

Assessment to standard conformity of ISO 9001:2015



Enclosure to audit report No. 3330/ 2KKH / G0

Requirement	Audit evidence and examples; Statements on implementation and evaluation
5 Leadership	<p>The requirements are:</p> <p><input checked="" type="checkbox"/> fulfilled</p> <p><input type="checkbox"/> partly fulfilled, see non-critical nonconformity No. _____</p> <p><input type="checkbox"/> not fulfilled, see critical nonconformity No. _____ ; is closed <input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>5.1 Leadership and commitment</p> <p>5.1.1 General</p> <p>5.1.2 Customer focus</p> <p>5.2 Policy</p> <p>5.2.1 Establishing the quality policy</p> <p>5.2.2 Communicating the quality policy</p> <p>5.3 Organizational roles, responsibilities and authorities</p>	<p>General top management is responsible of the leadership of the QMS and is commitment for standard requirements. Example of the requirements of the standard responsible; taking accountability for the effectiveness of the quality management system, ensuring that the quality policy and quality objectives are established for the quality management system and are compatible with the context and strategic direction of the organization, ensuring the integration of the quality management system requirements into the organization's business processes, promoting the use of the process approach and risk-based thinking; ensuring that the resources needed for the quality management system are available, communicating the importance of effective quality management and of conforming , etc. All 5 clauses requirements are explained in quality manual, page 16-17/40.</p> <p>Top management is ensured statement about leadership and commitment with respect to customer focus. Customer focus training was given to staff.</p> <p>Quality policy, KEK-EK-A, rev.01, 08.09.2017 includes;</p> <ul style="list-style-type: none"> • The purpose and context of the organization and supports its strategic direction • Provides a frame work for setting quality objectives. • Includes a Commitment to satisfy applicable requirements, etc. <p>Quality policy is documented, issued and distributed very well and this documents revision is following effectively with its revision date, document number and issue date. Policy is included a commitment to satisfy applicable requirements and to continual improvement.</p> <p>Policy was distributed announcement boards, internal notices and e-mail are the ways of internal communication system. Policy is announced for interested parties via web site (www.okan.edu.tr)</p> <p>Responsibility and authority is described as job descriptions in department basis separate job descriptions. Organization Chart, 01.06.2018, rev.10. Sample job descriptions:</p> <p>Candidate Relationship Manager – GT-INK.026, 29.10.2008, rev.02 Carrier Center Specialist – GT-INK.064, 29.10.2008, rev.01</p> <p>Responsibilities and authorities were assigned by the top management.</p> <p>Quality assurance management system representative is Prof. Dr. Güner Gürsoy- Rector Assistant, appointed on 06.12.2017 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>Job description of Quality assurance management was checked in document (quality management system representative GT-INK.153, rev. 00</p>
6 Planning	<p>The requirements are:</p> <p><input checked="" type="checkbox"/> fulfilled</p> <p><input type="checkbox"/> partly fulfilled, see non-critical nonconformity No. _____</p> <p><input type="checkbox"/> not fulfilled, see critical nonconformity No. _____ ; is closed <input type="checkbox"/> yes <input type="checkbox"/> no</p>

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<p>6.1 Actions to address risks and opportunities</p>	<p>QMS's risks and opportunities are determined base on give assurance that the quality management system can achieve its intended result, enhance desirable effects, prevent, or reduce, undesired effects, achieve improvement effectively.</p> <p>These risks and opportunities' actions were planned and these actions were integrated and implemented to the QMS processes satisfactorily and all so their evaluation of the effectiveness was explain and planned. Relevant process was explain in Risks and Opportunities Procedure PR.KYS.004.</p> <p>Hazard Identification and Opportunities Identifications are made with Risk Analyze Table.</p> <p>Risk evaluation ; Risk= Possibility x Impact</p> <p>Possibilities are; High (13-25) Medium (7-12) Low (1-6)</p> <p>Impacts are;</p> <p>Very High High impact Medium Impact Low impact Very Low</p> <p>Risks and opportunities are evaluated in Risk Evaluation Form FR.KYS.004 department based. Sample of risks and opportunities ;</p> <ul style="list-style-type: none"> - Before the security investigation is completed, the candidate starts to work → 15 points (Unacceptable) - Action: Security Investigation and Archive Research Form and Register of Forensic Records is requested. - Not obeying of the Docent to the copyrights of the lecture materials → 15 points (Unacceptable) - Action: Performing a contract with the Docents to obeying the copyrights of the lecture materials - Poor of project documentations which are prepared by the Docents and fail of projects → 20 points (Unacceptable) <p>Action: Training the Docents for Project Preparation</p>
<p>6.2 Quality objectives and planning to achieve them</p>	<p>The organization's 2018 objectives were established base on all processes, these objectives are measurable, considered applicable requirements, monitored, communicated, updated as appropriate and these are maintained documented on PL.YGG.001, rev.03.</p> <p><u>Some of 2018 objectives are:</u></p> <ul style="list-style-type: none"> • Students should generally apply the number of students per class and not exceed 20 in foreign language classes, 30 in master's programs, 10 in doctoral programs • Ensure that English language training is given at the international university (Miami), which is 10% of the students who come to the preparatory class every year

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<p>6.3 Planning of changes</p>	<ul style="list-style-type: none"> • To ensure that 100% of the students who come to the school every year participate in the orientation program • To spend at least 5 research projects supported by outsourced institutions every year • To provide at least 75% of the total course load in faculties from full-time teaching staff • Increase the current student satisfaction rate to 90%. <p>Previous objectives of achievement were prepared and current year objectives were determined based on this result. Last year objectives are analyzed effectively.</p> <p>Some of 2017 objectives' evaluation:</p> <ul style="list-style-type: none"> • Students should generally apply the number of students per class and not exceed 20 in foreign language classes, 30 in master's programs, 10 in doctoral programs. <u>Result:</u> 23 in foreign language classes, 25 in master's programs, 10 in doctoral programs. • Ensure that English language training is given at the international university (Miami), which is 10% of the students who come to the preparatory class every year. <u>Result:</u> % 10 • To ensure that 100% of the students who come to the school every year participate in the orientation program. <u>Result:</u> % 70 • To spend at least 5 research projects supported by outsourced institutions every year. <u>Result:</u> 5 • To provide at least 75% of the total course load in faculties from full-time teaching staff. <u>Result:</u> % 66 • Increase the current student satisfaction rate to 90%. <u>Result:</u> % 83.2 <p>When the organization determines the need for changes to the quality management system, the organization are planned of changes. The organization is considered to ISO 9001:2015 requirements. QMS changes and other changes of processes are explained in manual, page 20/40. The company's QMS system was upgraded to the new standard system.</p>
<p>7 Support</p>	<p>The requirements are:</p> <p><input type="checkbox"/> fulfilled</p> <p><input type="checkbox"/> partly fulfilled, see non-critical nonconformity No.</p> <p><input type="checkbox"/> not fulfilled, see critical nonconformity No. ; is closed <input type="checkbox"/>yes <input type="checkbox"/>no</p>
<p>7.1 Resources</p> <p>7.1.1 General</p> <p>7.1.2 People</p>	<p>The organization determined and provided the resources needed for the establishment, implementation, maintenance and continual improvement of the quality management system based on at the capabilities of, and constraints on, existing internal resources, what needs to be obtained from external providers. These processes are explained in manual page 22/40.</p> <p>Employees of the organization which is necessary for the effective implementation of its quality management system and for the operation and control of its processes the operation were determined and provided by the management. This process is explained in Training Process flowchart, AŞ.INK.004, Administrative staff hiring process flowchart, AŞ.INK.001 and academic staff hiring process flowchart , AŞ.INK.002 PR-004, are is implemented for training and HR activities.</p> <p>Human resource process responsible is Mr. Kağan Abitağaoğlu</p>

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7.1.3 Infrastructure	<p>Staff individual files based on national labor law (4857) are checked for:</p> <ul style="list-style-type: none"> • Sinem Bağçe (Proje Geliştirme Uzmanı) – 04.06.2018 • Nevzat Bilgin (Tam Zamanlı Öğretim Üyesi) – 05.02.2018 <p>The organization's infrastructures are determined, provided and maintained for the infrastructure necessary for the operation of its processes and to achieve conformity of products and services. Office Devices and machines maintenances and periodical controls are done by the maintenance and repairing responsible. The organization do not think any investment for the company in this year.</p> <p>Maintenance process is documented on Maintenance Procedure, PR.BIS.002, rev.04, 20.04.2018. Maintenance plan and instruction manuals are checked and found adequate.</p> <p>Annual Maintenance Plan PL.YAP.001 / Rev.00 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><u>Periodical maintenance samples:</u> <u>Tuzla Campus:</u> Last periodic maintenance of elevators: 20.05.2018 By etaş asansör Service form numbers: 3650, 3651, 3652</p> <p>Prolife pest control Last check: 19.06.2018</p> <p>0 breakdown has been recorded last year</p> <p><u>Bahçelievler Campus:</u> Last periodic maintenance of elevators: 16.05.2018 By etaş asansör 8 stations Service form numbers: 3759 and 3760</p> <p>1 breakdown has been recorded last year: Elevators 31.05.2018 Because the phase change is in the mains, the phase protection relay has taken to protect the lifts Repaired by Etaş asansör Service form no: 213</p> <p>Prolife pest control 20.06.2018</p> <p><u>Mecidiyeköy Campus:</u> Last periodic maintenance of: elevators: 14.06.2018 By etaş asansör</p>

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<p>7.1.4 Environment for the operation of processes</p>	<p>Service form numbers: 3526 and 3527</p> <p>Generator Periodic maintenance by: Akxa Jeneratör (18 month) 11.06.2018 Form number: 61340</p> <p>1 breakdown has been recorded last year: Elevators 23.05.2018 1st floor's door is not opened. the damper changed Repaired by Etaş asansör Service form no: 66</p> <p>Prolife pest control 20.06.2018</p> <p><u>Tuzla Campus:</u> Suitable lighting, ventilation is provided for the area. Company has a high-tech electronic security infrastructure. 30 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 10.05.2018, invoice number: 605.</p> <p><u>Bahçelievler Campus:</u> Suitable lighting, ventilation is provided for the area. Company has a high-tech electronic security infrastructure. 14 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 25.04.2018, invoice number: 595.</p> <p><u>Mecidiyeköy Campus:</u> Suitable lighting, ventilation is provided for the area. Company has a high-tech electronic security infrastructure. 11 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 10.05.2018, invoice number: 606.</p>
<p>7.1.5 Monitoring and measuring resources</p>	<p>Laboratory Equipment Maintenance and Calibration Procedure PR.LAB.002, rev.01, 31.05.2017, is documented.</p> <p>Measurement Equipment List LS.LAB.001, is used to trace the calibration status of the measurement and monitoring equipment.</p> <p><u>Samples of calibration:</u> Equipment Name: charpy impact test device Serial Nr: 0721 / MAL-LAB-09 Date: 09.03.2017 Calibrated By: SMS Kalibrasyon Cert no: 016.OKA.03 Department in use: Mechanical laboratory</p> <p>Equipment Name: Calliper Serial Nr: MAK-LAB-15 Date: 25.04.2018 Calibrated By: SMS Kalibrasyon Cert no: 52195 OKA.04 Department in use: Mechanical laboratory</p>

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<p>7.1.6 Organizational knowledge</p>	<p>Organization's technical knowledge has been defined on manual, page 23/40. Example of this knowledge from; corrective actions suppliers feedback, customer complaint, internal quality fails, customer feedback, etc. Knowledge of the organization which are necessary for the operation of its processes and to achieve conformity of products and services. This knowledge was maintained, protected and made available to the extent necessary. The organization was determined to how to achieve any necessary additional knowledge and required. There is not any record of knowledge from experience.</p>
<p>7.2 Competence</p>	<p>Staff competencies are documented in Job descriptions as education, training, experience and skills separately.</p> <p>Also Orientation Training records are reported on Staff training card which is used also recording for all training for relevant staff.</p> <p>Annual training plan is prepared for planning. The plan for 2018 year was checked. Some of the planned trainings are;</p> <ul style="list-style-type: none"> - OHS Training - Fire Safety Training - QMS Internal Auditor Training <p>Training Participation Form FR.INK.015 is used to record the training participations. The effectiveness of the trainings are evaluated with Training Evaluation Form FR.INK.016</p>
<p>7.3. Awareness</p>	<p>Sample: Name of Training: Orientation Training Training Date: 09.04.2018 Trainer: Zeynep Özge Özgören Number of Participants: 5</p>
<p>7.4 Communication</p>	<p>Sample: Training Name: ISO 9001:2015 QMS Internal Auditor Training Training Date: 18.01.2018 Trainer: Davut Yazıcı / Enderun Akademi Number of Participants: 10</p> <p>Sample: Training Name: Fire Safety Training Date: 13-15.03.2018 Trainer: Istanbul Metropolitan Municipality Fire Department Number of Participants: 32</p>
<p>7.5. Documented information</p> <p>7.5.1 General</p>	<p>Announcement boards, users, internal notices and e-mail are the ways of internal communication system, detailed in all separated process flow chart. last management review 07.06.2018 via e-mail, on 01.06.2018.</p> <p>Communication Table, FR.KYS.006, Rev.00, is used to control communication process.</p> <p>Quality management system manual is details general framework of management system and approved by General Manager. General elements are defined with implementations and procedure references. 2015 system was adapted to the QMS.</p>

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<p>8.2.2 Determining the requirements for products and services</p> <p>8.2.3 Review of the requirements for products and services</p> <p>8.2.4 Changes to requirements for products and services</p> <p>8.3 Design and development of products and services</p> <p>8.3.1 General</p> <p>8.3.2 Design and development planning</p> <p>8.3.3</p>	<p>Customer complaints are followed by Request Form, LS.KYS.004. There are 4 complaints recorded last period.</p> <p>Customer Complaint Samples: Customer: Cem Murat Türkkan Date: 22.11.2017 Complaint: Water leakage at Kadıköy Campus roof Action: the roof was repaired and isolated. Closing date: 16.05.2018</p> <p>Customer: Muhammed Akyol Date: 19.03.2018 Complaint: Problem in telephone lines Action: Telephone lines were repaired and transition to Turkish Telekom was completed. Closing date: 20.03.2018</p> <p>Information obtained through various channels (fairs, referrals and country surveys) and customer and dealer interviews are carried out. 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>Quotes are reviewed by the relevant customer representative and the business manager. The delivery order form is prepared to initiate production activity as defined in the quality system and national regulations. Computerized package program is used effectively for production planning.</p> <p>The sales and marketing process plan SR-02 has been documented to regulate customer-related processes.</p> <p>When a new customer order is received, the sales manager is evaluating the feasibility of the claim.</p> <p>The order tracking form is used effectively for order tracking.</p> <p>They have indicated to the customers the technical information and their use in product catalogs.</p> <p>services changes are kept in student files as documented information. Customer responsible is informed to relevant staff about changing of the product requirements.</p> <p>Design of training and education services procedure, PR.EOG.002, rev.00, 31.01.2018</p> <p>Sample: Project: Proposal for initiating a doctoral program in endodontics on January 2018 Step 1-Health Sciences Institute wrote to the Rectory about the endodonty doctorate program. Date: 08.01.2018 Letter no: 93919723-050.02.04</p>

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Requirement	Audit evidence and examples; Statements on implementation and evaluation
Design and development inputs 8.3.4 Design and development controls 8.3.5 Design and development outputs 8.3.6 Design and development changes 8.4 Control of externally provided processes, products and services 8.4.1 General 8.4.2 Type and extent of control 8.4.3 Information for external providers	<p>Step 2-Senate gathered. Rectory decision: apply to the Council of Higher Education (YÖK) No: 176 Date: 24.01.2018</p> <p>Step 3- Apply to YÖK Date: 31.01.2018 Letter Number: 56665618-100</p> <p>4-Approval from YÖK. Date: 06.06.2018 Letter no: 75850160-104.01.04.01-E.46294</p> <p>Purchasing Procedure, PR.MAI.002, 06.04.2018, rev.02, exists to regulate the purchasing activity. Purchasing information is delivered to purchasing department by Purchasing order form, FR.MAI.001 and this form is also used for notification of supplier.</p> <p>After receiving the offers from supplier, order form is sent to the selected supplier to initiate activity.</p> <p>Verification of purchased product is provided by incoming control activity according to purchasing information and incoming control criteria which are specified in the Storage Instruction, TL.MAI.001. For each purchased product on incoming control plan form is filled based on order and QC seal is used as indicators of verification.</p> <p>After receiving of purchased product, Tuzla Campus' purchasing responsible evaluates supplier according to determined criteria (such as quality, compliance to lead time, price) and results of this evaluation are written to Supplier Evaluation Form, FR.MAI.003, rev.00). For each supplier's information cards including their scope of activities and evaluation results are prepared. Approved Supplier List, LS.MAI.002, rev. 02 is prepared and updated annually based on the evaluation results. Suppliers are also categorized according to their business field and evaluation class in the approved vendor list. The evaluation class of supplier is also used during determination of supplier for purchasing. 33 suppliers are listed on this form now.</p> <p>All purchasing decisions are made by Tuzla Campus.</p> <p>Sample Check: Material: Laptop-HP Compaq 6720 s Quantity: 1 unit Order date: 07.06.2018 (from Mecidiyeköy) Order number: 73027099-930 Supplier: Vatan Bilgisayar Supplier Average: 89 % Approved on: 13.06.2018 by Tuzla Campus Delivery date: 19.06.2018 Controlled by: Alper Erdin (Mecidiyeköy)</p> <p>Material: Curtain Quantity: 9 pieces Order date: 06.03.2018</p>

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8.5 Production and service provision	Order number: 56200091-840 Supplier: Eren Plus Perde Tasarım Supplier average: 92 % Approved on: 13.06.2018 by Tuzla Campus Delivery date: 20.06.2018 Controlled by: Büşra Temel (Bahçelievler) The service realization is performed according to Education and Training Procedure PR.EOG.001.
8.5.1 Control of production and service provision	The academically programs which are approved by the YOK (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. Academically boards prepare the annual schedules according to the YOK regulation no 2547.
8.5.2 Identification and traceability	All activities are recorded online system. Identification and traceability is provided by students' ID numbers. All the student records are Tuzla Campus' archives <u>Samples:</u> Student name: Ekrem Yılmaz Department: Accounting Applying date: 18.06.2018 Approval date: 20.06.2018 Graduation date: 2020 Student name: Merve Bozdemir Department: Nursing Applying date: 06.02.2018 Approval date: 14.02.2018 Graduation date: 2020
8.5.3 Property belonging to customers or external providers	Customer property system is identified in quality manual. Control of customer property and reporting of relevant situation is defined effectively. Customer property can be technical data, know-how
8.5.4 Preservation	Stock inventory is provided by using computerized package program effectively
8.5.5 Post-delivery activities	Delivery Form is used for monitoring product shipment. Product Preservation areas are very well designated in plant. Storage control form, Stock ID Card is used effectively.
8.5.6 Control of changes	Core, sub and supporting processes are defined in Continual Improvement and Process Performance Monitoring Plan QM. Performance criterias are defined and measured for all core processes. Performance results are analyzed by statistical tools and evaluated by management during management review meetings.
8.6 Release of products and services	Quality Control activity is detailed in quality control procedure. Banu Bayrak is quality control responsible. All activities are recorded online system. Identification and traceability is provided by students' ID numbers. All the student records are Tuzla Campus' archives

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Requirement	Audit evidence and examples; Statements on implementation and evaluation
<p>8.7 Control of nonconforming outputs</p>	<p>Samples: Student name: Ekrem Yılmaz Department: Accounting Applying date: 18.06.2018 Approval date: 20.06.2018 Graduation date: 2020</p> <p>Student name: Merve Bozdemir Department: Nursing Applying date: 06.02.2018 Approval date: 14.02.2018 Graduation date: 2020</p> <p>Graduation criteria: Grade average should be at least % 70 for every semester 1 thesis or project should be prepared and approved by the university.</p> <p>Management of Nonconformities Procedure, PR.KYS.002, rev.01, 16.02.2018 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>
<p>9 Performance evaluation</p> <p style="text-align: right;">The requirements are: <input checked="" type="checkbox"/> fulfilled <input type="checkbox"/> partly fulfilled, see non-critical nonconformity No. _____ ; is closed <input type="checkbox"/>yes <input type="checkbox"/>no <input type="checkbox"/> not fulfilled, see critical nonconformity No. _____</p>	
<p>9.1 Monitoring, measurement, analysis and evaluation</p> <p>9.1.1 General</p> <p>9.1.2 Customer satisfaction</p> <p>9.1.3 Analysis and evaluation</p>	<p>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.</p> <p>Core, sub and supporting processes are defined in process interaction table. Performance criteria are defined and measured for all core processes. Performance results are analyzed by statistical tools and evaluated by management during management review meetings.</p> <p>The measurement of the customer satisfaction is done by applying surveys according to the Measurement and Evaluation Procedure, PR.OLD.001, 31.05.2016, Rev.01.</p> <p>Customer Satisfaction is made online.</p> <p>Customer satisfaction questionnaire is applied to graduate students. The survey consists of 3 sections and 33 questions. Total has been applied to 955 students. Likert type scale was used. It is average.</p> <p>Lecturer assessment questionnaire is applied to current students. A total of 66.360 questionnaires were administered using 10 questions and 5-point likert scale. The average is 90.7% (I agree + I fully agree).</p> <p>Internal customer satisfaction survey was applied to 380 employees. The average is 85.17 %.</p> <p>Quality management representative Prof. Dr. Güner Gürsoy-Rector Assistant is responsible for data analysis activities. Sampled topics:</p> <ul style="list-style-type: none"> - Customer satisfaction - Quality objectives - NCP

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<p>9.2. Internal audit</p>	<ul style="list-style-type: none"> - CA - Risk and opportunities analyses - Internal and external expectations - Trainings - Customer demands / complaints - Employee suggestions - Supplier performance evaluation <p>Planning, conducting and reporting results of the internal audit are provided and the respective records are retained. Internal Audits Procedure, PR.ICD.001, Rev.02, 08.02.2018 has been established and implemented. It is appropriately maintained and contains:</p> <ul style="list-style-type: none"> • the responsibilities and requirements for planning and conducting audits, reporting of results and retaining associated records; • the determination of audit criteria, scope, frequency and methods <p>Internal audit plan PL.ICD.001 covers all departments and environmental processes of the company. Internal audit questionnaire LS.ICD.001 is prepared and covers all clauses of ISO 9001:2015. Internal audit results are recorded on Internal Audit Report, RP.ICD.001.</p> <p>Some of trained internal auditors are: Banu Bayrak, Volkan Yuca, Ozan Yıldız and Zuhail Dilbaz. Impartial auditors are selected.</p> <p>Last internal audit was held on 11-25.04.2018</p> <p><u>Tuzla Campus:</u> Last internal audit was held on 11-25.04.2018. 21 departments are audited and 25 non-conformances are detected.</p> <p><u>Mecidiyeköy Campus:</u> Last internal audit was held on 16.04.2018. 5 departments are audited and 0 non-conformance is detected.</p> <p><u>Bahçelievler Campus:</u> Last internal audit was held on 17.04.2018. 4 departments are audited and 0 non-conformance is detected.</p> <p><u>Kadıköy Campus:</u> Last internal audit was held on 19.04.2018. 4 departments are audited and 0 non-conformance is detected.</p> <p><u>Some of the results (Tuzla Campus):</u> Department: Quality Responsible: banu Bayrak Auditor: Zuhail Dilbaz Non-conformance: LS.KYS.006.01 corrective actions follow-up form records couldn't be seen according to the NC Procedure PR.KYS.003.04 Report date: 03.05.2018 Result: Corrective action nr: 2018-22</p> <p>Department: Dentistry faculty laboratories Responsible: sevdiye arda küçük Auditor: banu bayrak Non-conformance: used forms have no document form number (dentistry laboratory medical device list) Result: df 2018-12 Report date: 25.04.2018</p>
<p>9.3.</p>	

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Management review 9.3.1 General 9.3.2 Management review inputs 9.3.3 Management review outputs	<p>Department: technical services Responsible: kardelen altuntaş Auditor: serhat kara Audit date: 20.04.2018 Non-conformance: there is no non-conformance Management review procedure PR.OKN.001, rev. 04, 29.01.2018 is documented and implemented for realization of management review meetings.</p> <p>4 managers participated on the management review meeting: Prof.Dr. Şule Kut-Rector Prof.Dr. Güner Gürsoy-Rector Assistant, Quality System Representative Emre Demirok-General Secretary Banu Bayrak-Quality Expert</p> <p>Inputs (internal audit results, customer feedbacks, corrective actions, performance evaluation results, improvement suggestions etc.) met the standard and documented in management review meeting agenda.</p> <p>Outputs (resources needed, product and system improvement decisions) met the requirement. Meeting report, FR.OKN.001, rev.00 is checked for evidence and decisions of meeting. Last management review meeting was held on 07.06. 2018.</p>
10 Improvement	<p>The requirements are: <input checked="" type="checkbox"/> fulfilled <input type="checkbox"/> partly fulfilled, see non-critical nonconformity No. _____ <input type="checkbox"/> not fulfilled, see critical nonconformity No. _____ ; is closed <input type="checkbox"/>yes <input type="checkbox"/>no</p>
10.1 General 10.2 Nonconformity and corrective action	<p>Corrective actions and improvement procedure, PR.KYS.003, Rev.04, 16.01.2018, is available for regulation of corrective actions. Actions implemented after internal & external audit non-conformances, etc. are recorded to Corrective Actions Form, FR.KYS.001 and followed with Corrective Actions Follow-up Form, LS.KYS.006. Due date, relevant departments, actions and results are seen in this form.</p> <p>32 corrective actions were initiated and closed at last period from general process and customer complaints. Corrective actions are performed just for NC Sample as below:</p> <p>Action Nr: 2018-12 From: internal audit Opening Date: 25.04.2018 Non-conformity: used forms have no document form number (dentistry laboratory medical device list) Action: form number is LS-LAB-001 and technician were trained. Closing date: 21.05.2018</p> <p>Action Nr: 2018-22 From: internal audit Nonconformity: LS.KYS.006.01 corrective actions follow-up form records couldnt' be seen according to the NC Procedure PR.KYS.003.04 Action: records are kept Opening date: 03.05.2018 Closing date: 18.05.2018</p> <p>Action number: 2018-IY06 NC: Library's physical condition is not convenient. Detected by: banu bayrak Root cause: not taking appropriate measures against rut Action: Library was moved Closing date: construction has not finished yet.</p>

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10.3 Continual improvement	Management reviews, objectives, internal audits, corrective and preventive actions demonstrate the continual improvement.

Date

10.07.2018

Date

Technical expert

Lead / Auditor