LAPORAN KEGIATAN

PEKERJAAN JASA AUDIT / SURVEILLANCE ISO 9001:2[illegible]

PADA DINAS PERHUBUNGAN MODA DAN PELAYANAN TERPADU SATU PINTU KOTA [illegible]

TAHUN ANGGARAN 2025

1: Executive Summary

Details

gistration No.	
ame	DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU PEMERINTAH KOTA PEKALONGAN
s	Jl. Jakso Agung R. Soegiyono No 1 Kota Pekalongan, Kode Pos 51111, Indonesia
ocation(site)	-
y contact	Mr. ARIS KARYADI, S.Sos
ile No.	(0285) 432086
nication contact	Mr. Kusnoko, SE., M.SM
ile No.	0812-9982-8228
f the organization	INTEGRATED PUBLIC SERVICES FOR GOVERNMENT LICENSE AND SUPPORTING SERVICES
e	EA Code:- 35
mplexity Category per 9 IS	Middle
o. of Employees	58 personil (ASN 22 personil, Non ASN 36 personil)
uration(s)	1 Man days
dit team*	Lead Auditor : Mr. Ivar Kusradi D., Auditor : Mr. Kusnoko
iteria*	To audit Within ISO 19011, The Manuals, Procedures, Documents, Records, Implementation of the systems as per the specific Requirements of ISO 9001:2015
bjectives	*Audit Objectives*

1. To confirm that the management system conforms with all the requirements of the audit standard(s);
2. To confirm that the organization has effectively implemented its planned arrangements;
3. To confirm that the management system is capable of achieving the organization's policies and objectives and evaluation of the ability of the management system to ensure the client organization meets applicable statutory, regulatory and contractual requirements;
4. If applicable to identify areas for potential improvement of the management system.
5. To confirm that the certified management system(s) conforms with requirements of to the standard, including, but not limited to:
   a) internal audits and management review,
   b) a review of actions taken on nonconformities identified during the previous audit,

c) treatment of complaints,
d) effectiveness of the management system with regard to achieving the certified client's objectives,
e) progress of planned activities aimed at continual improvement,
f) continuing operational control,
g) review of any changes, and

ion from the Audit Plan?	If yes: - Specify Reason
icant issues impacting on the gram?	If yes: - Please specify
Audit	02.12.2025
evious Audit/Date(s)	
udit	Individual ☒ Combined ☐ Joint ☐ Quality ☐ On Site ☒ Permanent Site ☐ Temporary Site ☐ Off site ☐ Remote audit ☐

e audit team leader shell be conduct audit as per SQC Auditor Guidelines of conducting audits, Document no: SQC/AG/01, Issue no:01, rev00, effective date: 02.07.2022

e audit shall be conducted on a sample-based approach. One or more samples shall be drawn from the set of cess/products and the audit findings shall be based on the results of the audit of the sample(s).

gening/Closing Meetings:*Opening and closing meetings were performed in accordance with SQC Form Ref no. - F - 018. The objective of the auditwas to confirm that the management system had been established and lemented in accordance with therequirements of the audit standard.*

lit Result

written by Lead Auditor

Penanaman Modal dan Pelayanan Terpadu Satu Pintu (DPMPTSP) of Pekalongan City has fulfilled all ements and has implemented them in all learning activities and organizational operations in lance with the ISO 9001:2015 Quality Management System. The organization's commitment is very during the initial audit, significant in data verification, and the documents comply with the ments. There are several opportunities for improvement and minor refinements in the public aint application system.

ary of the Audit

significant changes in the management system as compared to the previous audit? YES

Unresolved issues from the previous audit? YES

ious N.C /Observations Closed? YES

rovement/changes in the Management system as compared to the previous audit. YES

clusion stating the Scope of certification is appropriate to the system being followed. YES

firmation that audits objectives have been fulfilled? YES

__Minor/____Major Nonconformance/____ Observation/__4__OFI identified in the audit, details of Non-conformance are detailed in NCCAP (As Attached Along). Please respond by using NCCAP form and include the root cause analysis with systemic corrective action. The inappropriate action on the NCCAP may result in the non-acceptance by the concerned auditor.

ditors therefore recommend:

nce of Certificate *The quality system complies with the requirements of the reference standard: Congratulations, on the basis of the summary, Lead Auditor is pleased to put forward a recommendation for issuance of Certificate* *The quality system complies with the requirements of the reference standard with exception of minor NC: ngratulations, Lead Auditor is pleased to put forward a recommendation for of Organization upon off-site verification of e of all issues, the NC closure need to be submitted along with the Corrective Action Plan and objective evidence with days from the stage-II audit but not later than 60 days from the date of Stage-II audit. If all non-conformances are not d within 60 days, a full reassessment may be conducted*
nal of the Certification *Evidence of major nonconformities: Organization is not recommended for Certification. A follow-up assessment will be ded to allow for on-site verification and closure of all issues within 60 days from the date of Stage-II audit. If all non-rmances are not closed within 60 days, a full reassessment may be conducted.* *ny other relevant* *on*
low Up audit *ot Recommended: Organization is not recommended for certification, aStage-II audit will be required. To progress application for registration, please respond to each non-conformance, with a plan showing proposed actions, cedules and responsibilities for resolution. The organization should consider the root cause of the non-conformance and otential for related issues in other parts of your system.*
r (if any)
f Surveillance/Re-Certification Audit (MM/YYYY): -