



AUTHORIZATION: All documented information for (Quality Objectives, procedures, opportunities and risk register for Quality Assurance Department are issued under the authority of:	
MANAGEMENT REPRESENTATIVE	
Signature:	
Date:	22 MAY 2018
PROCESS OWNER/HOD/DIVISIONAL HEAD	
Signature:	
Date:	20 MAY 2018

**KUC QMS
MANAGEMENT
REPRESENTATIVE**

**Quality Assurance Officer
KENYA UTALII COLLEGE
NAIROBI**

DOCUMENT DETAILS

1.	Section A: Quality Objectives	
2.	Section B: Procedures	
		Title
		Purpose
		Scope
		Reference
		Terminology
		Responsibility
		Inputs
		Methods
		Outputs
		Records
		Key performance Indicators
		Appendices
		Flow chart-process map
3.	Section C: Opportunities	
4.	Section D: Risks	

SECTION A: QUALITY OBJECTIVES (QUALITY ASSURANCE DEPARTMENT)

OBJECTIVE: To continuously manage the ISO 9001:2015 QMS of KUC to ensure that it meets stipulated requirements.

	TASK DESCRIPTION	TASK ACTIVITY	RESOURCES REQUIRED	EXPECTED RESULTS	TIME FRAME	PERFORMANCE INDICATOR
1.	To maintain and Improve the quality Management system by conducting two internal audits and plan for one external (surveillance) audit.	<ul style="list-style-type: none"> - Preparation of internal audit schedule & circulation. - All departments informed to be ready for the internal and external audits. - Communicate recertification timely 	<ul style="list-style-type: none"> - Internal & external Auditors - Approved budgets 	<p>All depts. Audited for internal and sampled ones for external audits.</p> <p>Timely Recertification</p>	Twice in calendar year for internal and as per contract for external.	<p>Internal Audit Reports</p> <p>Letter of continuation for external one.</p> <p>Recertification certificate based on ISO 9001:2015</p>
2.	To develop and build staff capacity by organizing training on matters pertaining to Quality Management Systems.	<p>Training of auditors on:</p> <p>Management of Risk in QMS</p> <p>Lead Auditors course (9001:2015)</p> <p>Complaints Handling Mechanism</p>	<ul style="list-style-type: none"> - Approved Training Budget 	Two Quality Trainings.	Quarter 3 Quarter 4	<p>Qualified Lead Auditors with certificates of merit.</p> <p>Training Attendance Register.</p>
3.	To continuously monitor the quality of teaching and other programs in all KUC	<p>Lecturers to sign class registers</p> <p>Lecturers to ensure attendance lists signed.</p> <p>Lecturers to submit academic reports.</p>	<p>Class registers</p> <p>Class attendance lists.</p> <p>Academic Reports</p> <p>Accreditation budget</p>	Improved tourism and hospitality training programs.	Every semester	Semester Reports on contact hours

DOCUMENTED INFORMATION FOR QUALITY ASSURANCE DEPARTMENT

	campuses.					
4.	Conduct lecturer evaluation surveys to gauge internal customer satisfaction.	Students to evaluate lecturers on each subject at the end of the semester.	<ul style="list-style-type: none"> - Evaluation sheets - Competent staff. 	Evaluated Lecturers	Every Semester	Lecturers' Evaluation Reports
5.	Provide Quality Objectives Reports audits and reviews to Management for further improvement action.	Administrative departments to adhere to their sectional objectives to achieve quarterly targets.	Information of activities stipulated to happen within the quarter and forwarded to the QA department for compilation.	Improved methods of working by adhering to set objectives thus creating efficiency.	Quarterly	Quality Objective Reports
6.	Complaints Management Mechanisms.	Develop complaints register for ease of monitoring and solution creation. Details submitted to CAJ	Communication channels	The Complaints. Customer feedback forms. Complaints reporting format from CAJ	Continuous in KUC and Quarterly to CAJ	Certification from CAJ
7.	Manage and organize audits based on Quality Education in Tourism (TedQual)	Liaise with UNWTO secretariat in Spain and arrange for one offsite audit and one onsite audit based on TedQual.	Funding, Communication channels	Quality Education in KUE tourism programmes.	Once in Four years	TedQual accreditation.

SECTION B PROCEDURES

1.0 PROCEDURE FOR MANDATORY DOCUMENTED INFORMATION TO BE MAINTAINED AND ITS CONTROL

2.0 PURPOSE

The purpose of this procedure is to ensure that all documents required by ISO 9001:2015 are maintained and that they are effective for the intended results. Their availability in current form should be in line with the Quality Management System (QMS). This shall be done through establishment, approval, identification, distribution, review and update. Obsolete documents shall be disposed at their due date.

3.0 SCOPE

The procedure applies to all documented information applicable to the QMS implementation. These may include; the Quality Manual, documented statements of the Quality Policy and Quality Objectives, work instructions and documented procedures required for the ISO 9001:2015 QMS.

4.0 REFERENCES

- ISO 9001:2015
- The Quality Manual

5.0 TERMS AND DEFINITIONS

i) Quality Manual

Shall be the supreme document guiding the college in developing procedures at the departmental level. It describes the quality systems, quality policy, quality objectives, quality processes and their interactions thereof.

ii) Quality Procedures

Specifies ways of carrying out activities in general terms.

iii) Work Instructions

Detailed step by step instructions for performing activities taking place in respective areas in line with the developed procedures.

iv) Head of Department (HOD)

A person directly having responsibility and accountability for implementation of the procedures.

v) Quality Management System (QMS)

A formalized method that documents processes, procedures and responsibilities for achieving quality policies and objectives.

6.0 RESPONSIBILITIES

The QMS Management Representative (MR) and Quality Assurance Officer (QAO) shall be responsible for effective implementation of the QMS.

7.0 INPUTS

- ISO Documents
- Relevant Information
- Set processes

8.0 METHOD

8.1 Procedure for monitoring activities on required documents (9001:2015)

8.1.1 Scope of the QMS (CI, 4.3)

QAO shall ensure that the scope of the QMS including the products and services covered and the justification of the requirements that cannot be applied (if any) are well defined.

8.1.2 Operation of Processes (4.4.2a)

The QAO shall oversee all college processes to ensure information to support all operations are available in all operational areas of the college.

8.1.3 Quality Policy (5.2.2)

The QAO shall ensure that the Quality Policy of the college shall be available as documented information in all functional units and displayed in all designated areas of the college.

8.1.4 Quality Objectives (6.2.1)

The QAO shall ensure documented information on the attainment of quality objectives is maintained in all functional areas and that analysis is done on quarterly basis.

8.1.5 Control of production and service provision (8.5.1)

The QAO shall ensure that information that defines characteristics of products and services, activities to be performed and results to be achieved is maintained.

8.2 Document Identification

A standard format of identification shall be adopted as referenced below:

KUC/XXX/R/000

KUC = Kenya Utalii College

**XXX = Section abbreviation
(Administration/Academic/Quality)**

R = Record

000 = Document number

- Details not limited to the following shall be included in all documents as a form of identifiability.
- Records of changes, distribution or circulation, purpose, scope, terminology, references, principal responsibility, revision status, version and issue number.
- Process maps are optional as appendix 1. Work instructions shall be referred to and controlled as per this procedure.

8.3 Approval

All documents shall be approved by the QMS MR for their authenticity before they are used. Approval shall be signed on the top page.

8.4 Distribution

- All documents shall be available at a server in PDF format and accessible to all staff at points of use.
- All documents shall be controlled.
- Uncontrolled copies of various documents shall be clearly so that and shall be made available to third parties like external auditors, customers, suppliers etc on request. Only the MR and divisional heads shall authorize this document in writing.

8.5 Changes and revision status

- Where necessary, documents shall be reviewed by process owners by filling a Document Change Request Form (DCRF) detailing the pages and the changes to be made on the document.
- The DCRF shall be submitted to the MR who shall authorize the changes and the revised document uploaded.
- Changes and revision status of documents shall be identified by the revision status in the header and the appropriate clause or passage indicated in the record change schedule on the first page of the document or attached to the revised document. The dates of changes shall also be clearly indicated in the record change schedule of every document.
- Where minor changes like typing errors, grammar or a meaning of a sentence, phrase or phrases limited to a maximum of one paragraph are made in a large document (more than 10 pages), such a document shall retain its revision status and issue number and the minor changes shall be indicated in the record change schedule and the document shall remain approved as previous.
- QMS documents such as Quality Manual, Quality Policy, Operating procedures etc. shall be reviewed when necessary but in any case full review after every three years. Any changes made shall be made as detailed above.

8.6 Availability and Legibility of Documents

- Only approved versions of applicable documents shall at all times be available at their points of use.
- Documents shall remain legible by an understandable and acceptable font and stored after binding or filing. The document shall readily be identifiable through numbering and revision status.

8.7 Storage

- Documents shall be kept either in print computer readable material, photographic materials or whatever form may be found appropriate in a secure and dry environment within the college premises. Documents on computer readable material shall have backups in the college servers.

8.8 Obsolete Documents

- Obsolete documents which shall be identified through their revision status and issue numbers shall be withdrawn from work areas and disposed.
- Records shall be maintained for obsolete documents that are still in use/circulation.

8.9 Documents of External Origin

Documents of external origin such as the ISO standards shall be stamped as: "QMS EXTERNAL DOCUMENT" and identified as: KUC/EXT/R/Number.

Document numbers, their use and distribution shall be controlled. Government circulars, Gazette notices will be considered external documents, however, the CEO shall ensure that relevant information is passed to the applicable division for implementation.

9.0 OUTPUTS

- Document Identifiability
- Updated versions of documents

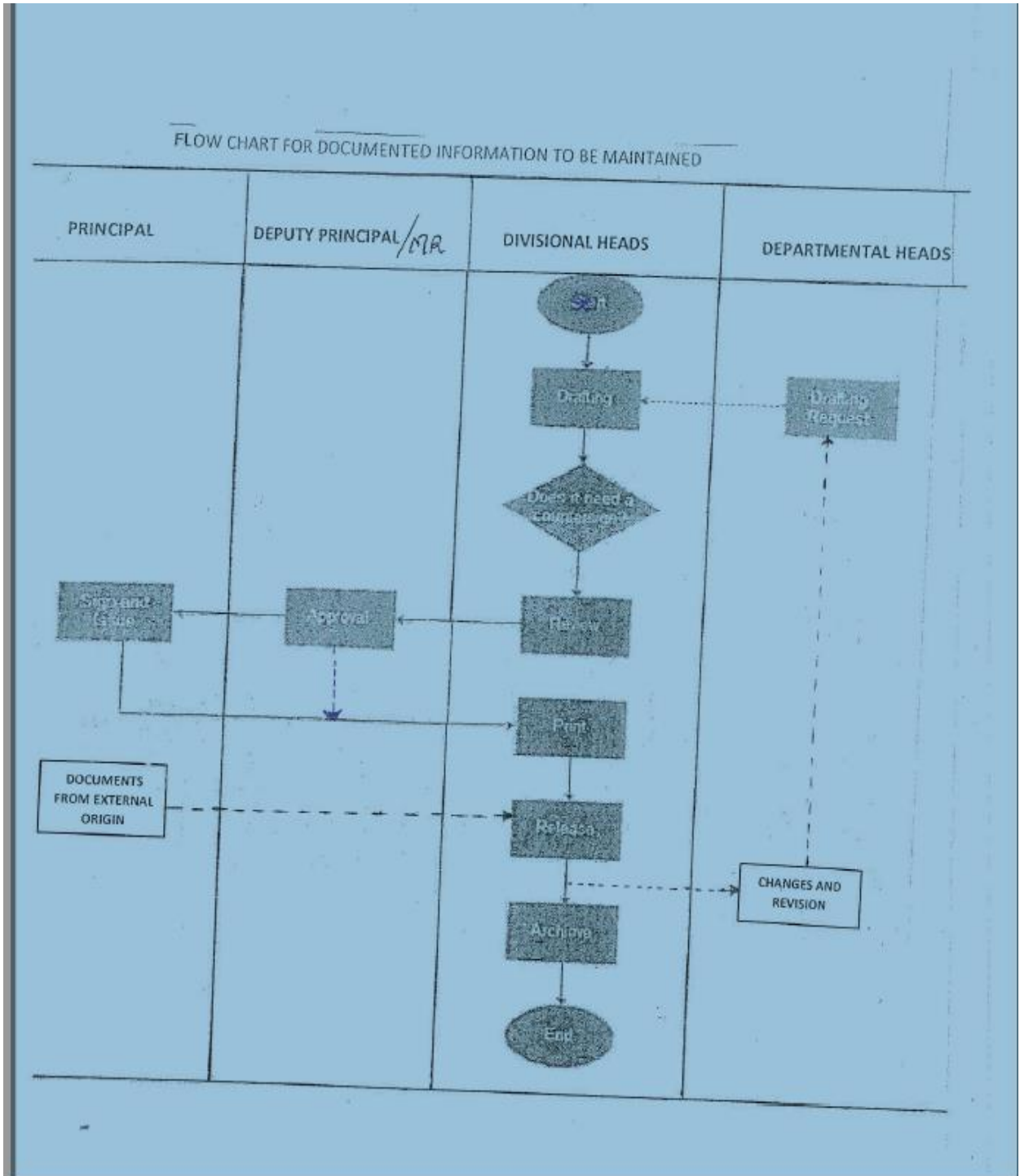
10.0 RECORDS

- Record of change Form
- Process Reports

11.0 KEY PERFORMANCE INDICATORS

- Availability of current approved documents at points of use at all times or as when required.
- Proper record keeping for both controlled and uncontrolled documents.
- Systematic and consistent operations of all processes using established procedures and achieving desired quality results that are independent of personnel.
- Unavailability of obsolete documents from all areas of operations except under controlled conditions.

DOCUMENTED INFORMATION TO BE RETAINED FLOW CHART



PROCEDURE FOR DOCUMENTED INFORMATION TO BE RETAINED AND CONTROLLED

1.0 PURPOSE

This procedure describes how the quality system records, including pertinent subcontractor records, are controlled and maintained. This is in order to provide evidence of conformance to requirements and the effective operations of the Quality Management System.

2.0 SCOPE

This procedure covers the controls needed in records. It covers all the quality processes right from identification to storage, protection, retrieval, retention time and disposal for all records that constitute KUC Quality Management System.

3.0 REFERENCES

- i) ISO 9001:2015 Standard
- ii) Access to information Act 2016

5.0 TERMS AND DEFINITIONS

- i) **Quality Manual**
Shall be the supreme document guiding the college in developing procedures at the departmental level. It describes the quality systems, quality policy, quality objectives, quality processes and their interactions thereof.
- ii) **Quality Procedures**
Specifies ways of carrying out activities in general terms.
- iii) **Work Instructions**
Detailed step by step instructions for performing activities taking place in respective areas in line with the developed procedures.
- iv) **Head of Department (HOD)**
A person directly having responsibility and accountability for implementation of the procedures.
- v) **Quality Management System (QMS)**
A formalized method that documents processes, procedures and responsibilities for achieving quality policies and objectives.

6.0 RESPONSIBILITIES

The QMS Management Representative shall be responsible for effective implementation of this procedure.

7.0 INPUTS

- Used Information
- Process Reports

8.0 METHOD

8.1 Monitoring of activities on required documented information to be retained (ISO 9001:2015).

8.1.1 Operation of Processes (4.4.2b)

QAO shall ensure that necessary information gives confidence that processes are being carried out as planned and retained.

8.1.2 Monitoring and Measuring Resources (7.1.5.1)

QAO shall ensure that information in form of evidence of fitness for purpose of monitoring and measuring resources is retained.

8.1.3 Measurement Traceability (7.1.5.2)

QAO shall ensure that the basis used for calibration or verification shall be retained as documented information.

8.1.4 Competence (7.2)

QAO in liaison with HRM shall ensure that information as evidence of competence of people doing the work in the college is retained.

8.1.5 Operational Planning and Control (8.1)

QAO shall ensure that information necessary to have confidence that the processes have been carried out as planned and conform to requirements are retained.

8.1.6 Requirements Review (8.2.3)

QAO shall ensure that information describing the results of the review of requirements related to products and services is retained.

8.1.7 Design and Development Planning (8.3.2)

QAO shall ensure that information needed to demonstrate that design and development requirements have been met shall be retained.

8.1.8 Design and Development Inputs (8.3.3)

QAO shall insure that information on design and Development inputs in the college is retained.

8.1.9 Design and Development Controls (8.3.6)

QAO shall ensure that documented information of these activities pertaining to design and development controls is retained,

8.1.10 Design and Development (8.3.5)

QAO shall ensure information resulting from the design and development processes is retained.

8.1.11 Design and Development Changes (8.3.6)

QAO shall ensure that information on design and development changes, results of reviews, authorization of changes and the actions taken to prevent adverse impacts is retained.

8.1.12 Externally Provided Products and Services (8.4.1)

QAO in liaison with the CSO shall ensure that information of the results of the evaluation, selection, monitoring of performance, and re-evaluation of external providers is retained.

8.1.13 Control of Production and Service Provision (8.5.1)

QAO shall ensure that information that defines the characteristics of the products to be produced, the services to be provided or the activities to be performed; and the results to be achieved are retained.

8.1.14 Traceability (8.5.2)

QAO shall ensure that information necessary to enable traceability curriculum delivery status shall be retained.

8.1.15 Property Belonging to Customers or External Providers (8.5.3)

QAO in liaison with departmental Heads shall ensure that when the property of a customer or external provider is lost, damaged or otherwise found to be unsuitable for use, the organization shall report this to the customer or external provider and retain documented information on what has occurred.

8.1.16 Control of Changes (8.5.6)

QAO shall ensure that information describing the results of the review of changes, the person authorizing the change and any necessary actions arising from the review is retained.

8.1.17 Release of Products and Services (8.6)

QAO shall ensure that information on the release of products and services including evidence of conformity with the acceptance criteria and traceability to the person(s) authorizing the release is retained.

8.1.18 Control of non-conforming outputs (8.7.2)

QAO shall ensure that the information on the non-conformity, actions taken, concessions obtained, the authority deciding the action in respect of the non-conformity is retained.

8.1.19 Monitoring, Measurement, Analysis and Evaluation – General (9.1.1).

The QAO shall ensure that results of monitoring and measurement activities are retained.

8.1.20 Internal Audit (9.2.2)

QAO shall ensure that evidence of the implementation of the Quality audit programme and the Quality audit results is retained.

8.1.21 Management Review (9.3.3)

QAO shall ensure that information as evidence of the results of Management Reviews is retained.

8.1.22 Non-conformity and Corrective Action (10.2.2)

The QAO shall ensure that information as evidence of the nature of the non-conformities, actions taken and the results of any corrective action taken is retained.

8.2 Retain Documented Information.

8.2.1 A master list KUC?QM?R?)! (of all QMS records shall be maintained and the point of storage identified.

8.2.2 Records shall be identified as shown in Appendix 1.

8.2.3 The defined minimum retention period for documented information to be retained have been defined by departmental authorities taking into consideration statutory and regulatory requirements. Documents may be retained longer than the minimum than the minimum retention period at the discretion of the relevant authority.

8.2.4 Documented information to be retained are stored in hard copy, electronic media or other suitable forms as uniquely appropriate.

8.3 Provide Suitable Storage Environment.

8.3.1 Records are stored in protected storage material/environment to protect them from damage, abuse, loss or alteration. They are maintained in a manner to be readily retrieval and to ensure future legibility and identification.

8.3.2 Records may be transferred to longer term storage locations when appropriate and are suitably boxed, labeled and stored in a manner that continues to protect their condition, identification and future accessibility.

8.4 Define Disposition Methods

8.4.1 Hard copy records and electronic media are destroyed by personnel assigned by the approval authority as uniquely appropriate.

8.4.2 Records are not destroyed or dispositional until the defined minimum retention period has passed.

8.5 Make Available to Customer

8.5.1 Quality retained documented information shall be made available to customers for evaluation when contractually agreed for a given period.

9.0 OUTPUTS

Accessible, Controlled, Obsolete information.

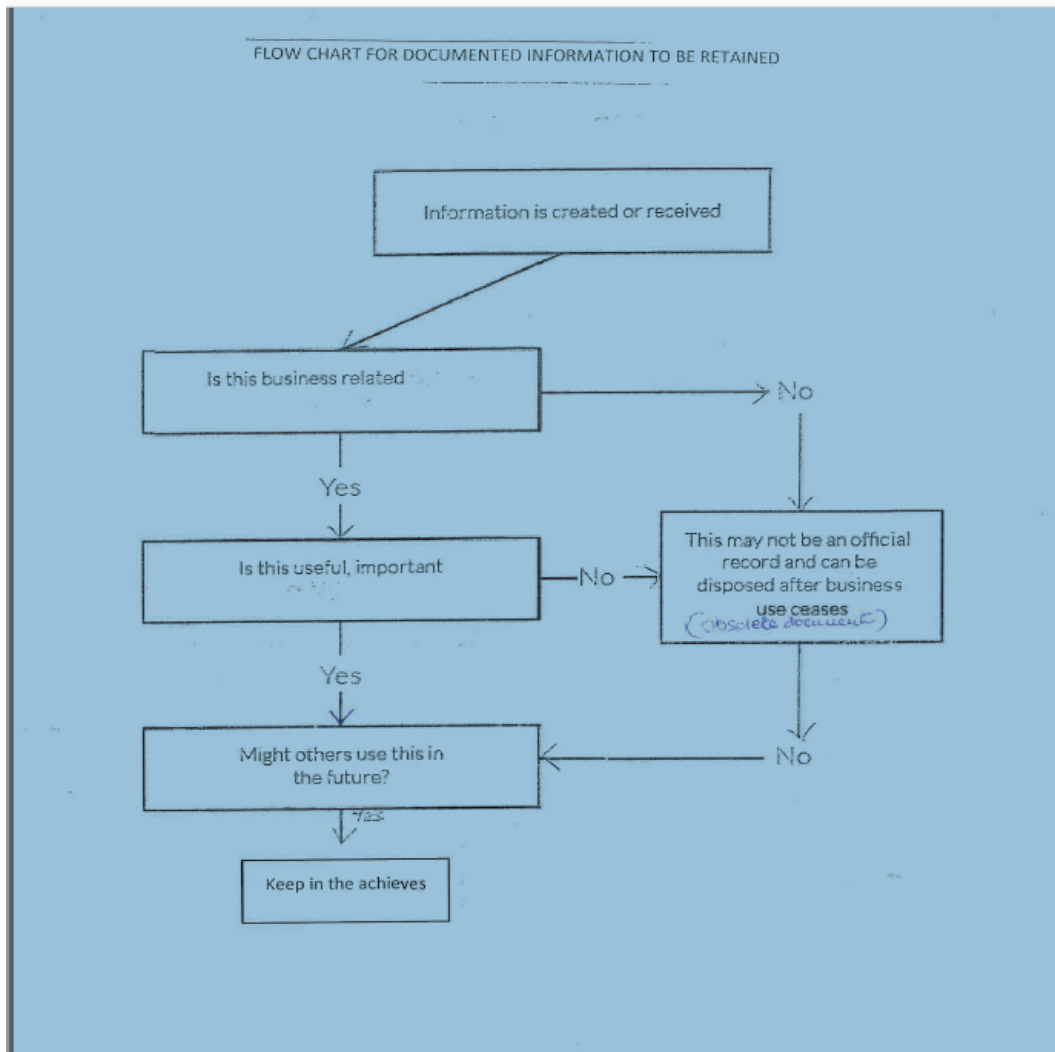
10.0 RECORDS

Retained Information

11.0 KEY PERFORMANCE INDICATORS

Efficient operations and ease of reference of documented information to be retained.

DOCUMENTED INFORMATION TO BE RETAINED FLOW CHART



1.0 PROCEDURE FOR QMS INTERNAL AUDITS

2.0 PURPOSE

The purpose of this procedure is to define the steps that KUC follows when planning, performing, reporting, recording and following up internal quality audits to ensure efficiency and objectivity of the process. KUC shall conduct internal audits of the QMS to determine;

- Conformity to planned arrangements of ISO 9001:2000 requirements and KUC manuals, policies, procedures and other documentation.
- To check effectiveness of procedures.

3.0 SCOPE

This procedure covers all the activities involved in conducting audits from planning to follow ups of the audits

4.0 REFERENCES

- ISO 9001:2015 – QMS requirements
- ISO 9001:2005 – QMS Fundamentals and Vocabulary
- ISO 19011 – Guidelines on QMS internal audits
- KUC ISO documents

5.0 TERMS AND DEFINITIONS

For the purpose of this procedure, the code defined as KUC/QM/R/001 shall apply in addition to;

AUDIT - A systematic, independent, documented process of obtaining audit evidence and evaluating objectively to see the extent to which the audit criteria has been complied with.

QMS - Quality Management System

MR - Management Representative

CAT - Corrective Action Tracking Form

6.0 RESPONSIBILITIES

The MR shall be responsible for the effective implementation and maintenance of this procedure.

7.0 INPUTS

- Departmental Procedures
- Audit Checklists
- ISO Standard 9001:2015
- Auditee
- Internal QMS Auditor

8.0 METHOD

8.1 AUDIT PLANNING, COORDINATION AND PREPARATION.

8.1.1 KUC shall conduct internal quality audits two times in a year covering procedures and the requirements of the 9001:2015 standard.

8.1.2 An annual audit programme shall be prepared – KUC/QM/R/012.

8.1.3 The QAO shall define the scope, method and objectives of the audit to be conducted. These shall be indicated in the KUC/QM/R/009. This shall be guided by the specific elements of the QMS.

8.1.4 Unplanned audits shall arise from either customer complaints, following implementation of actions defined in a corrective action or following the identification of additional or amended procedures.

8.2 AUDIT NOTICE

8.2.1 At least two weeks to any audit the QAO shall notify staff and students of the upcoming audit through an internal memo.

8.3 APPOINTMENT OF INTERNAL AUDITORS & AUDIT NOTIFICATION

8.3.1 At least three weeks to any internal audit, the QAO shall notify the team of internal auditors about the audit and issue the audit schedule and briefing.

8.3.2 The auditors shall issue audit notifications to auditees as per the audit schedule, at least seven days to audit date. The notification shall clearly

indicate the auditee department, date and time of audit, scope of audit among other requirements.

8.3.3 The QAO shall ensure that auditors prepare audit checklists and audit agenda. In preparation of the checklists, the auditors shall consider the scope of the audit and the report from the previous audit.

8.4 EXECUTION OF THE AUDIT

8.4.1 The lead auditors shall coordinate the audit exercise including handling of any questions from the auditees.

8.4.2 The auditor shall ensure that all findings are recorded in the audit findings form (KUC/QM/R/016) and the auditee acknowledges the same by signing it.

8.4.3 During the closing meeting, the lead auditor shall ensure that all corrective action request forms (KUC/QM/R/006) are well filled.

8.5 AUDIT REPORTING & ANALYSIS

8.5.1 The QAO shall ensure that an audit report (KUC/QM/R/007) is submitted within seven days of an audit for action.

8.5.2 The QAO shall maintain an internal audit log.

8.5.3 The QAO shall analyze the audit reports to establish trends in the QMS compliance within three weeks after the end of the audit.

8.6 MANAGEMENT REVIEW

8.6.1 The MR shall convene the Management Review meeting within three weeks of receiving the audit report and present the results of the audit in the analyzed form for deliberations.

8.7 FOLLOW UP AND CLOSE OUT

8.7.1 The MR shall undertake a follow up to ensure that the resolutions of the management review meeting and the corrections, corrective actions and risk mitigations requested are implemented within the stipulated time frame.

8.7.2 The QAO shall follow up with the internal auditors to ensure effective implementations of corrections, to close the non-conformity, effectiveness of corrective actions and risk mitigation actions are undertaken quarterly.

9.0 OUTPUTS

9.1 The continual improvement of the QMS within KUC.

10.0 RECORDS

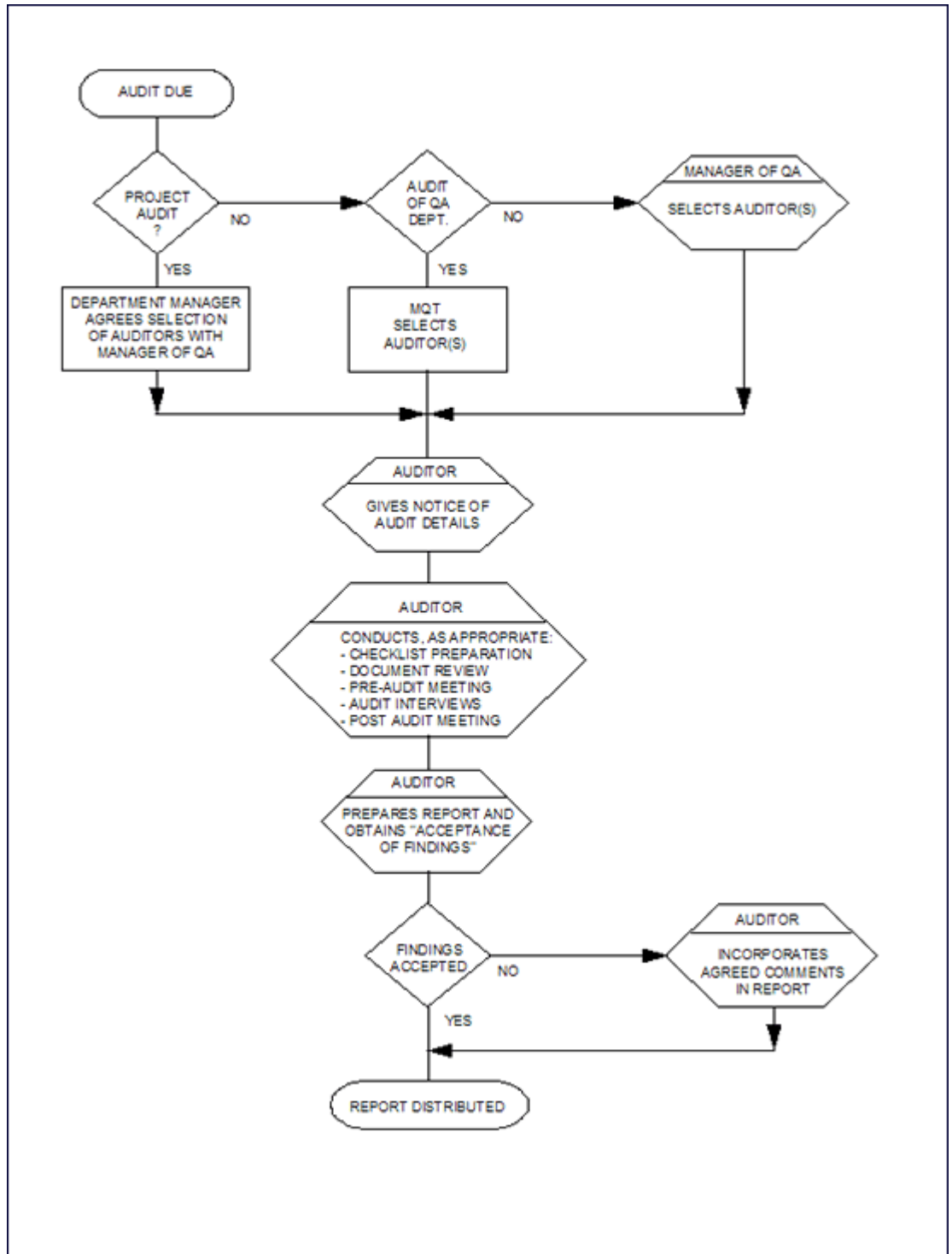
- Audit Reports
- Dully filled corrective action forms
- Dully filled audit log
- Signed audit notification forms
- Opening/Closing meeting registers

11.0 KEY PERFORMANCE INDICATORS

- Efficient Operations
- Effective QMS
- Identification of gaps in the QMS to be improved.

12.0 APPENDICES

INTERNAL AUDIT PROCESS FLOW CHART



1.0 PROCEDURE FOR CONTROL OF NON-CONFORMING SERVICE

2.0 PURPOSE

The purpose of this procedure is to establish and outline the process for identifying, documenting and analyzing non-conforming services.

3.0 SCOPE.

This procedure applies to all processes and is intended to control all non-conforming products or services at KUC.

4.0 REFERENCES

- ISO 9001:2015 Requirements
- ISO 10013 Guidelines on QMS documentation
- KUC Quality Manual
- ISO 9000:2005 QMS Fundamentals and Vocabulary

5.0 TERMS AND DEFINITIONS

For the purpose of this procedure, the terms defined in KUC/QM/R/01 shall apply in addition to the following;

Non-conforming service

A service that does not meet stated or implied requirements such as a procedure that is not followed as documented.

MR - Management Representative

6.0 RESPONSIBILITY

The MR shall be responsible for the effective implementation and maintenance of the procedure.

7.0 INPUTS

- ISO Documents
- Relevant Information
- Relevant Processes

8.0 METHOD

8.1 Non-conformities shall be identified through a quality audit process, customer complaint or employee inputs.

8.2 Non-conformities raised through the internal audit process;

8.2.1 The auditor shall identify the non conformity and raise a corrective action tracking form (KUC/QM/R/006).

8.2.2 The auditor shall raise a non conformity form and the auditor and auditee will agree on corrective action and the expected time frame for completing. This must not exceed three months after the audit.

8.2.3 The auditee shall review the non-conformity, identify the root cause and come up with appropriate corrective or mitigation action including modifying or creating quality procedures or work instructions.

8.3 Non-conformities outside the audit process

8.3.1 Where non conformities are identified outside the audit process, the report should be given to the MR.

8.3.2 The QAO shall be responsible for informing the respective HOD of the non-conformity.

8.3.3 The QAO shall raise a non conformity form (KUC/QM/R/006) and the auditor and auditee will agree on corrective action and the expected time frame for completing. This must not exceed three months after the audit.

8.3.4 The MR shall review the non-conformity, identify the root cause and come up with appropriate corrective or mitigation action including modifying or creating quality procedures or work instructions.

8.3.5 The MR shall ensure the implementation of the correction and corrective action by the provider under the guidance of the HOD as per the corrective action procedures. This procedure shall be deemed complete upon the respective HOD reporting to the MR of effectiveness of actions taken to correct the non-conforming service.

9.0 OUTPUT

- Reduced number of non-conforming products and services.

10.0 RECORDS

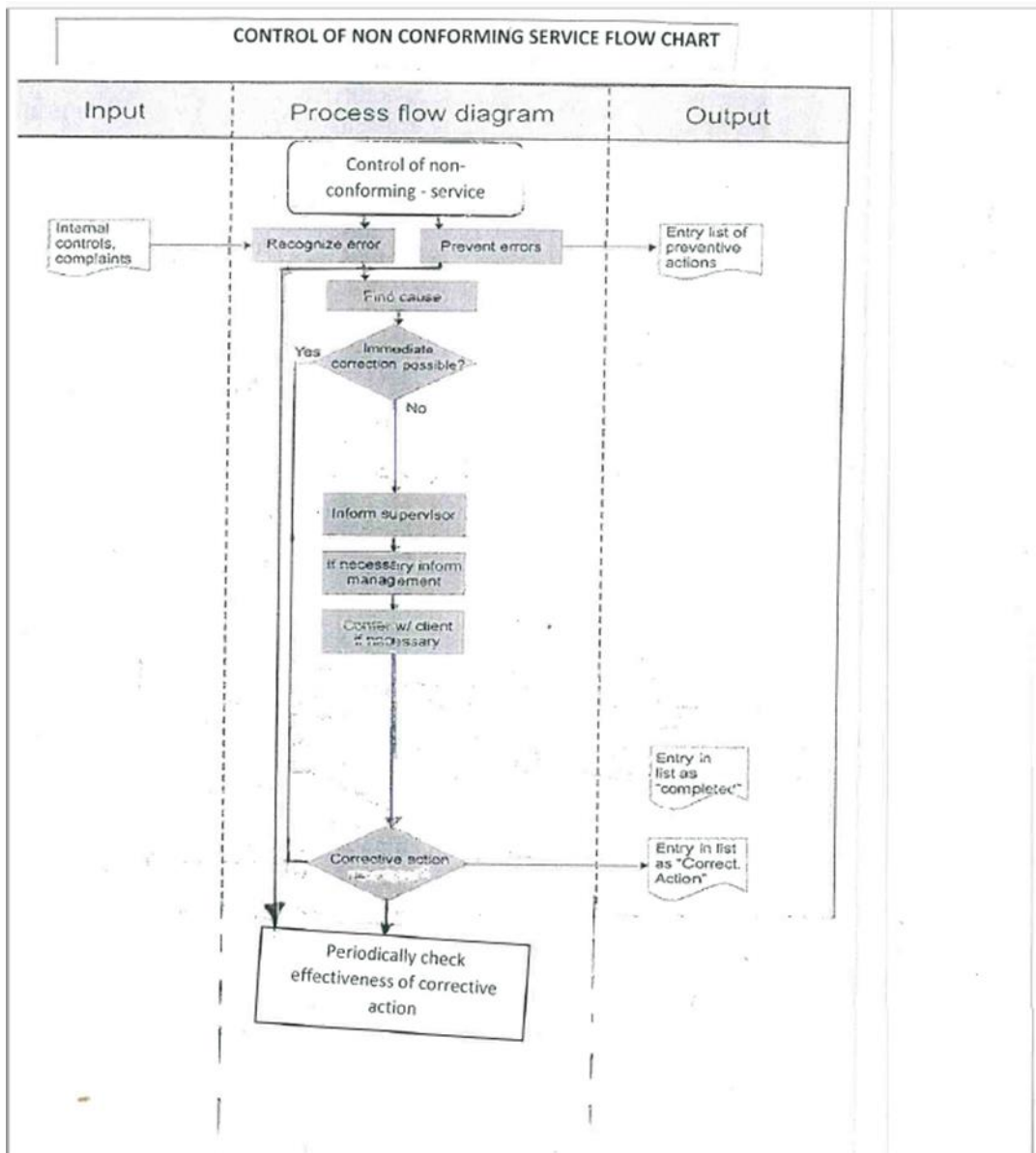
- Dully filled corrective action forms
- Dully filled corrective action tracking form.

11.0 KEY PERFORMANCE INDICATORS

- Efficient and functional QMS.

12.0 APPENDICES

CONTROL OF NON CONFORMING SERVICE FLOW CHART



1.0 PROCEDURE FOR CORRECTIVE ACTION

2.0 PURPOSE

The purpose of this procedure is to ensure effectiveness and efficiency in undertaking corrective actions at KUC.

3.0 SCOPE

The procedure applies to all corrective actions undertaken at KUC

4.0 REFERENCES

- ISO 9001;2015 QMS Requirements
- ISO 10013 – Guidelines on QMS Documentation
- KUC Quality Manual
- ISO 9000:2005 – QMS Fundamentals and Vocabulary

5.0 TERMS AND DEFINITIONS

For the purpose of this procedure the terms defined in KUC/QM/R/001 shall apply.

6.0 RESPONSIBILITIES

The MR shall be responsible for effective implementation and maintenance of this procedure.

7.0 INPUTS

- ISO Documents
- Relevant Information
- Processes

8.0 METHOD

8.1 Introduction

8.1.1 A corrective action at KUC shall be initiated by any officer receiving information or observing a nonconformity in the service provision or in the operations at the college.

8.1.2 The officer shall report the anomaly to the QAO who will raise a CAR form (KUC/QM/R/006) to the

concerned officer to take action to correct and also to address the root cause of the problem.

8.1.3 Upon filling the form the QAO shall submit the form to the MR for corrective action implementation.

8.2 Determining the cause of the nonconformities

8.2.1 The officers shall establish all known causal relationships between the root cause(s) and the defined problem.

8.2.2 The root cause shall be documented in the car form for implementation.

8.3 Evaluating the need for action to ensure that nonconformities do not recur.

8.3.1 Upon determining the root causes for any nonconformity, the officers shall determine whether there is need for corrective action. In the event there is need, they shall evaluate the most effective action(s) to be undertaken to address the root cause.

8.3.2 The officers shall determine the most appropriate timeframes for undertaking the proposed action.

8.4 Implementing Actions determined.

8.4.1 The MR shall liaise with the concerned officer and the HOD to ensure availability of required resources to undertake the corrective action within the stipulated timeframe.

8.4.2 The MR shall ensure that the concerned officer submits to the HOD records of the results of actions taken for filing.

8.5 Reviewing the effectiveness of the corrective action taken.

8.5.1 Upon expiry of the agreed timeframe for undertaking the corrective action, the MR shall, in liaison with the HOD, ensure evaluation of the effectiveness of the corrective action in addressing the nonconformity.

8.5.2 During the first Management Review meeting of each year, the MR shall review all CAR forms for the previous year.

9.0 OUTPUT

Efficient Operations

10.0 RECORDS

- A corrective action plan
- Dully filled corrective action tracking form
- Dully filled corrective action request form

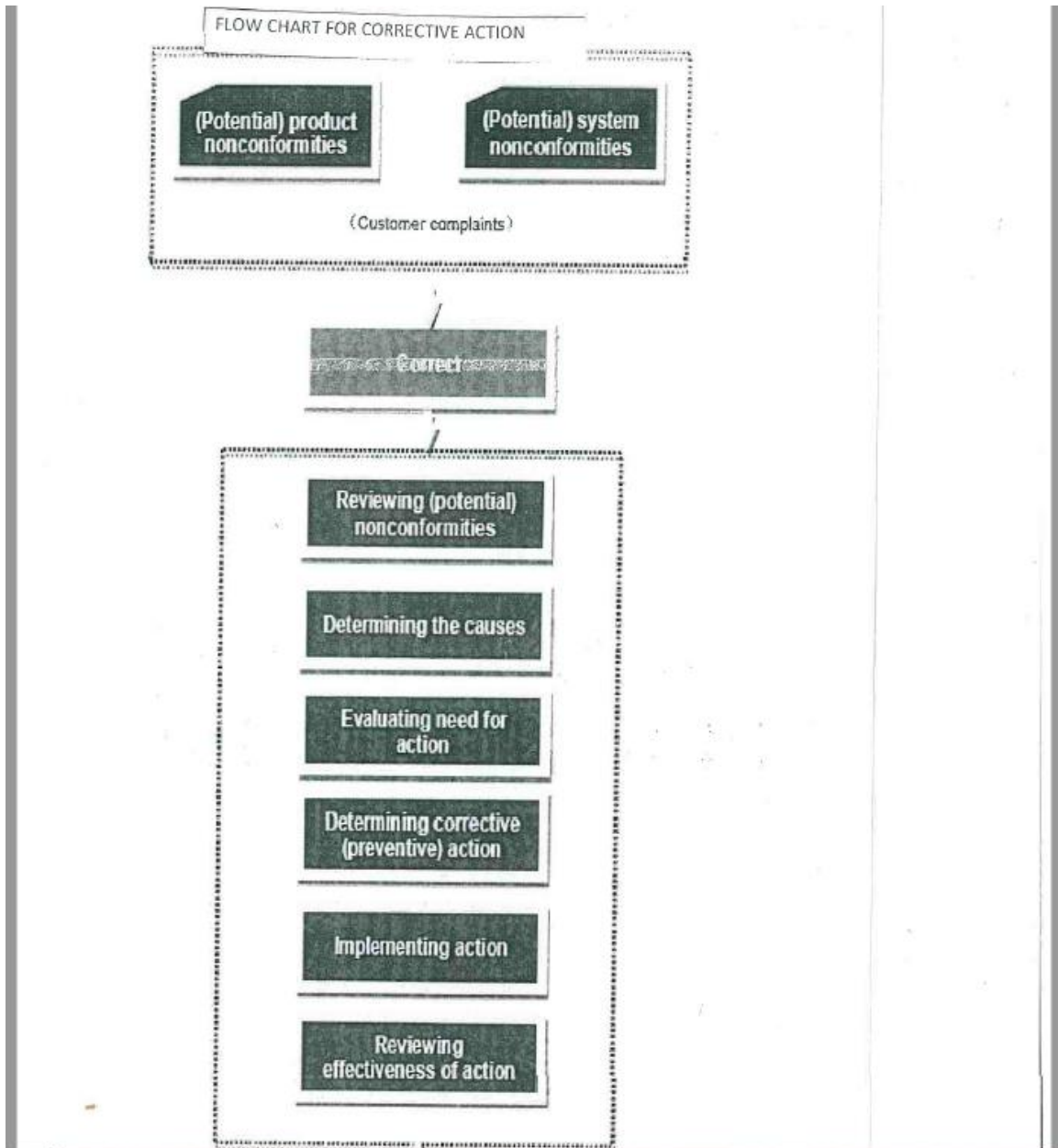
11.0 KEY PERFORMANCE INDICATORS

Effective Corrective Actions Taken.
A functional QMS

12.0 APPENDICES

- 12.1 Record of change form
- 12.2 Flow chart on the procedure

CORRECTIVE ACTION FLOW CHART



1.0 PROCEDURE FOR HANDLING COMPLAINTS

2.0 PURPOSE

To provide guidelines for effective complaints handling and resolutions within KUC.

3.0 SCOPE

This procedure applies to all internal customers of KUC (staff and students)

4.0 REFERENCES

CAJ Guidelines
ISO 9001:2015 Standards

5.0 TERMS & DEFINITIONS

- QAO Quality Assurance Officer
- ISO International Organization for Standards
- KUC Kenya Utalii College
- HOD Head of Department
- CAJ Commission on Administrative Justice

6.0 RESPONSIBILITY

QAO is responsible for monitoring the implementation of this procedure.

7.0 INPUTS

- Competent staff
- Customer Feedback
- Customer feedback forms

8.0 METHOD

- 8.1 The QAO shall receive complaints from students, staff and/or public and record the same in the complaints register.
- 8.2 The QAO shall acknowledge receipt of the complaint to the complainant in writing.
- 8.3 The QAO shall then initiate the process of complaint handling by informing the affected person/department on the arising complaint by establishing the route cause.

- 8.4 The QAO shall prompt a corrective action which shall be communicated by the affected person/department.
- 8.5 The QAO, upon agreement with the person/department, shall communicate the corrective action to the complainant.
- 8.6 The complaint shall be deemed fully resolved when the corrective action has addressed the root cause of the complaint.
- 8.7 Where applicable the QAO shall initiate a mitigation against recurrence of the same complaint in future.
- 8.8 The QAO shall ensure that the entire process of complaints handling is done within 21 days.
- 8.9 The QAO shall analyze all complaints on quarterly basis and forward them to the CAJ for award of scores.

9.0 OUTPUTS

Quarterly Complaints report.

10.0 RECORDS

- Complaints Register
- Written Complaints
- Dully filled customer feedback forms

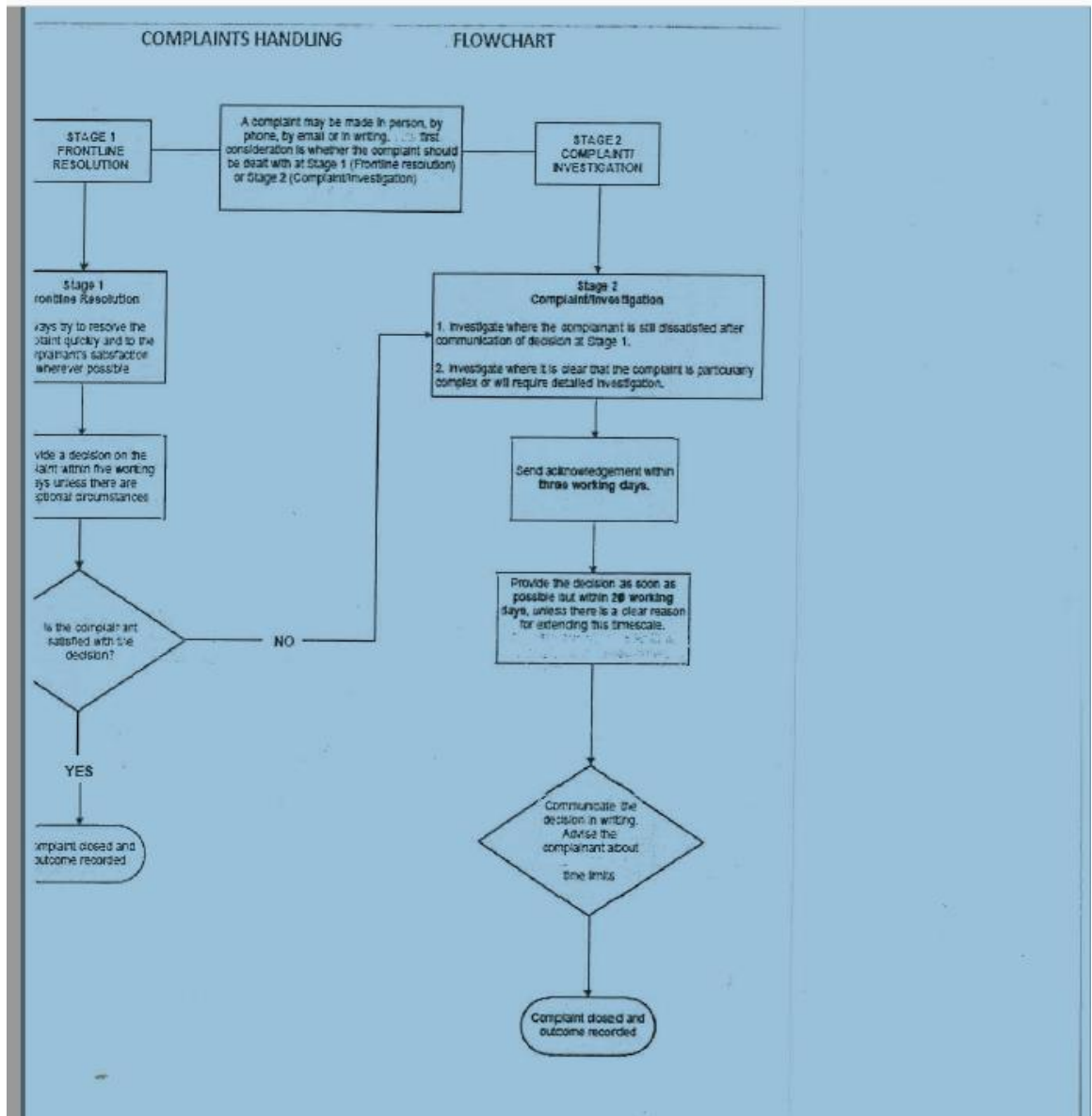
11.0 KEY PERFORMANCE INDICATORS

- Efficient Operations
- Conducive student learning environment

12.0 APPENDICES

- 12.1 Flow charts on complaints handling mechanism
- 12.2 Change of record from

COMPLAINT HANDLING FLOW CHART



1.0 PROCEDURE FOR LECTURER EVALUATION

2.0 PURPOSE

To provide guidelines for effective monitoring of lecturer service to students.

3.0 SCOPE

This procedure applies to all lecturers and shall be administered to at least one group of students per lecturer per semester.

4.0 REFERENCES

- Academic Calendar
- ISO 9001:2015 Standard
- Curriculum Delivery Procedures
- Class Time tables
- Lecturer Evaluation Schedule

5.0 TERMS, ABBREVIATIONS & DEFINITIONS

- QAO Quality Assurance Officer
- ISO International Organization for Standards
- KUC Kenya Utalii College
- HOD Head of Department

6.0 RESPONSIBILITY

The QAO is responsible for the monitoring and implementation of this procedure.

7.0 INPUTS

- Competent Staff
- Students' feedback
- List of Lecturers
- Class time tables
- Lecturer Evaluation Form

8.0 METHOD

- 8.1 The QAO shall release the evaluation schedule by week 11 of the semester.
- 8.2 The lecturer evaluation exercise shall be conducted in the 12th week of the semester.
- 8.3 The analysis of data shall be carried out and a report released by the second month of the subsequent semester.

- 8.4 The lecturer evaluation report shall be forwarded to the Director of Studies; Deputy Director of Studies (Academic), Human Resource Manager and all heads of academic departments.
- 8.5 Corrective actions shall be discussed during an Academic Board Meeting and shall address the root cause of the issues raised by the students.

9.0 OUTPUT

- Lecturer Evaluation Report

10.0 RECORDS

- Lecturer Evaluation Report
- Individual Lecturers' report
- Dully filled lecturer evaluation forms.

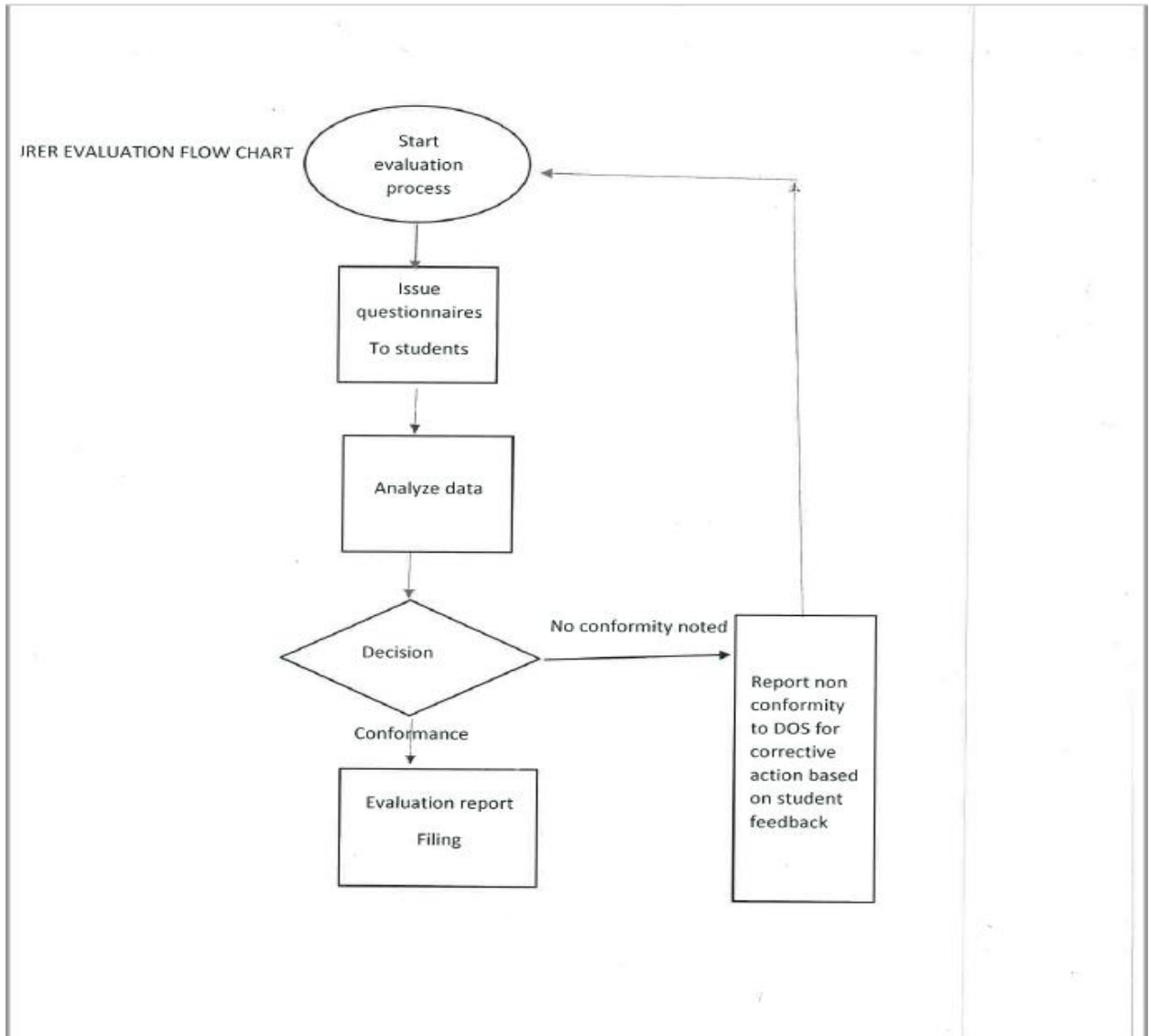
11.0 KEY PERFORMANCE INDICATORS

- Quality Curriculum Delivery

12.0 APPENDICES

- 12.1 Change of record form
- 12.2 Evaluation form
- 12.3 Evaluation schedule Template
- 12.4 Flow Chart on evaluation procedures

LECTURER EVALUATION FLOW CHART



1.0 PROCEDURE FOR REPORTING ON CONTACT HOURS AND ANALYSIS

2.0 PURPOSE

To provide guidelines on effective reporting and analysis on contact hours of all lecturers per semester

3.0 SCOPE

This procedure applies to all lecturers in KUC

4.0 REFERENCE

- i) Curriculum Delivery Procedures
- ii) Academic Calendar
- iii) ISO 9001:2015 Standard

5.0 TERMS AND DEFINITIONS

- QAO - Quality Assurance Officer
- ISO - International Organization for Standardization
- KUC - Kenya Utalii College
- HOD - Head of Department

6.0 RESPONSIBILITY

QAO is responsible for monitoring the implementation of this procedure.

7.0 INPUTS

- Competent staff
- Class registers
- Students' sign-in sheets
- Course outlines
- Blank Lecturers terminal reports

8.0 METHOD

- 8.1 The QAO shall receive all registers for all courses at the end of every semester.
- 8.2 The QAO shall ensure that all summaries are done for all course groups.
- 8.3 The QAO shall ensure that analysis of data is done and a semester report generated in the second month of the subsequent semester.

- 8.4 A copy of the report shall be forwarded to the Director of Studies, Deputy Director of Studies (Academic) and all heads of Academic departments for action on non-achievement of required contact hours.

9.0 OUTPUT

- i) Semester Report on Syllabus and Contact Hours

10.0 RECORDS

- i) Semester Report on Syllabus and Contact Hours

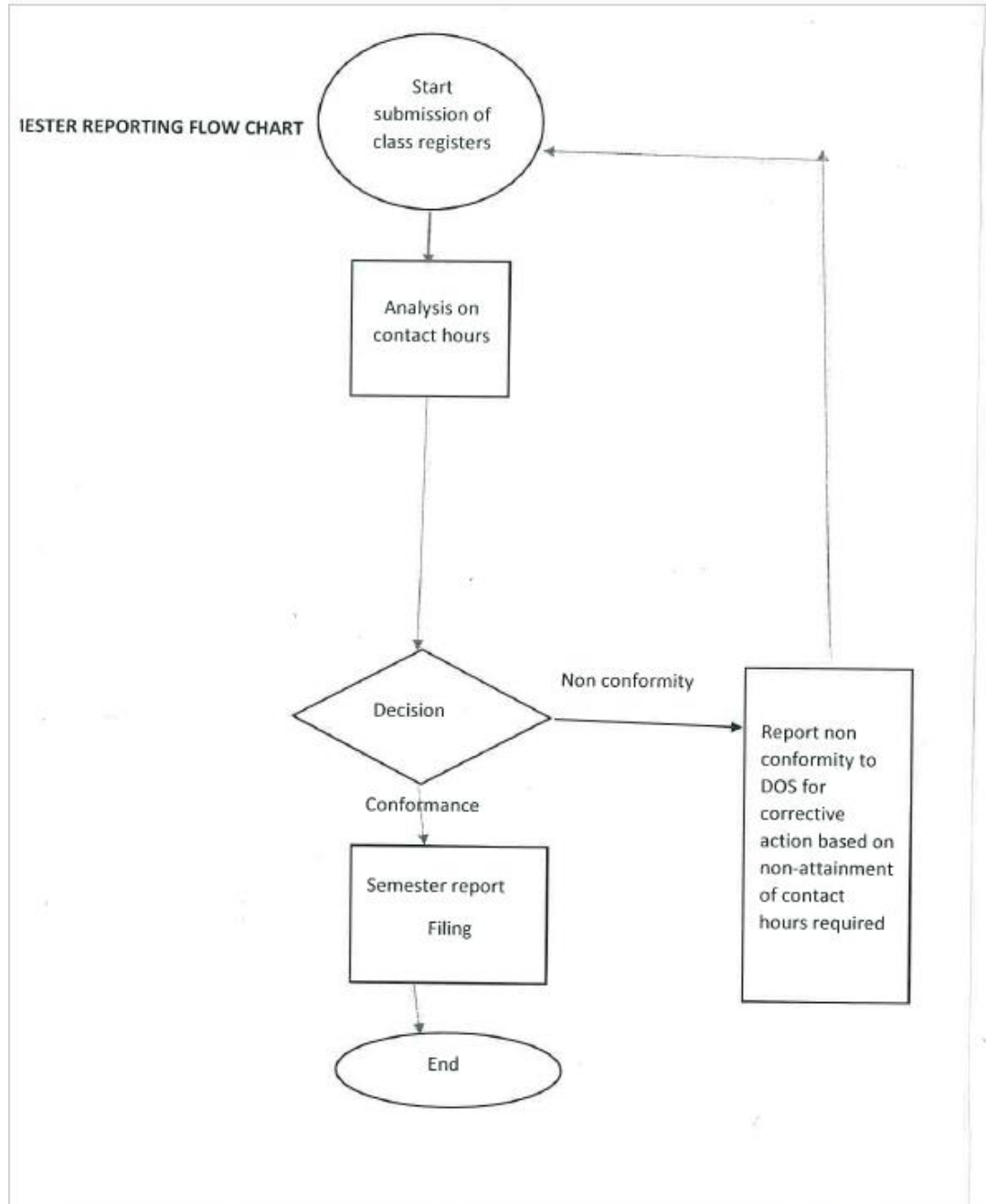
11.0 KEY PERFORMANCE INDICATORS

Well trained graduates

12.0 APPENDICES

- Lecturers' Terminal report template
- Flow chart for the procedures

SEMESTER CONTACT HOURS FLOW CHART



1.0 PROCEDURE FOR QUALITY OBJECTIVES ANALYSIS AND MONITORING

2.0 PURPOSE

To provide guidelines for effective monitoring, reporting and analysis of departmental Quality objectives.

3.0 SCOPE

This procedure applies to all operations in all departments in KUC as per the developed respective Quality objectives.

4.0 REFERENCES

- Respective procedures for each department
- ISO 9001:2015 Standard
- Respective Quality Objectives for each department

5.0 TERMS AND DEFINITIONS

QAO - Quality Assurance Officer
ISO - International Organization for Standardization
KUC - Kenya Utalii College
HOD - Head of Department

6.0 RESPONSIBILITY

QAO is responsible for monitoring the implementation of this procedure.

7.0 INPUT

- Competent Staff
- Departmental procedures
- Departmental Quality Objectives
- A Quality Objective Template

8.0 METHOD

- 8.1 The QAO shall receive all reports on Quality objectives by the second week of the subsequent quarter.
- 8.2 The QAO shall ensure that all improvements suggested from the previous quarter have been addressed.
- 8.3 The QAO shall ensure that non-conforming areas are noted and relayed to the MR.

8.4 The QAO shall forward a final report to the MR for information and a copy filed in the department.

9.0 OUTPUT

- A Report on Quality Objectives.

10.0 RECORDS

- Analysis sheets from departments
- A Quality Objective Report

11.0 KEY PERFORMANCE INDICATORS

Gauging ability to achieve set objectives timey

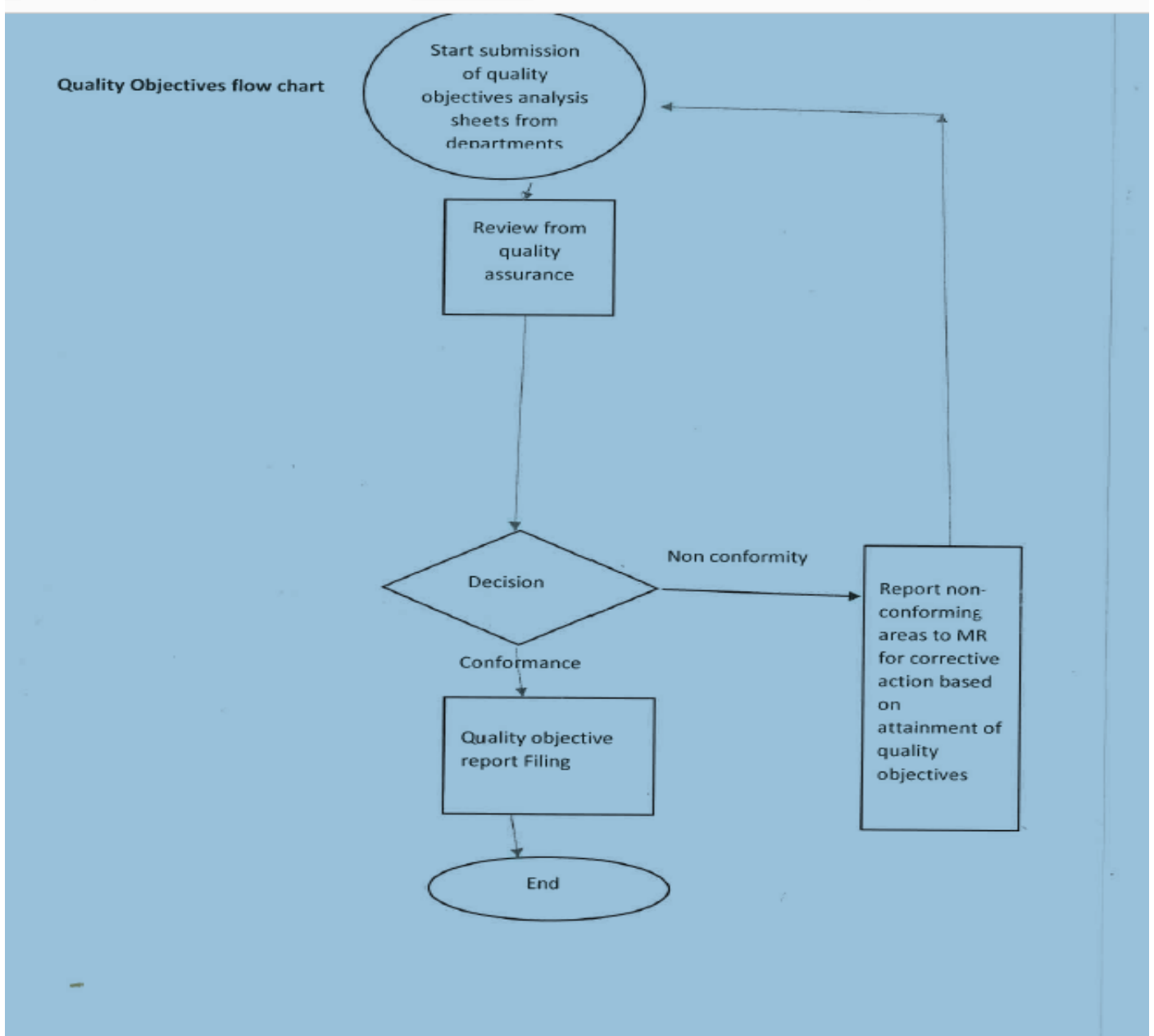
12.0 APPENDICES

12.1 Template for the report

12.2 Monitoring Flow chart

12.3 Change of records form

QUALITY OBJECTIVES FLOW CHART



SECTION C: OPPRTUNITIES

	OPPRUNITY	ACTIONS	RESOURCES	RESPOSIBILITY	TIMEFRAME	KPI
	Seeking other certification other than generic 9001 group of standards	Identify specific college activities and Set up systems where certification is needed.	Budget	Management	1-2 yrs	To enhance efficiency of operations and take the institution to the next level

SECTION D: RISKS

No.	DESCRIPTIO N OF RISK	TYPE OF RISK	PROBABILITY OF OCCURANCE			SEVERITY <i>HIGH – 3</i> <i>MEDIUM -2</i> <i>LOW - 1</i>	IMPACT	MITIGATIO N	RESPONSIBILITY	KPI
			HIGH	MEDI UM	LO W					
1	System crash		✓			HIGH - 3	Loss of data	Have reliable pack up system	QAO and ICT Head	Have a reliable, secure and consistent information system
2	Failure to meet the C.A.J report submission deadline					Low - 1	Loss of scores on performance contracting	Follow recommended schedules and timelines.	QAO	To have a complaint resolution mechanism that adheres to set CAJ

DOCUMENTED INFORMATION FOR QUALITY ASSURANCE DEPARTMENT

										guidelines
3	Failure to renew the ISO certificate.							Follow all ISO QMS requirements	QAO	Functional and effective QMS system