

Assessment to standard conformity of ISO 9001:2015



Enclosure to audit report No. 3330/2KKH/K0

Requirement	Audit evidence and examples; Statements on implementation and evaluation
4 Context of the organization <p style="text-align: right;">The requirements are: <input checked="" type="checkbox"/> fulfilled</p>	
<p>4.1 Understanding the organization and its context</p> <p>4.2 Understanding the needs and the expectations of interested parties</p>	<ul style="list-style-type: none"> • The organization's context is documented in Quality Manual (KEK, 02.01.2022, rev.08) page 15 &16. Company determined external and internal parties and documented in QM as well. • Interested parties' needs and expectation were determined in Quality Manual (KEK, 02.01.2022, rev.08) FR.KYS.002, 10.08.2020, rev.01 including SWOT analysis. Interested parties' needs and expectation were determined in Interested parties' needs and expectation table F.04.05 is documented Some of external and internal parties with determination method of expectations as below: <u>External parties</u> <ul style="list-style-type: none"> • The Council of Higher Education • Ministry of Labor <u>Internal parties:</u> <ul style="list-style-type: none"> • Board of Trustees • Faculties • Implementation and Research Centers Expections of interested parties are periodically reviewed and updated by management. Interested parties' needs and expectations are listed in FR.KYS. 002. Samples: <ul style="list-style-type: none"> • Students: social opportunities • Student relatives: Competent academic staff
<p>4.3 Determining the scope of the quality management system</p>	<ul style="list-style-type: none"> • Scope of QMS is documented in Quality Manual (KEK, 02.01.2022, rev.08) page 11 as higher education. No clause ISO 9001:2015 is excluded from QMS, specific justification (explanation) is detailed in QMS Manual.
<p>4.4 Quality management system and its processes</p>	<ul style="list-style-type: none"> • Documentation consists of quality manual, procedures, instructions, process plans and quality records. Quality manual details ISO 9001:2015 requirements and approved by General Manager (KEK, 02.01.2022, rev.08). General elements are defined with implementations and procedure references Processes of quality management system are determined and explained very well in Process Interaction Table, KEK-ANNEX-B, 02.01.2022, rev.06, and this table also shows general process. Processes are explained in process flow charts and procedures, too. Samples: <ul style="list-style-type: none"> • <u>Main processes:</u> candidate relationships, project realization.. • <u>Management processes:</u> student council, rectorate. • <u>Supporting processes:</u> Purchasing, Quality management, HR and training, student relationships. Learning, Application and Research Center Platform was added on the supporting processes.

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5 Leadership	The requirements are: <input checked="" type="checkbox"/> fulfilled
<p>5.1 Leadership and commitment</p> <p style="margin-left: 20px;">5.1.1 General</p> <p style="margin-left: 20px;">5.1.2 Customer focus</p> <p>5.2 Policy</p> <p style="margin-left: 20px;">5.2.1 Establishing the quality policy</p> <p style="margin-left: 20px;">5.2.2 Communicating the quality policy</p> <p>5.3 Organizational roles, responsibilities and authorities</p>	<ul style="list-style-type: none"> • Management commitment is found satisfactorily as awareness of quality and allocated resources. • Management contribution to quality system on all sides is found adequately. • Customer focus training was given to staff. Customer complaints and satisfaction survey results are monitored by top management and relevant action reports are submitted if necessary. • Quality policy is distributed as Document code: QM KEK-ANNEX-A, 01.06.2022, rev.04 dated by Approval of General Manager. <p>No revision in quality policy at last quarter period.</p> <p>Communicated to internal parties via intranet and external parties via corporate website: www.okan.edu.tr.</p> <ul style="list-style-type: none"> • Responsibility and authority is described as job descriptions in separated instructions with no revision as sampled below at last period and organization chart (document ŞM.INK.001, 30.12.2021, rev.18) was revised at last period. <p>Sample job descriptions:</p> <ul style="list-style-type: none"> - Organizational development manager, GT.İNK.211, 06.05.2021, rev.01 - Assistant technical manager, GT.İNK.189, 19.05.2021, rev.01 <p>Management representative is appointed for:</p> <ul style="list-style-type: none"> - reporting on the performance of the quality management system and on opportunities for improvement to top management; - ensuring the promotion of customer focus throughout the organization; ensuring that the integrity of the quality management system is maintained when changes to the quality management system are planned and implemented. <p>Management representative is same: Prof. Dr. Mithat Kıyak-Rector Assistant is appointed as QMR. Assignment letter for QMR is on 07.11.2018 approved by Management of University.</p> <p>Job description of QMR was checked in document (GT-INK.153, 06.08.2020, rev.01).</p>
6 Planning	The requirements are: <input checked="" type="checkbox"/> fulfilled
<p>6.1 Actions to address risks and opport</p>	<p>Risks and Opportunities Procedure, PR.KYS.004, 30.01.2019, rev.01 details the "classification, evaluation and analysis of quality risks. This procedure refers to ISO 9001:2015 standard published that refers to ISO 31000 international standard.</p>

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<p>6.2 Quality objectives and planning to achieve them</p>	<p>Risk Analysis Form (F.14.01, Rev.02) shows all kinds of risks which will be aroused in operation activities with severity, occurrence, grade and general analysis result points. Risk analysis form was updated on 04.04.2022, annual review update is performed.</p> <p>Some Significant risks:</p> <p>New recruited personnel data entering to HR system mistake (RPN: 15) Student registration problem caused by insufficient notification of student about Higher Education Regulation (RPN: 15) Undergraduate transfer student program data actuality mistake(RPN: 15)</p> <p>Actions were performed for reducing risks such as for New recruited personnel data entering to HR system mistake, cross control is perofmed of HR system, monthly review for New recruited personnel data in HR system is controlled, relevant staff is informed, related risk was reduced form 15 to 9.</p> <p>Quality risks are periodically observed controlled and evaluated by MR in the organization and results are reported on Measurement Plan as well.</p> <p>Risk = probability x severity</p> <p>Categories of Risk Evaluation Scores:</p> <p>1-6 Low risky (no action required) 7-12 Medium Risky (periodic monitoring required) 13-25 High risky (action required for reduce to risk)</p> <p>Sampled opportunities</p> <ul style="list-style-type: none"> - Similation center increase medicine students education quality - Language options on e-learning system provides reach to different nationality students <ul style="list-style-type: none"> • Annual quality objectives are evaluated and distributed to all related staff with intranet. Objective are monitored in determined intervals. <p>Some of 2022 objectives are: Number of senate meeting 30 Number of Supported Science research project 1 Nr of Foreign language education program 36 Nr of Human rights program and trainings 4 Nr. of Environmental awareness improvement activity 5 Number of training to university administrative staff 4 Student satisfaction average ratio 67</p> <ul style="list-style-type: none"> • Relevant realization action plan (PL.YGG.001, rev.06, 17.05.2021) to succeed these objectives was prepared. This plan covers: objective, action, responsible, resources and lead time with achievement results. <p>Quality obective past performance results are tracked on this form for past performances results for 2021: Number of senate meeting 29, Number of Supported Science reaserh project 1, Nr of Foreign language education program 36, Nr of Human rights program and trainings 4, Nr. of Environmental awareness improvement activity 5, Number of training to university administrative staff 4, Student satisfaction average ratio 66,</p>

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6.3 Planning of changes	<ul style="list-style-type: none"> Company determines the need for changes to the quality management system, the changes shall be carried out in a planned manner. <p>QM manual and some procedure were revised, no other change at this company and its QMS at last year period.</p>
7 Support	The requirements are: <input checked="" type="checkbox"/> fulfilled
7.1 Resources 7.1.1 General 7.1.2 People 7.1.3 Infrastructure	<ul style="list-style-type: none"> Resource needs are clearly defined according to "General Resource Management statement" to improve satisfaction of customers and reviewed in management reviews. Resources are allocated effectively and satisfactorily by management documented in corporate budget plan as well. Company allocate people who has required comptencies for effective implementation of its quality management system and for the operation and control of its processes. Required competencies are identified in job descriptons as well. Staff individual files based on national labor law (4857) are checked. Maintenance and repairing responsible is Özgür Şahin, has over 16 years work experience for maintenance and graduated from mechanical engineering. <p>Maintenance process is documented on Maintenance Procedure, PR.YAP.001, rev.05, 20.04.2022. Maintenance plan and instruction manuals are checked and found adequate.</p> <p>Annual Maintenance Plan PL.YAP.001 is used to identify the machines and their periodical maintenance activities.</p> <p>All maintenance, except air conditioning maintenance, is performed by the device / equipment manufacturer service and their reports are kept by construction work department.</p> <p>Head Office-Tuzla Campus:</p> <p>Maintenance samples: Elevator / 06.05.2022 / Kone Asansör / Service Form Nr: 757981161 Generator / 26.05.2022 / Aksa Jeneratör / Service Nr: 8517</p> <p>Repair sample: Form Nr: 807 / 15.06.2022 / dormitory bathroom equipment failure/ Releated equipment was renewed/ Repairing by : Mr Abbas Eren</p> <p>Kadıköy Campus:</p> <p>Maintenance samples: Elevator / 13.06.2022 / Etaş Asansör / Service Form Nr: 7920 Generator / 23.05.2022 / Aksa Jeneratör / Service Nr: 801635</p> <p>Repair sample: 22.03.2022 / voice problem of theather scene / electrical cable was repaired/ Repaired by: O. Aykaç completed: 12.04.2022.</p> <p>HQ</p>

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<p>7.1.4 Environment for the operation of processes</p>	<p>Suitable lighting, ventilation is provided for the area. Company has a high-tech electronic security infrastructure. 350 fire tubes are available, accessible and inspected once-a-year by the supplier. Latest checks are realized by AVK Servis ve Bakım Hizmetleri, on 13.04.2022, service form number: 002138-..002143, 001970.</p> <p>Kadıköy Campus: Suitable lighting, ventilation is provided for the area. Company has a high-tech electronic security infrastructure. 53 fire tubes are available, they are accessible and inspected once in a year by the supplier. Latest checks are realized by AVK Servis ve Bakım Hizmetleri, on 02.06.2022. service form nr: 002301</p> <p>Occupational health and safety rules are implemented effectively by the company. Required safeguards such as mask, gloves, eye-glass etc. are used by relevant operators. Warning signals are hanged to site.</p> <p>Periodic maintenance records of conveying and handling equipment as below:</p> <p>HQ: Hot water boiler, 3.5 bars, on 14.07.2021, inspected by Uzman Muayene co. Expansion tank (Hydrophore), 3.5 bars, on 14.07.2021, inspected by Uzman Muayene co.</p> <p>Kadıköy Hot water boiler, 6 bars, on 26.07.2021, inspected by Uzman Muayene co. Expansion tank (Hydrophore), 10 bars, on 26.07.2021, inspected by Uzman Muayene co.</p>
<p>7.1.5 Monitoring and measuring resources</p>	<ul style="list-style-type: none"> • This clause of standard will be seen during next audit period.
<p>7.1.6 Organizational knowledge</p>	<ul style="list-style-type: none"> • Company has tehcnical knowledge on higher education know-how.
<p>7.2 Competence</p>	<ul style="list-style-type: none"> • Staff competencies are documented in Job descriptions as education, training, experience and skills separately. Sampled checked for <p>HQ</p> <ul style="list-style-type: none"> - B.B., training assistant expert, education: university, training: ISO 9001, experience: min. 1 year, skill: strong communication and presentation ability, recruitment: 06.06.2022. <p>Hasanpaşa</p> <ul style="list-style-type: none"> - B.C., secretary of faculty, education: university, training: ISO 9001, experience: min. 2 years, skill: strong communication ability and MS Office knowledge, recruitment: 07.12.2020.
<p>7.3. Awareness</p>	<ul style="list-style-type: none"> • Training and HR process plan AŞ.İNK.04, Rev:03 – 30.01.2019 is implemented for training and HR activities. <p>Annual training plan PL.İNK.01 rev.02 is prepared for planning. The plan for 2022& 2021 year was checked. Following trainings were given;</p> <p>Performance management on 07.02.2022 / Trainer: HR manager</p>

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<p>7.4 Communication</p>	<p>Electronic Document Management system on 12.11.2021 / Trainer: Corresponding Affairs Manager Student Automation management system on 05.11.2021 / Trainer: Student Affairs Manager</p> <p>Training Participation Form FR.INK.015 is prepared in for each training separate attendance.</p> <p>This form is checked for emel koç learning center manager, mustafa tufan IT manager, peren yörük career center manager, Özgür Şahin construction technic manager, serven şirim potential student relation manager.</p> <p>All given trainings are evaluated to determine future training plans with Analysis and Evaluations of Trainings FR.INK.016 in order to shown individual training participation and result of evaluation. This form is also checked for aforementioned given training samples.</p> <p>Orientation Training records FR.INK.015 are reported on Staff training card which is used also recording for all training for relevant staff. New hired staff at last year period, sampled orientation training as below:</p> <p>HQ</p> <ul style="list-style-type: none"> - Öykü Körezlioğlu, international office assistant expert, 06.06.2022 <p>Hasanpaşa</p> <ul style="list-style-type: none"> - No new hired staff at last year period. <ul style="list-style-type: none"> • Announcement boards, internal notices and e-mail are the ways of internal communication system, detaile in Announcement boards, internal notices, EBYS prackage program and e-mail are the ways of internal communication system, meeting anouncement 05.06.2022. <p>Web site, phone, portals are used for external communication.</p> <p>Communication matrix, in document FR.KYS.006, Rev.00 as required, sampled for ministry of health.</p>
<p>7.5. Documented information</p>	<ul style="list-style-type: none"> • Document matrix is in quality manual as manuals, procedures and instructions detailed in document control procedure.
<p>7.5.1 General</p>	<ul style="list-style-type: none"> • Quality Management System Manual manual details ISO 9001:2015 requirements and approved by General Manager (EK.01, 08.01.2018, rev. 00). General elements are defined with implementations and procedure references. No revision in this guide during ISO 9001:2015 at last year period.
<p>7.5.2 Creating and updating</p>	<ul style="list-style-type: none"> • Documentation procedure (PR.KYS.001, rev.11, 25.05.2021) is used. LS.KYS.001 document master list is used to trace the distribution. Procedures, instructions and plan lists are used to trace revision status of the documents. No revision in procedures and no revision in instructions at last year period, one new procedure is added. (sample: Canditate Student Relaitons PR.AİM.001, Rev:03 – 31.05.2022, Library Procedure PR.KTP.001, Rev:04 – 12.04.2022)).
<p>7.5.3 Control of documented information</p>	<ul style="list-style-type: none"> • External documents are listed on Form (LS.KYS.003) and controlled. Samples: ISO 9001:2015, national labour law 4857, higher education law nr 2547, social

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	<p>insurance law 5510, personal data protection law 6698 were checked.</p> <ul style="list-style-type: none"> • Documentation procedure (PR.KYS.001, rev.11, 25.05.2021) is used control of quality records. Quality record list LS.KYS.02 is used to define responsibilities, retention time of the records with secondary retention times, sample for retention times: <ul style="list-style-type: none"> - management review records 1+5 years - supplier evaluation reports 1+5 years. <p>Electronic documents control and backup system is identified.</p>
8 Operation	The requirements are: <input checked="" type="checkbox"/> fulfilled
8.1 Operational planning and control 8.2 Requirements for products and services 8.2.1 Customer communication 8.2.2 Determining the requirements for products and services 8.2.3 Review of the requirements for products and services 8.2.4 Changes to requirements for products and services 8.3 Design and development of products and services 8.3.1 General	<ul style="list-style-type: none"> • This clause of standard will be seen during next audit period. • Student relations procedure PR.OGD.001 rev. 05, 12.04.2022 is documented in order to regulate the management of the student related processes. <p>Student registration process is implemented for determining of requirements. Information obtained through various channels (fairs, referrals and country surveys) and customer and dealer interviews are carried out.</p> <p>After these negotiations, the risk department prepares a report by conducting the necessary reviews to determine the customer limit. According to the prepared report, the customer representative and the related department manager are present for the customer and dealer.</p> <p>Services' changes are kept in student files as documented information. Students affairs responsible is informed about changing of the product requirements.</p> <p>Student communication is provided via e-mail, fax, face Communication with the customer is customer visits, fax, e-mail and web page.</p> <p>The complaints are received from each Campuses to the CRM and Student Communication Form FR.OGD.011. Student Relations Manager Ayşe Julide Bulut is responsible for the Students Complaints. 6 complaints in year 2022 as sampled below:</p> <ul style="list-style-type: none"> - Date: 30 November 2021, compliant: diploma was not taken by student – delay of diploma submission, action relevant diploma was released and sent to student - Date: 09 May 2022, compliant: uncontrolled several dogs in campus, action relevant dog sitter was recruited and dogs are controlled - 2022-ŞK-06 closed 30 April 2022 <ul style="list-style-type: none"> • Design process responsible is İ. Sancaktar, general secretary assistant, 14 years of work experience and master's degree. <p>Design of training and education services procedure, PR.EOG.002, rev.01, 30.01.2019. The activity of the design and development of education and training</p>

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<p>8.3.2 Design and development planning</p> <p>8.3.3 Design and development inputs</p> <p>8.3.4 Design and development controls</p> <p>8.3.5 Design and development outputs</p> <p>8.3.6 Design and development changes</p>	<p>services starts with the determination of the need for the services to be designed and / or developed.</p> <p>All boards are managed in the relevant academic unit according to the higher education legislation numbered 2547. The meetings are held twice a year, in spring and fall.</p> <p>New departments and / or programs can be opened by considering the demands of faculties, institutes, vocational high schools, potential students and sectoral demands. Planning studies for opening a new department / program are carried out by the Faculty Dean, Institute, Vocational School Directorate.</p> <p>The inputs related to opening new departments / programs, centers and courses are the demands of students, lecturers and the business world and the physical and technological infrastructure facilities of the academic units at the university, classrooms, laboratories, etc., and the number of lecturers with the expertise required by the new department / program and course.</p> <p>The design and development outputs are the enrollment and selection of the new departments / programs in question, the level of student satisfaction on the basis of the department / program and courses and criteria, the educational objectives and acquisition outcomes of the programs. The educational objectives and outcomes of the programs are publicly announced via the corporate website www.okan.edu.tr.</p> <p>The new department / program planned to be opened in the university is prepared by the relevant academic unit board in accordance with TYYÇ national field qualifications and YÖK regulations and sent to the relevant Dean or School Director by the Head of the Department, and to the relevant Institute Director for graduate programs.</p> <p>The decision of the opening proposal is reviewed in terms of the draft program, form, content, infrastructure and teaching staff requirements taken by the relevant Faculty / Vocational School or Institute Board and submitted to the Faculty Board of Directors.</p> <p>The relevant committees evaluate the extent to which the new departments / programs and courses to be opened will respond to the needs and expectations of students, lecturers and the business world within the scope of the prepared plans, and return to the previous stages of the design and development process in order to eliminate the deficiencies and defects identified, if any.</p> <p>The draft proposal found positive is forwarded to the Rector so that it can be included in the senate agenda for discussion. The draft proposal, which cannot be evaluated positively at that stage, is forwarded to the Faculty, Vocational School or Institute for review with its justifications. The proposal to open a new program accepted in the Senate is submitted to the Board of Trustees for evaluation.</p> <p>The proposal for opening a new program, which cannot be evaluated positively in the Senate, is forwarded to the Faculty Board of Directors in order to make the necessary arrangements.</p> <p>The proposals to open a new program accepted by the Board of Trustees are notified to YÖK in writing. Changes to be made in the curriculum of an existing program at the university are implemented with the realization of the processes in the order described above, except for the Board of Trustees process.</p>

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<p>8.4 Control of externally provided processes, products and services</p> <p>8.4.1 General</p> <p>8.4.2 Type and extent of control</p> <p>8.4.3 Information for external providers</p> <p>8.5 Production and service provision</p> <p>8.5.1 Control of production and service provision</p>	<p>Design and development changes made are controlled by the feedback received from students and academic unit boards. It is checked whether the change made removes the nonconformities that appeared before and whether it prevents the emergence of new nonconformities. Sample:</p> <p>Project: Master's Degree Institute-Master's Degree Program for Medical Biochemistry Request From the Department: 07.04.2022 Sending to the Rectorate: 27.04.2022 Period: September 2022 Planned Duration: 3 semesters for non-thesis Education Language: Turkish Place: Tuzla Campus Rectory Decision: Apply to the Council of Higher Education (YÖK): 27.04.2022 Application to YÖK: 06.05.2022 Application Nr: 4166100000LPA2022510036 Institute's Decision: Waiting</p> <p>Project: Doctorate Program for Cinema and Television Request From the Department: September 2020 Sending to the Rectorate: 28.07.2021 Period: February 2022 Planned Duration: 8 semesters with thesis Education Language: Turkish Place: Tuzla Campus Rectory Decision: Apply to the Council of Higher Education (YÖK): 28.07.2021 Application to YÖK: 30.07.2021 Application Nr: 4166100000LPA20211015569 Institute's Decision: 21.10.2021</p> <ul style="list-style-type: none"> • This clause of standard will be seen during next audit period. <p>The service realization is performed according to Education and Training Procedure PR.EOG.001, rev.03, 30.01.2019.</p> <p>The academically programs which are approved by the YÖK (The Council of Higher Education) and the academically schedules which are prepared by the university and approved by University Senate are the main guides for service realization.</p> <p>Academically boards prepare the annual schedules according to the YOK regulation no 2547.</p>

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8.7 Control of nonconforming outputs	<p>Military Service Status Declaration Form: FR.OGR.004</p> <p>Following student records were checked for convenience:</p> <p>Name: D. E. Nr: *****13 Department: Aivation Management Application Date: 05.09.2018 Lesson nr: 8 Completed credit: 122 Diploma degree: 2.27 Graduation: 13.06.2022</p> <p>Management of Nonconformities Procedure, PR.KYS.002, rev.02, 30.01.2019, describes the control of NC services, separation from the confirming services.</p> <p>They record to Corrective Actions Form if any deviation occurs and separate the NC services.</p> <p>No Nonconforming service has been detected and reported at last period.</p>
9 Performance evaluation	
The requirements are: <input checked="" type="checkbox"/> fulfilled	
9.1 Monitoring, measurement, analysis and evaluation	<ul style="list-style-type: none"> • Implementation of measurement, collection and validation of data is effective. Measurement of performance of the organization's processes includes; capability of processes, satisfaction of customer and other interested parties. • Core, sub and supporting processes are defined in Continual Improvement and Process Performance Monitoring Plan QM. Performance criteria's are defined and measured for all core processes. Performance results are analyzed by statistical tools and evaluated by management during management review meetings. • The measurement of the student satisfaction is done by applying surveys according to the Measurement and Evaluation Procedure, PR.OLD.001, 30.01.2019, rev.02. • The measurement of the customer satisfaction is done by applying surveys. Student Satisfaction Survey Form on OIS sytem is used. <p>7410 sturdent surveys were implemented at last period, general average of survey evaluation is 3.509/5 in last year period, samples of this survey are below:</p> <ul style="list-style-type: none"> - Academic development support by consultant: 3,69 - Accesibility to lesson lecturer: 3,69 - Enrichment of lessons with implementations: 3,75 - Personal development tih career: 3,75 - Satisfaction for OIS sytem: 3,63 - Laboratory sufficiency: 3,53 - Program and lessons academical quality: 3,71 - Online student document system effecieincy: 3,68
9.1.1 General	
9.1.2 Customer satisfaction	
9.1.3 Analysis and	
	<ul style="list-style-type: none"> • Ms. Banu Bayrak who has 15 years work experience and graduated from

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<p>evaluation</p> <p>9.2. Internal audit</p> <p>9.3. Management review</p> <p>9.3.1 General</p> <p>9.3.2 Management review inputs</p> <p>9.3.3 Management review outputs</p>	<p>university is responsible for data analysis activities.</p> <p>Sampled topics are mentioned below:</p> <ul style="list-style-type: none"> - Customer complaints - Quality objectives - NCP - CA/PA - Trainings - Customer demands/ complaints - Employee suggestions <ul style="list-style-type: none"> • Internal Audits Procedure (PR.ICD.001, Rev.03, 31.12.2019) is documented and implemented. <p>Internal audit plan PL.ICD.001 covers all departments and processes of the company.</p> <p>Internal audit questionnaire LS.ICD.001-Rev.00 is prepared and covers all clauses of ISO 9001:2015.</p> <p>Trained internal auditors are: B. Bayrak, E. O. Demir, İ. Sancaktar, F. Palacı, Y. Küçükortun, S. D. Özkaynak, C. Koca, E. Açıklın, A. Burul, A. Danayiyen, F. Ş. Özçelikel, S. Güvenç and S. Evcil. Impartial auditors are selected. CAPA's are performed according to the audit reports F.05.03 -Rev.00.</p> <p>Last internal audit was held on 11-22.04.2022 and totally 21 nonconformances were detected.</p> <p><u>Head Office-Tuzla Campus</u>: Last internal audit was held on 11-22.04.2022. 20 departments are audited, and 19 non-conformances are detected.</p> <p><u>Kadıköy Campus</u>: Last internal audit was held on 18.04.2022. 4 departments are audited, and 1 non-conformance is detected.</p> <p><u>Mecidiyeköy Campus</u>: Last internal audit was held on 18.04.2022. 5 departments are audited, and 1 non-conformance is detected.</p> <ul style="list-style-type: none"> • Management review meetings were planned at least once in a year. Management Review Procedure PR.OKN.001, rev.05, 31.01.2019 is documented and implemented. • Inputs (internal audit results, customer feedbacks, product conformity, improvement suggestions etc.) are met standard and documented in management review meeting agenda. <p>Outputs (resources needed, product and system improvement decisions) were met the requirements.</p> <p>Minutes of meeting FR.OKN.001 is the record of management review is checked for evidence and decisions of meeting. Last management review meeting was held on 07.06.2022 with 4 participants in management team.</p>
10 Improvement	<p>The requirements are:</p> <p><input checked="" type="checkbox"/> fulfilled</p>

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Requirement	Audit evidence and examples; Statements on implementation and evaluation
<p>10.1 General</p> <p>10.2 Nonconformity and corrective action</p> <p>10.3 Continual improvement</p>	<ul style="list-style-type: none"> • Management reviews, objectives, internal audits, corrective and preventive actions demonstrates the continual improvement. • Corrective Actions Procedure (PR.KYS.003, Rev.05, 30.01.2019) is available for regulation of corrective actions. • Actions implemented after internal & external audit non-conformances, etc. are recorded to "Corrective and Preventive Actions Demand Form"(FR.KYS.001). Due date, relevant departments, actions and results are seen in this form. Root cause analysis and effectiveness of action results are reported on this form. <p>Corrective and preventive actions are followed by "Corrective Actions Table" LS.KYS.006.</p> <p>21 corrective actions from internal, 93 corrective action from risk analysis, 6 corrective actions from customer complaint, 23 corrective actions from improvement activities have been initiated in 2022 and sample as below:</p> <p>Action Nr: 2022-ID-05 / from internal audit / regarding partly working student pointage form was not filled / action: relevant form utilization is followed by related responsible, relevant procedure was revised /Closed: 31.05.2022</p> <p>Action Nr: 2022-EOG-06 / from risk analysis / regarding graduated discharge certificate approval by faculty secretary/ action: related approval is moved to OIS package program and followed on this computerized program, relevant staff was notified /Closed: 31.05.2022</p>

Date

28.6.2022

Date

Technical expert

Paze

Lead / Auditor