 1. Membuat perencanaan anggaran lebih matang, memperhatikan temuan-temuan yg perlu tindak lanjut dengan segera 2. Memastikan kembali bahwa setiap form hasil audit telah terisi oleh auditi dan diverifikasi oleh auditor internal 	<p>Response: Acceptable</p> <p>11/02/2020 Reviewer: Vinka C</p>	<p>Verification of Effectiveness:</p> <p>Name</p> <p>Date: SELECT</p>

Section 1				Section 2		Section 3	Section 4	
NCR Nr	Standard(s) & clause(s)	Classification	Details of non-conforming situation and Objective Evidence :	SAI Verification (how and when)	Correction : (immediate fix)	Root Cause and Corrective Action : (action to prevent recurrence) Next	SAI Global Response Review:	SAI Global Verification of Corrective Action for Effectiveness:
10	ISO 9001 : 2015, klausa 9.3	Minor	Non-conforming situation: Tinjauan Manajemen tahun 2019 (tanggal 13-15 Nov 2019) belum membahas terkait efektifitas tindakan yang diidentifikasi pada tabel Manajemen Resiko Institusi 2019.	Due Date: Next Audit SAI Follow up Method: Onsite	Correction : Pada rapat tinjauan manajemen berikutnya akan dibahas terkait efektifitas tindakan pada tabel Risiko	Root Cause : Efektifitas tindakan yang terkait dengan risiko belum dibahas pada saat rapat tinjauan manajemen karena a. keterbatasan pengetahuan dan keterbatasan waktu, b. Risiko tahun 2019 masih belum fixed Corrective Action : Memastikan bahwa pada saat rapat tinjauan manajemen akan membahas tentang evaluasi efektifitas tindakan pengendalian seperti pada table Risiko	Response: Acceptable 11/02/2020 Reviewer: Vinka C	Verification of Effectiveness: Name Date: SELECT

Root Cause:	Consider using appropriate root-cause analysis tools such as, 5 Why's, FMEAs, Fault tree analysis and fish bone diagrams, etc., to ensure identification of root cause.
Correction:	Describe the action taken to correct the incident and contain the problem. Objective evidence in the form of revised procedures, records, etc. shall be submitted unless otherwise identified by the Audit Team Leader
Corrective Action:	Client shall describe the systemic (long term) corrective action(s) planned or taken to eliminate the root cause to prevent recurrence. Objective evidence in the form of revised procedures, records, etc. shall be submitted unless otherwise identified by the Audit Team Leader.

SAI GLOBAL REGISTRATION PROGRAM

INSTRUCTIONS FOR THE COMPLETION OF NON-CONFORMANCE REPORTS (NCR)

Failure to provide action plans as arranged with SAI Global and/or to implement correction and corrective action within the nominated time frames may lead to a recommendation that your certification be denied or suspended. Certain sectors require both Major and Minor NCR's to be cleared within a specified time. Refer to sector specific requirements for details.

Section 1

To be completed by the SAI Global Team Leader at the time of the audit. A copy of the NCR shall be left with the Client at the completion of the audit.

Organization Acknowledgement:	Name of the organizations representative who was presented the non-conformance. Signature is not required.
SAI Global Verification Method	Record if site visit is required or what information is to be provided to effect NCR closure.

Section 2 - Organization Response

Complete Section 2 as described below and return it to SAI Global. In lieu of completing SAI Global NCR form, the Client may submit an equivalent corrective action document.

Root Cause:	Consider using appropriate root-cause analysis tools such as, 5 Why's, FMEAs, Fault tree analysis and fish bone diagrams, etc., to ensure identification of root cause.
Correction:	Describe the action taken to correct the incident and contain the problem. Objective evidence in the form of revised procedures, records, etc. shall be submitted unless otherwise identified by the Audit Team Leader
Corrective Action:	Client shall describe the systemic (long term) corrective action(s) planned or taken to eliminate the root cause to prevent recurrence. Objective evidence in the form of revised procedures, records, etc. shall be submitted unless otherwise identified by the Audit Team Leader.

Section 3

The SAI Global Team Leader /Client/Project Manager will review the completed NCR or Client's equivalent corrective action document for adequate root cause analysis, systemic corrective action taken on root cause and objective evidence submitted. Upon completion of the review the SAI Global Team Leader will either accept the corrective action taken and clear the NCR or request that the Client provide an additional or revised response or objective evidence in order to clear the NCR. Comments shall be added to the hardcopy of the NCR or electronically as appropriate to identify any request for additional information, including the date for submittal.

Section 4 – Verification of Effectiveness and NCR Closure

Verification of Effectiveness	Detail what evidence was sighted to verify the effectiveness of the client's correction and corrective action. Where appropriate, records of the client's method of verifying effectiveness can be utilized but must demonstrate the correction, root cause and corrective action. Record in the results the actual method and documents reviewed to verify effectiveness.
NCR Closure	Name and date of individual performing the verification and NCR closure.