Politeknik Ahli Usaha Perikanan

#AUPWAVE BerAKHLAK

LAPORAN HASIL AUDIT SURVEILLANCE I ISO 21001:2018

Disusun oleh :

PUSAT PENJAMINAN MUTU

LAPORAN AUDIT SURVEILLANCE II ISO 21001:2018

A. Latar Belakang

Audit ISO 21001:2018 adalah untuk memastikan lembaga pendidikan memenuhi standar internasional dalam memberikan layanan pendidikan yang berkualitas, serta untuk mendorong perbaikan berkelanjutan dan meningkatkan kepuasan peserta didik dan pemangku kepentingan lainnya. Audit ini penting karena persaingan di dunia pendidikan semakin ketat dan standar ini membantu institusi untuk menyusun sistem manajemen yang lebih efektif, terstruktur, dan dapat dipertanggungjawabkan.

B. Tujuan

Audit ISO merupakan bagian dari proses implementasi SMOP dan SMM yang diterapkan oleh Politeknik Ahli Usaha Perikanan dengan tujuan sebagai berikut :

1. **Meningkatkan kualitas pendidikan:** Standar ini dirancang khusus untuk sektor pendidikan guna membantu institusi meningkatkan kualitas, efisiensi, dan efektivitas layanan pendidikannya.
2. **Memenuhi kebutuhan peserta didik:** Tujuan utamanya adalah untuk memastikan lembaga pendidikan dapat memenuhi kebutuhan, harapan, dan kepuasan peserta didik serta pemangku kepentingan lain, seperti orang tua, pemerintah, dan industri.
3. **Persaingan yang ketat:** Adanya persaingan antar lembaga pendidikan menjadikan standar ISO 21001:2018 penting untuk meningkatkan kredibilitas dan daya saing institusi.
4. **Mendorong perbaikan berkelanjutan:** Audit adalah bagian dari siklus perbaikan berkelanjutan (continuous improvement). Ini membantu lembaga mengidentifikasi kelemahan, mengukur kinerja, dan melakukan tindakan perbaikan berdasarkan data dan umpan balik.
5. **Menyesuaikan standar dari ISO 9001:** ISO 21001:2018 merupakan standar yang dikembangkan dari ISO 9001:2015, tetapi disesuaikan secara spesifik untuk kebutuhan organisasi pendidikan.
6. **Meningkatkan tata kelola:** Penerapan standar ini dapat meningkatkan tata kelola institusi, termasuk kepemimpinan yang jelas, kebijakan yang efektif, dan akuntabilitas.

C. Waktu Pelaksanaan dan Ruang Lingkup Audit

Pelaksanaan Audit Surveillance I ISO 21001:2018 di Politeknik Ahli Usaha Perikanan dilakukan oleh para auditor Eksternal (Mr. Sasidharan Murugavel dan Mr. M. Sofyan)), ruang lingkup yang diaudit antara lain : Pusat Penjaminan Mutu, Sub Bagian Umum, Pusat Penelitian dan Pengabdian kepada Masyarakat, Permesinan Perikanan, Teknologi Penangkapan Ikan, dan Penyuluhan Perikanan. Audit internal

dilakukan pada tanggal 11 - 13 Februari 2025, di Ruang Rapat Lantai 3 Gedung Direktorat Politeknik Ahli Usaha Perikanan.

D. Hasil Temuan Audit Surveillance I ISO 21001:2018

Selama proses audit internal yang telah dilakukan ditemukan beberapa temuan dengan keterangan sebagai berikut :

Ketidaksesuaian : 4

1. Proses perencanaan pengajaran sub mata kuliah semester belum sepenuhnya efektif
2. Proses Pengajaran di Laboratorium hasil pemantauan status penyelesaian eksperimen lab sebagian tidak efektif (eksperimen selesai tidak dibuktikan)
3. Pemantauan stok dan pemeliharaan buku di perpustakaan sebagian belum efektif (Laporan pemantauan stok untuk buku-buku yang tidak memiliki bukti untuk tahun 2024, Daftar periksa pemeliharaan buku yang tidak memiliki bukti).
4. Infrastruktur Umum : Laporan uji air minum tidak sepenuhnya efektif dalam memenuhi persyaratan (Pernyataan dalam laporan terhadap Standar Nasional tidak dibuktikan dalam laporan uji).

OFI : 3

1. Temuan:
   1) Ruang kelas dengan Proyektor/Layar – Pemeliharaan
   2) Buku minggu ini – Dipajang di pintu masuk Perpustakaan untuk proses berkelanjutan
2. Laboratorium : Hal-hal yang Boleh dan Tidak Boleh Dilakukan dalam Display di Laboratorium Perikanan (Pendinginan) mungkin akan ditinjau kembali dari praktik yang berlaku saat ini
3. EOMS : Proses pengambilan penilaian sumatif dan penilaian formatif dalam rapat tinjauan manajemen dapat ditinjau kembali sebagai pengganti praktik diskusi saat ini untuk pendekatan tingkat mikro yang lebih mendalam.

E. Tindakan Perbaikan dan Pencegahan

Ketidaksesuaian :

Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (incl. due dates and responsible)	Evaluation of CA (to be completed by auditor)		
		Description *(to be completed by auditor)*	**Type** *NC/MiN*	*(to be completed by client in case of NC and MiN)*	*(to be completed by client)*	**Date**	**Effective (E) / Accepted (A)****	**Evidence provided** (only for NC findings)***
8.5.1	Teaching Process	**Requirement** (if not covered by clause number): **Finding:** **The process of planning the Sub subject for the semester is not fully effective** **Supporting audit evidence:** **Odd Semester – Requirement – July to Dec . One of the Subject – Aquatic ecology – Course Code – TPS.3.2.3.19, completed in even semester between 13th Feb 2024 to 11th May 2024.** Proses perencanaan Sub-subjek untuk semester tersebut belum sepenuhnya efektif Bukti audit pendukung: Semester Ganjil – Persyaratan – Juli hingga Desember. Salah satu Subjek – Ekologi perairan – Kode Mata Kuliah – TPS.3.2.3.19, diselesaikan pada semester genap antara 13 Februari 2024 hingga 11 Mei 2024.	Min N	Root Cause (akar permasalahan) : **Why 1** (mengapa): Kesalahan dalam menginterprestasikan kode mata kuliah **Why 2** (mengapa): Keterangan kode mata kuliah tidak tercantum pada buku kurikulum **Why 3** (mengapa): Template buku kurikulum belum mengakomodir keterangan kode mata kuliah dan pedoman penyusunan kode mata kuliah belum tercantum pada pedoman penyusunan kurikulum Politeknik AUP.	**Immediate solution for the correction of the finding:** Menambahkan keterangan kode matakuliah pada buku kurikulum **Corrective Action to eliminate the cause:** (Tindakan Korektif untuk menghilangkan penyebabnya ?) Membuat pedoman penyusunan kurikulum yang mencantumkan urutan kode matakuliah.			

Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (incl. due dates and responsible)	Evaluation of CA (to be completed by auditor)		
		Description *(to be completed by auditor)*	**Type** *NC/MiN*	*(to be completed by client in case of NC and MiN)*	*(to be completed by client)*	**Date**	**Effective (E) / Accepted (A)****	**Evidence provided** (only for NC findings)***
9.1.1	Teaching Process (Laboratory)	**Requirement** (if not covered by clause number): **Finding:** **Monitoring on the completion status of Lab experiements is partially not effectrive.** **Supporting audit evidence:** Manufacturing Lab – Date of Lab Attendance – 23rd Jan 2025. Experiment completed not evidenced (Pemantauan terhadap status penyelesaian praktik di Lab sebagian tidak efektif. Bukti audit pendukung: Lab Manufaktur – Tanggal Kehadiran Lab – 23 Januari 2025. Eksperimen yang diselesaikan tidak dibuktikan)	MiN	Root Cause (akar permasalahan) : **Why 1** (mengapa): Pemantauan taruna diawal semester dilakukan dengan absensi kehadiran yang ditandatangi taruna. **Why 2** (mengapa): Siakad belum siap digunakan di awal semester dan perangkat pembelajaran belum lengkap. **Why 3** (mengapa): Beberapa petunjuk praktek belum dilengkapi kembar kerja dan pelaporan mandiri.	**Immediate solution for the correction of the finding:** (solusinya bagaimana ?) Melengkapi modul praktik dengan lembar kerja Corrective Action to eliminate the cause: (Tindakan Korektif untuk menghilangkan penyebabnya ?) Melakukan revisi terhadap Pedoman Akademik Politeknik AUP Tahun 2024 dengan menambahkan pembahasan terkait ***proses pembelajaran***			

Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (incl. due dates and responsible)	Evaluation of CA (to be completed by auditor)		
		Description (to be completed by auditor)	Type NC/MiN	(to be completed by client in case of NC and MiN)	(to be completed by client)	Date	Effective (E) / Accepted (A)**	Evidence provided (only for NC findings)***
7.1.3.3	Library	**Requirement** (if not covered by clause number): **Finding:** **Stock Monitoring and Book Maintenance in the Library is partially not effective.** **Supporting audit evidence:** Stock Monitoirng report for the books not evidenced for the year 2024. Checklist for Maintenance of Books not evidenced (Pemantauan Stok dan Pemeliharaan Buku di Perpustakaan sebagian belum efektif. Bukti audit pendukung: Laporan Pemantauan Stok untuk buku-buku yang tidak dibuktikan untuk tahun 2024. Daftar Periksa Pemeliharaan Buku yang Tidak Dibuktikan	Min N	Root Cause (akar permasalahan) : **Why 1** (mengapa): Stock check 2024 telah dilakukan pada tanggal 30 Desember 2024, namun datanya tidak dapat ditunjukkan saat audit karena komputer mati/error **Why 2** (mengapa): Pustakawan belum melakukan pemindahan data ke Google Drive (sehingga tidak bisa di akses kapan dan dimana saja) **Why 3** (mengapa): SOP belum ada **Why 1** (mengapa): Kegiatan pemeliharaan buku sudah dilakukan tetapi menggunakan metode yang sangat sederhana **Why 2** Keterbatasan anggaran **Why 3** Membuat pengajuan anggaran pemelharaan buku sesuai kebutuhan	**Immediate solution for the correction of the finding:** (solusinya bagaimana ?) melakukan penarikan data dan menindahkannya ke Google Drive Corrective Action to eliminate the cause: (Tindakan Korektif untuk menghilangkan penyebabnya ?) Menerbitkan SOP **Immediate solution for the correction of the finding:** (solusinya bagaimana ?) Perawatan dan pemeliharaan buku sesuai ketentuan **Corrective Action to eliminate the cause**: (Tindakan Korektif untuk menghilangkan penyebabnya ?) Mengajukan anggaran pemeliharaan buku sesuai dengan kebutuhan			

Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (incl. due dates and responsible)	Evaluation of CA (to be completed by auditor)		
		Description *(to be completed by auditor)*	**Type** *NC/MiN*	*(to be completed by client in case of NC and MiN)*	*(to be completed by client)*	**Date**	**Effective (E) / Accepted (A)****	**Evidence provided** (only for NC findings)***
7.1.3.2	General Infra	**Requirement** (if not covered by clause number): **Finding:** **Drinking water test report not fully effective in capturing requirements.** **Supporting audit evidence:** Date of Test – 17th Oct 2024 – Declaration in the report against National standards not evidenced in the test report (Laporan pengujian air minum tidak sepenuhnya efektif dalam memenuhi persyaratan. Bukti audit pendukung: Tanggal Pengujian – 17 Oktober 2024 – Pernyataan dalam laporan terhadap standar Nasional tidak dibuktikan dalam laporan pengujian	MiN	Root Cause (akar permasalahan) : **Why 1** (mengapa): Pengujian yang dilakukan oleh lab internal hanya menguji berdasarkan parameter mikrobiologi. **Why 2** (mengapa): Lab internal bukan lab spesifik untuk pengujian air minum **Why 3** (mengapa): Lab internal di Prodi Teknologi Pengolahan Hasil Perikanan menguji mutu dan keamanan pangan produk olahan perikanan.	**Immediate solution for the correction of the finding:** (solusinya bagaimana ?) Melakukan kegiatan pemantauan dan pengujian kualitas air minum berdasarkan standar mutu kualitas air minum di lab eksternal. Corrective Action to eliminate the cause: (Tindakan Korektif untuk menghilangkan penyebabnya ?) Membuat jadwal perawatan pengolahan air minum dan jadwal pengujian air minum sesuai persyaratan secara berkala.			

Peluang untuk perbaikan dan aspek positif

Clause no.	Process	Findings		Action for optimization *(optional for client to fill out)*		
		Description *(to be completed by auditor)*	**Type** *I/P*	**Action**	**Responsible**	**Date**
7.1.3	General Infra	**Finding:** **1) Class room with Projector / Screen – Maintenance** **2) Book of the week – Display at the entrance of Library continuing process**	P	Meningkatkan kualitas dan kuantitas ruang kelas	PPA, Prodi dan Bagian Umum	Next policy
7.1.4	Laboratory	Dos and Donts Display at the Fisheries Laboratory (Chilling) may be relooked from the current practice	I	Membuat tampilan yang lebih informatif di lokasi yang strategis	Pengelola Lab, Prodi	Next semester
9.3.2	EOMS	The process of capturing the Summative assessments and Formative assessments in the Management review meeting may be relooked instead of current practice of discussion for more micro level approach	I	Menambahkan topik tentang kegiatan pembelajaran (persiapan, proses dan evaluasi) dan kepuasan tenaga pendidik dan tenaga kependidikan pada agenda RTM	Pusmintu, PPA, Prodi dan unit pendukung	RTM berikut

E. Penutup

Pusat penjaminan mutu telah secara konsisten menjalankan peran sistem penjaminan mutu di lingkup politeknik AUP salah satu nya Surveillance I ISO 21001:2018 telah berjalan dengan baik dan dapat mempertahankan Sertifikat ini.

Semoga kegiatan Audit Surveillance I ISO 21001:2018 yang telah terlaksana ini, harapannya tidak hanya sampai organisasi dinyatakan layak tersertifikasi saja, akan tetapi SMOP dan SMM dapat membudaya di lingkungan Politeknik Ahli Usaha Perikanan dan mendapatkan dukungan lebih pada Audit Surveillance ISO berikutnya.

Demikian laporan ini kami sampaikan, semoga dapat memberikan manfaat bagi semua pihak yang membutuhkan.

Jakarta, Maret 2025
Pusat Penjaminan Mutu

Lampiran:

1. Surat Keputusan Direktur Tim Penyusunan Dokumen
2. Konfirmasi Kegiatan Audit Surveillance I ISO 21001:2018.
3. Audit Plan Audit Surveillance I ISO 21001:2018..
4. Rapat Persiapan Kegiatan Audit Surveillance I ISO 21001:2018.
5. Pelaksanaan Kegiatan Audit Surveillance I ISO 21001:2018.
6. Hasil Temuan.
7. Rencana Aksi Temuan.

KEMENTERIAN KELAUTAN DAN PERIKANAN
BADAN PENYULUHAN DAN PENGEMBANGAN
SUMBER DAYA MANUSIA KELAUTAN DAN PERIKANAN
POLITEKNIK AHLI USAHA PERIKANAN
JALAN AUP NO.1, PASAR MINGGU, JAKARTA 12520, PO BOX 7239/PSM
TELEPON (021) 7806874, 78830275, FAKSIMILE (021) 7805030, 78830275
LAMAN: www.politeknikaup.ac.id SUREL Politeknikaup@kkp.go.id

KEPUTUSAN
DIREKTUR POLITEKNIK AHLI USAHA PERIKANAN
Nomor : /POLTEK.AUP/RSDM.120/I/2025

TENTANG
TIM PENYUSUNAN DOKUMEN SURVEILLANCE – 1 ISO 21001:2018
LINGKUP POLITEKNIK AHLI USAHA PERIKANAN

DENGAN RAHMAT TUHAN YANG MAHA ESA

DIREKTUR POLITEKNIK AHLI USAHA PERIKANAN

Menimbang :

a. bahwa dalam rangka membangun sistem penjaminan mutu yang berstandar internasional dan mengimplementasikan ISO 21001:2018 perlu dibentuk Tim Penyusunan Dokumen Surveillance-1 ISO 21001:2018 Lingkup Politeknik Ahli Usaha Perikanan;
b. bahwa nama-nama yang tercantum dalam lampiran Keputusan ini dipandang mampu dan memenuhi syarat dalam melaksanakan tugas sebagaimana dimaksud dalam diktum a.

Mengingat :

1. Undang-Undang Republik Indonesia Nomor 17 Tahun 2003 tentang Keuangan Negara;
2. Undang-Undang Republik Indonesia Nomor 20 Tahun 2003 tentang Sistem Pendidikan Nasional;
3. Undang-Undang Republik Indonesia Nomor 45 Tahun 2009 tentang Perikanan;
4. Undang-Undang Republik Indonesia Nomor 12 Tahun 2012 tentang Pendidikan Tinggi;
5. Peraturan Pemerintah Republik Indonesia Nomor 4 Tahun 2014, Tentang Pelaksanaan Pendidikan Tinggi dan Pengelolaan Perguruan Tinggi;
6. Peraturan Pemerintah Republik Indonesia Nomor 4 Tahun 2022 Tentang Perubahan atas Peraturan Pemerintah Republik Indonesia Nomor 57 Tahun 2021 Tentang Standar Nasional Pendidikan;
7. Peraturan Menteri Pendidikan dan Kebudayaan Nomor 3 Tahun 2020 Tentang Standar Nasional Pendidikan Tinggi;
8. Peraturan Menteri Kelautan dan Perikanan Nomor PER.90/PERMEN-KP/2020 Tahun 2020 tentang Organisasi dan Tata Kerja Politeknik Ahli Usaha Perikanan;
9. Peraturan Menteri Kelautan dan Perikanan Nomor PER.46/PERMEN-KP/2021 Tahun 2021 tentang Statuta Politeknik Ahli Usaha Perikanan;
10. Keputusan Menteri Kelautan dan Perikanan RI Nomor 26/KEPMEN-KP/KP.430/VI/2023 tanggal 21 Juni 2023 tentang Pemberhentian dari dan Pengangkatan Dosen yang diberi tugas tambahan sebagai Direktur Pendidikan Tinggi Unit Pelaksana Teknis Lingkup Badan Penyuluhan dan Pengembangan Sumber Daya Manusia Kelautan dan Perikanan, Kementerian Kelautan dan Perikanan.

MEMUTUSKAN

Menetapkan : KEPUTUSAN DIREKTUR POLITEKNIK AHLI USAHA PERIKANAN TENTANG TIM PENYUSUNAN DOKUMEN SURVEILLANCE–1 ISO 21001:2018 LINGKUP POLITEKNIK AHLI USAHA PERIKANAN.

KESATU : Membentuk tim penyusunan dokumen surveillance-1 ISO 21001:2018 yang terdiri dari Pengarah, Penanggung Jawab, Ketua Tim, Sekretaris, Tim Penyusun dan Sekretariat dengan susunan sebagaimana tercantum dalam lampiran yang merupakan bagian tidak terpisahkan dari keputusan Direktur ini;

KEDUA : Tim penyusunan dokumen surveillance-1 ISO 21001:2018 sebagaimana dimaksud diktum KESATU mempunyai tugas sebagai berikut:

A. Pengarah :

Memberikan arahan dalam rangka penyusunan dokumen surveillance-1 ISO 21001:2018 Lingkup Politeknik Ahli Usaha Perikanan.

B. Penanggung Jawab :

1. Memberikan bimbingan dalam rangka penyusunan dokumen surveillance-1 ISO 21001:2018 Lingkup Politeknik Ahli Usaha Perikanan.
2. Merencanakan tim penyusun dokumen surveillance-1 ISO 21001:2018 Lingkup Politeknik Ahli Usaha Perikanan.
3. Mengkomunikasikan kegiatan penyusunan dokumen surveillance-1 ISO 21001:2018 Lingkup Politeknik Ahli Usaha Perikanan kepada semua pihak terkait.
4. Membuat laporan hasil penyusunan dokumen surveillance-1 ISO 21001:2018 Lingkup Politeknik Ahli Usaha Perikanan.

C. Ketua Tim :

1 Memberikan arahan kepada tim penyusunan dokumen surveillance dalam melaksanakan kegiatan standar internasional ISO 21001:2018 Lingkup Politeknik Ahli Usaha Perikanan.

2 Melakukan pengawasan, pemantauan, dan evaluasi penyusunan dokumen surveillance, dan;

3 Melaporkan pelaksanaan program kegiatan penyusunan dokumen surveillance-1 ISO 21001:2018 Lingkup Politeknik Ahli Usaha Perikanan.

D. Sekretaris :

1. Membantu Ketua Tim dalam memberikan arahan kepada tim penyusunan dokumen surveillance dalam melaksanakan kegiatan standar internasional ISO 21001:2018 Lingkup Politeknik Ahli Usaha Perikanan.
2. Membantu Ketua Tim dalam melakukan pengawasan, pemantauan, dan evaluasi penyusunan dokumen surveillance, dan,
3. Membantu Ketua Tim dalam melaporkan pelaksanaan program kegiatan penyusunan dokumen surveillance-1 ISO 21001:2018 Lingkup Politeknik Ahli Usaha Perikanan.

E. Sekretariat :

1. Mempersiapkan pelaksanaan kegiatan penyusunan dokumen surveillance-1 ISO 21001:2018 Lingkup Program Studi atau Unit Pendukung.
2. Mengkoordinasikan pelaksanaan kegiatan penyusunan dokumen surveillance-1 ISO 21001:2018 Lingkup Program Studi atau Unit Pendukung.
3. Mengagendakan dan menyusun laporan kegiatan penyusunan dokumen surveillance-1 ISO 21001:2018 Lingkup Program Studi atau Unit Pendukung.
4. Mengkompilasi dokumen hasil penyusunan dokumen surveillance-1 ISO 21001:2018 Lingkup Program Studi atau Unit Pendukung.
5. Mencetak hasil penyusunan dokumen surveillance-1 ISO 21001:2018 Lingkup Program Studi atau Unit Pendukung.
6. Melaporkan pelaksanaan penyusunan dokumen surveillance-1 21001:2018 lingkup Politeknik Ahli Usaha Perikanan kepada ketua tim.

KETIGA : Dalam melaksanakan tugas, Tim bertanggung jawab kepada Direktur Politeknik Ahli Usaha Perikanan;

KEEMPAT : Masa Kerja Tim Penyusun Dokumen Surveillance-1 ISO 21001:2018 sebagaimana dimaksud diktum KESATU terhitung sejak ditandatanganinya Keputusan Direktur ini sampai dengan berakhirnya kegiatan:

KELIMA : Seluruh biaya yang diperlukan sebagai akibat ditandatanganinya Keputusan ini dibebankan kepada DIPA Politeknik Ahli Usaha Perikanan tahun 2025;

KEENAM : Keputusan ini dinyatakan berlaku mulai tanggal ditetapkan dan segala sesuatu akan diubah dan diatur kembali sebagaimana mestinya apabila dikemudian hari terdapat kekeliruan dalam penetapannya.

ditetapkan di Jakarta
pada tanggal : 22 Januari 2025
Direktur Politeknik Ahli Usaha Perikanan,

Ani Lestari

Tembusan Yth.

1. Plt. Kepala Pusat Pendidikan Kelautan dan Perikanan BRSDMKP;
2. Yang bersangkutan untuk diketahui dan dilaksanakan.

Lampiran : Keputusan Direktur Politeknik Ahli Usaha Perikanan
Nomor : 63 /POLTEK.AUP/RSDM.120/I/2025
Tanggal : 22 Januari 2025

TIM PENYUSUN DOKUMEN SURVEILLANCE - 1 ISO 21001:2018
LINGKUP POLITEKNIK AHLI USAHA PERIKANAN

Pengarah	:	Dra. Ani Leilani, M.Si.
Penanggung Jawab	:	1. Dr. Heri Triyono, A.Pi., M.Kom. 2. Dr. Danu Sudrajat, S.Pi., M.AP. 3. Yenni Nuraini, S.Pi., M.Sc. 4. Nur Syarif Hidayat, S.P. 5. Ir. Basuki Rachmad, M.Si.
Ketua Tim	:	Nur Hidayah, M.Biotech.
Sekretaris	:	1. Dra. Ratna Suharti, M.Si. 2. Aman Saputra, A. Pi., M.S.T.Pi. 3 Ratu Sari Mardiah, S.Pi., M.Si. 4. Nayu Nurmalia, S.Pd., M.Si.
Tim Penyusun	:	
a. Ruang Lingkup Program Studi	:	1. Dr. Niken Dharmayanti, A.Pi., M.Si. 2. Erick Nugraha, S.Pi., M.Si. 3. Ade Hermawan, S.St.Pi., MT. 4. Mohammad. Sayuti, S.St.Pi, M.P. 5. Afandi Saputra, S.St.Pi, M.P. 6. Mira Maulita, S.Pi., M.M. 7. Yuke Eliyani, S.Pi., M.Si. 8. Dr. Tatty Yuniarti, S.T., M.Si. 9. Eli Nurlaela, S.Pi., M.Pi. 10. Mustopa Kamal, S.St.Pi., M.Tr.Pi 11. Heny Budi P, S.St.Pi., M.S.T.Pi. 12. Aditya Bramana, M.Si 13. Hary Krettiawan, S.Si, M.Si. 14. Tuti Susilawati, S.St.Pi., M.S.T.Pi.
b. Ruang Lingkup Kapal Latih	:	1. Sakti P. Nababan, S.St.Pi, M.Tr.Pi 2. Rafith, S.St.Pi 3. Muhammad Alfan Ansori, S.St.Pi. 4. Trans Tama Putra, A.Md 5. Rahadian Abdul Khoir, A.Md.Pi.
c. Ruang Lingkup Unit Layanan Uji Kompetensi	:	1. Dr. Moch. Farkan, A.Pi, SE., M.Si. 2. Mathius Tiku, S.Pi., M.Si. 3. Maria Goreti Eny K, S.St.Pi, M.M.Pi. 4. Samsi, S.St.Pi., M.Ed.
d. Ruang Lingkup Satuan Pengawas Internal	:	1. I Ketut Daging, A.Pi., M.T. 2. Randi Bokhy S S., A.Pi., M.Si. 3. Zainuddin, S.Sos., M.Si.. 4. Suratman, S. Pi., M.Si.

e. Ruang Lingkup Bagian Umum	:	1. Agus Cahyo Poerwanto, S.E. 2. Hendriyan, S.E. 3. Agus Faisal. 4. Asmaul Aziz.
f. Ruang Lingkup UPK	:	1. Zuli Silawanto, A.Pi. 2. Ismunandar, S.St.Pi., M.Eng. 3. Fitri Dwi Anggraini, S.Gz. 4. M. Chotim Safarudin, S.St.Pi.
g. Ruang Lingkup PPA	:	1. Dr. Yusrizal, S.Pi., M.Si 2. Ridwan, S.St.Pi., M.Tr.Pi. 3. Soenarto, S.Pi., M.P. 4. Priyantini Dewi, S.E., M.M
h. Ruang Lingkup P3M	:	1. Dr. Mugi Mulyono, S.St.Pi., M.Si. 2. Dr. I Ketut Sumandiarsa, S.St.Pi., M.Sc 3. Dr. Resmi Rumenta Siregar, S.St.Pi., M.Si 4. Yudi Prasetyo Handoko, M.T.
Tim Sekretariat	:	1. Fadhilah Anshori, S.Kom. 2. Muhamad Joni Hardianto 3. Iir Gunari, S.St.Pi. 4. Muhammad Yusuf Annur, S.Tr.Pi. 5. Ferdiansyah, S.Tr.Pi. 6. Hadi Syamsurya, S.Kom. 7. Novi Elfridayanti, S.St.Pi. 8. M. Agus Nugroho.

CONFIRMATION AUDIT DATE LETTER

TÜV SÜD Indonesia
[illegible]
[illegible]
[illegible]
Tel.: +62 21 2903 0015/ Fax.: +62 21 5140 0996

Attention : Mr. Basuki
Politeknik Ahli Usaha Perikanan
Jl. Aup Bar. Jl. Raya Pasar Minggu, RT. 1/RW.9
Jati Padang, Ps. Minggu, Kota Jakarta Selatan
Daerah Khusus Ibukota Jakarta 12520
Phone : +62 813-1001-4237
Email: [illegible]

[illegible]	[illegible]	[illegible]	Fax No.	Date	Page(s)
	[illegible] Ms. Indriani	+62 (21) 2903 0015 [illegible]	+62 21 5140 0996	Jan [illegible] 2025	1 of 1

ISO 21001:2018 - Surveillance Audit

Dear Mr. Basuki,

Herewith we would like to inform you that the ISO 21001:2018 – Surveillance Audit at your company will be perform according to the following schedule:

Date	Type of Audit	Auditor
February 11-13, 2025	1st Surveillance Audit	Mr. Sasidharan Murugavel (LA)

To acknowledge please sign this letter and fax to +62 21 5140 0996 by **January 22, 2025**. A tentative Audit programmed will be in-formed after we receive your document.

Please note, Cancellation of the agreed Assessment date will be charge for 1/2 (a half) mandays fee.

In case we receive no written confirmation at least 4 weeks before the audit, the audit counts as cancelled and any consequence as a result of this cancellation is not TÜV SÜD responsibility.

Should you need further clarification, please do not hesitate to contact me at Tel. +62 21 2903 0015 ext 147 or Fax. +62 21 5140 0996 or email: [illegible]

We look forward to your reply,

Yours sincerely,

Agreed by,

-Signed-
Indriani

Arie Leiliani

Date, Stamp, Name and Authorized Signature of Company

Audit Plan

Order no.: **720520262**
Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

Audit type (standard / Revision):	**1.Surveillance Audit (ISO 21001:2018)**
Audit date (on site):	**11th to 13th Feb 2025**
Company / customer:	**Politeknik Ahli Usaha Perikanan**
Street / P.O. box:	**Jl. AUP No.1 RT.01/RW.09 Pasar Minggu, Kota Jakarta Selatan**
Zip-Code / state / city:	**Daerah Khusus Ibukota Jakarta - 12520 ID**
Audit representative:	**Mr. Basuki**
Lead auditor/ auditor:	**Murugavel Sasidharan (MS) /**
Auditor Reg. No.: (Mainland China only)	N.A
Technical expert/ trainee:	**/ Sofyan**
Interpreter:	N.A
Observer:	N.A
Audit language:	English
Scope of certification:	**"Provision of Educational Services in Study Program for Diploma IV in Fishing Technology, Fisheries Machinery, Fish Processing Technology, Aquaculture Technology, Aquatic Resources Management, Fisheries Extension and Vocational master's degree in Fisheries Resources Utilization"**
Branch scope (EA/NACE Code):	EA 37 / ISO 21001 30
Number of shifts audited:	***1***
Audit time on site (per standard): In the case of **multi-site certification**, please see **attached** "Multiple-Site / Sampling (Matrix) Certification Plan".	

29th Jan 2025 — M.Sasidharan

Audit plan agreed: Date: Lead Auditor(s)

Audit plan revised: Date: Lead Auditor(s)

1 General information

1.1 Certification scheme

The audit in question has been conducted within:

☒ Single-site certification

1.2 Audit objectives

Based on audit criteria, the requirements of the Standard under certification/ audit, the company´s internal documented information and the regulations of the certification body, the following audit objectives shall be considered:

- Determination of the extent of conformity of the management system, or those parts applicable of it, with audit criteria.
- Evaluation of the capability of the management system to ensure compliance with applicable statutory, regulatory and contractual requirements.
- Evaluation of the effectiveness of the management system to ensure the client organization is continually meeting its specified objectives.
- Identification of areas for potential improvement of the management system.
- Evaluation of the management´s responsibility for the company´s policies.
- Evaluation of the links between the standard requirements and the management system requirements.
- Evaluation of the operational control of processes, including internal audits and management review.

2 Audit Plan

Date dd/mm/yy	**Time** (hour)	**Process* / Location / Organizational unit**	**Process owner / company´s resp./ individual(s) involved**	**Audit criteria / clause(s)**	**Auditor(s)**
		Day 1 – 11th Feb 2025			
	09.00 – 09.30	Opening Meeting	All Concerned members		MS / Sofyan
	09.30 – 10.00	Facility Tour			MS / Sofyan
	10.00 – 10.15	Top management			MS / Sofyan
	10.15 – 11.30	EOMS Process (Previous NC Verification, Management Review meeting, Internal audit, Objectives, Data Security, Accessiblity and Equity, Social Responsibility, Ethical Conduct)			MS / Sofyan
	11.30 – 13.00	Admission and Legal			MS / Sofyan
	13.00 – 13.30	Lunch Break			MS / Sofyan
	13.30 – 14.30	General Infra maintenance			MS / Sofyan
	14.30 – 15.30	HR and Training			MS / Sofyan
	15.30 – 17.30	Fishing Technology - Academic Management Process , Live Class Room Session , Committee Meeting, Internal or Periodic assessments / Curriculum Process Design – Lesson Plan, Time Table, Syllabus, University Regulations			MS / Sofyan
		End of Day 1			

Audit Plan

Order no.: **720520262**
Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

Date dd/mm/yy	**Time** (hour)	**Process* / Location / Organizational unit**	**Process owner / company´s resp./ individual(s) involved**	**Audit criteria / clause(s)**	**Auditor(s)**
		Day 2 – 12th Feb 2025			
	09.00 – 13.00 & 13.30 – 16.00	Academic Management – Teaching / Test and Examination and Lab Practicals / Question Papers / Answer Keys - Fisheries Machinery , Fisheries Product Management Technology, Aquaculture Technology, Aquatic Resources Management Technology, Fisheries Extension, Fisheries			MS / Sofyan
	16.00 – 17.30	Purchase and Library			MS / Sofyan
		Day 3 – 13th Feb 2025			
	09.00 – 10.00	Placement / Career Guidance			MS / Sofyan
	10.00 – 10.30	Auditors Time			MS / Sofyan
	10.30 – 11.00	Closing Meeting			MS / Sofyan

Note: This plan is to be used for every audit after stage 1
*Processes shall reflect the client's current management system

3 Hints

The client shall notify the (Lead) Auditor of any significant organizational / headcount changes since the last audit.

3.1 Hints for the auditor(s)

If manufacturing is carried out continuously by means of shift work (e.g. in the chemical industry, metal working, energy production), the change-over of shifts shall be audited.

Time should be allocated in the plan to discuss the previous audit findings (if applicable).

If performing an integrated audit that includes more than one audit criteria (ISO 9001, ISO 14001, OHSAS 18001), the audit plan must clearly show those areas / processes where multiple criteria are being covered at the same time. The time spent auditing each specific criteria also needs to be recorded on the audit plan.

3.2 Hints for the auditor(s) and for the customer

The audit results of the previous two audits must be considered when determining the recent audit topics (e.g. during interview with the responsible personnel for the management system).

3.3 Hints for the customer

Inform the certification body if any additional processes or activities should be included in this audit plan.

The audit team should be provided with the following resources and facilities needed to conduct an effective audit:

- A room where it can hold meetings and lead discussions
- Special personal protection equipment which goes beyond the auditors' basic equipment (e.g. helmet, safety shoes, safety goggles) must be provided by the client organization.

  Well in advance of the audit, the client organization and the (lead) auditor must agree on any personal protection equipment, emergency response and safety procedures that may be necessary for the audit.
- An audit representative or attendant, if agreed, to accompany the auditors throughout the entire audit
- The company is required to show evidence to demonstrate compliance to objectives mentioned above.
- The company shall notify the Lead Auditor of any significant organizational / headcount changes since the last audit.
- The company shall notify if the audit team should modify the audit plan.
- TÜV SÜD Code of Ethics is available on:
  http://www.tuev-sued.de/company/tuev-sued-group/code-of-ethics

Observers:

Observers may be members of the client organization, consultants, witness auditors of the accreditation body, senior auditors of the certification body in charge of monitoring, staff of regulatory authorities or other authorized persons.

The presence of and the reasons for observers during the audit must be approved by the certification body and the client **before the start of the audit.**

The audit team must ensure that the observers will not disrupt the audit process or influence the audit result.

Attendant(s):

Unless agreed otherwise between the (lead) auditor and the client, every auditor must be accompanied by an attendant to support the audit. The audit team must ensure that the attendants will not disrupt the audit process or influence the audit result.

The responsibilities of an attendant include but are not limited to:

- Establishing the contacts and scheduling interviews
- Organizing visits to specific parts of the site or the organization
- Witnessing audits on behalf of the client
- Providing information to clarify questions on the auditors' request

Copies of the Audit Plan go to:

- Audit team members
- Certification body
- Client

KEMENTERIAN KELAUTAN DAN PERIKANAN
BADAN PENYULUHAN DAN PENGEMBANGAN
SUMBER DAYA MANUSIA KELAUTAN DAN PERIKANAN
POLITEKNIK AHLI USAHA PERIKANAN
JALAN AUP NO.1, PASAR MINGGU, JAKARTA 12520, PO BOX 7239/PSM
TELEPON (021) 7806874, 78830275, FAKSIMILE (021) 7805030, 78830275
LAMAN: www.politeknikaup.ac.id SUREL Politeknikaup@kkp.go.id

Nomor : B. 813/POLTEK.AUP/TU.330/I/2025 30 Januari 2025
Sifat : Biasa
Lampiran : satu berkas
Hal : Undangan

Yth. daftar terlampir.

Dengan ini kami mengundang Bapak/Ibu/Saudara untuk hadir dalam acara yang akan diselenggarakan pada:

Hari, Tanggal : Senin, 3 Februari 2025
Waktu : Pukul. 13.00 WIB s.d. selesai
Tempat : Ruang Rapat Lt. 3, Gedung Direktorat Politeknik AUP
Agenda : Rapat Koordinasi Persiapan Surveillance 1 ISO 21001:2018
Pimpinan Rapat : Ketua Tim

Mengingat pentingnya acara tersebut, mohon hadir tepat pada waktunya. Atas perhatian dan kerjasamanya, kami ucapkan terima kasih.

Direktur Politeknik Ahli Usaha Perikanan,

ıandatangani
:ara Elektronik

Ani Leilani

Lampiran Undangan
Nomor : B. 813/POLTEK.AUP/TU.330/I/2025
Tanggal : 30 Januari 2025

TIM PENYUSUN DOKUMEN SURVEILLANCE - 1 ISO 21001:2018
LINGKUP POLITEKNIK AHLI USAHA PERIKANAN

Pengarah	:	Dra. Ani Leilani, M.Si.
Penanggung Jawab	:	1. Dr. Heri Triyono, A.Pi., M.Kom. 2. Dr. Danu Sudrajat, S.Pi., M.AP. 3. Yenni Nuraini, S.Pi., M.Sc. 4. Nur Syarif Hidayat, S.P. 5. Ir. Basuki Rachmad, M.Si.
Ketua Tim	:	Nur Hidayah, M.Biotech.
Sekretaris	:	1. Dra. Ratna Suharti, M.Si. 2. Aman Saputra, A. Pi., M.S.T.Pi. 3 Ratu Sari Mardiah, S.Pi., M.Si. 4. Nayu Nurmalia, S.Pd., M.Si.
Tim Penyusun	:	
a. Ruang Lingkup Program Studi	:	1. Dr. Niken Dharmayanti, A.Pi., M.Si. 2. Erick Nugraha, S.Pi., M.Si. 3. Ade Hermawan, S.St.Pi., MT. 4. Mohammad. Sayuti, S.St.Pi, M.P. 5. Afandi Saputra, S.St.Pi, M.P. 6. Mira Maulita, S.Pi., M.M. 7. Yuke Eliyani, S.Pi., M.Si. 8. Dr. Tatty Yuniarti, S.T., M.Si. 9. Eli Nurlaela, S.Pi., M.Pi. 10. Mustopa Kamal, S.St.Pi., M.Tr.Pi 11. Heny Budi P, S.St.Pi., M.S.T.Pi. 12. Aditya Bramana, M.Si 13. Hary Krettiawan, S.Si, M.Si. 14. Tuti Susilawati, S.St.Pi., M.S.T.Pi.
b. Ruang Lingkup Kapal Latih	:	1. Sakti P. Nababan, S.St.Pi, M.Tr.Pi 2. Rafith, S.St.Pi 3. Muhammad Alfan Ansori, S.St.Pi. 4. Trans Tama Putra, A.Md 5. Rahadian Abdul Khoir, A.Md.Pi.
c. Ruang Lingkup Unit Layanan Uji Kompetensi	:	1. Dr. Moch. Farkan, A.Pi, SE., M.Si. 2. Mathius Tiku, S.Pi., M.Si. 3. Maria Goreti Eny K, S.St.Pi, M.M.Pi. 4. Samsi, S.St.Pi., M.Ed.

d. Ruang Lingkup Satuan Pengawas Internal	:	1. I Ketut Daging, A.Pi., M.T. 2. Randi Bokhy S S., A.Pi., M.Si. 3. Zainuddin, S.Sos., M.Si.. 4. Suratman, S. Pi., M.Si.
e. Ruang Lingkup Bagian Umum	:	1. Agus Cahyo Poerwanto, S.E. 2. Hendriyan, S.E. 3. Agus Faisal. 4. Asmaul Aziz.
f. Ruang Lingkup UPK	:	1. Zuli Silawanto, A.Pi. 2. Ismunandar, S.St.Pi., M.Eng. 3. Fitri Dwi Anggraini, S.Gz. 4. M. Chotim Safarudin, S.St.Pi.
Tim Sekretariat	:	1. Fadhilah Anshori, S.Kom. 2. Muhamad Joni Hardianto 3. Iir Gunari, S.St.Pi. 4. Muhammad Yusuf Annur, S.Tr.Pi. 5. Ferdiansyah, S.Tr.Pi. 6. Hadi Syamsurya, S.Kom. 7. Novi Elfridayanti, S.St.Pi. 8. M. Agus Nugroho.

Direktur Politeknik Ahli Usaha Perikanan,

ındatangani
:ara Elektronik

Ani Leilani

NOTULENSI

Meeting Name:	*Rapat Koordinasi persiapan surveilance ISO 21001:2018*		
Date of Meeting:	3 Februari 2025	**Start time:**	13.30
Location:	Ruang rapat lt. 3 gedung direktorat	**End time:**	15.00
Chair:	Wadir 1	**Minute taker:**	Nur Hidayah

- Surveillance ISO 21001:2018

2. Meeting Attendances

Present		
Unsur Pimpinan		
Ketua Program Studi		
Sekretaris Program Studi		
Pusat Pelayanan Akademik		
Penelitian dan PkM		
Tim Pusat Penjaminan Mutu		

1. Penghematan anggaran, efisiensi anggaran yang ada untuk pelaksanaan kegiatan yang telah direncanakan;
2. Kegiatan surveilance dilaksanakan 1 tahun setelah proses sertifikasi, yaitu pada akhir Desember tahun 2023;
3. Data data tahun sebelumnya harap di update pada link GD yang telah di sediakan pada grup whatsapp;
4. Auditor masih dengan Mr. Sashidiran dari India, yang didampingi oleh auditor dari TUV yaitu Bapak Sofyan;
5. Audit dilaksanakan 3 hari pada tanggal 11-13 Februari 2025;
6. Pada hari pertama review dengan pihak manajemen, pada hari kedua ada peninjauan pelaksanaan pengajaran dan kegiatan praktik di laboratorium atau workshop;
7. Temuan pada sertifikasi sebelumnya telah ada di google drive di folder dokumen 1.0;
8. Translate dokumen bisa menggunakan google translate;
9. Penomoran pada dokumen konteks organisasi, yang dirubah adalah versi, dan tanggal;
10. Lembar kontrol dokumen ditambahkan tanggal perubahan terbaru;
11. Temuan pada proses sertifikasi telah ada di link Google drive.

DOKUMENTASI








KEMENTERIAN KELAUTAN DAN PERIKANAN
BADAN PENYULUHAN DAN PENGEMBANGAN
SUMBER DAYA MANUSIA KELAUTAN DAN PERIKANAN
POLITEKNIK AHLI USAHA PERIKANAN
JALAN AUP NO.1, PASAR MINGGU, JAKARTA 12520, PO BOX 7239/PSM
TELEPON (021) 7806874, 78830275, FAKSIMILE (021) 7805030, 78830275
LAMAN: www.politeknikaup.ac.id SUREL Politeknikaup@kkp.go.id

Nomor : B. 910/POLTEK.AUP/TU.330/II/2025 4 Februari 2025
Sifat : Biasa
Lampiran : satu berkas
Hal : Undangan

Yth. daftar terlampir.

Dengan ini kami mengundang Bapak/Ibu/Saudara untuk hadir dalam acara yang akan diselenggarakan pada:

Hari, Tanggal : Selasa - Kamis, 11 - 13 Februari 2025
Waktu : Pukul. 08.30 WIB s.d. selesai
Tempat : Ruang Rapat Lt. 3, Gedung Direktorat Politeknik AUP
Agenda : Surveillance 1 Audit ISO 21001:2018

Mengingat pentingnya acara tersebut, mohon hadir tepat pada waktunya. Atas perhatian dan kerjasamanya, kami ucapkan terima kasih.

Direktur Politeknik Ahli Usaha Perikanan,

ıandatangani
:ara Elektronik

Ani Leilani

Lampiran Undangan
Nomor : B. 910/POLTEK.AUP/TU.330/II/2025
Tanggal : 4 Februari 2025

TIM PENYUSUN DOKUMEN SURVEILLANCE - 1 ISO 21001:2018
LINGKUP POLITEKNIK AHLI USAHA PERIKANAN

Pengarah	:	Dra. Ani Leilani, M.Si.
Penanggung Jawab	:	1. Dr. Heri Triyono, A.Pi., M.Kom. 2. Dr. Danu Sudrajat, S.Pi., M.AP. 3. Yenni Nuraini, S.Pi., M.Sc. 4. Nur Syarif Hidayat, S.P. 5. Ir. Basuki Rachmad, M.Si.
Ketua Tim	:	Nur Hidayah, M.Biotech.
Sekretaris	:	1. Dra. Ratna Suharti, M.Si. 2. Aman Saputra, A. Pi., M.S.T.Pi. 3 Ratu Sari Mardiah, S.Pi., M.Si. 4. Nayu Nurmalia, S.Pd., M.Si.
a. Manajemn Program Studi	:	1. Dr. Niken Dharmayanti, A.Pi., M.Si. 2. Erick Nugraha, S.Pi., M.Si. 3. Ade Hermawan, S.St.Pi., MT. 4. Mohammad. Sayuti, S.St.Pi, M.P. 5. Afandi Saputra, S.St.Pi, M.P. 6. Mira Maulita, S.Pi., M.M. 7. Yuke Eliyani, S.Pi., M.Si. 8. Dr. Tatty Yuniarti, S.T., M.Si. 9. Eli Nurlaela, S.Pi., M.Pi. 10. Mustopa Kamal, S.St.Pi., M.Tr.Pi 11. Heny Budi P, S.St.Pi., M.S.T.Pi. 12. Aditya Bramana, M.Si 13. Hary Krettiawan, S.Si, M.Si. 14. Tuti Susilawati, S.St.Pi., M.S.T.Pi.
b. Tim Gugus Kendali Mutu (GKM)	:	1. Program Studi PSP 1) Prof. Dr. Ir. Azam Bachur Zaidy, M.Si. 2) Prof. Dr. Maman Hermawan, A.Pi., M.Sc. 3) Prof. Dr. Ir. OD. Subhakti Hasan, M.Si. 4) Prof. Dr. Aef Permadi, S.Pi., M.Si. 5) Prof. Dr. Ir. I Nyoman Suyasa, M.Sc. 2. Program Studi TPI 1) Eddy Sugriwa Husen, S.Pi., M.Si. 2) Sakti P. Nababan, S.St.Pi., M.Tr.Pi. 3) Priyantini Dewi, S.E., M.M. 4) Muhammad Handri, A.Pi., M.Si. 5) Mathius Tiku, S.Pi.,M.Si. 3. Program Studi MP 1) I Ketut Daging, A.Pi., M.T.

2) Doly Andrian H, S.St.Pi., M.Tr.Pi.
3) Muhamad Alfan Anshori, S.St.Pi.
4) Basino, A.Pi., M.T.
5) Teguh Binardi, A.Pi., M.T.

4. Program Studi TPH
   1) Dr. Resmi Rumenta Siregar, S.St.Pi., M.Si.
   2) Yudi Prasetyo Handoko, M.T.
   3) Rufnia Ayu Afifah, M.Sc.
   4) Ir. Asriani, M.Pi.
   5) Randi B.S. Salampessy, A.Pi., M.Si.
5. Program Studi TAK
   1) Maria Goreti E K., S.St.Pi., M.M.Pi.
   2) Lakonardi Nuraditya, S.St.Pi,. M.M.
   3) Dr. Romi Novriadi, S.Pd.Kim., M.Sc.
   4) Amyda S. Panjaitan, A.Pi., M.Si.
   5) Dr. Mugi Mulyono, S.St.Pi., M.Si.
6. Program Studi TPS
   1) Dr. Meuthia Aula Jabbar, A.Pi., M.Si.
   2) Siti Mira Rahayu, S.Pi., M.Si.
   3) Indah Alsita, S.E., M.Si.
   4) Hendra Irawan, S.St. Pi. M.Pi.
   5) Dadan Zulkifli, S.Ag., MM.
7. Program Studi PP
   1) Abdul Hanan, SP., M.Si.
   2) Nia Nurfitriana, S.Pi., M.Si.
   3) Dr. Yesi Dewita Sari, S.Pi., M.Si.
   4) Alvi Nur Yudhistira, S.Pi., M.Si.
   5) Noor Pitto Sari Nio Lita, S.Pi., M.Si.

c. Kapal Latih : 1. Sakti P. Nababan, S.St.Pi, M.Tr.Pi
2. Rafith, S.St.Pi
3. Muhammad Alfan Ansori, S.St.Pi.
4. Trans Tama Putra, A.Md
5. Rahadian Abdul Khoir, A.Md.Pi.

d. Unit Layanan Uji Kompetensi : 1. Dr. Moch. Farkan, A.Pi, SE., M.Si.
2. Mathius Tiku, S.Pi., M.Si.
3. Maria Goreti Eny K, S.St.Pi, M.M.Pi.
4. Samsi, S.St.Pi., M.Ed.

e. Satuan Pengawas Internal (SPI) : 1. I Ketut Daging, A.Pi., M.T.
2. Randi Bokhy S S., A.Pi., M.Si.
3. Zainuddin, S.Sos., M.Si..
4. Suratman, S. Pi., M.Si.

f. Bagian Umum : 1. Agus Cahyo Poerwanto, S.E.
2. Hendriyan, S.E.
3. Agus Faisal.
4. Asmaul Aziz.

g. Unit Pembangunan Karakter (UPK)	:	1. Zuli Silawanto, A.Pi. 2. Ismunandar, S.St.Pi., M.Eng. 3. Fitri Dwi Anggraini, S.Gz. 4. M. Chotim Safarudin, S.St.Pi.
Tim Sekretariat	:	1. Fadhilah Anshori, S.Kom. 2. Muhamad Joni Hardianto 3. Iir Gunari, S.St.Pi. 4. Muhammad Yusuf Annur, S.Tr.Pi. 5. Ferdiansyah, S.Tr.Pi. 6. Hadi Syamsurya, S.Kom. 7. Novi Elfridayanti, S.St.Pi. 8. M. Agus Nugroho.

Direktur Politeknik Ahli Usaha Perikanan,

ıandatangani
ːara Elektronik

Ani Leilani

NOTULENSI

Meeting Name:	*Surveilance-1 ISO 21001:2018*		
Date of Meeting:	11 Februari 2025	**Start time:**	09.00
Location:	Ruang rapat lt. 3 Gedung Direktorat	**End time:**	16.00
Chair:	Direktur Politeknik AUP	**Minute taker:**	Nur Hidayah

- Surveillance-1 ISO 21001:2018

2. Meeting Attendances

Present

Daftar terlampir		

1. Surveilance penting untuk implementasi, pemenuhan standar dan improvement.
2. Audit dilakukan dengan sampling random.
3. Surveilance dilakukan terhadap documentasi sistem;
4. Temuan ketidaksesuaian akan dikategorikan kedalam major, minor dan OFI;
5. Perbaikan melalui dokumen yang nanti disampaikan melalui email;
6. Kegiatan ini dilakukan untuk memastikan apakah sistem telah dijalankan dengan baik;
7. Wawancara dengan top manajemen: keunggulan memiliki Smart Fisheries Village (SFV) yang ada di kampus serang
8. Wajib di state pada konteks organisasi terkait perubahan lingkungan.
9. SPM: pada manajemen review belum tercantum narasi tentang evaluasi terhadap taruna, baik UTS, UAS dan menampilkan data dalam bentuk angka, perlu ditambahkan.
10. Belum ada agenda dan hasil dalam tinjauan manajemen terkait kegiatan evaluasi sumatif dan penilaian kepuasan dosen dan staff pada hasil tinjauan manajemen. —> terkait CPL dan CPMK, capaian saat ini.
11. Kepedulian terhadap climate change: tertuang dalam threat No. 1 terkait kebijakan yang berkembang di internal dan external. Contohnya terkait efisiensi anggaran berdasarkan instruksi presiden, kemudian turun ke menteri dan politeknik AUP sebagai eksekutor lapangan telah membuat edaran terkait penghematan listrik melalui memo, undangan kerja bakti tiap hari jumat dan pembatasan perkuliahan offline di serang dan bogor dan mengganti dengan blanded learning. Kebijakan tersebut juga menyumbang kepedulian terhadap perubahan lingkungan. Kebijakan dan kegiatan tersebut harus tertuang dalam konteks organisasi.
12. Sasaran SMOP ada di PPA, belum dilakukan update data untuk tahun 23-24.
13. Telah dijelaskan terkait jumlah taruna, jumlah dan prosentase animo pendaftar taruna AUP.
14. Keamanan data, terkait pihak yang menjadi admin siakad, dan aksesibilitas masing-masing personel. Perbedaan aksesibilitas terhadap siakad dari dosen, taruna dan super admin.
15. Keamanan data pribadi, data dokumen data diri dan kualifikasi calon taruna.
16. Kode etik taruna, pegawai, tendik dan staff
17. Sosialisasi peraturan kode etik kepada seluruh pegawai
18. Audit plan, audit akademik internal
19. Penerimaan taruna baru; persyaratan, dasar hukum, dan mekanisme pendaftaran untuk memastikan calon taruna eligible.
20. Bukti sertifikat akreditasi semua prodi
21. Hasil audit internal: OFI, tidak sembarang menetapkan OFI
22. PR : sasaran mutu akademik dan non akademik dan capaiannya dalam data > lakip
23. Pr : dokumen cara akses mini soccer dll oleh masyarakat luar

DOKUMENTASI








DAFTAR HADIR

ACARA : Surveillance 1 ISO 9001 : 2015

TANGGAL : 4 Februari 2017

No	Nama	Instansi/Unit	Tanda Tangan
1	Ani Lailani		1
2	Yani Harnani		2
3	Dani Hidayat	TPF	3
4	Hafi Triyana		4
5	Yusrizal	PPA	5
6	Enok N	TPI	6
7	Ade Hermawan	MJ	7
8	Anna Saputra		8
9	Priyanto Adi	PPA	9
10	Achmad Adi G	ALF	10
11	Agus Cahya P	Rumah Tangga	11
12	Hendrayan	Unit Rumah Tangga	12
13	Ikhwan Dafing	SPI	13
14	Muchtar Fauzi	MP	14
15	M. Alam Anwar	MP	15
16	Diman Zulkifli	TPI	16
17	Samsu	Cust Uplm	17
18	Ratih Sari Munira	Pusrisin	18
19	Siti P Ndalahun	TPI	19
20	Mira Marisha	TPS	20
21	Moh. Sayuti	TPI	21
22	I Ketut Sumardana	PJM	22
23	Deby A. Harahap	Penjamin	23
24	Aditya Bramana	TPS	24
25	Rasim S	Pusrisin	25

No	Nama	Instansi/Unit	Tanda Tangan	
26				26
27			27	
28				28
29			29	
30				30
31			31	
32				32
33			33	
34				34
35			35	
36				36
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50				50

NOTULENSI

Meeting Name:	*Surveilance-1 ISO 21001:2018*		
Date of Meeting:	12 Februari 2025	**Start time:**	08.00
Location:	Ruang rapat lt. 3 Gedung Direktorat	**End time:**	16.00
Chair:	Direktur Politeknik AUP	**Minute taker:**	Nur Hidayah

- Surveillance-1 ISO 21001:2018

2. Meeting Attendances

Present

Daftar terlampir		

1. Konfirmasi sasaran mutu akademik dan non akademik beserta target dan sasarannya, data terdapat pada lakip.
2. Di lakip belum mencantumkan target dan sasaran proses pembelajaran
3. Aksesibilitas sarana prasarana umum ex: neptune mini soccer; tanggal publish dan jenis sosial media yang digunakan.
4. Kunjungan ke kelas dan lab :
   - Pengajaran dikelas telah memenuhi standar
   - Ada 4 taruna tidak hadir ke Workshop, tetapi terdapat ttd pada daftar hadir
   - Logbook penggunaan lab dan ws di prodi permesinan tidak tersedia
   - Cara memastikan taruna yang tidak hadir memperoleh materi dan kompetensi yang sama
5. Sinkronisasi panduan akademik dengan kurikulum di prodi
6. Prodi TPS sebagai sampel, dilihat struktur kurikulum dan bukti pelaksanaan kegiatan pembelajaran dan kecocokan dengan kurikulum,
7. Terdapat matakuliah ekologi perairan yang tidak sinkron antara pelaksanaan dan sekuens yang ada di buku kurikulum yang telah di sahkan.
8. Panduan akademik belum mencantumkan durasi waktu dalam setiap sks matakuliah.
9. Perlu dibuat template ppt bahan ajar
10. Bahan ajar harus dilakukan verifikasi materi oleh selain dosen pembuat.
11. Peninjauan proses pembelajaran pada magister atau S2
12. Lisensi apar dan hasil pengujian mutu air loligo belum bisa ditunjukkan
13. Besok meeting dengan perpustakaan dan tracer study.

DOKUMENTASI








DAFTAR HADIR

ACARA : [illegible]

TANGGAL : [illegible]

No	Nama	Instansi/Unit	Tanda Tangan	
1	[illegible]		1	
2	[illegible]		2	
3	[illegible]		3	
4	[illegible]	[illegible]	4	
5	[illegible]	[illegible]	5	
6	[illegible]	[illegible]	6	
7	[illegible]		7	
8	[illegible]		8	
9	[illegible]	[illegible]	9	
10	[illegible]	[illegible]	10	
11	[illegible]	[illegible]	11	
12	[illegible]	[illegible]	12	
13	[illegible]	[illegible]	13	
14	[illegible]	[illegible]	14	
15	[illegible]	[illegible]	15	
16	[illegible]	[illegible]	16	
17	[illegible]	[illegible]	17	
18	[illegible]	[illegible]	18	
19	[illegible]	[illegible]	19	
20	[illegible]	[illegible]	20	
21	[illegible]	[illegible]	21	
22	[illegible]		22	
23	[illegible]	[illegible]	23	
24	[illegible]	[illegible]	24	
25	[illegible]	[illegible]	25	

No	Nama	Instansi/Unit	Tanda Tangan	
36	[illegible]			36
37	[illegible]		37	
38	[illegible]	[illegible]		38
39	[illegible]	TP I	39	
40	[illegible]	TIK		40
41	[illegible]	[illegible]	41	
42	[illegible]	[illegible]		42
43	[illegible]	[illegible]	43	
44	[illegible]	[illegible]		44
45	[illegible]	[illegible]	45	
46	[illegible]	[illegible]		46
47	[illegible]	[illegible]	47	
48	[illegible]	[illegible]		48
49	[illegible]	[illegible]	49	
50	[illegible]	[illegible]		50

NOTULENSI

Meeting Name:	*Surveilance-1 ISO 21001:2018*		
Date of Meeting:	13 Februari 2025	**Start time:**	08.00
Location:	Ruang rapat lt. 3 gedung direktorat	**End time:**	11.30
Chair:	Direktur Politeknik AUP	**Minute taker:**	Nur Hidayah

- Surveillance-1 ISO 21001:2018

2. Meeting Attendances

Present

Daftar terlampir		

1. Kunjungan ke perpustakaan; suhu dan kelembapan dalam ruangan perpustakaan perlu dimonitor dan dimaintance sesuai standar arsiparis.
2. Konfirmasi lisensi apar dan hasil pengujian air minum. Lisensi apar hanya untuk 40 apar dari 77 apar yang dimiliki. Sisanya masih proses pengajuan. Daftar kendali apar belum tertulis tanggal refill dan tanggal expired.
3. Hasil pengujian air minum di loligo belum memenuhi standar pelaporan hasil. Pada hasil pelaporan tidak mencantumkan metode dan standar yang digunakan. Apakah spesifik untuk standar air minum atau yang lain. Berdasarkan permenkes tentang air minum tahun 2010 ada 8 parameter yang perlu diuji, tidak hanya mikrobiologi, tetapi parameter lain yang belum ada hasil pengujian air loligo. Pada SNI yang digunakan sebagai standar air minum di lab mikro tidak spesifik untuk standar air minum, tidak ada standar e.coli dalam SNI tersebut.
4. Tracer study menggunakan google form
5. Possitof note : kelas pembelajaran sudah bagus, good practices di perpustakaan.
6. Dua hal yang bisa di tingkatkan
   - Lab : process telah dilengkapi hal yang boleh dan tidak boleh pada pintu masuk. Akses alat yang memiliki bahaya
   - Manajemen review ada 2 yang tertinggal, terkait proses pembelajaran dan kepuasan staff
7. Minor :
   - Preses pengajaran, pada kurikulum TPS 2022 mata kuliah ekologi perairan ada di semester 3 tetapi dilaksanakan di semester 2 pada 2023/2024;
   - Di lab permesinan, tidak ada logbook, hanya ada daftar hadir. Ada 4 orang tidak hadir tetapi terdapat di tanda tangan pada daftar hadir;
   - Hasil pengujian air minum belum ada standar acuan, dan syarat yang diuji harusnya tidak hanya 3 hal yang tertera di hasil yang ditunjukkan;

- Tidak ditemukan data update buku yang dimiliki perpustakaan. Data digital tidak bisa ditunjukkan karena laptop mati. Tidak ada dokumentasi maintanance koleksi buku cetak secara sistematik.

8. Temuan minor perbaikan dilakukan dengan membuat langkah koreksi dan mencari akar masalah hingga di approve selama 6 calender day.

DAFTAR HADIR

ACARA : Surveilans | [illegible] | 2018

TANGGAL : 15 [illegible] 2018

No	Nama	Institusi/Unit	Tanda Tangan	
1	[illegible]	[illegible]	1	
2	[illegible]	[illegible]		2
3	[illegible]	[illegible]	3	
4	[illegible]	[illegible]		4
5	[illegible]	[illegible]	5	
6	[illegible]	[illegible]		6
7	[illegible]	[illegible]	7	
8	[illegible]	[illegible]		8
9	[illegible]	[illegible]	9	
10	[illegible]	[illegible]		10
11	[illegible]	[illegible]	11	
12	[illegible]	[illegible]		12
13	[illegible]	[illegible]	13	
14	[illegible]	[illegible]		14
15	[illegible]	[illegible]	15	
16	[illegible]	[illegible]		16
17	[illegible]	[illegible]	17	
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20	[illegible]	[illegible]		20
21	[illegible]	[illegible]	21	
22	[illegible]	[illegible]		22
23	[illegible]	[illegible]	23	
24				24
25			25	

DOKUMENTASI








Audit Report
Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: **720520262** Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

Comments

An audit cannot cover each and every detail of the management system. Therefore, there may still be nonconformities not addressed by the auditors in the closing meeting or the audit report. Audit results are always evaluated on the basis of the following classification:

Nonconformities (NC):	Failure to fulfil one or more requirements of the management system standard or a situation that raises significant doubt about the ability of the client's management system to achieve its intended outputs. (Classification: **Major** nonconformities). • Corrections (immediate solution) of the audit finding are to be implemented • The causes of the identified nonconformities shall be analyzed • **Corrective actions for the causes of the nonconformities shall be effectively implemented prior to the decision on certificate issue/renewal** • The auditor generally verifies the effectiveness of corrective action in an on-site re-audit unless verification is possible on the basis of submitted new documentation.
Minor nonconformities (MiN):	In individual cases some of the requirements of the management-system standard are not fulfilled completely. However, this does not jeopardize the effectiveness of the management-system element (chapter of the standard). (Classification: **Minor** nonconformities). • Corrections (immediate solution) of the audit finding are to be implemented • The causes of the identified nonconformities shall be analyzed • **The lead auditor is to be informed of the intended corrective actions for the causes of the nonconformities within 14 days prior to the decision on certificate issue/renewal** • The lead auditor evaluates the submitted corrective actions and confirms acceptance thereof. The implementation of the corrective actions will be verified in the next audit.
Opportunities for improvement (I):	Aspects that would lead to management system optimization with respect to a requirement of the standard. (Basic requirement for the identification and recording of **opportunities for improvement is** that the **requirements of the standard regarding the process element** have been fulfilled but that there are still areas for potential improvement of system effectiveness and efficiency. Implementation by the organization is recommended.)
Positive aspects (P):	Positive aspects of the management system meriting special mention

All elements of the standard in each clause of the standard were found to be "in conformity/effective" except for those elements of the standard for which this action list includes nonconformities or minor nonconformities.

Audit Report
Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: **720520262** Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

Action List

The following table shall be used for all findings recorded by the audit team during an audit (certification, change, repeat, sample, special or surveillance)

Nonconformities:

Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (incl. due dates and responsible)	Evaluation of CA (to be completed by auditor)		
		Description *(to be completed by auditor)*	**Type** *NC/MiN*	*(to be completed by client in case of NC and MiN)*	*(to be completed by client)*	**Date**	**Effective (E) / Accepted (A)****	**Evidence provided** (only for NC findings)***
8.5.1	Teaching Process	**Requirement** (if not covered by clause number): **Finding:** **The process of planning the Sub subject for the semester is not fully effective** **Supporting audit evidence:** **Odd Semester – Requirement – July to Dec . One of the Subject – Aquatic ecology – Course Code – TPS.3.2.3.19, completed in even semester between 13th Feb 2024 to 11th May 2024.**	Min N	Root Cause Why 1 Why 2 Why 3 Why 4 Why 5	**Immediate solution for the correction of the finding:** **Corrective Action to eliminate the cause:**			

Audit Report
Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: **720520262** Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (incl. due dates and responsible)	Evaluation of CA (to be completed by auditor)		
		Description *(to be completed by auditor)*	Type *NC/MiN*	*(to be completed by client in case of NC and MiN)*	*(to be completed by client)*	Date	Effective (E) / Accepted (A)**	Evidence provided (only for NC findings)***
9.1.1	Teaching Process (Laboratory)	**Requirement** (if not covered by clause number): **Finding:** **Monitoring on the completion status of Lab experiements is partially not effectrive.** **Supporting audit evidence:** Manufacturing Lab – Date of Lab Attendance – 23rd Jan 2025. Experiment completed not evidenced	MiN	Root Cause Why 1 Why 2 Why 3 Why 4 Why 5	**Immediate solution for the correction of the finding:** Corrective Action to eliminate the cause:			

Audit Report
Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: **720520262** Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (incl. due dates and responsible)	Evaluation of CA (to be completed by auditor)		
		Description *(to be completed by auditor)*	Type *NC/MiN*	*(to be completed by client in case of NC and MiN)*	*(to be completed by client)*	Date	Effective (E) / Accepted (A)**	Evidence provided (only for NC findings)***
7.1.3.3	Library	**Requirement** (if not covered by clause number): **Finding:** **Stock Monitoring and Book Maintenance in the Library is partially not effective.** **Supporting audit evidence:** Stock Monitoirng report for the books not evidenced for the year 2024. Checklist for Maintenance of Books not evidenced	Min N	Root Cause Why 1 Why 2 Why 3 Why 4 Why 5	**Immediate solution for the correction of the finding:** Corrective Action to eliminate the cause:			

Audit Report
Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: **720520262** Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (incl. due dates and responsible)	Evaluation of CA (to be completed by auditor)		
		Description *(to be completed by auditor)*	Type *NC/MiN*	*(to be completed by client in case of NC and MiN)*	*(to be completed by client)*	Date	Effective (E) / Accepted (A)**	Evidence provided (only for NC findings)***
7.1.3.2	General Infra	**Requirement** (if not covered by clause number): **Finding:** **Drinking water test report not fully effective in capturing requirements.** **Supporting audit evidence:** Date of Test – 17th Oct 2024 – Declaration in the report against National standards not evidenced in the test report	MiN	Root Cause Why 1 Why 2 Why 3 Why 4 Why 5	**Immediate solution for the correction of the finding:** Corrective Action to eliminate the cause:			

Note 1: Root cause analysis and corrective action are only mandatory for NC or MiN findings.

* see "Guideline for Corrective Actions Acceptance" at end of document for further assistance

** The intended corrections and implemented corrective actions have to be verified. The Auditor shall evaluate "Effective" (E) in the case of NC and "Accepted" in the case of corrections for MiN findings, if appropriate.

*** A NC requires a re-audit, during which the corrective actions are evaluated for effectiveness.

Audit Report
Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: **720520262** Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

Opportunities for improvement and positive aspects::

Clause no.	Process	Findings		Action for optimization *(optional for client to fill out)*		
		Description *(to be completed by auditor)*	**Type** *I/P*	**Action**	**Responsible**	**Date**
7.1.3	General Infra	**Finding:** **1) Class room with Projector / Screen – Maintenance** **2) Book of the week – Display at the entrance of Library continuing process**	P			
7.1.4	Laboratory	Dos and Donts Display at the Fisheries Laboratory (Chilling) may be relooked from the current practice	I			
9.3.2	EOMS	The process of capturing the Summative assessments and Formative assessments in the Management review meeting may be relooked instead of current practice of discussion for more micro level approach	I			

Audit Report
Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: **720520262** Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

General

If Minor nonconformities identified in the last audit are not closed in an acceptable manner, they must be rated as Nonconformities (re-audit required).

Information on findings management in sampling and multi-site certification

The management representative of the central office must check whether systematic corrective actions to close a root cause can be applied in a preventive manner to other affected sites. This is required for findings from internal and external audits.

In sampling certification, the TMS auditor will select and audit other sites in the next audit cycle and consequently cannot verify on site the effectiveness of the corrective actions from the last audit cycle.

Given this, during the next internal audits carried out at the sites concerned, the management representative of the central office must verify on site the effectiveness/acceptance of the corrective actions taken to address **Nonconformities**, **Minor nonconformities** and **Opportunities for improvement**, if any.

The results must be recorded and submitted to the TMS auditor at the next audit to ensure the auditor can verify the effectiveness of the corrective actions initiated.

Audit Report
Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: **720520262** Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

Guideline for Corrective Actions Acceptance

Objective: The purpose of this section is to provide a consistent set of criteria for the development, acceptance and implementation of corrective action responses. These guidelines apply to all standards on the basis of the ISO 17021 (i.e. QMS, EMS, AMS, ENMS). They are intended for TÜV-SÜD auditors and audited organizations to help them understand how nonconformities should be addressed.

1. Was correction to eliminate existing finding completed?

Describe corrections for NC and MiN taken under "Intended correction and corrective action".
e.g.: Completed missing internal audits; Conducted supplier evaluations; Segregated nonconforming material, etc.
Provide evidence that actions were planned, taken and are effective.

2. Have the appropriate root causes been identified? Consider the following:

- what caused the actual nonconformity (for NC and MiN) (occurrence of systematic failure)?
- what allowed the problem to occur without being detected internally?
- which part of the organization's processes failed to address this issue or is the organization lacking a specific process, method, etc.?
- is the nonconformity also applicable/found in other sites (in case of multi-site and sampling certification)?

The cause shall not be a repeat or a rewording of the nonconformity statement nor of the objective evidence.
e.g.: apply the 5-Why method for root cause analysis

3. Has a corrective action been determined for each identified root cause? Each root cause must have at least one identified corrective action that eliminates / addresses the specific cause(s) and prevents recurrence of the nonconformity.
In the case of multi-sites and sampling certification, verify if the corrective action can be applied in other sites as well.

4. Has appropriate evidence been provided to verify that actions taken have been implemented and are effective?

It is the responsibility of the organization to provide evidence of internal verification of the corrective action(s), or a plan to do so. The Lead Auditor will provide due dates for submitting evidence of implementation. This could vary depending on the circumstances and standards involved.

Audit Report
Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: **720520262** Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

Comments

An audit cannot cover each and every detail of the management system. Therefore, there may still be nonconformities not addressed by the auditors in the closing meeting or the audit report. Audit results are always evaluated on the basis of the following classification:

Nonconformities (NC):	Failure to fulfil one or more requirements of the management system standard or a situation that raises significant doubt about the ability of the client's management system to achieve its intended outputs. (Classification: **Major** nonconformities). • Corrections (immediate solution) of the audit finding are to be implemented • The causes of the identified nonconformities shall be analyzed • **Corrective actions for the causes of the nonconformities shall be effectively implemented prior to the decision on certificate issue/renewal** • The auditor generally verifies the effectiveness of corrective action in an on-site re-audit unless verification is possible on the basis of submitted new documentation.
Minor nonconformities (MiN):	In individual cases some of the requirements of the management-system standard are not fulfilled completely. However, this does not jeopardize the effectiveness of the management-system element (chapter of the standard). (Classification: **Minor** nonconformities). • Corrections (immediate solution) of the audit finding are to be implemented • The causes of the identified nonconformities shall be analyzed • **The lead auditor is to be informed of the intended corrective actions for the causes of the nonconformities within 14 days prior to the decision on certificate issue/renewal** • The lead auditor evaluates the submitted corrective actions and confirms acceptance thereof. The implementation of the corrective actions will be verified in the next audit.
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Positive aspects (P):	Positive aspects of the management system meriting special mention

All elements of the standard in each clause of the standard were found to be "in conformity/effective" except for those elements of the standard for which this action list includes nonconformities or minor nonconformities.

Audit Report
Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: **720520262** Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

Action List

The following table shall be used for all findings recorded by the audit team during an audit (certification, change, repeat, sample, special or surveillance)

Nonconformities:

Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (incl. due dates and responsible)	Evaluation of CA (to be completed by auditor)		
		Description *(to be completed by auditor)*	Type *NC/MiN*	*(to be completed by client in case of NC and MiN)*	*(to be completed by client)*	Date	Effective (E) / Accepted (A)**	Evidence provided (only for NC findings)***
8.5.1	Teaching Process	**Requirement** (if not covered by clause number): **Finding:** **The process of planning the Sub subject for the semester is not fully effective** **Supporting audit evidence:** **Odd Semester – Requirement – July to Dec . One of the Subject – Aquatic ecology – Course Code – TPS.3.2.3.19, completed in even semester between 13th Feb 2024 to 11th May 2024.**	Min N	Root Cause **Why 1** Mistake in interpreting the course code **Why 2** The course code description is not listed in the curriculum book **Why 3** The curriculum book template has not accommodated the description of the course code and the guidelines for the organization of the course code have not been listed in the curriculum formulation guidelines of the AUP Polytechnic.	**Immediate solution for the correction of the finding:** Adding course code descriptions to the curriculum book **Corrective Action to eliminate the cause:** Creating guidelines for curriculum arrangement that include the sequence of course codes			

Audit Report
Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: **720520262** Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (incl. due dates and responsible)	Evaluation of CA (to be completed by auditor)		
		Description (to be completed by auditor)	Type NC/MiN	(to be completed by client in case of NC and MiN)	(to be completed by client)	Date	Effective (E) / Accepted (A)**	Evidence provided (only for NC findings)***
9.1.1	Teaching Process (Laboratory)	**Requirement** (if not covered by clause number): **Finding:** **Monitoring on the completion status of Lab experiements is partially not effectrive.** **Supporting audit evidence:** Manufacturing Lab – Date of Lab Attendance – 23rd Jan 2025. Experiment completed not evidenced	MiN	Root Cause **Why 1** Monitoring of cadets at the beginning of the semester is conducted with attendance records signed by the cadets. **Why 2** The SIAKAD application is not ready to be used at the beginning of the semester, and the learning materials are incomplete **Why 3** Some practicum instructions have not yet been accompanied by worksheets and self-reporting	**Immediate solution for the correction of the finding:** Completing the practicum module with worksheets **Corrective Action to eliminate the cause**: Revising the Academic Guidelines of Polytechnic AUP for 2024 by adding a discussion on the learning process.			

Audit Report
Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: **720520262** Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (incl. due dates and responsible)	Evaluation of CA (to be completed by auditor)		
		Description (to be completed by auditor)	Type NC/MiN	(to be completed by client in case of NC and MiN)	(to be completed by client)	Date	Effective (E) / Accepted (A)**	Evidence provided (only for NC findings)***
7.1.3.3	Library	**Requirement** (if not covered by clause number): **Finding:** **Stock Monitoring and Book Maintenance in the Library is partially not effective.** **Supporting audit evidence:** Stock Monitoirng report for the books not evidenced for the year 2024. Checklist for Maintenance of Books not evidenced	Min N	Root Cause **Why 1** The 2024 stock check was conducted on December 30, 2024, but the data could not be shown during the audit because the computer crashed/error. **Why 2** The librarian has not yet transferred the data to Google Drive (so it cannot be accessed anytime and anywhere). **Why 3** Standard Operating Procedure is not yet available **Why 1** Book maintenance activities have been carried out, but using very simple methods **Why 2** Budget limitation **Why 3** Creating a budget proposal for book maintenance according to needs	**Immediate solution for the correction of the finding:** Conducting data extraction and transferring it to Google Drive **Corrective Action to eliminate the cause**: Publishing Standard Operating Procedures **Immediate solution for the correction of the finding:** Conducting book care and maintenance according to regulations **Corrective Action to eliminate the cause:** Submitting the book maintenance budget according to needs			

Audit Report
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Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (incl. due dates and responsible)	Evaluation of CA (to be completed by auditor)		
		Description *(to be completed by auditor)*	Type *NC/MiN*	*(to be completed by client in case of NC and MiN)*	*(to be completed by client)*	Date	Effective (E) / Accepted (A)**	Evidence provided (only for NC findings)***
7.1.3.2	General Infra	**Requirement** (if not covered by clause number): **Finding:** **Drinking water test report not fully effective in capturing requirements.** **Supporting audit evidence:** Date of Test – 17th Oct 2024 – Declaration in the report against National standards not evidenced in the test report	MiN	Root Cause **Why 1** The testing conducted by the internal laboratory only done based on microbiological parameters. **Why 2** The internal laboratory is not a laboratory specifically for testing drinking water quality. **Why 3** The internal laboratory in the Fishery Product Processing Technology Study Program at AUP Polytechnic is only performing tests for food quality and safety of processed fishery products.	**Immediate solution for the correction of the finding:** Conducting drinking water quality monitoring and testing based on drinking water quality standards in an external laboratory. **Corrective Action to eliminate the cause**: Creating a schedule for drinking water treatment maintenance and a schedule for periodic drinking water testing according to requirements periodically.			

Note 1: Root cause analysis and corrective action are only mandatory for NC or MiN findings.

* see "Guideline for Corrective Actions Acceptance" at end of document for further assistance

** The intended corrections and implemented corrective actions have to be verified. The Auditor shall evaluate "Effective" (E) in the case of NC and "Accepted" in the case of corrections for MiN findings, if appropriate.

*** A NC requires a re-audit, during which the corrective actions are evaluated for effectiveness.

Audit Report
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Order no.: **720520262** Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

Opportunities for improvement and positive aspects::

Clause no.	Process	Findings		Action for optimization *(optional for client to fill out)*		
		Description *(to be completed by auditor)*	**Type** *I/P*	**Action**	**Responsible**	**Date**
7.1.3	General Infra	**Finding:** **1) Class room with Projector / Screen – Maintenance** **2) Book of the week – Display at the entrance of Library continuing process**	P	Improving the quality and quantity of classrooms	Academic Service Center, Study Programs, and General Affairs	The next policy
7.1.4	Laboratory	Dos and Donts Display at the Fisheries Laboratory (Chilling) may be relooked from the current practice	I	Creating a more informative display at a strategic location	Laboratory managers, Study Program	The next semester
9.3.2	EOMS	The process of capturing the Summative assessments and Formative assessments in the Management review meeting may be relooked instead of current practice of discussion for more micro level approach	I	Adding a topic about learning activities (preparation, process, and evaluation) and the satisfaction of educators and educational staff to the Management Review Meeting agenda.	Quality Assurance Center, Academic Service Center, Study Programs, and Supporting Units	The next Management Review Meeting

Audit Report
Annex 1: Action List including opportunities for improvement and positive aspects

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Client: **Politeknik Ahli Usaha Perikanan**

General

If Minor nonconformities identified in the last audit are not closed in an acceptable manner, they must be rated as Nonconformities (re-audit required).

Information on findings management in sampling and multi-site certification

The management representative of the central office must check whether systematic corrective actions to close a root cause can be applied in a preventive manner to other affected sites. This is required for findings from internal and external audits.

In sampling certification, the TMS auditor will select and audit other sites in the next audit cycle and consequently cannot verify on site the effectiveness of the corrective actions from the last audit cycle.

Given this, during the next internal audits carried out at the sites concerned, the management representative of the central office must verify on site the effectiveness/acceptance of the corrective actions taken to address **Nonconformities**, **Minor nonconformities** and **Opportunities for improvement**, if any.

The results must be recorded and submitted to the TMS auditor at the next audit to ensure the auditor can verify the effectiveness of the corrective actions initiated.

Audit Report
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Order no.: **720520262** Client no.: **554589-01**
Client: **Politeknik Ahli Usaha Perikanan**

Guideline for Corrective Actions Acceptance

Objective: The purpose of this section is to provide a consistent set of criteria for the development, acceptance and implementation of corrective action responses. These guidelines apply to all standards on the basis of the ISO 17021 (i.e. QMS, EMS, AMS, ENMS). They are intended for TÜV-SÜD auditors and audited organizations to help them understand how nonconformities should be addressed.

1. Was correction to eliminate existing finding completed?

Describe corrections for NC and MiN taken under "Intended correction and corrective action".
e.g.: Completed missing internal audits; Conducted supplier evaluations; Segregated nonconforming material, etc.
Provide evidence that actions were planned, taken and are effective.

2. Have the appropriate root causes been identified? Consider the following:

- what caused the actual nonconformity (for NC and MiN) (occurrence of systematic failure)?
- what allowed the problem to occur without being detected internally?
- which part of the organization's processes failed to address this issue or is the organization lacking a specific process, method, etc.?
- is the nonconformity also applicable/found in other sites (in case of multi-site and sampling certification)?

The cause shall not be a repeat or a rewording of the nonconformity statement nor of the objective evidence.
e.g.: apply the 5-Why method for root cause analysis

3. Has a corrective action been determined for each identified root cause? Each root cause must have at least one identified corrective action that eliminates / addresses the specific cause(s) and prevents recurrence of the nonconformity.
In the case of multi-sites and sampling certification, verify if the corrective action can be applied in other sites as well.

4. Has appropriate evidence been provided to verify that actions taken have been implemented and are effective?

It is the responsibility of the organization to provide evidence of internal verification of the corrective action(s), or a plan to do so. The Lead Auditor will provide due dates for submitting evidence of implementation. This could vary depending on the circumstances and standards involved.

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