

LAPORAN PELAKSANAAN PEKERJAAN

DARI PENYEDIA JASA LAINNYA

Kepada Yth.
Pejabat Pembuat Komitmen (PPK)
Politeknik Penerbangan Surabaya
di Tempat

Dengan hormat,
Bersama ini kami sampaikan laporan pelaksanaan pekerjaan untuk paket pekerjaan sebagai berikut:

A. DATA KONTRAK

Nama Paket Pekerjaan	: Jasa Sertifikasi Sistem Manajemen Mutu ISO 9001:2015 dan Sistem Manajemen Organisasi Pendidikan ISO 21001:2018 di Politeknik Penerbangan Surabaya T.A 2025
Nomor Kontrak/SPK	: SPK.02/PPK.NonDiklat/POLTEKBANG.Sby 020 Tahun 2025
Tanggal Kontrak/SPK	: 17 September 2025
Nama Penyedia Jasa	: CV. Laksana Cahaya Mandiri
Periode Laporan	: September - Oktober 2025

B. RINCIAN LAYANAN YANG TELAH DILAKSANAKAN

Selama periode laporan, kami telah melaksanakan layanan sesuai lingkup pekerjaan dalam kontrak, yang meliputi:

No .	Jenis Layanan	Frekuensi	Volume/Area Layanan	Status Pelaksanaan
1.	Perencanaan Audit ISO	1 Minggu	Seluruh Unit	Terlaksana

	9001:2015 dan ISO 21001:2018		di Politeknik Penerbangan Surabaya	
2.	Pelaksanaan Audit ISO 9001:2015 dan ISO 21001:2018	2 Hari	Seluruh Unit di Politeknik Penerbangan Surabaya	Terlaksana
3.	Penyusunan Laporan Audit	2 Minggu		Terlaksana
4.	Penerbitan Sertifikat	1 Minggu		Terlaksana

C. DAFTAR PERSONIL BERTUGAS DAN CATATAN KEHADIRAN

Berikut adalah daftar personil yang bertugas selama periode laporan. Absensi kehadiran terlampir.

No.	Nama Personil	Posisi	Keterangan
1.	Ainur Leksono	Lead Auditor	Hadir Penuh
2.	Fajar Nugroho	Auditor	Hadir Penuh
3.	Kuncoko	Auditor	Hadir Penuh

D. PENGGUNAAN BAHAN DAN PERALATAN

- Peralatan audit berupa laptop disediakan oleh auditor sedangkan untuk presentasi hasil audit tersedia di ruang pertemuan Politeknik Penerbangan Surabaya

E. KENDALA DAN TINDAK LANJUT

- Tidak ada kendala, kegiatan audit berjalan sesuai audit plan

F. DOKUMENTASI PENDUKUNG (LAMPIRAN)

Sebagai kelengkapan laporan, kami lampirkan:

1. Sertifikat ISO 9001:2015 dan ISO 21001:2018
2. Audit Report.
3. Dokumentasi Photo

Demikian laporan ini kami sampaikan. Atas perhatian dan kerja sama Bapak/Ibu, kami ucapkan terima kasih.

Hormat kami,
CV. Laksana Cahaya Mandiri



Ainur Leksono
Direktur

Sertifikat ISO 9001:2015 Politeknik Penerbangan Surabaya



CERTIFICATE OF CONFIDENCE

This is to certify that

Politeknik Penerbangan Surabaya
Jl. Jemur Andayani I No. 73, Siwalankerto, Kec. Wonocolo,
Surabaya Jawa Timur 60236, Indonesia

conforms to the requirements of

ISO 9001:2015
Quality management systems
Provision of aviation higher educational and training services.

Certificate number:	PPYQ01-CCCQ04	Certified date:	23 October 2025
Original date:	11 October 2022	Expiry date:	11 October 2026



Evelina North-Coombes
Eling(CHF) DipCHS MScand CEng (ref)
Assurance Manager
Equal Assurance





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2/44 Kings Park Road, West Park WA 6005, AUSTRALIA
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Equal Assurance partners are accredited by members of the International Accreditation Forum (IAF) as a national
Certification awarded by Joint Accreditation System of Australia & New Zealand. Details at <http://jnz.com/australia>
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Sertifikat ISO 21001:2018 Politeknik Penerbangan Surabaya



CERTIFICATE OF VERIFICATION

This is to verify that

Politeknik Penerbangan Surabaya

Jl. Jemur Andayani I No. 73, Siwalankerto, Kec. Wonocolo,
Surabaya Jawa Timur 60236, Indonesia

has been audited to

ISO 21001:2018

Educational organizations management systems

Provision of aviation higher educational and training services.

Certificate number: PPYQ01-CVE504
Issued date: 23-October-2025

Audit date: 07-October-2025
Expiry date: 07-October-2026

Evelyn North-Coombes
B Eng(Civil) Dip-ENG MSc Auditing (part)
Assurance Manager
Equal Assurance

Equal Assurance Pty Ltd as trustee for The Equal Assurance Trust.

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Dokumentasi Photo











Audit Report
Audit Number PPYQ01-05
Re-Certification Audit on
Politeknik Penerbangan Surabaya
Quality management system
07-Oct-2025 to 08-Oct-2025

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Note:

- (i) The general format of this Audit Report remains the property of Equal Assurance.
- (ii) The content of this Audit Report remains the property of the relevant Equal Assurance partner.
- (iii) This Audit Report shall only be used in a manner for which it is intended.
- (iv) The user of this Audit Report shall excuse errors relating to syntax, grammar, punctuation, spelling or context.
- (v) Please consider the environment before printing this Audit Report.



1. Audit Summary

1.1 General

Politeknik Penerbangan Surabaya (Politeknik Penerbangan Surabaya) has engaged Equal Assurance Pty Ltd to provide assurance and certification services.

As part of this, a Re-Certification Audit was conducted on Politeknik Penerbangan Surabaya to provide confidence in the continuing suitability and effectiveness of the applicable components of the Politeknik Penerbangan Surabaya management system in meeting the relevant quality management system standard requirements.

To this end, The audit process was conducted on-site, including a direct visit to the organization's location. During the audit, the auditor was in good health and fully vaccinated. The auditor also implemented health protocols in accordance with government regulations and the organization's internal policies. Reference Standards: The audit was conducted in accordance with the ISO 9001:2015 and ISO 21001:2018 management system standards. In addition, the auditor considered relevant national standards and regulations established by relevant government agencies. Audit Results: The organization carried out its operational activities in accordance with documented procedures. Service delivery was aligned with customer needs and expectations and complied with applicable regulations in educational accreditation standards. The organization regularly monitored and evaluated the achievement of educational quality targets. This demonstrates the existence of a sound performance measurement system and supports the principle of continuous improvement within the educational organization's quality management system. Audit conclusion: The educational organization's quality management system has been implemented effectively, in accordance with the requirements of ISO 9001:2015 and ISO 21001:2018, supporting the achievement of the educational organization's quality objectives. Because no major or critical findings were identified during the audit, it is recommended to continue with ISO 9001:2015 and ISO 21001:2018 certification.

The Audit was conducted by area/process, and reported by requirement relevant to the Audit Criteria. Therefore, the Audit Report (including the documented evidence retained) should be considered in its totality so as to satisfy the certification criteria.

Finally, the Audit Team would like to thank personnel at all levels and functions for their genuine hospitality and enthusiasm throughout this Audit.



1.2 Audit Conclusion

1.2.1 Confidence Level

In line with Clause 2.7, the Audit Team (see Clause 2.4) have determined the following level of confidence in the performance of Politeknik Penerbangan Surabaya to consistently meet relevant quality management system standard requirements, in accordance with its management system.



1.2.2 Risk Ratings

A summary of current Audit Findings, and their Risk Rating (see Clause 2.7), is provided as follows. Further details in relation to the Audit Findings considered in this Audit are provided in the Audit Findings Annex.

Number of Current Findings			Risk Rating
Previous	New	Total	
0	0	0	4
0	1	1	3
0	2	2	2

The Audit Findings with the highest Risk Rating are:

- Objectives and related planning (Integrated Audit Criterion 3.4.2)

1.2.3 Action Required

As a result of the Confidence Level (see Clause 1.2.1) and the status of the Audit Findings (see Clause 1.2.2), the following Certification Conditions related to this Audit will need to be met, and to the satisfaction of the Lead Auditor.

Condition 1

Prior to the recommendation for continuing certification, Politeknik Penerbangan Surabaya shall record the Audit Findings and proposed corrective actions, in accordance with Politeknik Penerbangan Surabaya's corrective action procedures, and within six weeks of the date of the Audit. Corrective actions shall include the timing and responsibility for such actions, shall be uploaded into *Qdos*, and shall be taken in a time consistent with the Risk Rating.

To this end, the Audit Team has determined the Politeknik Penerbangan Surabaya corrective action procedures to be: The method for implementing corrective actions refers to the document on the Procedure for Handling Nonconformities and Customer Complaints (SOP-SPM-02) which has been established by the organization.



2. Audit Context

2.1 Audit Objective

The objective of this Audit was to determine the level of confidence in the performance of Politeknik Penerbangan Surabaya to consistently meet relevant quality management system standard requirements, in line with its management system and its effectiveness in achieving its objectives, by assessing the risks associated with nonconformity to these requirements.



2.2 Audit Scope

General details regarding the Audit Scope are summarised as follows:

- **Client:** Politeknik Penerbangan Surabaya
- **Main Site:** Jl. Jemur Andayani I No. 73, Siwalankerto, Kec. Wonocolo, Surabaya Jawa Timur 60236, Indonesia

The operational scope for Politeknik Penerbangan Surabaya examined in relation to this Audit is:

Provision of aviation higher educational and training services.

This is consistent with the actual and/or intended scope of certification.

International Standard Industrial Classification (ISIC) 3.1 Codes that apply to the scope of certification for Politeknik Penerbangan Surabaya are:

ISIC Codes	ISIC Code Description
8030	Higher education

The total number of Full Time Equivalent (FTE) employees at the time of this Audit that were associated with the scope of certification was understood to be in the order of 269.



2.3 Audit Criteria

The Audit Criteria included applicable requirements of the following Standards:

- ISO 9001:2015

The relevant Equal Assurance Integrated Audit Criteria guide(s) as listed in the Client Charter were applied, thereby providing linkages from this Audit Report to the relevant Audit Criteria.

For this particular Audit, the following criteria in relation to assurance programs that are currently under development was also considered:

- ISO 21001:2018

The Audit also included an examination of corrective action taken to address relevant current Audit Findings for Politeknik Penerbangan Surabaya, as identified in the Audit Plan.



2.4 Audit Personnel

This Audit was performed by the following personnel:

Lead Auditor

- Ainur Leksono

Master of Management, Airlangga University.
Chemical Engineering, ITS Surabaya.
Export And Import Course.
IRCA ISO 9001. ISO 14001. ISO 27001.

ISO 21001:2018, ISO 31001:2018, ISO 31001:2018 & 31022:2020, ISO 37001:2016, ISO 15189:2012.
Certified of Effective Warehouse management.
Certified of Method Training Need Analysis (TNA) & Blooms's Taxonomy.
Implementation of Government Procurement of Goods and Services Course.
Risk management in procurement of government goods and services Course.
Root Cause Analysis Course.
Design Thinking Course.
Digital Logistic and Supply Chain Finance Course by Indonesia Procurement Club.
CRA Certified Risk Associate.
Certified Hypnotherapist (CHt).
Certified Hypnotist (CH).
NNLP Practitioner, Neo Neuro Linguistic Program Society.
Halal Supervisor, BNSP license.
Halal Auditor, BNSP license.

Auditor

- Erich Prasetya

Expertise in Training, Coaching and Consulting Management System
a. ISO 9001, 14001, OHSAS 18001, SMK3
b. Construction of Civil Engineering
c. Lifting



The Lead Auditor:

- approves this Audit Report;
- confirms the Audit was performed in accordance with the requirements of The Equal Assurance Management System, including but not limited to the Client Charter, the Audit Charter, and the Audit Performance Checklist;
- confirms the objective of the Audit was met;
- confirms that, having assessed any known threats to impartiality with the Audit Team members and implemented the necessary controls, the Audit Team was sufficiently independent from Politeknik Penerbangan Surabaya to perform the Audit; and
- makes a recommendation for continuing certification according to the Conditions specified in Section 1.2.3 of this Audit Report.

Politeknik Penerbangan Surabaya personnel present and directly involved in the Audit included:

Name	Role	Opening Meeting	Audit Performance	Closing Meeting
Ahmad Bahrawi S.E, M.T.	Direktur Utama	✓	✓	✓
Dr. Bambang Priyono, S.S.T., S.T., M.H.	Wadir 2	✓	✓	✓
Dwiyanto S.T., M.Pd.	Wadir 3	✓	✓	✓
Dr. Laila Rochmawati, S.S., M.Pd.	Ka. SPM	✓	✓	✓
A. Musadek	Ka. Prodi MTU	✓	✓	✓
Catur Erik Widodo	Ka. SPI	✓	✓	✓
Ka. BAAK	Parjan, S.S.T., M.T.	✓	✓	✓



2.5 Audit Plan

An Audit Plan was prepared for the Audit. The Audit was conducted as follows:

Day 1 (07-Oct-2025)

- 09:00 to 09:15 - Politeknik Penerbangan: All (Opening Meeting)
Ainur Leksono (Lead Auditor), Erich Prasetya (Auditor)
- 09:15 to 09:30 - Politeknik Penerbangan: Top Management (Meeting)
Ainur Leksono (Lead Auditor), Erich Prasetya (Auditor)
- 09:30 to 10:00 - Politeknik Penerbangan: Management Representative (Findings Review)
Ainur Leksono (Lead Auditor), Erich Prasetya (Auditor)
- 10:00 to 12:00 - Politeknik Penerbangan: All (Audit)
Ainur Leksono (Lead Auditor), Erich Prasetya (Auditor)
- 13:00 to 16:30 - Politeknik Penerbangan: All (Audit)
Ainur Leksono (Lead Auditor), Erich Prasetya (Auditor)
- 16:30 to 17:00 - Politeknik Penerbangan: All (Closing Meeting)
Ainur Leksono (Lead Auditor), Erich Prasetya (Auditor)

Day 2 (08-Oct-2025)

- 09:00 to 12:00 - Politeknik Penerbangan: All (Audit)
Ainur Leksono (Lead Auditor), Erich Prasetya (Auditor)
- 13:00 to 16:30 - Politeknik Penerbangan: All (Audit)
Ainur Leksono (Lead Auditor), Erich Prasetya (Auditor)
- 16:30 to 17:00 - Politeknik Penerbangan: All (Closing Meeting)
Ainur Leksono (Lead Auditor), Erich Prasetya (Auditor)



2.6 Audit Methodology

In line with the Client Charter, the Audit Methodology included the following steps:

- Planning, including the preparation of an Audit Plan and review of documentation in relation to the Audit Scope.
- Performance, including:
 - Opening Meeting, including confirmation of Audit Type, Audit Criteria, and Audit Scope, role, confidentiality, impartiality and safety requirements for Audit Team members, confirmation of Audit Plan, audit methods and audit style to be applied, sampling basis of auditing and ensuing uncertainty in audit results, importance of top management involvement, methods of audit reporting (ie: Risk Rating of Audit Findings and Confidence Level of the management system), methods for drawing the Audit Conclusion, and the right of appeal to Audit Findings.
 - Audit performance, including discussions with relevant management and operational personnel, any significant issues, progress on previous audit findings, progress of planned activities aimed at continual improvement, witnessing of operational activities, examination of relevant documents and records, and deliberation by Audit Team.
 - Closing Meeting, including re-confirmation of Audit Type, Audit Criteria, Audit Scope and confidentiality and impartiality requirements for Audit Team members, summary of locations and operations visited, any material departures from the Audit Plan, sampling basis of auditing and ensuing uncertainty in audit results, key Audit Findings and their Risk Rating, Confidence Level of the management system, the Audit Conclusion, and re-iteration of the right of appeal to Audit Findings.
- Reporting, including preparation of this Audit Report and the Audit Findings.

Audit Findings have been rated in respect to the level of perceived risk to Politeknik Penerbangan Surabaya and its stakeholders in relation to this Audit Context. In line with the Risk Rating Table provided in the Client Charter, the Risk Rating is either acceptable (Level 1), low (Level 2), medium (Level 3), high (Level 4) or extreme (Level 5).

Audit Findings and Audit Conclusions have been drawn purely from the Audit Evidence (or sample of information) obtained during the Audit. Whilst every effort has been made to ensure the Audit Evidence was representative of Politeknik Penerbangan Surabaya's performance, different information may have existed during the Audit, and this may have resulted in different Audit Findings and Audit Conclusions.

A Confidence Level in the performance of Politeknik Penerbangan Surabaya to consistently meet relevant quality management system standard requirements, in line with its management system, has been determined. In line with the Audit Context, this qualitative determination takes into account the relative risks of each Audit Finding, as well as the general performance level of Politeknik Penerbangan Surabaya as observed during the Audit. In line with the Client Charter, the Confidence Level is either very high, high, medium, low or very low.



2.7 Audit Report

Along with general comments made in Clause 3 of this Audit Report, in line with the Audit Methodology (Clause 2.6), the Audit Team has undertaken the following:

- (i) A Confidence Level in the performance of Politeknik Penerbangan Surabaya to consistently meet relevant quality management system standard requirements, in line with its management system, has been determined, and is provided in Clause 1.2.1.
- (ii) Each Audit Finding has been allocated a Risk Rating, based on its current status. This is indicated next to the Finding Reviews of previous Audit Findings, or to new Audit Findings, in the Audit Findings Annex. Audit Findings from previous audits that have no Finding Reviews are not listed in the Audit Findings Annex. The results are summarised in Clause 1.2.2.

Audit findings from this Audit that are already considered acceptable are summarised in Clause 3 and are not listed in the Audit Finding Annex.



3. Audit Findings

3.1 General

As detailed in the Audit Plan (see Clause 2.5) the Audit included a tour of facilities, witnessing of operations, discussions with workers and/or examination of records at the following sites:

3.1.1 Politeknik Penerbangan

3.1.1.1 Surabaya Aviation Polytechnic is engaged in the provision of aviation higher educational and training services. Located at Jalan Jemur Andayani I No. 73, Surabaya. The existence of the organization began with the utilization of the assets of the Regional Office III of the Directorate General of Civil Aviation in Surabaya in 1989 under the name of the Surabaya Aviation Education and Training Center in accordance with the Decree of the Minister of Transportation Number 22 of 1989 concerning the Implementation of the Surabaya Aviation Education and Training Center. In its development in accordance with the Decree of the Minister of Transportation No. PM 32 of 2017 dated May 8, 2017 concerning the Organization and Work Procedure of the Surabaya Aviation Polytechnic, the agency changed to the Surabaya Aviation Polytechnic whose main task is to provide vocational education, research, and community service in the field of aviation.

3.1.1.2 There have been no changes to the number of study programs offered by the organization. The organization has seven study programs, each with a certificate of expertise (license): 1. Diploma 3 in Aviation Communications. 2. Diploma 3 in Air Traffic. 3. Diploma 3 in Air Transportation Management. 4. Diploma 3 in Building and Runway Engineering. 5. Diploma 3 in Airport Electrical Engineering. 6. Diploma 3 in Air Navigation Engineering. 7. Diploma 3 in Aircraft Engineering.

3.1.1.3 In its operations, the organization is supported by institutions, bureaus, and units that support the implementation of learning within the organization, such as the Quality Assurance Unit, the Research and Community Service Center, the Academic and Cadet Administration Bureau, and the Dormitory Services Unit.

3.1.2 Certificates and Q-Marks

The Audit also included an examination of the use of Certification Marks (i.e.: the Equal Assurance “Q-Mark” and/or Marks from prior Conformity Assessment Bodies, as applicable and related references to certification, including conformity with relevant procedures as required by Section 6 of the Client Charter. No examples of misuse or incorrect referencing were sighted.

3.1.3 Significant Issues

In accordance with the Client Charter, no significant complaints, incidents, or breaches have been reported by Politeknik Penerbangan Surabaya since Audit 04.



3.2 Context

3.2.1 Organizational context

3.2.1.1 In relation to external context, and considering issues arising from legal, technological, competitive, market, cultural, social and economic environments, whether international, national, regional or local, The organization has determined the identification of external issues related to problems that impact the organization and have been discussed in management review meetings. The implementation of this activity refers to the Organizational Integration Quality Manual document and the attachment to the SWOT analysis contained in the Learning Management Standard (STD.07/SPMI-POLTEKBANG.SBY/11/2019) and the Learning Funding and Financing Standard (STD.08/SPMI-POLTEKBANG.SBY/11/2019).

3.2.1.2 In relation to internal context, and considering issues related to values, culture, knowledge and performance of the organization, The organization has determined the identification of internal issues that have an impact on the organization and has been discussed at the management review meeting. The implementation of this activity refers to the Organizational Integration Quality Manual document and the SWOT attachment contained in the Learning Management Standard (STD.07/SPMI-POLTEKBANG.SBY/11/2019) and the Learning Funding and Financing Standard (STD.08/SPMI-POLTEKBANG.SBY/11/2019).

3.2.1.3 In relation to external context, and considering issues arising from legal, technological, competitive, market, cultural, social and economic environments, whether international, national, regional or local, External issues relate to changes in legislation and regulations related to the new curriculum. Control measures include adjusting learning programs to follow the curriculum established by the agency overseeing the organization. Another issue is the lack of a functional position map for BLU SPI auditors within the Ministry of Transportation, which hinders the performance of SPI auditors in meeting requirements. Control measures are still awaiting input from the Ministry of Transportation.

3.2.1.4 In relation to internal context, and considering issues related to values, culture, knowledge and performance of the organization, Internal issues related to the need for facilities and infrastructure. Control by carrying out maintenance in stages.

3.2.1.5 In relation to Amendment 1 of ISO 9001, specifying that the organization shall determine whether climate change is a relevant issue, Climate change impacts the health of cadets. Drinking water supplies for dormitories are increased during the hot season.

3.2.2 Needs and expectations of interested parties

3.2.2.1 The organization is always committed to the needs and expectations of other interested parties such as its relationship with the government (education office), Surabaya Poltekbang students (cadets), employees and teachers, community, partners and external vendors. Organizational understanding of the needs and expectations of interested parties, in meeting the requirements of the quality management system, refers to the Organizational Integration Quality Manual document and the attachment to the SWOT analysis contained in the Learning Management Standard (STD.07/SPMI-POLTEKBANG.SBY/11/2019) and Learning Funding



and Financing Standards (STD.08/SPMI-POLTEKBANG.SBY/11/2019).

3.2.2.2 In relation to Amendment 1 of ISO 9001, noting that relevant interested parties can have requirements related to climate change, there are no requirements related to climate change from interested parties.

3.2.2.3 Examples of identifying the needs and expectations of interested parties are: 1. The needs and expectations of the Directorate General of Civil Aviation, Ministry of Transportation: The organization operates in accordance with the legal standards established by the Directorate General of Civil Aviation, Ministry of Transportation, and improves the quality of education by enhancing study program accreditation and contributing to society. The organization is able to provide the expertise needed by the aviation industry in Indonesia. 2. The needs and expectations of cadets are: a. After graduation, they can work in the aviation field under government or private auspices. b. The existence of a youth organization that can assist high-achieving students. c. Transparent administrative services. d. Adequate facilities and infrastructure to support lectures. e. Availability of access to quality improvement and alumni contributions to the faculty. 3. The needs and expectations of the aviation industry and related services: The organization's curriculum is able to meet the competency needs required by the workforce.

3.2.3 Management system

3.2.3.1 The organization establishes, implements, maintains and continuously improves the quality management system, including the necessary processes and their interactions in accordance with the requirements of ISO 9001:2015 and ISO 21001:2018. Determination of this process using the process approach contained in the Organizational Integration Quality Manual document.

3.2.3.2 The organization has established the implementation of an educational quality management system based on the ISO 9001:2015, ISO 21001:2018, and the Higher Education Accreditation Standards, which are mandatory in Indonesia, as well as regulations from relevant ministries. The organization has also implemented safety standards in its premises, particularly in practice areas. The organization has established: the sequence of the teaching and learning process, the process from admission of new cadets to graduation, required resources, responsibilities and authorities, risks and opportunities, and monitoring methods for continuous improvement. The organization maintains records of all activities to facilitate monitoring and evaluation of compliance with quality management standards in the education sector.



3.3 Leadership

3.3.1 Leadership and commitment

3.3.1.1 The organization has issued integrated quality standard documents to be used as guidelines in implementing the Quality Management System in the field of Education. This guide introduces a Quality Management System that is implemented in accordance with the Requirements of ISO 9001:2015 and ISO 21001:2018.

3.3.1.2 The organization's vision is to become an excellent vocational college, produce graduates who are competent in the field of aviation, and are able to compete nationally and globally.

3.3.1.3 The organization's vision and mission have been implemented in all organizational activities. The organization has established a vision and mission in accordance with applicable regulations. Communication has been conducted to all employees regarding the implementation of the integrated management system. This communication has been demonstrated through banners, by posting them in study program information, and in the teaching staff room. The organization ensures the availability of the necessary resources for the Educational Organization Quality Management System, communicates the importance of an effective Educational Organization Quality Management System and its compliance with the requirements of the Educational Organization Quality Management System, ensures the Educational Organization Quality Management System achieves its intended results, engages, directs, and supports employees to contribute to the effectiveness of the Educational Organization Quality Management System, promotes improvement, and supports other relevant management roles to demonstrate leadership in accordance with their respective job responsibilities.

3.3.2 Policy

3.3.2.1 Organizational policies are: 1. Comply with laws and regulations and stipulated requirements. 2. Build the professionalism of educators and education personnel by increasing competence. 3. Improve and maintain educational support infrastructure. 4. Implementing the Tri Dharma of higher education. 5. Implementing Samapta character-based education (cadets). 6. Carry out continuous improvement and change.

3.3.2.2 This data is contained in the Organizational Integration Quality Manual document and the Decree of the Director of the Surabaya Aviation Polytechnic regarding the Quality Assurance System Policy (SPM) of the Surabaya Aviation Polytechnic and the Determination of the Quality Assurance System Development Team (SPM). Surabaya Aviation Polytechnic.

3.3.2.3 Based on the management review conducted, the organization has determined that there are no changes to the organization's policy. To achieve the established long-term policy, the organization has established a Quality Assurance System (QAS) Policy. The organization's policy has been communicated by top management and is being implemented through awareness campaigns.

3.3.3 Roles, responsibilities and authorities



3.3.3.1 In its leadership, management ensures that the responsibilities and authorities for relevant roles are assigned, communicated and understood within the Organizational environment. Details of the division of authority and responsibility are contained in the organizational structure document, job description of the organization in the Organizational Integration Quality Manual document.

3.3.3.2 There have been no changes to the implementation of Roles, Responsibilities, and Authorities within the organization. Responsibility for implementing all processes rests with the organization's top management. Top management delegates authority and responsibility to all personnel, in accordance with the existing organizational structure, referring to the laws and regulations established by the agency overseeing the organization. Communication is conducted regularly. Roles, Responsibilities, and Authorities are also outlined in the relevant operational procedures.



3.4 Planning

3.4.1 Risks and opportunities

3.4.1.1 The organization has a policy to consider risks and opportunities before setting a work plan. The purpose is: 1. Ensure that all organizational plans based on the quality management system (ISO 9001:2015 and ISO 21001:2018) achieve the desired results. 2. Increase the desired positive impact and prevent or reduce the unwanted negative impact. Risk identification for quality refers to the Organization's Integration Quality Manual.

3.4.1.2 Examples of medium-level risks and opportunities are as follows: 1. Risk: Lecturer availability does not meet the ratio. Impact: Disrupts cadet competency achievement. Control: Maintain the ratio of lecturer availability to cadet numbers. Submitting lecturer shortages or collaborating with external lecturers to meet the teaching staff ratio requirements. 2. Risk: Incomplete/non-functioning learning facilities and infrastructure. Impact: Decreased quality of educational services. Control: Monitor the completeness of educational facilities and infrastructure. Report any non-functioning facilities and infrastructure. 3. Risk: Graduate competency. Impact: Difficulty finding employment for cadets. Control: For learning related to certifiable competencies, the organization provides expertise certificates based on the cadet's learning achievements.

3.4.2 Objectives and related planning

3.4.2.1 The quality objectives have been set by the management of the Organization. The targets set related to the quality of graduates include the following: 1. All graduates are alumni who are obliged to maintain the good name of the almamater. 2. All graduates are required to have a scientific work in the form of a final project report (according to the applicable curriculum). 3. Graduates have the ability to cooperate, organize, develop themselves, communicate well, and have an entrepreneurial spirit. 4. Graduates have reliable competencies, as evidenced by reports of the waiting period for graduates to work an average of 3 months. 5. Graduates work in accordance with their field of knowledge 98% of the total number of graduates. This is contained in the Organizational Integration Quality Manual document and in the graduate competency standard (STD.01/SPMI-POLTEKBANG.SBY/11/2019).

3.4.2.2 Examples of objectives and related planning for the January-June 2025 period of the P3M Section are as follows: 1. IKK 9: The target for lecturer research for the 2025 academic year is 24 research titles. As of September 2025, the actual number of research titles is 24. 2. IKK 9: The target for lecturer research publications for the 2025 academic year is 15. As of September 2025, the actual number of research titles is 14. 3. IKK 9: The target for lecturer research publications for the 2025 academic year is 22 points. As of September 2025, the actual number is 57 points.



3.5 Support

3.5.1 Resources

3.5.1.1 Provision of resources has been regulated by organizations such as: 1. The recruitment of competent personnel is contained in the standard document for lecturers and education staff (STD.05/SPMI-POLTEKBANG.SBY/11/2019) and the Regulation of the Minister of Transportation Number PM. 21 of 2018 concerning Organizational Statutes. 2. Maintenance and repair of facilities and infrastructure include Government Regulation Number 4 of 2014 concerning the Implementation of Higher Education, Management of Higher Education and Law Number 12 of 2012 concerning Higher Education, and standard documents for facilities and infrastructure (STD.06/SPMI- POLTEKBANG.SBY/11/2019). 3. Maintenance of the work environment. This activity is regulated in the Organizational Integration Quality Manual document and facilities and infrastructure standard document (STD.06/SPMI-POLTEKBANG.SBY/11/2019). 4. Maintenance of measuring instruments is contained in the Measuring Equipment Maintenance document in the Organizational Integration Quality Manual document, Regulation of the Minister of Research, Technology and Higher Education Number 62 of 2016 concerning the Higher Education Quality Assurance System and Regulation of the Minister of Education and Culture Number 73 of 2013 concerning Application of the Framework Indonesian National Qualification for Higher Education.

3.5.1.2 The implementation of resource fulfillment is as follows: 1. The organization has provided the necessary personnel for the effective implementation of its quality management system, operational, and process control. The qualifications of lecturers and instructors align with the needs of the study program, with a workload encompassing three activities: core, additional, and supporting tasks. The lecturer (teacher) ratio has also been determined by the organization. 2. The organization provides and maintains the necessary infrastructure to meet customer needs and expectations. This infrastructure includes: a. Facilities: in the form of learning facilities and learning resources. b. Infrastructure: in the form of buildings and public infrastructure that have been ensured to meet the standard requirements for higher education facilities and infrastructure and are well-maintained. The organization's maintenance program has been reviewed. The building maintenance process with external vendors has been reviewed. 3. The Organization's Facilities and Infrastructure Section has the authority and responsibility to manage the work environment, which can impact the quality of educational services. A clean, healthy, and beautiful environment is ensured, taking into account factors conducive to learning. Cleanliness has been observed at the organization's premises, both in the learning area and in the cadet dormitory.

3.5.1.3 In relation to monitoring and measuring equipment, The organization controls all monitoring and measuring equipment, which is adapted to the needs of learning activities.

3.5.2 Competence

3.5.2.1 Fulfilling the competence of all employees, especially lecturers and teaching staff, is an important concern, especially with regard to the standards set by the organization, namely the Directorate General of Civil Aviation and Higher Education Accreditation standards. The organization establishes educators with good initial competencies in their fields then improved according to existing basic competencies, training is carried out according to the program, until



now there have been several programs that have been implemented according to the program. This standard is contained in the standard document for lecturers and education staff (STD.05/SPMI-POLTEKBANG.SBY/11/2019).

3.5.2.2 There have been no significant changes to the competency assessments conducted within the organization. Competency improvement conducted by the organization, in addition to fulfilling legal requirements for implementing learning activities, also refers to the objectives set by the organization to improve the competency of all existing employees. The competency of teaching staff has been assessed. The competency of assessors from professional certification bodies (to issue skills certifications to cadets) has been assessed as preparation for the workplace.

3.5.3 Awareness

3.5.3.1 Implementation of awareness in the organization through Management Communication. Top management and related ranks have communicated regarding the implementation of the quality management system (ISO 9001:2015 and ISO 21001:2018) to the entire team. Communication with meetings attended by educators and administrative service personnel. Management delegates tasks and authorities related to the quality management system to all sections so that all sections are involved and have concern for the existing management system.

3.5.3.2 Implementation of awareness within the organization through Management Communication. Top management and relevant staff have communicated the implementation of the educational organization's quality management system (ISO 9001:2015 and ISO 21001:2018) to the entire team. This communication took place through meetings attended by both teaching staff and administrative staff. Awareness regarding the rules and regulations in the learning environment (which cadets must adhere to) was communicated to cadets. Sample communication of regulations in the dormitory was observed, displayed in the form of banners in the cadet dormitory. Awareness regarding the vision and mission was observed, posted in relevant locations.

3.5.4 Communication

3.5.4.1 In relation to the organisation's website and other social media, The organization has a website managed by the public relations department as a platform for introducing the organization and its available study programs. The organization also utilizes social media for communication and information dissemination. All are well-maintained and regularly updated on organizational activities.

3.5.4.2 In relation to the organisation's website and other social media, Communication in the organization is divided into two, namely Internal and External and has been arranged in the Communication Matrix. Internal communication is communication that occurs between staff and between staff and top or middle management within the scope of the organization. External communication is communication between the entire internal organization and external parties, such as central and local governments, external vendors, the surrounding community and customers (cadets).

3.5.4.3 A sampling of several types of communication implemented by the organization: 1. Direct



communication: briefings, meetings, and direct visits from external parties to the office. Documents of the organization's meetings, visit lists, and meeting minutes have been reviewed. 2. Written communication: Use of relevant internal forms, SOPs, and WI. Records of baseline vessel condition reports from class vessel management before repairs, work monitoring reports, banners, and posters have been reviewed. 3. Online communication: WhatsApp, telephone, email, and Zoom. Records of communication processes using WhatsApp groups between divisions have been reviewed.

3.5.5 Documented information

3.5.5.1 Management has established, documented, maintained and implemented Document Control Procedures. Control of this document is related to internal documents determined by the organization and external documents in the form of laws and regulations and other requirements. Management establishes, implements and documents Records Control Procedures that explain how records are stored in the organization so that they are easy to find, organized neatly and not easily lost.

3.5.5.2 The organization's document control implementation: Document masterlists are maintained by the relevant Deputy Head of Division and the Administration Section. Each section maintains a masterlist. Documents related to each section are managed by that section. Record control for the implementation of the management system in the organization's operations is divided into two forms. Hard copies are managed by the relevant section. For soft copies, the organization has provided digital media in the form of the SIMANTUL (Organizational Quality Information System) program. The organization has developed several internal programs that can also function as databases, such as the LaporPak program, which serves as a medium for facilitating complaints, suggestions, and input from all parties. This application is capable of documenting all incoming information and organizing information that has been followed up on and that is still under development.



3.6 Operation

3.6.1 Operational planning and control

3.6.1.1 In relation to design and development activities, the organization compiles the composition of teaching and learning activities in the organization in accordance with the established standards, namely the standard learning content STD.02/SPMI-POLTEKBANG.SBY/11/2019 which refers to the Regulation of the Minister of Education and Culture Number 73 of 2013 concerning the Implementation of the Indonesian National Qualifications Framework Higher Education Sector and Regulation of the Minister of Research, Technology and Higher Education Number 44 of 2015 on the National Standards for Higher Education.

3.6.1.2 In relation to the quality control of externally provided processes, products and services, The procurement process refers to the Activity and Budget Plan (RAPB) based on the learning financing standard (STD.08/SPMI-POLTEKBANG.SBY/11/2019) which has been submitted and approved by the organization and approved by the Transportation BPSDM every year. the selection of external vendors and the procurement process are contained in the procurement SOP (001-017 /SOP/ULP/09/2020).

3.6.1.3 In relation to design and development activities, Design and development are based on the results of curriculum development and development based on standards established by the Ministry of Transportation and the Ministry of Higher Education. The curriculum also considers data on competency needs in the labor market, ensuring that graduating cadets can work in fields aligned with the competencies acquired during their time at the Organization. The Organization outlines the established curriculum into a learning program divided into 14 sessions.

3.6.1.4 In relation to the quality control of externally provided processes, products and services, There have been no changes to the organization's procurement standards for goods and services. Procurement is conducted using vendors selected through a vendor selection process. Vendors are evaluated annually.

3.6.1.5 There have been no changes to the organization's learning activities. Learning activities are conducted in accordance with government policies regarding the provision of educational services. Some operational areas within the organization are:

- Operations of existing study programs. The organization has established a valid curriculum and provided learning materials. The organization has provided lecturers who meet the standard ratio and possess competencies appropriate to the fields they teach. Monitoring of learning activities in study programs is carried out by providing forms containing daily learning targets, which serve as a control function for cadet attendance, lecturer attendance, and the conformity of the material presented to the stated form. This learning monitoring process has been running well.
- The BAAK (Academy and Cadet Administration Section) operationally plans, implements, monitors, and evaluates the organization's cadet academy administration activities, including data collection on cadet intake after graduation, as data for the organization's



evaluation of workforce needs, particularly related to the aviation sector. A comprehensive review of cadet data records based on their region of origin has been conducted. A sampling of cadet data and detailed learning outcomes, along with their grades, have been reviewed.

- The Center for Research and Community Service, as the organization's designated area, facilitates the implementation of research and community service by lecturers to meet the targets set in educational accreditation standards. This process includes evaluating initial budget requirements, monitoring the progress of research and community service activities, and publishing research at both national and international levels. The target number of research and community service projects set for annual performance has been reviewed, with most of these achievements already being met. A sampling of community service program titles that have been achieved has been reviewed.
- LSP (Certification Institution for Professional Development) is a professional certification body responsible for issuing nationally standardized competency certificates (BNSP). These certificates are awarded to cadets who have successfully completed the relevant courses, both in theory and practice. The organization also ensures that the assessors on duty possess competencies recognized by the national standard (BNSP). The purpose of awarding certificates to competent cadets is to provide support in finding employment after graduation. A sampling of cadet competency certificate copies has been reviewed. A sampling of assessors and their competency documentation has been reviewed.

3.6.1.6 All activities carried out by the organization are monitored for their achievement in order to fulfill the criteria in educational accreditation standards.

3.6.2 Emergency preparedness and response

3.6.2.1 In relation to business continuity and crisis management, The organization has followed the procedures related to emergency response in accordance with the procedures for handling evacuation and emergency response in the emergency rescue plan (ERP) of the Directorate General of Civil Aviation Indonesia. (2015). KP 479 , Instructions and Procedures for Handling Airport Emergencies.

3.6.2.2 In relation to business continuity planning (i.e. BCP) and crisis management plans, when applying risk-based thinking (ISO 9001 Clause 0.3.3) or how there is actioning risks to prevent or reduce undesired effects (ISO 9001 Clause 6.1.1.c), The organization has identified risks and issues impacting its continuity. Top management has established control measures through the preparation of an annual Budget Plan. Related to business continuity: The organization has independently funded its activities by obtaining Public Service Agency (BLU) status. The organization has also obtained a professional certification agency license, obtained based on an assessment by the National Professional Certification Agency (BNSP). The organization is currently developing the utilization of premium dormitory facilities and infrastructure and a building for rent to external parties holding training events. Related to crisis management: The organization has provided fire extinguishers in the workshop practice area and has provided a health care facility equipped with medicines and health services for all personnel. The organization has implemented bullying control within the organization and provided a complaint facility, which is disseminated through printed media at several learning locations.



3.7 Performance

3.7.1 Measurement, analysis and evaluation

3.7.1.1 In relation to customer satisfaction data, The organization monitors the customer's perception of the extent to which his needs and expectations have been met and also determines the methods for obtaining and monitoring and reviewing this information. The customer survey refers to related procedures that refer to the SKM standard (Community satisfaction Survey).

3.7.1.2 In relation to customer satisfaction data, A customer satisfaction survey analysis is conducted at the end of each year. The latest results show a customer satisfaction index of 91%, categorized as Very Good.

3.7.2 Internal audit

3.7.2.1 Internal Audit procedures have been defined by the organization in the Internal Audit Procedure document in the organization's Integration Quality Manual document. The procedure regulates the provisions of internal audit and details of internal audit procedures (internal audit planning, internal audit implementation and reporting).

3.7.2.2 An internal audit was conducted face-to-face on February 4, 2025, in accordance with Letter No. UM.207/I/16/POLTEKBANG SBY/2025 from the Director of the Surabaya Aviation Polytechnic. The internal audit covered all existing areas. The activity was conducted by 12 auditors with expertise in their respective fields. The internal audit found 51 non-conformities, consisting of 3 major findings, 16 minor findings, and 32 observational findings. Internal audit monitoring and evaluation are conducted quarterly. During the audit monitoring and evaluation period from September 1 to 16, 2025, 7 non-conformities from the previous audit remained open, consisting of 1 major finding, 2 minor findings, and 4 observational findings. The auditee is currently in the process of fulfilling the audit findings.

3.7.3 Management review

3.7.3.1 The Management Review Procedure has been defined by the organization in the Management Review Procedure document in the organization's Integration Quality Manual document. The procedures set out the provisions of the management review and the details of the management review procedures (planning the management review, and conducting the management review).

3.7.3.2 The management review was conducted on Friday, September 19, 2025. The following discussion results were presented: 1. Discussion of the previous year's RTM results. 2. Reporting and discussion of internal audit results, including improvements. 3. Monitoring and measuring the results of surveys and assessments of teaching staff. 4. Discussion of adjustments to the latest regulations. 5. Discussion of improving graduate competencies. 6. Discussion of opportunities for improvement.



3.8 Improvement

3.8.1 Nonconformity and corrective action

3.8.1.1 The process of corrective action and preventive action in dealing with nonconformity that arises as a step so that nonconformity does not recur, is determined by the organization in the Procedure for Handling nonconformity and customer complaints. In the corrective action there is the determination of personnel, time limit, effectiveness of corrective and preventive actions, and verifier.

3.8.1.2 Some nonconformities that emerged from the customer survey include:

- 1,094 / 5,000 Some nonconformities that emerged from the customer survey include:
Complaints from prospective cadets: Transparency and publication of information related to various matters, from majors to test results, need to be improved. Corrective Action: Major information has been published on the Surabaya Aviation Polytechnic website, while test results are announced in the graduation announcement on the SIPENCATAR application.
- Complaints from cadets: Response to complaints about damaged facilities has been very slow. Corrective Action: Dormitory Laundry and Culinary Arts Unit: Will coordinate more intensively with the General Affairs Coordinator, the Technical and Administrative Unit, and the PPK regarding the damage and continue to monitor repair progress.

3.8.2 Continual improvement

3.8.2.1 The organization continuously makes improvements suitability and adequacy including the effectiveness of the Quality Management System. The organization also pays attention to the results of analysis and evaluation of management reviews, to determine opportunities or needs as part of continual improvement.

3.8.2.2 The organization is committed to implementing an integrated quality management system (ISO 9001:2015 and ISO 21001:2018) to enhance organizational performance and continuously improve service quality to achieve customer satisfaction. Recommended continual improvements resulting from management review meetings include: 1. Propose further development of the SIMANTUL (Quality Manual Information System) website to support more efficient Internal Quality Audit (AMI) implementation. This application can enhance the digitalization of the audit process and reduce paper use. 2. Given the importance of human resource (HR) management, the Surabaya Aviation Polytechnic needs to prioritize the implementation of HR development programs, including benchmarking with other institutions and staff capacity building to support educational programs. 3. Improve the implementation and analysis of the Public Satisfaction Survey to obtain more valid feedback regarding the services provided by the institution and to improve service performance in line with stakeholder expectations.



Audit Findings Annex

Audit Finding Number	007	Division/ Area/Process	Unit Bahasa	Certification Criteria	ISO 9001 (7.5)	Audit Criteria	3.5.5 Documented information		
Audit Finding					Audit #	By	Date	Risk Rating	
It is recommended to note down all suggestions in the meeting and use them as corrective actions so that the progress monitoring process can be recorded better.					04	Fadjar Nugroho	08-Nov-2024	2	
Audit Finding Review					Audit #	By	Date	Risk Rating	
The existing form has been implemented to record suggestions and corrective actions determined in the meeting.					05	Ainur Leksono	07-Oct-2025	1	



Audit Findings Annex

Audit Finding Number	008	Division/ Area/Process	Prodi Terkait	Certification Criteria	ISO 9001 (9.1)	Audit Criteria	3.7.1 Measurement, analysis and evaluation		
Audit Finding					Audit #	By	Date	Risk Rating	
It is recommended to analyze the workload of teachers as a basis for evaluating learning effectiveness.					04	Ainur Leksono	08-Nov-2024	2	
Audit Finding Review					Audit #	By	Date	Risk Rating	
a lecturer job analysis has been carried out					05	Ainur Leksono	07-Oct-2025	1	



Audit Findings Annex

Audit Finding Number	009	Division/ Area/Process	Unit TUJ	Certification Criteria	ISO 9001 (7.5)	Audit Criteria	3.5.5 Documented information		
Audit Finding					Audit #	By	Date	Risk Rating	
Already using an android-based program to facilitate reporting from cadets to this unit. It is recommended to propose that the program can display a linear report between the number of reports received and the number of reports completed. So that it is easier to monitor the results of the work.					04	Fadjar Nugroho	08-Nov-2024	2	
Audit Finding Review					Audit #	By	Date	Risk Rating	
Additional monitoring information on reports that have been completed and those that are still pending (due to waiting for materials) has been added.					05	Ainur Leksono	07-Oct-2025	1	



Audit Findings Annex

Audit Finding Number	010	Division/ Area/Process	SPM	Certification Criteria	ISO 9001 (4.1)	Audit Criteria	3.2.1 Organizational context		
Audit Finding					Audit #	By	Date	Risk Rating	
It is recommended to add identification of issues related to climate change.					04	Ainur Leksono	08-Nov-2024	2	
Audit Finding Review					Audit #	By	Date	Risk Rating	
has added identification of issues related to climate change.					05	Ainur Leksono	07-Oct-2025	1	



Audit Findings Annex

Audit Finding Number	011	Division/ Area/Process	SPM	Certification Criteria	ISO 9001 (4.2)	Audit Criteria	3.2.2 Needs and expectations of interested parties		
Audit Finding					Audit #	By	Date	Risk Rating	
It is recommended to add identification of the needs and expectations of interested parties related to climate change.					04	Ainur Leksono	08-Nov-2024	2	
Audit Finding Review					Audit #	By	Date	Risk Rating	
additional identification of issues related to climate change has been carried out					05	Ainur Leksono	07-Oct-2025	1	



Audit Findings Annex

Audit Finding Number	012	Division/ Area/Process	LabSim	Certification Criteria	ISO 9001 (6.2)	Audit Criteria	3.4.2 Objectives and related planning		
Audit Finding					Audit #	By	Date	Risk Rating	
There are division objectives that have not yet been achieved.					05	Ainur Leksono	08-Oct-2025	3	



Audit Findings Annex

Audit Finding Number	013	Division/ Area/Process	Div Pengembangan usaha dan Kerjasama	Certification Criteria	ISO 9001 (9.1)	Audit Criteria	3.7.1 Measurement, analysis and evaluation		
Audit Finding					Audit #	By	Date	Risk Rating	
Training program evaluation data documented by other divisions can be requested as a basis for implementing service improvements.					05	Ainur Leksono	08-Oct-2025	2	



Audit Findings Annex

Audit Finding Number	014	Division/ Area/Process	Prodi D3 Teknik Bangunan Dan Landasan	Certification Criteria	ISO 9001 (8.1)	Audit Criteria	3.6.1 Operational planning and control		
Audit Finding					Audit #	By	Date	Risk Rating	
communication with other study programs that are able to fulfill the independent class quota in accepting new cadets to be able to follow the proposition method used by the study program.					05	Ainur Leksono	08-Oct-2025	2	



Audit Summary

Client:	Politeknik Penerbangan Surabaya
Main Site Address:	Jl. Jemur Andayani I No. 73, Siwalankerto, Kec. Wonocolo, Surabaya Jawa Timur 60236, Indonesia
Audit Type and Number:	Re-Certification Audit PPYQ01-05
Audit Dates:	07-Oct-2025 to 08-Oct-2025
Assurance Program(s):	ISO 9001:2015
Authorized Client Contact:	Dr. Laila Rochmawati, S.S., M.Pd. (Kepala Satuan Penjaminan Mutu)
Number of FTE People:	269
Permanent Sites Visited:	Politeknik Penerbangan
Temporary Sites Visited?	N/A
Audit Team Members:	Ainur Leksono (LA), Erich Prasetya (A)
Certification Scope:	Provision of aviation higher educational and training services.

Integrated Audit Criteria			
3.2.1 Organizational context	☒	3.5.3 Awareness	☒
3.2.2 Needs and expectations of interested parties	☒	3.5.4 Communication	☒
3.2.3 Management system	☒	3.5.5 Documented information	☒
3.3.1 Leadership and commitment	☒	3.6.1 Operational planning and control	☒
3.3.2 Policy	☒	3.6.2 Emergency preparedness and response	☒
3.3.3 Roles, responsibilities and authorities	☒	3.7.1 Measurement, analysis and evaluation	☒
3.4.1 Risks and opportunities	☒	3.7.2 Internal audit	☒
3.4.2 Objectives and related planning	☒	3.7.3 Management review	☒
3.5.1 Resources	☒	3.8.1 Nonconformity and corrective action	☒
3.5.2 Competence	☒	3.8.2 Continual improvement	☒

General Summary:

Politeknik Penerbangan Surabaya (Politeknik Penerbangan Surabaya) has engaged Equal Assurance Pty Ltd to provide assurance and certification services.

As part of this, a Re-Certification Audit was conducted on Politeknik Penerbangan Surabaya to provide confidence in the continuing suitability and effectiveness of the applicable components of the Politeknik Penerbangan Surabaya management system in meeting the relevant quality management system standard requirements.

To this end, The audit process was conducted on-site, including a direct visit to the organization's location. During the audit, the auditor was in good health and fully vaccinated. The auditor also implemented health protocols in accordance with government regulations and the organization's internal policies. Reference Standards: The audit was conducted in accordance with the ISO 9001:2015 and ISO 21001:2018 management system standards. In addition, the auditor considered relevant national standards and regulations established by relevant government agencies. Audit Results: The organization carried out its operational activities in accordance with documented procedures. Service delivery was aligned with customer needs and expectations and complied with applicable regulations in educational accreditation standards. The organization regularly monitored and evaluated the achievement of educational quality targets. This demonstrates the existence of a sound performance measurement system and supports the principle of continuous improvement within the educational organization's quality management system. Audit conclusion: The educational organization's quality management system has been implemented effectively, in accordance with the requirements of ISO 9001:2015 and ISO 21001:2018, supporting the achievement of the educational organization's quality objectives. Because no major or critical findings were identified during the audit, it is recommended to continue with ISO 9001:2015 and ISO 21001:2018 certification.

The Audit was conducted by area/process, and reported by requirement relevant to the Audit Criteria. Therefore, the Audit Report (including the documented evidence retained) should be considered in its totality so as to satisfy the certification criteria.

Finally, the Audit Team would like to thank personnel at all levels and functions for their genuine hospitality and enthusiasm throughout this Audit.

Confidence Level:	High
Current Audit Findings:	1 (Medium Risk), 2 (Low Risk)
Pending Conditions:	Condition 1 - Upload corrective actions into <i>Qdos</i> prior to recommending continuing certification.

Note: Full details available in the related Audit Report. Services are provided in accordance with the Client Charter available at www.equalassurance.com.