

NON CONFORMITY REPORT

Non conformities detailed herein shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard.

Hereunder you will find Bureau Veritas Certification requirements for:

expected timelines to address the nonconformity (a)

response content (b)

Expected timelines to address the non conformity (a)

Corrections and Corrective actions (if possible) to address identified major nonconformities shall be carried out immediately. Correction, Root Cause Analysis and Corrective action plan together with satisfactory evidences of implementation shall be submitted within **90 days after the last day of the audit unless Bureau Veritas Certification and client agree on a longer period of time.**

Review of nonconformities is done through desktop review. However, depending of severity of the findings, our auditor may perform a follow up visit to confirm the actions taken, evaluate their effectiveness, and determine whether certification can be recommended or continued.

For a minor nonconformity, correction, root cause analysis and corrective action plan shall be approved by the team leader and verification of implementation and effectiveness of corrective action(s) taken will be performed at the next visit.

It is recommended that the Client provide responses early to allow time for additional reviews if needed.

For recertification time limits to address nonconformities will be defined by the team leader in order to have them implemented prior to expiration of certification.

Any responses to the nonconformities which were raised may be either in hard copy or electronically using the NCR herein (preferred) and forwarded to the Bureau Veritas Certification office.

Expected response content (b)

Client response to NCR should be reviewed by the lead auditor in three parts; correction, root cause analysis and corrective actions.

In reviewing the three parts, the auditor looks for a plan and then evidence that plan is being implemented.

Correction

1. The extent of the nonconformity has been determined (NCR has been corrected & the client has examined the system to see if there are other examples that need to be corrected). Ensure that correction answers the question "Is this isolated case or not?" in other words "Is there a risk that this can reoccur at the other site / department?"

2. If correction cannot be immediate; a plan to correct the NCR may be appropriate (responsible & date).

3. Evidence that the correction was implemented or evidence that the plan is being implemented.

Root Cause Analysis

1. The Root Cause is not simply repeating the finding, neither is the direct cause of the issue.

2. Well thought out analysis to determine the true root cause: e.g. someone did not follow a process would be direct cause; determining why someone did not follow a process would lead to the true root cause.

3. The root cause statement must focus on a single issue without any obvious why questions remaining.

If a why question can reasonably be asked about the root cause analysis, this indicates that the analysis did not go far enough.

4. Ensure that the root cause answers the question, "What in the system failed such that the problem occurred?"

5. Blaming the employee will not be accepted as the only root cause

6. Address problems with the process as well as what detection system failed

Corrective Action

1. The corrective action or corrective action plan addresses the root cause(s) determined in the root cause analysis. If you have not defined true root cause you cannot prevent the problem from its reoccurrence

2. In order to accept the plan it shall include;

- actions to address the root cause(s)

- identification of responsible parties for the actions and

- a schedule (dates) for implementation.

- always include a "change" to your system. Training and/or publishing a newsletter are generally not changes to your system

3. In order to accept the evidence of implementation:

a. Enough evidence is provided to show the plan is being implemented as outlined in the response (and on schedule).

b. Note: Evidence in full is not required to close the NCR; some evidence may be reviewed during future audit when verifying the corrective actions.

Auditing is based on a sampling process of the available information and the audit methods used were interviews, observations, sampling of activities and review of documentation and records.

To be completed by Bureau Veritas

Date	Organization	Contract n°		Report n°	
22/11/2024	INSTITUT PENDIDIKAN INDONESIA GARUT	23530525		21KSMMUW-22302	
Non Conformity Observed During		Main Audit			
Process		Wakil Rektor 2 (termasuk: Keuangan & Kepegawaian, Administrasi Umum SARPRAS, Pernustakaan)			
Standard		ISO 21001:2018			
Clause		21K-21K -7.1.3 Facilities			
Site Name		INSTITUT PENDIDIKAN INDONESIA GARUT			
Non Conformity Description					
Organisasi telah menyediakan fasilitas peralatan penunjang. Namun, belum cukup bukti bahwa implementasi pengelolaan peralatan berikut dilakukan secara efektif relevan dengan keselamatan kerja: - Penyalur petir. Tidak terdapat bukti bawa riksa uji telah dilakukan berdasarkan peraturan PERMENAKER No. 2 TAHUN 1989 - PENGAWASAN INSTALASI PENYALUR PETIR Jo PERMENAKER No. 31 TAHUN 2015 - PERUBAHAN ATAS PERMENAKER No. 2 TAHUN 1989 - PENGAWASAN INSTALASI PENYALUR PETIR. - Instalasi kelistrikan. Tidak terdapat bukti bawa riksa uji telah dilakukan berdasarkan peraturan PERMENAKER No. 12 TAHUN 2015 - K3 LISTRIK DI TEMPAT KERJA Jo PERMENAKER No. 33 TAHUN 2015 - PERUBAHAN ATAS PERMENAKER No. 12 TAHUN 2015 - K3 LISTRIK DI TEMPAT KERJA dan PUIL - PERATURAN UMUM INSTALASI LISTRIK 2011. Organization has provided the infrastructure facility. However, inadequate evidence that the implementation of the infrastructure management has been effectively implemented relevant to occupational safety: - Lightning arrester. No evidence of the statutory inspection has been done as per PERMENAKER No. 2 TAHUN 1989 - PENGAWASAN INSTALASI PENYALUR PETIR Jo PERMENAKER No. 31 TAHUN 2015 - PERUBAHAN ATAS PERMENAKER No. 2 TAHUN 1989 - PENGAWASAN INSTALASI PENYALUR PETIR. - Electrical installation. No evidence of the statutory inspection has been done as per PERMENAKER No. 12 TAHUN 2015 - K3 LISTRIK DI TEMPAT KERJA Jo PERMENAKER No. 33 TAHUN 2015 - PERUBAHAN ATAS PERMENAKER No. 12 TAHUN 2015 - K3 LISTRIK DI TEMPAT KERJA dan PUIL - PERATURAN UMUM INSTALASI LISTRIK 2011.					
Grade	Lead Auditor		Auditor		Organization Rep.
Minor	MUHAMAD WALDI		MUHAMAD WALDI		Dr. Tina Sri Sumartini, M.Pd., Siti Nurkamilah, M.Pd.
To be completed before					
23/02/2025	MUW-223	1-15P7R-27	MUW-223	1-15P7R-27	

To be completed by the organization

Root Cause Analysis (What failed in the system to allow this non conformity to occur ?)				
Belum dilakukan riksa uji penyalur petir dan instalasi kelistrikan dikarenakan tidak familiar dengan peraturan perundangan yang terkait. The statutory inspection has not been carried out due to unfamiliarity with the relevant laws and regulations.				
Correction (What is done to solve this problem)				
Melakukan riksa uji penyalur petir dan instalasi kelistrikan. Carry out the statutory inspection for both objects: lightning arrester and electrical installation.				
Corrective Action (What is done to prevent reoccurrence)				
1) Membuat SOP terkait riksa uji penyalur petir dan kelistrikan. Bukti: RIKSA UJI INSTALASI LISTRIK DAN PENYALUR PETIR (IPI/SOP-IIMIIM-14 Rev 0 24-Nov-2024)				

2) Merevisi dan memutakhirkan daftar Identifikasi dan Evaluasi Kepatuhan, 27-Nov-2024.		
1) Generate SOP regarding the statutory inspection of lightning arrester and electrical installation. Evidence: RIKSA UJI INSTALASI LISTRIK DAN PENYALUR PETIR (IPI/SOP-UMUM-14, Rev. 0, 24-Nov-2024).		
2) Revised and update the "Identifikasi dan Evaluasi Kepatuhan", 27-Nov-2024.		
Implementation of	Date of Completion	02/12/2024
Corrective Actions	Org. Representative	Dr. Tina Sri Sumartini, M.Pd., Siti Nurkamilah, M.Pd.

To be completed by Bureau Veritas

Verification of	Date	Status	Auditor
corrective Actions	03/12/2024	Accepted 	MUHAMAD WALDI
Comment	The correction and corrective action evidence including: statutory inspection, SOP, and updated register Identifikasi dan Evaluasi Kepatuhan are acceptable. The effectiveness of the corrective action will be verified in the next audit.		

To be completed by Bureau Veritas

Date	Organization	Contract n°	Report n°	
22/11/2024	INSTITUT PENDIDIKAN INDONESIA GARUT	23530525	21KSMVWH01	
Non Conformity Observed During	Main Audit			
Process	Wakil Rektor 1 (termasuk: Akademik, Kerjasama, Pusat Data dan Informasi, Pengembangan Kurikulum)			
Standard	ISO 21001:2018			
Clause	21K-21K -7.5.3.2			
Site Name	INSTITUT PENDIDIKAN INDONESIA GARUT			
Non Conformity Description				
Sistem IPIGARUT.SIAKAD belum berjalan secara efektif, dengan bukti-bukti sebagai berikut (sampling): a). Mahasiswa yang Mengundurkan Diri (SK No 316/IPI.D1/KM/VIII/2024, tanggal 31 Agustus 2024). Nama: Kareva Putra Maharani (NIM 23841036). b). Mahasiswa yang Meninggal Dunia (SK No 1202/IPI.D1/AKD/X/2023, tanggal 30 Oktober 2023). Nama: Nurul Azmi (NIM 22844016). Kedua kasus diatas statusnya masih sebagai 'Mahasiswa AKTIF' di dalam Sistem IPIGARUT.SIAKAD. System IPIGARUT.SIAKAD has not been implemented effectively, following are the evidences through the sampling: a). Secede learner (SK No 316/IPI.D1/KM/VIII/2024, tanggal 31 Agustus 2024). Name: Kareva Putra Maharani (NIM 23841036). b). Deceased learner (SK No 1202/IPI.D1/AKD/X/2023, tanggal 30 Oktober 2023). Name: Nurul Azmi (NIM 22844016). Both accounts status are 'Mahasiswa AKTIF' (active learner) as seen on IPIGARUT.SIAKAD.				
Grade	Lead Auditor		Auditor	Organization Rep.
Minor	MUHAMAD WALDI		VISHNU WAHYUDI	Dr. Tina Sri Sumartini, M.Pd., Siti Nurkamilah, M.Pd.
To be completed before				
23/02/2025	MUW-223	1-15P7R-27	VWH	1-100EEUN

To be completed by the organization

Root Cause Analysis (What failed in the system to allow this non conformity to occur ?)
Data mahasiswa yang cuti dan meninggal belum dinonaktifkan di SIAKAD. Learner's account including college leave, and deceased status was not deactivated in the SIAKAD.
Correction (What is done to solve this problem)
Menonaktifkan akun Mahasiswa berikut di SIAKAD: Kareva Putra Maharani (NIM 23841036), status: cuti akademik. Bukti: SURAT KEPUTUSAN PENGUNDURAN DIRI MAHASISWA No. 316/IPI.D1/KM/VIII/2024. Nurul Azmi (NIM 22844016), status: meninggal dunia. Bukti: SURAT KETERANGAN MENINGGAL DUNIA No. 1202/IPI.D1/AKD/X/2023. De-activated the following learner's account in SIAKAD: Kareva Putra Maharani (NIM 23841036), status: college leave. Evidence: SURAT KEPUTUSAN PENGUNDURAN DIRI MAHASISWA No. 316/IPI.D1/KM/VIII/2024. Nurul Azmi (NIM 22844016), status: deceased. Evidence: SURAT KETERANGAN MENINGGAL DUNIA No. 1202/IPI.D1/AKD/X/2023.

Corrective Action (What is done to prevent reoccurrence)

Merevisi SOP tentang pengajuan cuti akademik, SOP pengunduran diri mahasiswa, dan menyisipkan penanganan serta deaktivasi akun Mahasiswa meninggal.

PENGAJUAN CUTI AKADEMIK (IPI/SOP AKD 13, Rev. 2, 27-Nov-2024)

SURAT PENGUNDURAN DIRI MAHASISWA (IPI/SOP AKD 33, Rev. 3, 4-Dec-2024)

Revised the relevant SOP regarding college leave, demission, and inserted handling of deceased learner's account deactivation.

PENGAJUAN CUTI AKADEMIK (IPI/SOP AKD 13, Rev. 2, 27-Nov-2024)

SURAT PENGUNDURAN DIRI MAHASISWA (IPI/SOP AKD 33, Rev. 3, 4-Dec-2024)

Implementation of Corrective Actions	Date of Completion	02/12/2024
	Org. Representative	Dr. Tina Sri Sumartini, M.Pd., Siti Nurkamilah, M.Pd.

To be completed by Bureau Veritas

Verification of corrective Actions	Date	Status	Auditor
	03/12/2024	Accepted 	MUHAMAD WALDI
Comment	The correction and corrective action evidence including: surat keterangan, SOP Pengajuan Cuti Akademik, and SOP Surat Pengunduran Diri Mahassiswa are acceptable. The effectiveness of the corrective action will be verified in the next audit.		

To be completed by Bureau Veritas

Date	Organization	Contract n°	Report n°	
22/11/2024	INSTITUT PENDIDIKAN INDONESIA GARUT	23530525	21KSMMUW-22301	
Non Conformity Observed During	Main Audit			
Process	Top management (Rektor dan Wakil Rektor), Sistem Manajemen Mutu dan Organisasi Kependidikan (termasuk: Internal Audit, Lembaga Penjaminan Mutu)			
Standard	ISO 21001:2018 / ISO 9001:2015			
Clause	21K-21K -7.1.6.1 General			
Site Name	INSTITUT PENDIDIKAN INDONESIA GARUT			
Non Conformity Description				
Rencana Pembelajaran Semester (RPS) telah dilengkapi untuk semua mata kuliah yang diselenggarakan. Namun, sebagaimana yang ditunjukkan pada contoh: - Prodi PGSD: RPS mata kuliah Pedagogik (GSD2103, 2 SKS) fungsi peer reviewer tidak selalu efektif dikarenakan pengembangan RPS hingga ke pengesahan dilakukan oleh personil yang sama. - Prodi Pendidikan Biologi: RPS mata kuliah Genetika (BIO3202, 3 SKS), pengembang RPS dan peer review dilakukan oleh personil yang sama. Lesson Plans / RPS have been developed for all courses offered. However, as shown in the example: - PGSD department: RPS for course Pedagogik (GSD2103, 2 credits) the peer reviewer function is not always effective because the development and the approval was carried out by the same person. - Pendidikan Biologi department: RPS for course Genetika (BIO3202, 3 credits), the development of the RPS and peer review process was carried out by the same person.				
Grade	Lead Auditor		Auditor	Organization Rep.
Minor	MUHAMAD WALDI		MUHAMAD WALDI	Dr. Tina Sri Sumartini, M.Pd., Siti Nurkamilah, M.Pd.
To be completed before				
23/02/2025	MUW-223	1-15P7R-27	MUW-223	1-15P7R-27

To be completed by the organization

Root Cause Analysis (What failed in the system to allow this non conformity to occur ?)
Setiap prodi memiliki satu reviewer setiap rumpun mata kuliah (RMK) untuk peninjauan RPS. Department has only one RPS reviewer for each cluster / RMK.
Correction (What is done to solve this problem)
Merevisi reviewer RPS mata kuliah Pedagogik dan Genetika, mengindikasikan di SIAKAD: Pengembang RPS, Koordinator RMK, Kaprodi Revise the RPS to indicate RPS Developer, Cluster Coordinator, and Department Chairman.
Corrective Action (What is done to prevent reoccurrence)
1) Menetapkan dua reviewer setiap rumpun mata kuliah untuk peninjauan RPS. Evidence: SK No. 178/IPI.D1/AKD/XI/2024 and SK No. 1034/IPI.D2/KL/XI/2024. Dated 28-Nov-2024 2) Melakukan peninjauan RPS setiap semester 1) Assign two RPS reviewers for each course cluster. Bukti: SK No. 178/IPI.D1/AKD/XI/2024 and SK No. 1034/IPI.D2/KL/XI/2024. Tanggal 28-Nov-2024

Implementation of	Date of Completion	02/12/2024
Corrective Actions	Org. Representative	Dr. Tina Sri Sumartini, M.Pd., Siti Nurkamilah, M.Pd.

To be completed by Bureau Veritas

Verification of	Date	Status	Auditor
corrective Actions	03/12/2024	Accepted	 MUHAMAD WALDI
Comment	The correction and corrective action evidence including revised RPS, and assignment of additional reviewer are acceptable. The effectiveness of the corrective action will be verified in the next audit.		