Certification Body

ISO 9001: 2015

1st SURVEILLANCE AUDIT REPORT

FOR

UNIVERSITY OF EMBU

AUDIT NO.

KEBS/QMS/246/1/19

3rd May 2019
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1.0 INTRODUCTION

Organization: University of Embu
Representative: Prof. Kiplangat Kotut, DVC ARE & QISMR
Date(s) of audit: 24th & 25th April 2019. No of audit days – 2
Audit Scope: Provision of training, research and extension
Audit No: KEBS/QMS/SC/246/01/19
Previous audit no.: KEBS/QMS/SC/246/02/18
Audit Type: Surveillance
No. of site audited: N/A
Audit Team: Anthony Maritim - Lead Auditor
            Dorcas Munyi - Auditor

Audit objective(s):
- Determination of the conformity of the client’s management system, or parts of it, with audit criteria;
- Determination of the ability of the management system to ensure the client meets applicable statutory, regulatory and contractual requirements;
- Determination of the effectiveness of the management system to ensure the client can reasonably expect to achieve its specified objectives;
- Identification of areas for potential improvement of the management system.
2.0 AUDIT SUMMARY

The purpose of the audit was to evaluate the continued fulfilment of the requirements of ISO 9001:2015 standard of the quality management System implemented by University of Embu for the purpose of continued certification. The audit was carried out as per the attached audit timetable, appendix A. The opening and closing meetings were held on 24th and 25th April 2019 and attendance register is attached.

During the audit, the auditors were accorded the necessary cooperation that enabled the gathering of the information and evaluation of the same to come up with the audit findings and conclusions in this report.

The auditors established that;
- Inputs to processes and expected outputs have been determined.
- Risks and opportunities that need to be addressed have been identified, documented and are being monitored.
- The quality objectives have been established and documented in all the departments audited.
- There was evidence of analysis, monitoring and evaluation of data generated on different activities to demonstrate level of achievement of performance.
- There was evidence of operational planning and control of processes needed to meet the requirements for the provision of services.
- Customer and applicable statutory requirements are consistently met.
- There is demonstration of commitment to implementation and continual of the established quality management system.

However, it was noted that,
- Some of the established quality objectives are not measurable.
- Set timelines for certain processes have not been met.
- Trend analysis of collected data need to be carried out to established comparable results over time.

During the audit, several positive findings and opportunities for improvement were recorded as in clause 3.0 of this report. In addition, two (2) minor non-conformities were identified.

During the closing meeting, it was agreed that, an Acceptable Corrective Action Plan (CAP) for the non-conformities shall be submitted to the lead auditor within two (2) weeks.

Anthony Maritim
Lead auditor,
3rd May 2019
3.0 DETAILED REPORT

3.1 Department of Physical Sciences

3.1.1 Positive findings

Clause 8.5.1, control of production and service provision
i. Course coverage and lecture attendance forms are used to monitor teaching process to ensure it is undertaken as per the timetable. Attendance form for Unit SCH204 was availed. The unit lecturer signed the forms on 22/3/2019. The CoD signs it on 5/4/2019.
ii. The Course coverage form for unit SCH204, 2nd semester 2018/19 academic year was available.
iii. There was evidence to show that, two (2) CATs are administered in a semester as evidence by CAT attendance form for unit SPH 103 and SPH 303. The Cat attendance forms were signed by COD on 10/4/2019 and on 12/4/2019 respectively.

Clause 9.1.3, analysis and evaluation
i. Analysis of lecture attendance is carried out to check the 67% class attendance. The analysis of unit SCI302, semester 2, 2018/19 academic year shows a 100% lecture attendance by all students.
ii. Internal moderations of drafts examinations for semester 11, 2018/2019 done on 30/1/2019, and minutes maintained. Physical & chemistry draft papers were sampled.
iv. External moderation of draft papers was undertaken and a report dated 19/2/2019 maintained.
v. The exams board meeting was held on 20/2/2019 to review external moderation report and minutes were available.
vi. BSc curriculum is being reviewed. A need assessment was carried out on 22/3/2019 by use of a need assessment tool.
vii. Students’ lecturer evaluation was carried out for semester I, 2018/2019 academic year and a report dated 10/1/2019 maintained.

Clause 4.2, understanding the needs and expectations of interested parties
i. The determined interested parties include students. Their needs and expectations are monitored and analysis report for January to April 2019 maintained. Eg, quality teaching, timely allocation of units done within 6 weeks before the start of 2nd semester. Allocation of units for 2nd semester was done on 4/10/2018. The performance score was indicated as 100%.

Clause 6.1, actions to address risks and opportunities

Clause 6.2, quality objectives and planning to achieve them
i. The Quality objectives for 2019 have been documented and are maintained. There is an implementation plan on how to achieve them.
ii. There is evidence of monitoring and measurement of the quality objective every semester. Quality objective no. 2; to have atleast two departmental seminars in a semester. Two (2) seminars were done in semester II, i.e. on 30/1/2019 and 12/4/2019.

3.1.2 Opportunities for improvement
i. There was clear demonstration that, COD do not sign some course coverage and CAT forms.
ii. Class attendance registers for unit 103, semester 2, academic year 2018/19, the lecturer signs them on 7/1/2019 and the classes started on 8/1/2019, COD on 5/4/2019.
3.2 Customer Relations & Complaints committee

3.2.1 Positive findings

Clause 5.3, organizational roles, responsibilities and authorities
i. The committee is responsible for monitoring customer complaints and complements, both internal & external.
ii. The committee also monitors implementation of customer service charter and analyses customer complaints.

Clause 4.4.2, quality management system and its processes
i. The customer service charter that is displayed in all strategic location of the university is in both English and Kiswahili.

Clause 8.1, Operational planning and control
i. The committee meets at least once in a quarterly and are planned by use of the meetings dashboard control.

Clause 8.2.1, customer communication
iii. Complaints are received through different platforms, e.g, emails, telephone, suggestion boxes, and online portal.
iv. There is a complaints register maintained for purposes of recording all customer complaints.
v. The complaint received on 1/2/2019, was sent to CoD, Business & Economics on 12/2/2019. Root cause and corrective action and extend analysis of 15 units was undertaken and a feedback was given on 6/3/2019.
vi. There was evidence of a quarterly analysis report of complaints dated 14/4/2019 to management.
viii. Customer satisfaction survey dated Feb2019. Satisfaction level is 78.3% up from 65.6% in 2014.
ix. Monitoring of service delivery charter is undertaken through planned audits and departmental reports on implementation. End of March 2019, 83.3%.

Clause 5.2.2, communicating quality policy
i. There was a clear understanding of the Quality policy statement by the staff interviewed.

Clause 6.2, establishing quality objectives and planning to achieve them
i. The Quality objectives for 2019 have been established. A plan on how to achieve the objectives is maintained.

3.2.2 Opportunities for improvement
i. There was no clear demonstration of trend analysis of complaints received.
ii. Though risks and opportunities have been determined, the risks appetite and risk levels are not determined.

3.3 Directorate of Research & Extension

3.3.1 Positive findings

Clause 8.5.1, control of production and service provision
i. The Directorate coordinates research & extension activities like training of staff in research.
ii. In 2018/2019, two trainings were implemented; one on Grant writing and management undertaken on 21/3/2019 and a Publishing workshop on 28/3/2019.
iii. Publishing workshop attracted 60 participants while the Grant writing workshop had 84 participants.
iv. Grant A register of project grants that are channeled through the University is maintained.
Clause 6.1, actions to address risks and opportunities
i. Risks and opportunities have been determined and documented in a risk register. Causes and actions/controls have been determined.
ii. An opportunity on collaborations with local and international institutions has been documented. In 2017/18, there were five MOUs signed, compared to 13. One of the MOU is between UOEm and University of Free State dated January 2019.

Clause 9.1, performance evaluation
i. There is evidence of monitoring and measurement of performance targets for the year 2018/19. So far, 75 staff have been trained against a target of 50, Research fund sourced of 5 million against a target of 4million.
ii. Two (2) Quality objectives have been established for the year 2019 dated 31/1/2019.

3.3.2 Opportunities for improvement
i. The established quality objectives are not measurable.
ii. It was not clearly demonstrated how the 60 participants for publishing workshop and 84 for Grant writing were selected.
iii. The status of some of the projects is indicated as ongoing, though the grants has just been received.
iv. Though there is a target to publish 60 publications in the year 2018/2019, only 32 have been published so far

3.4 Management Representative Office
3.4.1 Positive findings

Clause 9.2, internal audits
i. The internal Audit programme for 2019 has been prepared. Internal audits are planned for July 2019.
ii. Audit programme 2018 maintained. The internal audits for 2018 undertaken from 13th to 14th November 2018 and report maintained.
iii. Mr. Murimi of ICT and Dr. Karega, CoD, Agricultural Economics and Extension audited the Students Affairs. Accommodation Department was audited by Dr, Karuku of Education, while School of Education & Social Sciences was audited by ms. Wanjira of DAQA, and Dr, Ndirangu, lecturer of AEE.
iv. One (1) major Non conformity was identified in Accommodation Department. A root cause and corrective actions were proposed; and follow up undertaken on 28/11/2018. In School of Education & Social Sciences, two non-conformities were identified, one being categorized as major. Follow up action was carried out on 29/11/2019.
v. Audit scope, criteria and objectives were defined in the audit plan dated 02/11/2019.
vi. There was evidence of Training of auditors. Dr. David Mugo was trained on implementation course from 9th to 11th May 2017 and a certificate no. ISO 9001:2015/09/017/00084 awarded. Auditors underwent training on internal audits from 5th to 7th February 2018, a copy of certificate no. 19011:2011 & ISO 9001:2015/02/018/000686 maintained.
vii. Elements of the standard were incorporated in the audit plan to ensure all the clauses are audited.
viii. There was evidence of an Internal audit report to management dated 5/2/2019, UoEm/MR/I.AUD/VOL.2/134.

Clause 9.3, Management review
i. Management reviews are undertaken at planned intervals and minutes are maintained as evidence. Minutes of the review held on 20/2/2019 were available. The input to the agenda was well covered.
ii. Action plan for issues discussed that require actions maintained as an output to the management review.

3.4.2 Opportunities for improvement
i. Clause 7.2. Evaluation of internal auditors competence is not being undertaken
3.5 ICT Department

3.5.1 Positive findings

Clause 4.2 understanding the needs and expectations of the interested parties
i. The interested parties identified include students, staff, management, service providers. Interested parties requirements and expectation have been determined and includes functional computers labs, low internal down time, confidentiality of information, timely reporting, budget and adherence to policies, etc.

Clause 9.1 monitoring, measurement, analysis and evaluation
i. The department has determined the following that needs to be monitored and measured; interested parties, internal & external issues, risk register, quality objectives, down time.
ii. The methods for monitoring, measurement, analysis and evaluation needed to ensure valid results; include the user support OS ticket platform and repair forms.
iii. OS ticket quarterly report for quarter 1, 2018/19 maintained.

Clause 10.3 continual improvement
i. There is evidence of continual improvement for suitability, adequacy, and effectiveness of QMS. Updating of all systems by installing latest software/batches, and continual training, Advance Computer use training for representative from all departments done on 22/3/2019, internal training on network tools.

Clause 6.2 quality objectives and planning to achieve them
i. The quality objectives have been established, documented and dated 12/3/2019.
ii. There is a plan on how to achieve the quality objectives.

Clause 8.2 requirements for products and services
i. There was evidence of receipt of requests by users of ICT services problems of ICT equipments through the OS tickets or repair forms.
ii. A user request, ticket no. 470351 received on 10/9/2018 at 4:10 and assigned. Evidence of resolution -the printer restarted and update of the OS ticket and closed at 7.44 pm.

Clause 9.1.3 analysis and evaluation
i. Monitoring and measurement – analysis of resolved requests maintained. A report for quarter 1, 2018/2019 indicate that, 91 tickets closed while 19 were overdue.
ii. The response time for the support service is 0.8% of the day as per the report for the 1st quarter, 2018/2019.

Clause 8.1 operational planning and control
i. Quarterly Maintenance schedule for 2nd quarter, 2018/19 approved on 12/10/2018. The 3rd quarter schedule was approved on 14/12/2018.
ii. The approved schedules for both 2nd and 3rd quarter was communicated to all staff on 29/10/2018 and 5/3/2019 respectively. The maintenance for 3rd quarter commenced on 11/3/2019.
iii. There was evidence of maintenance – record of preventive maintenance report form for Catering section dated 3/12/2018 and Biological labs dated 3/12/2018.
iv. A report of preventive maintenance for 2nd quarter dated 28/2/2019 to DVC(PAF) was available.

Clause 8.4 control of externally provided services
i. Outsourced service of printers maintenance undertaken by MFI. Contract dated May 2018 and expires on May 2019 is maintained.
ii. Job cards dated 5/12/2018 maintained as evidence of servicing of the printers.

Clause 8.5.1 control of production and service provision.
ii. The server room access is controlled. All persons accessing the server room register in access register maintained.
3.5.2 Opportunities for improvement

i. The 2nd quarter maintenance schedule approved on 12/10/2018, was not ready 4 weeks to start of the quarter.

ii. Established quality objectives are not measurable.

3.6 Department of Education

3.6.1 Positive findings

Clause 6.1, Actions to address risks and opportunities

i. Risk and opportunities have been identified and documented in a risk register. The mitigation actions have been put in place.

Clause 6.2, Quality objectives and planning how to achieve them

i. Three quality objectives are established in the department, a draft context of the ongoing context development was available dated 15th January 2019.

ii. Objective No.2, there was evidence that five units which represent 14% had been uploaded on the online system, e.g. TAP 401, TCT 201 for lecturers and students to use.

iii. A memo dated for 5th April 2019 sent to Director ICT requesting training of students on E-learning platform.

Clause 4.4, Quality Management system

i. In the process of establishing the QMS context of the department, a meeting held on 26th February 2019 and minutes were available.

ii. Internal issues have been determine; and include poor quality of curricular delivery due to the 40% of staff as part time

iii. External issues include; Quality of reports done by external examiners. An examiners report dated 18th January 2018 was available.

Clause 7.1, Support

i. The department has six staff members. An administrative staff was been allocated to the department up on request through a letter dated 9th January 2019.

ii. The work environment is conducive and space is adequate.

Clause 8.1, Operational planning and control

i. A timetable for Jan-April 2019 semester was available. B.ED MpY3S2 unit TCT 330, Psychology of Nursing NGS 106, a class attendance signed by the 42 students was available with between 80% and 100% attendance.

ii. Final exam attendance form, CAT 1 and 2 attendance forms and CATs results were available during the time of the audit.

iii. Monitoring of teaching is done through the course coverage form.

Clause 8.5, Control of production and service provision

i. The timetable for 1st semester, September – December 2018 maintained.

ii. The lecture attendance form was available that was signed by all the students and lecturer for TCT 330 and course coverage record available.

Clause 8.7, Control of nonconforming outputs

i. There is an established system for handling non-conforming outputs detected within the system. This include anomalies detected in the setting and moderation of exams.

Clause 9.1.3, Data Analysis and Evaluation.

i. Data on class attendance, CATs and final examination is collected and analysed with class attendance of above 80%.

ii. Unit BEF 302 with 515 students, a total of 513 scored above average and only 2 students failed.

Clause 8.2.1, Customer Communication

i. A Customer complaints and compliments registers, UoEM –REG-DoE-003 Vol and UoEM –REG-DoE-004 vol1 are maintained.

3.6.2 Opportunities for improvement

None
3.7 Health Services

3.7.1 Positive findings

Clause 6.1, Actions to address risks and opportunities
i. Risk and opportunities have been identified. One of the risks is lack of treatment due to depleted medical cover for students. There is evidence of monitoring of the risks.
ii. Medical reimbursement form is used for cash payments. The forms are stamped and signed.
iii. An opportunity on use of smart card has been identified.

Clause 6.2, Quality objectives and planning to achieve them
i. Measurable quality objectives have been established and there is a plan to achieve them; A dental camp was held between 13th and 14th February 2019 and a report was available as well as attendance register signed by both students and staff.
ii. There was evidence of stock take carried out on 21st March 2019 by both clinician and pharmacist and confirmed by finance.
iii. There was evidence of outpatient analysis report for the 3rd Quarter 2018/2019, the top 3 diseases were analysed and a meeting was held on 17th October 2018 to discuss the diseases.
iv. A sensitization session for new students held on 28th August 2018. Attendance register and program was available.

Clause 8.5, Control of production and service provision
i. A patient is received, file opened, clinician observe and sent the patient to the Lab and pharmacy. There was evidence of a file Reg. No. A100/12602/2016
ii. A request dated 26th Feb 2019 for the maintenance of the major lab analysers was approved on 27th Feb 2019 by the DVC.
iii. There was evidence that Humancount 30TS, Humastar 100, Humalyte Plus3 were serviced as per Chem-Labs Limited Job card signed 24th August 2019.

Clause 8.2.1, Customer Communication
i. Customer communication and feedback is done through a register; compliment register UoEm-REG-DHS-013 VOL 1.

Clause 8.7, Control of Non-conforming output
i. Complaints are received and recorded. Root cause analysis is carried out. A complaint was received on the 7th January 2019 on staff engaging in conversations instead of attending to customers. A meeting to sensitise them on good customer service and an extent analysis was held on 9th January 2019 by the Customer relations and resolution committee.

Clause 9.1.3, Analysis and Evaluation
i. Data on diseases, monthly reports and lab results are collected and analysed and reports maintained.

3.7.2 Opportunities for improvement

None
3.8 Finance Department

3.8.1 Positive findings

Clause 4.4, Quality management system and its processes
i. Inputs and expected outputs have been determined. For example, inputs includes approvals, payment processes, approved budget, and expected output are vouchers and cash.

Clause 6.1, Risk and opportunities Clause 6.1
i. Risks and opportunities have been identified which include, falsification of financial documents, unauthorized accessing confidential financial information, failure to meet customer requirement.

Clause 8.2.1, Customer Communication
i. Customer communication and feedback done through complaints and compliments registers UoEm-Reg-FIN-016A-Vol1 and UoEm-Reg-FIN-016A-Vol respectively.

Clause 6.2, Quality objectives and planning to achieve them
i. Quality objectives have been established.
ii. An invoice received on 14th March 2019 for supply of Toners by Money Web Suppliers Services was processed and paid on 18th March 2019 through cheque no 17241.
iii. Payment of final dues prepared on 13th March 2019, processed on 14th and paid on 18th March 2019 through cheque no 17216.
iv. Data analysis report for the month of March 2019 was available with an average of 2 days taken to receipt payments.

Clause 8.1, Operational planning & control
i. Imprest justification for lunch for a council member was done on 15th March 2019 for ksh2,000 and on 20th March 2019. An imprest No IMP856 for renewal of stickers was approved on 18th March 2019 and paid on 20th March 2019.
ii. Imprest No. IMP 545 of KES. 17,750 paid on 6th Feb 2019 was not surrendered and KES. 3,650 will be recovered every month.
iii. Imprest no. IMP547 paid on 7th Feb 2019 was surrender on 8th March 2019.

Clause 8.5, Control of production and service provision
i. The budget is monitored through monthly variance analysis. A variance report for 7th Feb 2019 extracted from the votebook was available.

Clause 8.7, Control of non-conforming products
i. Overdue Imprest report for March 2019 was forwarded to the DVC through head of finance and an approval was granted for recoveries in the month of April 2019.

Clause 9.1.3, Analysis and Evaluation
i. Minutes for the meeting of 12th March 2019 was available.
ii. Data on monthly payments is collected and analysed. A report for the month of March 2019 was available with an average of 6 days taken to pay.

Compliance to regulatory requirement
i. They are expected to pay PAYE before 9th of the following month, submit quarterly report by 15th of the monthly the quarter to the national treasury and ministry of education, financial statements by 30th of September.
ii. There was evidence PAYE for Feb 2019 was done on paid on 8th March 2019, quarter 2 report for 2018/2019 was done on 14th of Jan as per stamp of ministry of education and National treasury

3.8.2 Opportunities for improvement

None
3.9 Community Health

3.9.1 Positive findings

Clause 6.1, Actions to address risks and opportunities
i. Risks and opportunities have been determined, e.g. not able to meet customers' requirements, have a mitigation plan.

Clause 6.2, Quality objectives and planning to achieve them
i. Quality objectives have been established and are being monitored.
ii. An external examiners report for semester 1 dated 17th Jan 2019 and minutes of a meeting held on 1st February 2019 that discussed the results.

Clause 8.7, Control of Non-conforming output
i. There was evidence that first timer examiners were oriented on entry of marks in the booklet, notice was sent on 22nd Jan 2019 for a training on effective examination setting, administration and processing. Attendance form and minutes for meeting held on 30th January 2019 maintained.

Clause 8.1, Operational, planning and control
i. Unit allocation for September – December semester were done in June 2018. Evidence of workload for unit HSC 217 and HSC 212.
ii. The class attendance forms, course coverage, CAT 1 attendance form for units HSC 217 and HSC 212 are maintained.
iii. There was evidence of HNS 334 attendance and clinical experience results for the 9 students.

Clause 8.7, Control of nonconforming outputs
i. A memo had been written to a student, Reg. No.C161/102/116/2016 who had not done clinical experience. All her results for units HNS 322U, HNS323U, HNS 327U and HNS 421 were withheld and she had to redo the unit.

Clause 4.4, Quality management system and its processes
i. Inputs and expected outputs have been determined e.g. monitoring tools, lecture attendance, course coverage, Class reps control of the process through lecturer evaluation form, student feedback, exams moderations, review of the curriculum

Clause 4.2, Needs and expectation of interested parties
i. Needs and expectations of interested parties have been determined.

Clause 8.2.1, Customer complaints and feedback
i. Customer communication and feedback is done through lecture evaluation, suggestions box, registers, there was evidence complaints are recorded and resolved as per register UoEm-REG-CH-003-VOL 1

Clause 9.1.3, Analysis and evaluation
i. Data on lecturer attendance collected and analyzed. For the Fundamental of nursing 1, the lecturer attained a 100% class attendance.

Compliance to regulations
i. Nursing council has set criteria for admission, nursing procedure manual and logbooks. Students need to be indexed by nursing council within two months.

3.9.2 Opportunities for improvement
i. The determined risk that, “curriculum requires that students need clinical experience”, is not a risk but a requirement.
ii. There was no evidence of monitoring quality objective no.2 because the incoming register for students’ requests was not available at the time of audit.
3.10 Department of Humanities

3.10.1 Positive findings

Clause 4.4, Quality Management and its processes
i. Inputs and expected outputs have been determined e.g. quality teaching, quality exams, approved curriculum while output include qualified students and competitive graduates.
ii. Resources required have been determined that includes stationeries, projectors, lecture halls

Clause 6.1, Actions to address risks and opportunities
i. Risk and opportunities identified and documented in a risk register. Some of the risks are failure to cover course outline, loss of training materials, and poor quality exams.
ii. The department have signed MOUs with many organizations to help in students’ placement.

Clause 6.2, Quality objectives and planning to achieve them
i. There was evidence of established Quality objectives and being monitored.
ii. A class TKS 401, TEL 303; the course coverage forms fully signed were available with 100% lecture attendance.
iii. CATs 1 and 2 were done as scheduled with class attendance of over 75%.
iv. Units allocation for 1st semester, September – December 2018 were done on 11th June 2018 and minutes of the departmental meeting maintained.
v. There was evidence of minutes of a meeting held on 8th January 2019 to sensitized lecturers on Electronic notes.

Clause 7, Support
i. The department has seven permanent members of staff and several part timers.
ii. Staff are competent based on education.
iii. It was observed that, the work environment is conducive and the staff have a supportive work relationship

Clause 7.1.5, Measurement traceability
i. There was evidence of moderation of the 2nd semester exams by external moderator and report dated 18th February 2019 maintained. Recommendations and correction were evident on the drafts.

Clause 8.3, Design and development
i. There was evidence of a process of developing a curriculum of a Master’s Degree in Religious Studies.

Clause 9.1.3, Analysis and Evaluation
i. There is analysis of data on Course coverage and lecture attendance. The analysis indicate attendance of over 70%.

Clause 8.2.1, Customer feedback
i. A report dated 10th January 2019 on Lecturer evaluation for semester 1, 2018/2019 academic year is maintained.

Clause 7.4, Communications
i. Communications are done through email, calling and texts for short notices. An email dated 27th December 2018 was sent to lecturers on commencement of classes on 7th January 2019.

3.10.2 Opportunities for improvement
i. Quality Objective no 3, “Improvement of lecture take off in the first 2 weeks of semester from 30% to 0%” is not appropriate.
ii. Class attendance form for unit TEL 303 had a lot of alterations and cancelations by the students.
4.0 OTHER INFORMATION
4.1 No changes in the objectives of the audit.
4.2 There was no evidence of misuse of certification mark.
4.3 No issues were unresolved.
4.4 All the areas in the audit plan were audited.
4.5 The audit objectives were fulfilled.

5.0 AUDIT CONCLUSION/OVERALL OPINION OF THE AUDIT TEAM
Based on the findings above, it is the opinion of the auditors that,
- The implemented Quality Management System conforms to the requirements of ISO 9001:2015 standard
- There was evidence to demonstrate continual improvement of the system as a whole
- The system is able to meet the applicable statutory, regulatory & contractual requirements.

6.0 RECOMMENDATION
The auditors will recommend continued certification of the University of Embu QMS to ISO 9001:2015 subject to submission of an agreeable corrective action plan (CAP).

Anthony K Maritim
Lead Auditor - QMS
3rd May 2019

APPENDICES
1. Audit Timetable
2. Opening and closing meeting attendance register
3. CAR forms