



3. Assessment Findings Log - ISO 9001:2008

Grade 1	Status 2	Finding 3	Corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Potential Major NC	Closed	<ul style="list-style-type: none"> Quality objective was observed different between indicator and object to be measured. The indicator was "Info vacancy 10% growth from last year" but measurement was "number of company that registered vacancy information". See JPC report. Objective to measure service level agreement (SLA) of internet connection has been set. However, summary report has not been prepared yet though raw data was already available. See TIK. 	(RAZ 19 Oct 2011) : Corrective action was taken found effectively implemented. See similar doc of quality objective report.	Doc review – Quality Objectives supporting process	27 Jun 11	1107RAZ01	5.5
Potential Major NC	Closed	<ul style="list-style-type: none"> Job specification / competency requirement was not always provided to ensure that personnel who in charge for respective process was qualified to execute the job. See job at LSIH for position Technical manager and Quality manager. Not all documented procedure has included arrangement to control quality record. LSIH has established documented procedure namely "Prosedur pengendalian dokumen and rekaman" but aspect of quality record control was not available. <p>Note : actually, LSIH has established doc that refer to ISO 17025; organization just need to add ISO 9001:2008 as normative reference then such doc can be used as ISO 9001:2008 document.</p>	(RAZ 19 Oct 2011) : Corrective action was taken found effectively implemented. See similar doc of Job Description report.	Doc review – Job competency supporting process	27 Jun 11	1107RAZ02	6.2.2
Potential Major NC	Closed	<p>DOC REVIEW AND SPOT ASSESSMENT (FAK KEDOKTERAN)</p> <ul style="list-style-type: none"> Control of document was not always managed properly. Approval and controlled stamp was not available. See doc at Nurse Dept of Medical Faculty. Normative reference to established documented procedure that relate to curriculum development was not always provided as well. System to control external document was not always defined to ensure that all document that used as reference to established internal document always updated. See at PD Dept. 	(RAZ 19 Oct 2011) : Corrective action was taken found effectively implemented. See similar doc of Manual Mutu and master list document.	Doc review – Doc control FK	27 Jun 11	1107RAZ03	4.2.4

1. Grading of the finding *

2. New, Open, Closed

3. Description of the LRQA finding

4. Review by LRQA

5. Process, aspect, department or theme

6. Date of the finding

7. YYMM<Initials>seq.#

8. Clause of the applicable standard

* Major NC = Major nonconformity

Minor NC = Minor nonconformity

RC = Requires correction

SFI = Scope for improvement

xLRQA = Issue for follow-up by LRQA at next visit