

JALAL-ABAD INTERNATIONAL UNIVERSITY

PROCESS SPECIFICATION

Quality Management System

1. General Information about the Process

Process Code:

P1.5

Process Name:

Management of Risks, Nonconformities, and Improvements at JAIU

Process group:

Management

Core

Support

Monitoring, Analysis, and Improvement

scientific / social / other institutional

Basis:

JAIU QMS Process Register / JAIU QMS Process Map

Revision:

Effective date:

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2. Purpose of the process

Purpose of the process:

To ensure the systematic identification, analysis, assessment, and management of risks, nonconformities, issues, and opportunities for improvement in the activities of JAIU, as well as the implementation of corrective, preventive, and improvement actions.

3. Process objective

Process objective:

To ensure the sustainable operation and continuous improvement of JAIU's processes by timely identifying risks and nonconformities, analyzing their causes, implementing effective corrective measures, and preventing the recurrence of problems.

4. Process Owner

Process owner:

Vice Rector for Educational Quality and Clinical Work

Responsible Department:

Department of Internal Monitoring and Educational Quality

Co-executors / Process Participants:

1. Rector;
2. Vice Rector for Academic Affairs;
3. Academic and Information Department;

4. dean's offices;
5. departments;
6. process owners;
7. Quality Council;
8. other structural units within their scope of authority.

5. Process Inputs

| No. | Process Input | Input source |
|-----|--|-------------------------------------|
| 1 | Internal audit results | OVMCO |
| 2 | Results of process and indicator monitoring | OVMCO, UIO, process owners |
| 3 | Results of self-assessment and accreditation | OVMCO, management, OP |
| 4 | Inquiries, complaints, suggestions, feedback | Students, faculty, staff, employers |
| 5 | Data on violations, deviations, incidents | JAIU departments |
| 6 | Changes in the external and internal environment | Management, process owners |
| 7 | Process-based risk analysis | Process owners, OVMCO |

6. Process outputs

| No. | Process Output | Recipient / Consumer |
|-----|--|----------------------------------|
| 1 | Risk and Nonconformity Register | Management, process owners |
| 2 | Corrective Actions | Departments, process owners |
| 3 | Preventive actions | Departments, process owners |
| 4 | CAPA plans / improvement plans | Management, departments |
| 5 | Analytical reports on the causes of problems | Rector's Office, Quality Council |
| 6 | Decisions on process and document improvements | Process owners, departments |

7. Customers (stakeholders)

| No. | Stakeholder | Expected result |
|-----|----------------------|---|
| 1 | Rector's Office | Managed risks and reduction of recurring issues |
| 2 | Process owners | A clear mechanism for handling risks and non-conformities |
| 3 | JAIU departments | Corrective actions and support for improvements |
| 4 | Students | Reduction of issues affecting the quality of education |
| 5 | Faculty and staff | Improvement of working conditions and processes |
| 6 | Accreditation bodies | Evidence-based improvement system and CAPA |

8. Key stages (sub-processes) of the process

| No. | Stage / Subprocess | Summary of the work | Supervisor |
|-----|--|---|--------------------------------|
| 1 | Identification of risks and non-conformities | Gathering information from audits, monitoring, inquiries, and data analysis | Process owners, OVMCO |
| 2 | Recording and classification | Recording of risks, non-conformities, issues, and incidents | OVMCO / responsible department |
| 3 | Root cause analysis | Identification of causes of deviations and potential risks | Process owners, OVMCO |
| 4 | Assessment of significance | Determining the level of risk | CMO, management, |

| | | | |
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| | and priorities | and urgency of response | process owners |
| 5 | Development of response measures | Formulation of corrective, preventive, and CAPA actions | Process owners |
| 6 | Coordination and approval of measures | Review and approval of measures | Management / Quality Council |
| 7 | Implementation of measures | Execution of approved actions | Responsible departments |
| 8 | Monitoring of implementation and evaluation of effectiveness | Verification of implementation and sustainability of improvements | OVMCO, process owners |
| 9 | Closing nonconformities / risk review | Final recording of results and updating of records | OVMCO |

9. Process Resources

9.1. Human Resources

1. Vice Rector for Educational Quality and Clinical Work;
2. OVMKO specialists;
3. process owners;
4. department heads;
5. UIO staff;
6. other employees within their scope of authority.

9.2. Material and technical resources

1. workstations;
2. office equipment;
3. facilities for analysis, consultations, and meetings.

9.3. Information and digital resources

1. risk register;
2. nonconformity register;
3. CAPA tables;
4. eBilim;
5. monitoring and analytical reports;
6. corporate email;
7. electronic document management.

9.4. Financial and Organizational Resources

1. organizational support from the rector's office;
2. resources for addressing the root causes of problems and implementing improvements;
3. participation of departments in corrective actions.

10. Regulatory and Documentary Support for the Process

| No. | Document | Code / Reference | Note |
|-----|---|------------------|-----------------------------------|
| 1 | Regulations on the Education Quality Management System | QMS-01-08 | General Principles of the QMS |
| 2 | Education Quality Manual | QMS-01-09 | Approach to Improvement and CAPA |
| 3 | Register of QMS Processes at JAIU | QMS-01-10 | Communication with Process Owners |
| 4 | Quality Monitoring Regulations | QMS-40-02 | Data Source |
| 5 | Regulations on Internal Audit and Self-Assessment | QMS-40-03 | Identification of Nonconformities |
| 6 | Regulations on Management Analysis of the QMS | QMS-40-09 | Analysis and Decisions |
| 7 | Regulations on Risk and Opportunity Management | QMS-60-01 | Risk Management |
| 8 | Regulations on Nonconformity and Corrective Action Management | QMS-60-03 | Main Procedure |
| 9 | Regulations for the Development and Implementation of Corrective and Preventive Action (CAPA) Plans | QMS-60-04 | Implementation of improvements |
| 10 | Regulations on Educational Environment Safety | QMS-60-06 | Environmental and Safety Risks |

11. Process Records

| No. | Record Title | Form / Medium | Storage location | Retention period |
|-----|---|----------------------------|--------------------|------------------|
| 1 | Risk Register | Electronic file / document | OVMKO | By nomenclature |
| 2 | Non-conformity register | Electronic file / document | OVMKO | By nomenclature |
| 3 | CAPA plans / improvement plans | Table / document | OMCO / departments | By product line |
| 4 | Analytical reports on the causes of problems | Document | OVMCO | By product range |
| 5 | Reports on the implementation of corrective actions | Document / Report | Divisions / OVMCO | By product line |
| 6 | Minutes of Risk and Nonconformity Reviews | Minutes | Office / Archives | By category |

12. Process Performance Indicators

| No. | Indicator | Unit of measurement | Target value | Data source | Frequency of analysis |
|-----|-----------------------------------|---------------------|--------------------|----------------|-----------------------|
| 1 | Number of identified and recorded | units | Recorded as actual | Non-compliance | quarter |

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|---|---|--------|---|----------------------|------------------|
| | nonconformities | | | register | |
| 2 | Percentage of discrepancies for which corrective actions have been assigned | % | 100% | Register, CAPA | Quarter |
| 3 | Percentage of corrective actions completed on time | % | as planned / not lower than the internal standard | CAPA reports | quarter |
| 4 | Number of recurring nonconformities due to a single cause | units | Downward trend | OVMCO Analysis | Half-year |
| 5 | Percentage of processes for which a risk analysis was conducted | % | as planned | Risk register | Half-year / Year |
| 6 | Availability of reports on the effectiveness of improvements | yes/no | Yes | Analytical materials | Half-year / Year |

13. Process risks

| No. | Risk | Possible causes | Consequences | Response measures |
|-----|--|--|------------------------------------|--|
| 1 | Formal registration of risks without managing them | Insufficient involvement of process owners | Lack of tangible improvements | Training, monitoring, personal accountability |
| 2 | Delayed resolution of nonconformities | Poor adherence to deadlines | Repeated violations and deviations | CAPA monitoring, compliance reports |
| 3 | Superficial root cause analysis | Formalistic approach, lack of data | Ineffective corrective actions | Root cause analysis, discussion with process owners |
| 4 | Weak link between audit, risks, and improvements | Fragmented record-keeping | Loss of process control | Integration of records and monitoring |
| 5 | Process overloaded with minor observations | Lack of prioritization | Loss of focus on critical issues | Classification of risks and non-conformities by severity |

14. Nonconformities and Corrective Actions

| No. | Potential non-conformity | Method of identification | Corrective action | Responsible |
|-----|---|--------------------------|--|----------------|
| 1 | The risk was not recorded, but actually | Audit, incident analysis | Add to risk register, revise procedure | Process owner, |

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| | occurred | | | OVMCO |
| 2 | Non-compliance not resolved on time | Monitoring of implementation | Assign additional measures and strengthen monitoring | Process owners |
| 3 | Recurring nonconformity due to a single cause | CAPA analysis | Review of causes, corrective actions, and responsible parties | OEMCO, process owner |
| 4 | CAPA is developed formally and does not affect the process | Audit, management review | Revision of CAPA and evaluation of its effectiveness | OEMCO, department |
| 5 | No evidence of improvement following corrective actions | Monitoring, self-assessment | Additional verification and analysis of the sustainability of the result | OVMCO |

15. Relationship with other processes

| No. | Related process | Nature of the relationship |
|-----|--|--|
| 1 | P1.1 Strategic Management and Development of JAIU | Risks and improvements influence strategic decisions |
| 2 | P1.2 Management of the Education Quality Management System | Components of the QMS |
| 3 | P1.3 Management of the regulatory framework and documented information | Improvements lead to the revision of documents |
| 4 | P4.1 Monitoring of Education Quality Indicators | Data source for identifying risks and problems |
| 5 | P4.3 Internal audit and self-assessment | Primary channel for identifying non-conformities |
| 6 | P4.5 Management review of the QMS | Reviews CAPA results and risks |
| 7 | All primary and supporting processes | Each process generates risks and nonconformities |

16. Process Performance Evaluation Criteria

16.1. A process is considered effective if:

1. up-to-date registers of risks and non-conformities are available;
2. timely recording and analysis of issues;
3. corrective and preventive actions are in place and implemented;
4. a reduction in the recurrence of nonconformities;
5. evidence of actual process improvement.

16.2. The results of the process are reviewed by:

1. the process owner;
2. the OVMCO;
3. the Rector's Office;
4. the Quality Council;
5. other authorized bodies, if necessary.

17. Procedure for Monitoring and Revising the Process Specification

17.1. The effectiveness of the process is monitored by the Vice Rector for Educational Quality and Clinical Work, the OVMKO, and the process owners in accordance with the established frequency.

17.2. The process specification is subject to revision in the following cases:

1. changes in approaches to risk and nonconformity management;
2. a change in the process owner;
3. changes in regulatory requirements;
4. based on the results of audits, self-assessments, accreditation, and management analysis.

18. Final Provisions

18.1. This Process Specification shall enter into force in accordance with established procedures.

18.2. Responsibility for monitoring the implementation of this Process Specification rests with the process owner and the relevant responsible departments.

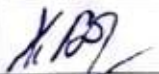
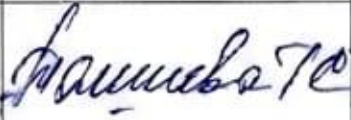







CHANGE LOG

| Change No. | Basis for Amendment | Pages | Summary of the amendment | Revision | Signature | Date |
|------------|---------------------|-------|--------------------------|----------|-----------|------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

Edition: 1.000

Effective date: “ ” 20

APPROVAL SHEET

| No | Position / Role | Full Name | Signature | Date |
|----|---|--|---|-----------|
| 1 | Developed by | Kanetova D.E. |  | 29.12.25 |
| 2 | Approved: head of the responsible department |  |  | 29.12.25 |
| 3 | Approved: Head of the Educational and Informational Department | Kanetova D.E. |  | 29.12.25 |
| 4 | Approved: leading specialist for quality | Kalmuratova A. |  | 29.12.25 |
| 4 | Approved: head of the legal affairs and human resources department / lawyer | Sydykova B.J. |  | 29.12.25 |
| 5 | Approved: vice-rector for academic affairs | Sadyrova N.A. |  | 29.12.25 |
| 6 | Approved: vice-rector for science, SR and GE | Asilova Z.A. |  | 29.12.25 |
| 7 | Endorsed / considered in the established manner | JASU Scientific Council |  | 29.12.25. |

