

Nonconformity Report (list of nonconformities) No. Oto 3



Client	Certification No.
POLTEKKES SURAKARTA	82410011051
Type of audit	Standard (s)
1st Follow Up Audit	SNI- ISO 9001:2008

Management System Representative: Insiyah, MN

Audit Team Leader: Suliswiyadi

Auditor(s)/Expert: HeruSubroto

Audit Date: 2016.01.29

Suliswiyadi

Audit Team Leader

Insiyah, MN

Management System Representative

The client is required to analyse the root cause of the nonconformities. This results and the correction(s) and corrective action(s) has (have) to be described in the nonconformity report and has (have) to be forwarded to the audit team leader rapidly. Documents, which prove the elimination of the nonconformities have to be submitted.

Please note that the actions for the nonconformities have to be taken and corresponding documents have to be submitted until 2016.02.14

<input type="checkbox"/>	Correction(s) and corrective action(s) are appropriate. Correction(s) has (have) been verified, including documents submitted later.
<input type="checkbox"/>	A re-audit was performed.

Date, processing auditor

Remarks under „proof“: D = submit documents; NA = re-audit

Nonconformity Report (list of nonconformities)



Client	Certification No.
POLTEKES SURAKARTA	ZN 82410011051
Type of audit	Standard (s)
Repeat Audit	SNI- ISO 9001:2008

No	Ref	Nonconformity [Discussed with whom and where?]	proof	Cause analysis [by whom?]	Corrections and Corrective Action [by whom?]	Completion date
1	8.4	<p>Discussed with: Ibu Wiwik Setyaningsih, M.Kes dan team</p> <p>Department: Jurusan Terapi Wicara</p> <p>Nonconformity: Renstra Jurusan Terapi Wicara 2015-2019 tidak dapat dipastikan target capaiannya, terbukti dalam Renop tahun 2015 Jurusan Terapi Wicara belum melakukan evaluasi atau analisis ketercapaiannya (sample: hasil TOEFL bagi tenaga pendidik minimal skor 500).</p>	D	<p>Cause analysis: Sistem pendokumentasian yang masih lemah</p> <p>Responsible person : Ibu Wiwik Setyaningsih, M.Kes dan team</p>	<p>Corrections : Melakukan analisis dan mendokumentasikan ketercapaian Renop 2015</p> <p>Responsible person: Ibu Wiwik Setyaningsih, M.Kes dan team</p> <p>Corrective Action : Memperbaiki pendokumentasian sistem</p> <p>Responsible person: Ibu Wiwik Setyaningsih, M.Kes dan team</p>	<p>Corr. Comp. Date: 29 Januari 2016</p> <p>CA Comp. Date: 3 Februari 2016</p>

Remarks under „proof“: D = submit documents; NA = re-audit

No	Ref	Nonconformity [Discussed with whom and where?]	proof	Cause analysis [by whom?]	Corrections and Corrective Action [by whom?]	Completion date
2	8.2.3	<p>Discussed with: Ibu Sri Rahayu, BpkAsri Tri Widodo, Ibu Paula, BpkSudadi.</p> <p>Department: Bag Umum, Sarpras.</p> <p>Nonconformity: Tidak dapat ditunjukkan bahwa telah dilakukan analisa ketercapaian sasaran mutu thn 2015.</p>	D	<p>Cause analysis: Kelalaian petugas dalam melaksanakan pendokumentasian</p> <p>Responsible person : Ibu Sri Rahayu</p>	<p>Corrections : Menyusun analisa ketercapaian sasaran mutu tahun 2015</p> <p>Responsible person: Ibu Sri Rahayu</p> <p>Corrective Action : Memastikan petugas untuk melakukan analisa pencapaian sasaran mutu secara periodik dan mendokumentasikannya</p> <p>Responsible person: Ibu Sri Rahayu</p>	<p>Corr. Comp. Date: 6 Februari 2016</p> <p>CA Comp. Date: 6 Februari 2016</p>

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No	Ref	Nonconformity [Discussed with whom and where?]	proof	Cause analysis [by whom?]	Corrections and Corrective Action [by whom?]	Completion date
3.	7.4.1	<p>Discussed with: Ibu Sri Rahayu, BpkAsri Tri Widodo, Ibu Paula, BpkSudadi.</p> <p>Department: Bag Umum,</p> <p>Nonconformity: Tidak dapat ditunjukkan daftar pemasok barang dan jasa yang telah ditetapkan sesuai criteria yang tercantum dalam SOP PD II/00/02.21/2011.P</p>	D	<p>Cause analysis: Proses pengadaan barang/jasa selama ini menggunakan perpres 70/2012</p> <p>Responsible person : Ibu Paula</p>	<p>Corrections : Membuat daftar pemasok sesuai SOP</p> <p>Responsible person: Ibu Paula</p> <p>Corrective Action : SOP disesuaikan dengan Perpres 70/2012</p> <p>Responsible person: Ibu Paula</p>	<p>Corr. Comp. Date: 10 Februari 2016</p> <p>CA Comp. Date: 10 Februari 2016</p>

Remarks under „proof“: D = submit documents; NA = re-audit

No	Ref	Nonconformity [Discussed with whom and where?]	proof	Cause analysis [by whom?]	Corrections and Corrective Action [by whom?]	Completion date
4	6.3	<p>Discussed with: Ibu Sri Rahayu, BpkAsri Tri Widodo, Ibu Paula, BpkSudadi.</p> <p>Department: Sub Umum, Sarpras</p> <p>Nonconformity: Tidak dapat ditunjukkan bukti telah dibuat rencana perawatan dan bukti keterlaksanaan perawatan dalam bentuk kartu perawatan sesuai dengan SOP PDII/00/02./2015.</p>	D	<p>Cause analysis: Adanya inkonsistensi dalam pendokumentasian rencana perawatan dan bukti keterlaksanaannya(laporan perawatan dibuat dalam bentuk buku)</p> <p>Responsible person : Ibu Sri Rahayu</p>	<p>Corrections : Membuat kartu perawatan barang</p> <p>Responsible person: Ibu Sri Rahayu</p>	<p>Corr. Comp. Date: 9 Februari 2016</p>
					<p>Corrective Action : Secara konsisten menggunakan kartu sebagai bukti perencanaan dan pelaksanaan perawatan barang</p> <p>Responsible person: Ibu Sri Rahayu</p>	<p>CA Comp. Date: 10 Februari 2016</p>