

Management System Certification Audit Summary Report

Organization:	Jabatan Perpaduan Negara dan Integrasi Nasional				
Address:	Aras 7-10 Blok E2, Kompleks E, Pusat Pentadbiran Kerajaan Persekutuan 62502 Putrajaya				
Standard(s):	ISO 9001:2008	Accreditation Body(s): UKAS & Standards Malaysia			
Representative:	Mr. Ho Khek Hua / Pn. Suraya Wen				
Site(s) audited:	Putrajaya (HQ), PPD in Kedah, Selangor, Perak and Negeri Sembilan.	Date(s) of audit(s):	3 rd , 5 th , 19 th , 24 th & 25 th September 2012		
EAC Code:	36	NACE Code:	75.12, DSM – 84.12	Technical Area code:	QM36.1
Effective No. of Personnel:	896	No. of Shifts:	Normal		
Lead auditor:	Samsuddin Mustahkim	Additional team member(s):	Tay Thain Hou Eddie Fuad samin		
This report is confidential and distribution is limited to the audit team, client representative and the SGS office.					

1. Audit objectives

The objectives of this audit were:

- to confirm that the management system conforms with all the requirements of the audit standard;
- to confirm that the organization has effectively implemented the planned management system;
- to confirm that the management system is capable of achieving the organization's policy objectives.

2. Scope of certification

The audit covered 5 sites performing the following certification scope:

Administration of 'Rukun Tetangga' and Unity Kindergarten (Pengurusan Rukun Tetangga dan Tabika Perpaduan)

The audit covered all the ISO 9001:2008 requirements with exclusion made to Standard clause 7.3 (Design & Development), 7.5.2 (validation of process), 7.5.4 (customer property) and 7.6 (control of measuring devices) as justified in Quality Manual.

[Note: The detail audit scope, particularly identification of the organizational or functional units or processes audited and the time of the audit (including the dates and places where the audit activities (on site or offsite) were conducted) can be found in the Audit Planning Matrix and Audit Plan documents]

Has this scope been amended as a result of this audit? Yes No

This is a multi-site audit and an Appendix listing all relevant sites and/or remote locations has been established (attached) and agreed with the client Yes No

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3. Current audit findings and conclusions

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives required by the standard(s). The audit methods used were interviews, observation of activities and review of documentation and records.

The structure of the audit was in accordance with the audit plan and audit planning matrix included as annexes to this summary report.

The audit team concludes that the organization has has not established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements for products or services within the scope and the organization's policy and objectives.

Number of nonconformities identified: 0 Major 3 Minor

Therefore the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, management system certification be:

Granted / Continued / Withheld / Suspended until satisfactory corrective action is completed.

4. Previous Audit Results

The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action has been implemented to address any nonconformity identified. This review has concluded that:

- Any nonconformity identified during previous audits has been corrected and the corrective action continues to be effective.
- The management system has not adequately addressed nonconformity identified during previous audit activities and the specific issue has been re-defined in the nonconformity section of this report.

5. Audit Findings

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives. The audit methods used were interviews, observation of activities and review of documentation and records.

The management system documentation demonstrated conformity with the requirements of the audit standard and provided sufficient structure to support implementation and maintenance of the management system. Yes No

The organization has demonstrated effective implementation and maintenance / improvement of its management system. Yes No

The organization has demonstrated the establishment and tracking of appropriate key performance objectives and targets and monitored progress towards their achievement. Yes No

The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system. Yes No

The management review process demonstrated capability to ensure the continuing suitability, adequacy and effectiveness of the management system. Yes No

Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard. Yes No

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Certification claims are accurate and in accordance with SGS guidance.

N/A Yes No

6. Significant Audit Trails Followed

The specific processes, activities and functions reviewed are detailed in the Audit Planning Matrix and the Audit Plan. In performing the audit, various audit trails and linkages were developed, including the following primary audit trails, followed throughout:

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- Relating to Previous Audit Results:

NC N°	Maj/Min	Non-conformity description	Results of action taken against previous audit NC
1, 2 & 3	Minor	Refer to closed out CAR appended to this report.	Actions taken were detailed out in the CAR issued. These were reviewed and were found satisfactorily addressing the cause of the non-conformance being raised. Evidence was verified and no recurrence was sighted during the course of audit, hence, the non-conformance was closed out accordingly.
Observation N°	Improvement/observation description	Results of action taken against previous audit improvement / observations	
N° 1 to 16	The organization had reviewed all the observations raised and took necessary actions. Actions taken were appropriately reviewed and were found sufficient and accepted.		

- Relating to this Audit

System document	No major changes since the last visit. System documents comprise of Quality Manual, Quality Procedure and interaction with related work instructions.
Result of document review	NA
Record of management review	Planned once a year. The latest Management Review Meeting was conducted on the 24 th July 2012, chaired by Director General. All required agenda were adequately covered. This appears to represent a satisfactory review by the Top Management to review and confirm the suitability and effectiveness of the QMS system implementation.
Record of internal audit	Internal quality audit is planned once a year. The latest IQA was conducted in 19 th to 27 th March 2012. A total of 2 Major and 43 minor non-conformances were raised and closed out accordingly. All issues raised were found satisfactorily followed-up by related function and level within the organization. The results and internal audit done appears to represent a reliable tool that the QMS has been implemented and properly maintained by internal resources.
Compliance evaluation	NA.
Comments on:	

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1. Corrective and preventive action	Corrective & preventive action are registered via organization's CAR or NCR formats for customer complaint and internal related non-conformity. Corrective action on internal audit findings and customer complaints were appropriately reviewed. Cause of non-conformity/potential non-conformity, investigation and effectiveness of action taken were addressed accordingly. Preventive action is recorded as part of organization's improvement activity.
2. Complaints and appeals	Customer complaint is handled at states and HQ levels. No complaint was registered at audited sites except for complaint on TP for Seberang Perai site in 2011/2012 (case no. JPNIN/PP/SPS/P/01-01/40 dated Sept 2011). A total of 51 customer complaints were registered in HQ where few latest complaints were pending for closure, e.g. case 43 (19/7/12), case 47 (7/8/2) and case 48 (9/8/12).
3. Product Re-call	NA
4. Customer Satisfaction records	Customer satisfaction level is measured through surveys conducted twice a year. Response from surveys were encouraging with positive & negative responses were gathered. For improvement, necessary actions had been implemented.
5. Progress of planned activities aimed at continual improvement	Overall summary of continual improvement through the used of the quality policy, objectives monitoring, audit results, analysis of data, corrective & preventive actions and management review were found in place except for nonconformity (if any) raised & observations highlighted.

In summary, based on files reviewed and access to records of complaints, the organization has investigated its own systems and procedures and taken appropriate corrective action which include measures for but not limited to the followings: *(tick where appropriate)*:

Notification to appropriate authorities if required by regulation	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restoring conformity as quickly as practicable	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Preventing recurrence	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Evaluating and mitigating any adverse product quality risks	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Ensuring satisfactory interaction with other components of the ISO 9001 based system	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Assessing the effectiveness of the corrective measures adopted	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Comment on key processes and major product requirements.

- Tabika Perpaduan (TP) – Covering processes of Unity Kindergarten opening, application/removal & approval, appointment of administration members, operations, distribution & allocation of food & drinks budgets and relevant collection & TP analysis of data. For all audited sites (JPNIN Seberang Perai, WP Labuan, Ranau and Putrajaya) audit sampled for several TP e.g. TP Taman Mutiara Cempaka, TP Sri Nibong, TP Taman Merak, TP Taman Perumahan Mutiara Sg. Bedaun, TP Marakau, TP Lohan, TP Kibas, TP Taman Amber, and TP Kg. Pinggan-pinggan. Other including records checked e.g. file # JPNIN/WPL/700/26, JPNIN/WPL/TP/02.JLD.19, JPNIN/WP/TP/03.JLD7.
- Rukun Tetangga (RT) – Covering processes of establishment of RT areas, appointment of administration members, distribution & allocation of grants, training of administration members, relevant collection & analysis of RT data and application of administration of Skim Rondaan Sukarela (SRS). For all audited sites (JPNIN Seberang Perai, WP Labuan, Ranau and Putrajaya) audit sampled for several RT e.g. RT Taman Perumahan Mutiara Sg. Bedaun, RT Sungai Acheh, RT Bandar Tasek Mutiara, RT Taman Berjaya, RT Kemburongoh, RT Lohan. Other including records checked e.g. File # JPNIN/WPL/600/33.JLD.3, 10046192, 10076461, 12136560, 12136561, 12136562, 12136559.
- Training & Competency – Verified for several staffs e.g. for Pn. Harison, Pn. Norliza, Jamuna, Mahani, Pn. Suzana, Pn. Rosidah, En. Yusli, Abdul Kadar, Hanita Ahmad from several positions and job responsibilities. Other relevant trails including training calenders and respective training & training effectiveness evaluation records.

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Other legible, identifiable and traceable records to the activities audited based on random sampling process were:

- Quality Objectives, Continual Improvement and Analysis of Data – Reviewed respective sections/areas quality objectives accordingly. Monitoring of objectives, analysis of data and continual improvement were verified as well.
- ICT – Verified activities e.g. maintenance of under rental, department assets and system by external parties. These including hardware & software, computers & accessories related. Preventive maintenance contract agreements of external sub-contractors were reviewed as to confirm relevant maintenance activities e.g. for UUM, Metronic, Global Elite.

Others secondary interaction processes as per the audit plan was followed through and where appropriate the activities and functions were reviewed and highlighted as either as non-conformities and/or opportunities for improvement points.

- Relating to Client Proposed Action to Address Minor Non-Conformances Raised at this Audit

NC N°	Maj / Min	Non conformity description	Comments on proposed corrective action
1, 2 & 3	Minor	Refer to section 7 for details	The organization has analyzed causes to the nonconformities listed in Section 7 below and has proposed appropriate corrective actions to improve effectiveness of its management system and prevent recurrence. The auditor has reviewed all the submitted action plans (as appended to this report) for the NCs and found they are acceptable. Verification of all improvement action plan taken shall take place in the next renewal visit.

7. Nonconformities

Non-Conformity	N° <u>1</u> of <u>3</u>	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor
Department / Function:	Document Control – HQ	Standard Ref.:	ISO 9001:2008 [4.2.3]
Document Ref.:	JPNIN/RT/SK/03	Issue / Rev. Status:	03
Details of Nonconformity:	Control of document was not fully in accordance to in-house procedure requirement. Noted that Borang Cadangan Pindaan (document change notice/record) was not raised upon revision done on the Quality Manual, document no. MK-JPNIN-01 rev. 05.		

Non-Conformity	N° <u>2</u> of <u>3</u>	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor
Department / Function:	Quality Objectives – RT, HQ	Standard Ref.:	ISO 9001:2008 [5.4.2 a)]
Document Ref.:	MK-JPNIN-01	Issue / Rev. Status:	05
Details of Nonconformity:	No objective evidence was sighted to substantiate that monitoring of quality objective was established and monitored, i.e. q-objective on involvement of community in RT activities categorised by gender percentage; female – 55%, Male – 45%.		

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Non-Conformity	N° <u>3</u> of <u>3</u>	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor
Department / Function:	Preventive Maintenance	Standard Ref.:	ISO 9001:2008 [6.3]
Document Ref.:	MK-JPNIN-01 JPNIN/SK/19	Issue / Rev. Status:	05 0
Details of Nonconformity:	No objective evidence was sighted that preventive maintenance program had been established for HQ ICT assets.		

Nonconformities detailed here shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard, including actions to analyse the cause of the nonconformity and prevent recurrence, and complete records maintained.

- Corrective actions to address identified major nonconformities shall be carried out immediately and SGS notified of the actions taken within 30 days. An SGS auditor will perform a **follow up visit** within 90 days to confirm the actions taken, evaluate their effectiveness, and determine whether certification can be granted or continued.
- Corrective actions to address identified major nonconformities shall be carried out immediately and **records with supporting evidence sent to the SGS auditor** for close-out within 90 days.
- Corrective Actions to address identified minor non conformities shall be documented on a action plan and sent by the client to the auditor within 90 days for review. If the actions are deemed to be satisfactory they will be followed up at the next scheduled visit.
- Corrective Actions to address identified minor non-conformities have been detailed on an action plan and the intended action reviewed by the Auditor, deemed to be satisfactory and will be followed up at the next scheduled visit.
- Appropriate immediate action taken in response to each non-conformance as required.

Note:- Initial, Re-certification and Extension audits – recommendation for certification cannot be made unless check box 4 is completed. For re-certification audits the time scales indicated may need to be reduced in order to ensure re-certification prior to expiry of current certification.

Note: At the next scheduled audit visit, the SGS audit team will follow up on *all* identified nonconformities to confirm the effectiveness of the corrective actions taken.

8. General Observations & Opportunities for Improvement

JPNIN HQ Putrajaya

- Borang Penilaian Prestasi Kawasan RT* in procedure JPNIN/RT/03 clause 1.3.1 indicates meeting requirement of more than 8 times whereas reference provided by Pekeliling Pentadbiran RT bil. 1-5/2006 indicates requirement of more than 6 times. This shall be reviewed and corrected appropriately. [4.2.3]
- Internal requirement on qualifying internal auditors could be appropriately established. Qualification program should be accompanied with documented training records and training evaluation record. [6.2.2]
- Referring to customer complaint case 43 (dated 19/7/12), states level should be more serious in providing inputs to HQ in handling such customer complaint. Fast feedback in terms of complaint investigation and possible action to be taken is expected from states level as to ensure complainant or public confidence towards the service of JPNIN is preserved. [8.5.2]

JPNIN Penang (Seberang Perai Selatan)

- All teachers to complete the "Kursus Pengajian Pra Sekolah" from Education Department as soon as

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possible.

5. Although it was stated in state level meeting that follow up on the corrective actions still in progress, follow up on the attitude of the "Penolong Kanan Guru" (due to customer complaint) can be more effective (the case received in Sept 2011).

JPNIN Ranau, Sabah

6. Training plan for Tabika teachers for 2012 at district level e.g. Takwim 2012 (Latihan & Bengkel) should be established & monitored accordingly.
7. Although meeting with Tabika teachers were consistently carried out, the meeting minutes which include the issues discussed was not consistently available.
8. Training for new RT action body members (AJK) should be prioritized & carried out as soon as possible, e.g. in RT Kemburongoh.

JPNIN WP Labuan

9. Review and registration of newly appointed list of RT members could be further enhanced. Referring to new appointment of RT members for Taman Mutiara year 2012; [RT]
 - i) There were 4 members' names not included in the Buku Daftar Kad Kenal Diri. However, registration was evidenced in the EIDRT.
 - ii) Additional names were found being registered in the EIDRT system as part of obtaining identification card (kad kenal diri), e.g. Mohd. Rushdan and Sanusi Abdul Razak.

(Noted, however, second screening will be conducted prior to distribution of ID card to members i.e. during the appointment ceremony of RT members).
10. Audit naziran was performed to all TPs but only 20% was properly documented. It would be good to keep all the naziran records for reference purposes. [TP]

JPNIN WP Putrajaya

Nil.

Any unresolved issues identified?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please provide details here:		

9. Opening and Closing Meeting Attendance Record

Name	Position	Opening	Closing
Refer to attached Audit Completion Records.			

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Site 2 – Penang Aras 5, Bangunan Persekutuan, Jalan Anson, 10400 Pulau Pinang	8/9/08 3/9/12 (Seberang perai)	- as above -
Site 3 – Sabah Aras 3, Blok A, WDT 433, Kompleks Pentadbiran Kerajaan Persekutuan, Jalan UMS Sulaman Likas, 88400 Kota Kinabalu, Sabah	10/9/08 5/9/12 (Ranau)	- as above -
Site 4 – Selangor Tingkat 9, Wisma PKPS, Persiaran Perbandaran, Seksyen 14, 40517 Shah Alam, Selangor	15/8/11 (PPD K.Selangor)	- as above -
Site 5 – Johor Tingkat 20, Bangunan KWSP, Jalan Dato' Dalam, 80000 Johor Bahru Johor		- as above -
Site 6 – Melaka Tingkat 3, Blok Podium, Menara Persekutuan, Jalan Persekutuan MITC, Hang Tuah Jaya, 75450 Ayer Keroh, Melaka	6/8/09	- as above -
Site 7 – Labuan No. 4A1, Blok 4, Tingkat 4, Kompleks Ujana Kewangan, Peti Surat 81279 87022 Wilayah Persekutuan Labuan.	19/9/12	- as above -
Site 8 – Kedah Aras 3 Zon B, Wisma Persekutuan, Pusat Pentadbiran Kerajaan Persekutuan 06550 Bandar Muadzam Shah, Kedah	15/8/2011 (PPD Baling)	- as above -
Site 9 – Terengganu Tingkat 12, Wisma Persekutuan, Jalan Sultan Ismail, 20200 Kuala Terengganu, Terengganu	11/10/10	- as above -
Site 10 – Sarawak Tingkat 9, Bangunan Sultan Iskandar, Jalan Simpang Tiga, Peti Surat 2384, 93250 Kuching, Sarawak	7/10/10	- as above -
Site 11 – Perlis Tingkat 2, Bangunan Tun Abd Razak, 01000 Kangar, Perlis	4/8/09	- as above -
Site 12 – Pahang Tingkat 2, Blok A-B, No. 211, 213, 217 & 218, Bangunan Centre Point, Jln Haji Abdul Rahman, 25000 Kuantan, Pahang	6/10/10	- as above -

Site 13 – Kelantan Tingkat 7, Wisma Persekutuan Jalan Bayam, 15200 Kota Bharu Kelantan	7/10/10	- as above -
Site 14 – Perak Aras 3, Block C, Bangunan Persekutuan Ipoh, Jalan Dato' Ahmad Said, 30450 Ipoh Perak	3/8/09 16/8/11(PPD Larut Matang/ Selama/Kerian)	- as above -
Site 15 – Negeri Sembilan Tingkat 12, Wisma Persekutuan, Jalan Dato' Abdul Kadir 70000 Seremban, N. Sembilan.	16/8/11 (PPD Kuala Pilah)	- as above -
Site 16 – WP Putrajaya Aras 8, Blok E2, Kompleks E, Pusat Pentadbiran Kerajaan Persekutuan, 62502 Putrajaya	24/9/12	- as above -