

Management System Certification Audit Summary Report

Organization:	PT. Chitose Internasional Tbk.				
Address:	HO & Plant: Jl. Industri III No. 5, Utama, Cimahi, Jawa Barat – Indonesia Warehouse Finish Goods: Jl. HMS Mintaredja Baros, Cimahi, Jawa Barat – Indonesia				
Standard(s):	ISO 9001:2015	Accreditation Body(s): UKAS, BSN/KAN			
Representative:	Mr. Agung Tri Wahyu				
Site(s) audited:	Address as above	Date(s) of audit(s):	28-29 June 2018		
EAC Code:	23	NACE Code:	36.11, 36.15	Technical Area code:	QM 23.2
Effective No. of Personnel:	529	No. of Shifts:	3		
Lead auditor:	Tomie Gautama	Additional team member(s):			
Additional Attendees and Roles:					
<i>This report is confidential, and distribution is limited to the audit team, audit attendees, client representative, the SGS office and may be subject to Accreditation Body, Certification Scheme owners or any other Regulatory Body sampling in line with our online Privacy Statement which can be accessed here</i>					

1. Audit objectives

The objectives of this audit were:

To determine conformity of the management system, or parts of it with audit criteria and its:

- ability to ensure applicable statutory, regulatory and contractual requirements are met,
- effectiveness to ensure the client can reasonably expect to achieve specified objectives, and
- ability to identify as applicable areas for potential improvement.

2. Scope of certification

Manufacture of Metal Chair and Nursing Bed

Has this scope been amended as a result of this audit? Yes No

This is a multi-site audit and an Appendix listing all relevant sites and/or remote locations has been established (attached) and agreed with the client. Yes No

For integrated audits, confirm the current level of the client's IMS integration: N/A Basic High

3. Current audit findings and conclusions

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives required by the standard(s). A sampling process was used, based on the the information available at the time of the audit. The audit methods used were interviews, observation of activities and review of documentation and records.

Job n°:	2024	Report date:	26 June 2019	Visit Type:	Surveillance	Visit n°:	3
CONFIDENTIAL		Document:	GS0304	Issue n°:	22 (I)	Page n°:	1 of 4

The structure of the audit was in accordance with the audit plan included as an annexe to this summary report.

The audit team concludes that the organization has has not established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements for products or services within the scope and the organization's policy and objectives.

Number of nonconformities identified: _____ Major 2 Minor

Therefore the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, management system certification be:

Granted / Continued / Withheld / Suspended until satisfactory corrective action is completed.

4. Previous Audit Results

The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action has been implemented to address any nonconformity identified. This review has concluded that:

- Any nonconformity identified during previous audits has been corrected and the corrective action continues to be effective. (Refer to Section 6 for details)
- The management system has not adequately addressed nonconformity identified during previous audit activities and the specific issue has been re-defined in the nonconformity section of this report.

5. Audit Findings

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives. The audit methods used were interviews, observation of activities and review of documentation and records.

The management system documentation demonstrated conformity with the requirements of the audit standard and provided sufficient structure to support implementation and maintenance of the management system. Yes No

The organization has demonstrated effective implementation and maintenance / improvement of its management system and is capable of achieving its policy objectives, as well as the intended results of the respective management system(s). Yes No

The organization has demonstrated the establishment and tracking of appropriate key performance objectives and targets and monitored progress towards their achievement. Yes No

The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system. Yes No

The management review process demonstrated capability to ensure the continuing suitability, adequacy and effectiveness of the management system. Yes No

Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard. Yes No

Certification claims are accurate and in accordance with SGS guidance and the organization is effectively controlling the use of certification documents and marks. N/A Yes No

Job n°:	2024	Report date:	26 June 2019	Visit Type:	Surveillance	Visit n°:	3
CONFIDENTIAL		Document:	GS0304	Issue n°:	22 (I)	Page n°:	2 of 4

6. Significant Audit Trails Followed

The specific processes, activities and functions reviewed are detailed in the Audit Planning Matrix and the Audit Plan. In performing the audit, various audit trails and linkages were developed, including the following primary audit trails, followed throughout:

7. Nonconformities

Non Conformity	N° <u>1</u> of <u>2</u>	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor
Department / Function:	QC	Standard Ref.:	7.1.5.2
Document Ref.:	Schedule Calibration	Issue / Rev. Status:	0
Details of Nonconformity:	<ol style="list-style-type: none"> Lack evidence was found that activity of verification measuring equipment is carried out properly, during audit was found that dual scope Mpor (FISCHER) is not identified to enable status and activity verification is not done as due date that appointed (verification should be done at March 2018) Statement conformity already clear identified in external certificate calibration, but statement conformity is inappropriate with standard e.g in certificate was noted ± 5 micron but in standard noted ± 15 micron (certificate number 029/ECA/III/2015) 		

Non Conformity	N° <u>2</u> of <u>2</u>	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor
Department / Function:	QC	Standard Ref.:	9.2
Document Ref.:	Questioner Survey	Issue / Rev. Status:	0
Details of Nonconformity:	<p>Although that implementation of activity monitor and measurement is running properly, However the correction and corrective action taken has not yet been done and recorded to ensure conformity of the product, e.g test ketebalan /thickness test date on 15 January 2019, 11 March 2019 and 20 May 2019 was upper than requirement in standard CINT/QC/F-01 that standard data was noted in range (75 ± 15) micron actual data was noted 98, 95 and 97 micron.</p>		

Client Proposed Action to Address Minor Non-Conformances Raised at this Audit:

- Proposed Action from client to Address Minor Non-conformities raised (if any), have been reviewed and accepted. See separate document CAR-action plan.**

Nonconformities detailed here shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard and shall include actions to analyse the cause of the nonconformity and prevent recurrence, and complete records maintained.

- Corrective actions to address identified major nonconformities shall be carried out immediately including a cause analysis, and SGS notified of the actions taken within 30 days. An SGS auditor will perform a **follow up visit** within 90 days to confirm the actions taken, evaluate their effectiveness, and determine whether certification can be granted or continued.
- Corrective actions to address identified major nonconformities shall be carried out immediately including a cause analysis, and records with supporting evidence sent to the SGS auditor for close-out within 90 days.

Job n°:	2024	Report date:	26 June 2019	Visit Type:	Surveillance	Visit n°:	3
CONFIDENTIAL		Document:	GS0304	Issue n°:	22 (I)	Page n°:	3 of 4

- Corrective Actions to address identified minor non-conformities including a cause analysis, shall be documented on a action plan and sent by the client to the auditor within 90 days for review. If the actions are deemed to be satisfactory they will be followed up at the next scheduled visit.
- Corrective Actions to address identified minor non-conformities including a cause analysis, have been detailed on an action plan and the intended action reviewed by the Auditor, deemed to be satisfactory and will be followed up at the next scheduled visit.
- Appropriate cause analysis and immediate corrective and preventative action taken in response to each non-conformance as required.

Note:- Initial, Re-certification and Extension audits – recommendation for certification cannot be made unless check box 4 is completed. For re-certification audits the time scales indicated may need to be reduced in order to ensure re-certification prior to expiry of current certification.

Note: At the next scheduled audit visit, the SGS audit team will follow up on *all* identified nonconformities to confirm the effectiveness of the corrective actions taken.

8. General Observations & Opportunities for Improvement

General

1. Use of Risk and Opportunity table document can be improved:
 - a. The organization should always update the Risk and Opportunity table document pertaining to the relevant information such as: customer complaint, field failure, fabrication failure, etc.
 - b. Although that organization define clearly the criteria of each number for determination of severity, occurrence and detection, care should be taken to make routine evaluate for information input in management review meeting
2. It is recommended to review socialization system for Risk and Opportunity table for all functions to ensure that all team member has understood and implemented in their daily activities,

Job n°:	2024	Report date:	26 June 2019	Visit Type:	Surveillance	Visit n°:	3
CONFIDENTIAL		Document:	GS0304	Issue n°:	22 (I)	Page n°:	4 of 4