

QUALITY MANAGEMENT SYSTEM MANUAL



THE FACULTY OF BUSINESS

**Inter American University of Puerto Rico
Metropolitan Campus**

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Certificate No: CA: US2529

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Q01 Document Control

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Inter American University of Puerto Rico, Metropolitan Campus
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Authorization

Authorized By: Fredrick Vega Lozada, LL.M., Dean

Position: Dean of the Faculty of Business

Authorized Date: September 1, 2022

Distribution

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Q02 Document Amendments

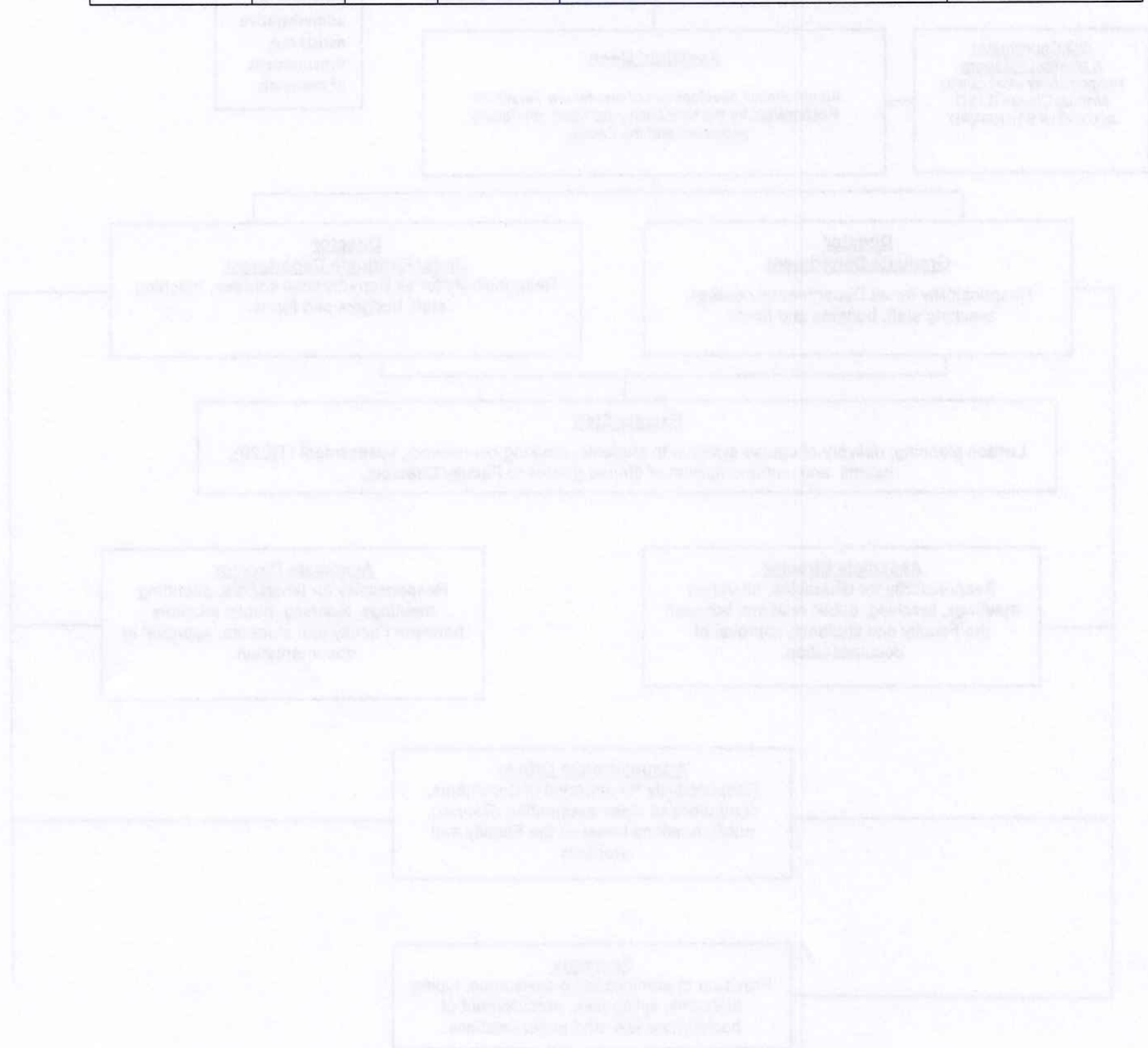
All copies of this Quality Management Systems Manual (QMSM) must be kept under strict control to prevent the system from becoming unreliable. The following controls will ensure that the system remains current and valid.

1. All copies of the QMSM will be clearly numbered and the holder recorded.
2. Each page in the manual will carry its own number.
3. The Quality-Management ISO 9001: 2015 Representative will be responsible for all revisions and additions being recorded.
4. Changes can be suggested by any employee but must receive signed approval before being entered into the QMSM.
5. All changes must be recorded on the Amendments Table below and appropriate pages in each QMSM changed. Significant changes will be marked to make them easily identifiable. (Where existing text is reworded or reorganized, changes will not be marked.)

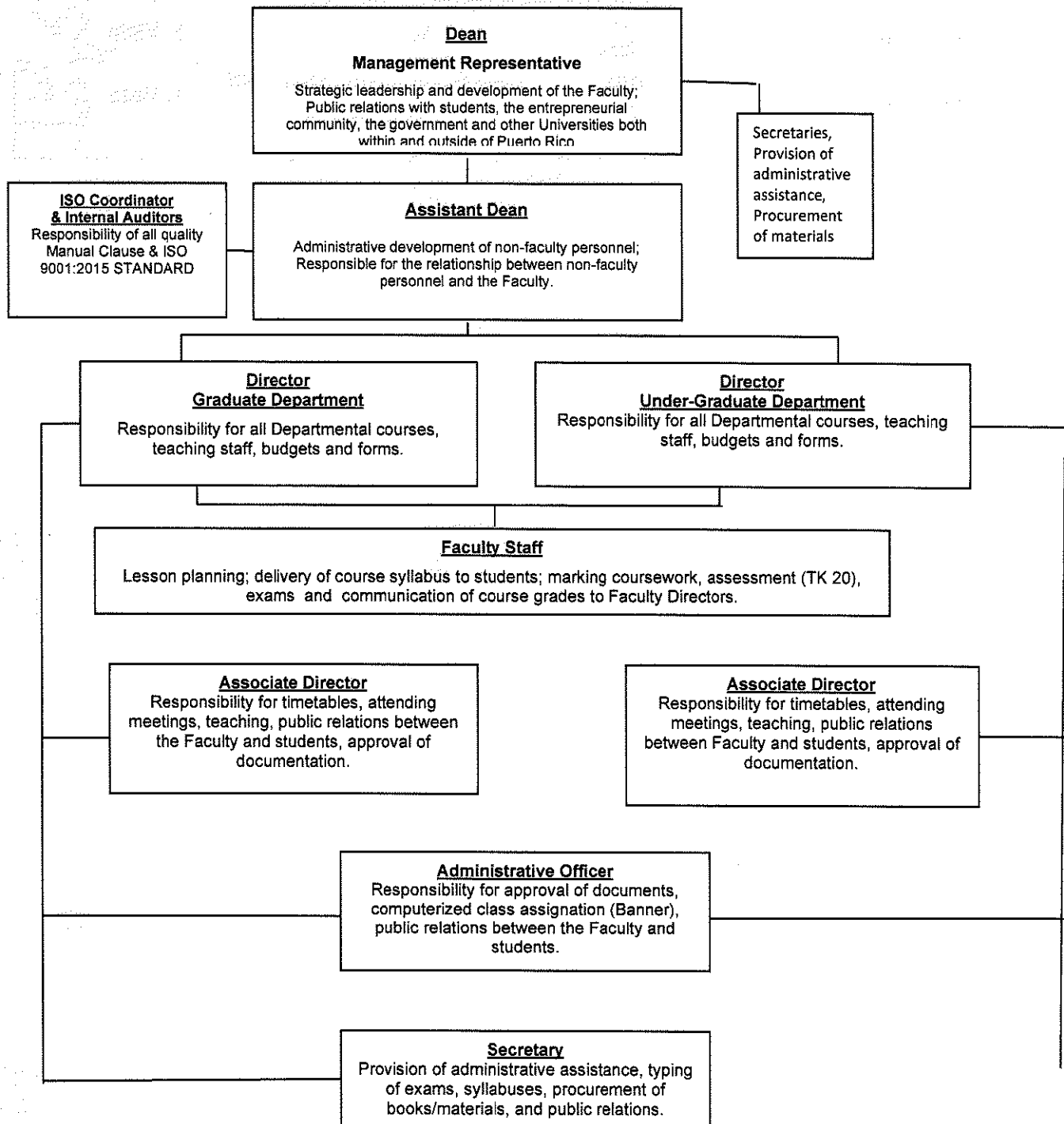
Amendments Table

Doc. No.	Page No.	Issue	Date	Description of change	Authorization
QM	All	0	11/26/07	First Issue	JV
QM	All	1	04/16/13	First Revision	JV
QM	ALL	2	11/25/13	Second Revision	JV
QM	ALL	3	05/09/14	Third Revision	JV
QM	ALL	4	10/29/14	Fourth Revision	JV
IMSM/QMS	All	5	Jun 2, 2017	ISO 9001-2015 Implementation	F. Vega JV

IMSM/QMS	ALL	6	Aug 1, 2019	New Organization Chart	F. Vega <i>SV</i>
IMSM/QMS	ALL	7	Sept. 1, 2020	Section 8.4	F. Vega <i>SV</i>
IMSM/QMS	ALL	8	Aug 1, 2022	New Organization Chart and Process Model	F. Vega <i>SV</i>



Q03 Company Organization Chart



Q04 Quality Management System

4. Context of the organization

4.1 Understanding the Organization and its Context

The Faculty of Business (FOB) of the Inter American University of Puerto Rico, Metropolitan Campus(**FOB, Organization**) determines the relevant external and internal issues that affect its ability to achieve the intended outcomes of its management system. The Organization considers the full business environment, the key drivers and trends having impact on the objectives of the organization, and the relationship and values of external stakeholders. Details of the context of the Organization are stated below:

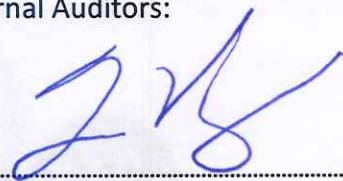
Organization – Responsibility & Authority

The Dean of The Faculty of Business defines the working relationship and authorities for personnel within the Organization. Responsibilities are described in the Faculty Handbook and *Manual de Normas para el Personal No Docente*. Key roles, responsibilities and interactions among peers are summarized in the Organization Chart. Resumes, training records, assessment and self-assessment records show more complete details related to specific competency levels. Quality responsibilities are also indicated in Quality Management System Procedures.

All employees are responsible in compliance with legal and regulatory requirements. The Organization Quality Policy statement is posted on the FOB premises and personnel are expected to comply and commit to continuous quality improvement.

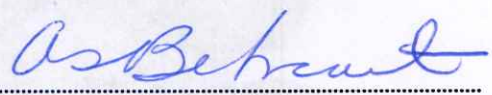
According to the requirements of the ISO 9001:2015 Standard, the following personnel are appointed as Management Representative and Internal Auditors:

MANAGEMENT REPRESENTATIVE: FREDRICK VEGA LOZADA



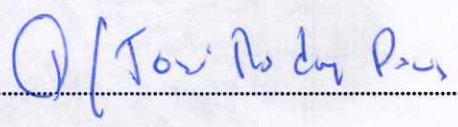
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ASSISTANT DEAN AIDA L. SANTIAGO BETANCOURT
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ISO 9001 COORDINATOR: JOSE E. RODRIGO PONS



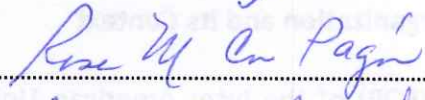
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INTERNAL SENIOR AUDITOR: ANA M. RIVAS MORALES



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INTERNAL AUDITOR: ROSA M. CORA PAGÁN



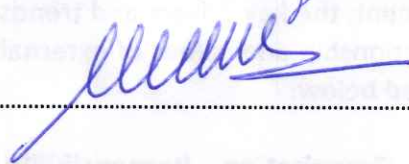
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DIRECTOR: GERARDO GONZÁLEZ NUÑEZ



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DIRECTOR: CARLOS ROM GORIS



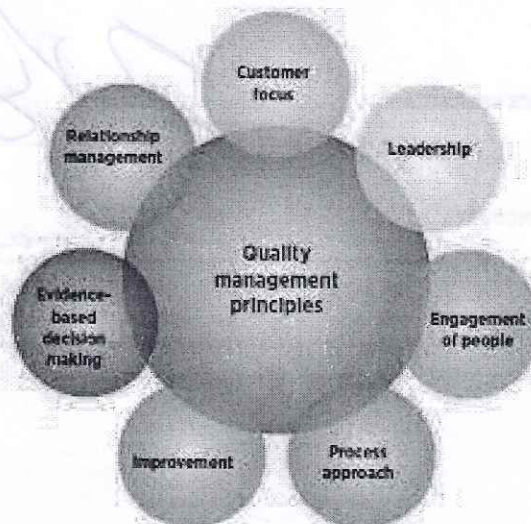
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4.2 Understanding the Needs and Expectations of Interested Parties

The Organization has identified the needs and expectations of interested parties and their requirements with emphasis on quality. The Organization has included a process to determine any legal requirements related to activities, products (academic programs) and services (teaching process) that are relevant to our management system scope.

Organization – Process Model

The Quality Management System (QMS) for the FOB has been developed using a process approach and the key processes are shown below. Further details are included in specific sections in the Procedures Manual.





4.3 Determining the Scope of the Quality Management System

The Organization has determined the boundaries and applicability of its management system and has taken into account the issues identified in Clause 4.1 and 4.2, as well as those related to its products (academic programs) and services (teaching process) when establishing the scope.

Refer to Document M01 the Scope of the QMS

Professors offer the Organization, students and society strong leadership, experience, and solid academic foundation. Researchers, consultants, and educators with the knowledge and ability to design assessment methods and to establish quality academic education programs to students, according to business demands, represent the Faculty (professors) component of the Organization. The Organization is a changing agent aiding its stakeholders. In addition, the Organization offers international experiences by means of exchange programs for students, faculty, and other stakeholders. The Organization promotes entrepreneurship within its academic community through the Entrepreneurship Development Center, and the curriculum, as well as strategic alliances with the Puerto Rico Small Business Development Center and other local and global business related organizations.

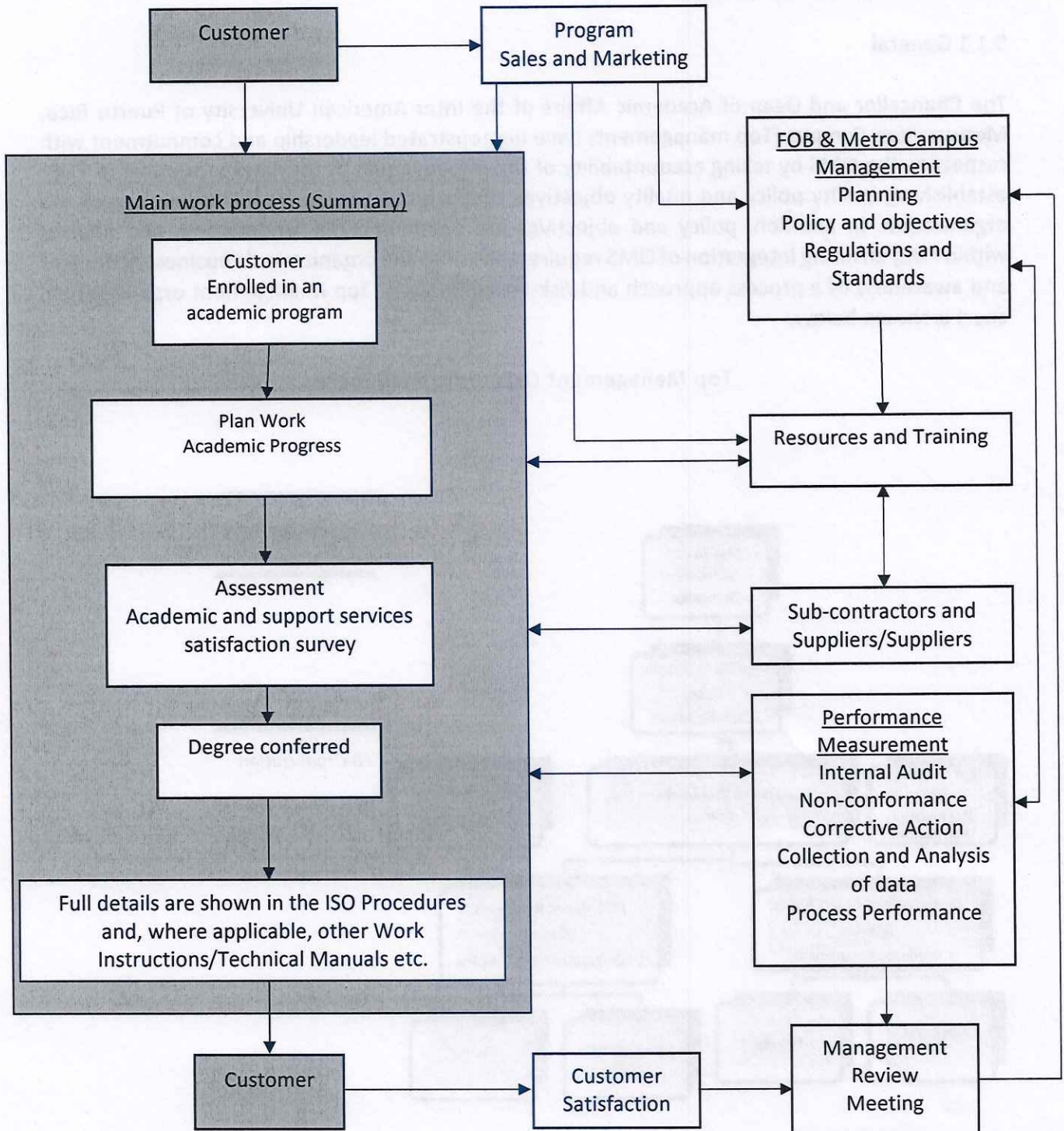
4.4 Quality Management System and its processes (QMS)

The Organization has established and implemented a QMS, and is committed to improve its quality management system, including the processes and their interactions needed to meet the requirements of the international standard.

To comply with the requirements, the Organization has addressed the following areas:

- the processes needed for the implementation, operation, and maintenance of the management system, along with opportunities for its improvement and their application throughout the organization;
- the inputs required and outputs expected from these processes;
- the sequence and interaction of these processes;
- the criteria and methods needed to ensure that the operation and control of these processes are effective;
- the availability of resources and information necessary to support the operation and monitoring of these processes;
- the risks and opportunities within the management system and plan for addressing them;
- the methods for monitoring, measuring and analyzing these processes, and implement actions necessary to achieve planned results and continual improvement.
- the appropriate "Refer to Documented information" is maintained to support these processes. This documentation (paper or electronics) is retained and recorded to demonstrate that all processes are working as planned.
- Support other Standards and Regulation (Local and International like: ODM 2030, ISO 22302, ISO 27001, OSHA and others)

QMS Process Diagram



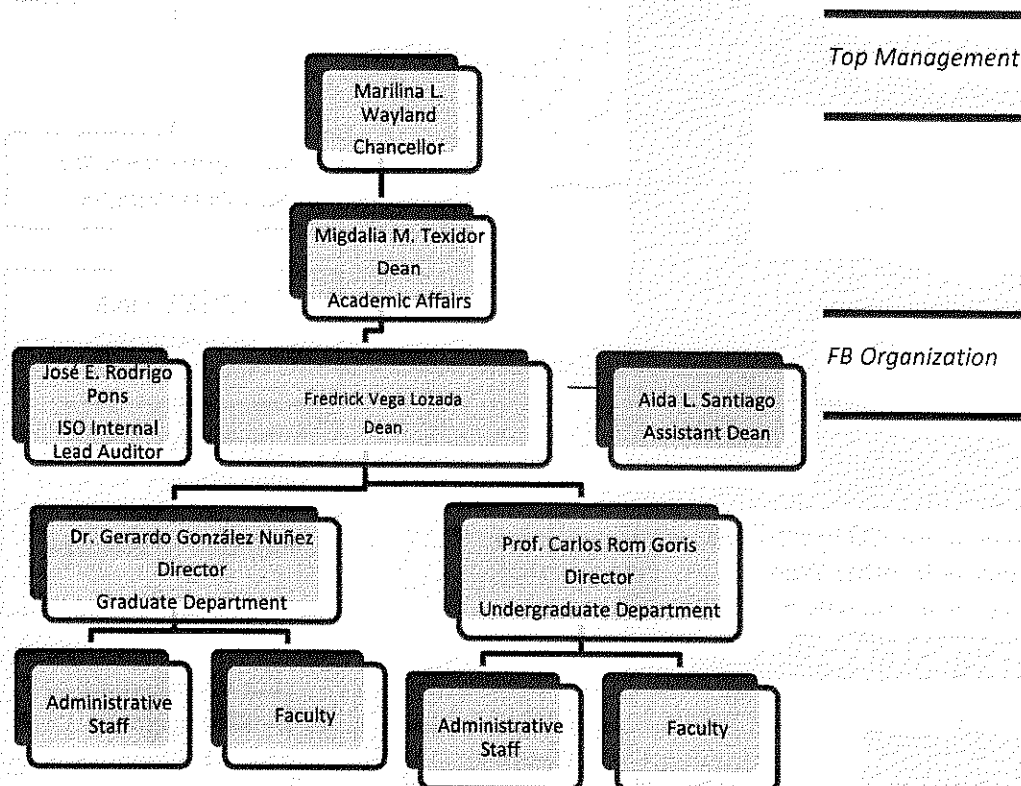
5. Leadership

5.1 Leadership and Commitment

5.1.1 General

The Chancellor and Dean of Academic Affairs of the Inter American University of Puerto Rico, Metropolitan Campus (Top management) have demonstrated leadership and commitment with respect to the QMS by taking accountability of the effectiveness of the QMS in support of FOB; establishing quality policy and quality objectives that are compatible with the direction of the organization. In addition, policy and objectives are communicated, understood, and applied within FOB; ensuring integration of QMS requirements into the organization's business processes and awareness of a process approach and risk-based analysis. Top Management organizational chart is shown below.

Top Management Organizational Chart



In addition, Top Management provides the necessary resources for the QMS and communicates the importance of effective quality management according to the QMS, processes and standards. Direct support of human resources that engage in the effectiveness of the QMS, promoting improvement and further support of other members of the management team, reveals Top Management leadership as it applies to different areas of responsibilities.

5.1.2 Customer Focus

The Organization strives to meet the clients' expectations. Top management demonstrates leadership and commitment by ensuring meeting clients' needs and applicable regulatory and statutory requirements addresses risks and opportunities that could affect the products and services, and that the organization's focus is on consistently providing client satisfaction.

5.2 Policy

FOB has developed a quality policy according to the requirements of the standard. The Quality Policy document is available throughout the organization to interested parties, as appropriate.

Refer to Document M02 Quality Policy

5.3 Organizational Roles, Responsibilities and Authorities

Top Management and FOB will ensure that the responsibilities and authorities for key roles are assigned and communicated throughout the organization. It also communicates the roles, responsibilities and authorities of those involved in the management system and their relationships within the organization, by means of a Job Description.

Refer to Document R01 Job description

6. Planning for the Organization

6.1 Actions to Address Risks and Opportunities

The Organization has considered the issues related to risk assessment procedure and has determined the risks, threats and opportunities to achieve intended outcomes, preventing or reducing undesired effects and achieve continual improvement.

The Organization has a procedure to address the risks and opportunities, a plan to integrate and implement actions in the QMS and to evaluate its effectiveness. The Organization produced a risk assessment register to show what has been achieved.

Refer to Document M03 a Risk Assessment Procedure

Refer to Document R02 a Risk Assessment Register

6.2 Quality Objectives and Planning to achieve them

The Organization has established quality objectives at various levels in line with the requirements of ISO9001:2015 (Clauses 6.2.1 and 6.2.2).

Refer to Document M04 Planning to achieve Quality Objectives

Refer to Document R03 the Quality Objectives

6.3 Planning of Changes

Changes to QMS are carried out in a planned, controlled, and systematic manner. The Organization considers the purpose of any change, their potential consequences, the integrity of the QMS, the availability of resources, and the allocation or reallocation of responsibilities and authorities.

7. Support

7.1 Resources

7.1.1 General

The Organization has determined and provided the resources needed for the establishment, implementation, maintenance, and continual improvement of its QMS. The Organization has considered the capabilities of its existing resources and the requirements of external providers.

7.1.2 People

Those resources include people with the necessary skills and competencies to effectively operate the QMS and to meet and exceed the Organization clients' expectations. Also, see Clause 7.2.

7.1.3 Infrastructure

The Organization has provided the infrastructure determined as necessary for the provision of the processes and in conformity with the products and services.

7.1.4 Environment for the Operation of Processes

The Organization has provided the environment determined as necessary for the provision of the processes and in conformity with the products (academic programs) and services (teaching delivery).

7.1.5 Monitoring and Measuring Resources

The Organization has looked at the requirements of this clause (calibration) in the standard and has determined that they are not applicable to the scope of the management system.

7.1.6 Organizational Knowledge

The Organization has determined the knowledge necessary to operate processes to achieve conformity of the products and services. The Organization has systems in place to address any changes to its needs and possible trends or changes that come up from time to time. The knowledge required is in the form of documents: Faculty Handbook, *Manual de Normas para el Personal No Docente*, General Student Regulations, and other institutional norms.

7.2 Competence

The Organization has determined the competencies of people working at the FOB that affect performance to ensure that these people are competent on the basis of appropriate education,

training or experience and where applicable, take actions to acquire the necessary competencies and evaluate the effectiveness of these actions.

Refer to Document R05 Competency Statement (sample)

Refer to Document R06 Training Record (sample)

7.3 Awareness

The Organization follows procedures to ensure awareness of organization policies, relevant quality objectives, their contribution to the effectiveness of the system, and the implications of non-conformance to the QMS requirements.

7.4 Communication

The Organization has determined the need for internal and external communications relevant to the system including what, when, with whom, how, and who will communicate.

7.5 Documented Information

The Organization has written policies and procedures, as appropriate, to meet the requirements of our QMS and compliance to ISO9001:2015 standard. Details of how to produce and control are included in M06.

Refer to Document M06 Document Control & Records

8. Operation

8.1 Operational Planning and Control

The Organization has planned, implemented, and controlled processes needed to meet requirements for the provision of our products and services, and to implement the actions determined in clause 6.1; establishing process criteria and acceptance of the product and services. The Organization has determined the resources needed to achieve conformity of its product and services, by implementing control of the processes in accordance to the detailed criteria.

The organization will control planned changes and review the consequences of unintended changes, taking action to mitigate any adverse effects as necessary. The Organization ensures that outsourced processes are also controlled.

Refer to Document M03 Risk Assessment Procedure

Refer to Document R02 Risk Assessment Register

8.2 Requirements for Products and Services

8.2.1 Customer Communication

The Organization communicates related information of its products and services, such as enquiries, contracts or order handling (student enrollment), changes, feedback, complaints and other contingency actions to its clients.

8.2.2 Determination of Requirements Related to Products and Services

When determining the requirements for the products and services offered to potential clients; the Organization ensures that applicable regulatory and statutory requirements have been defined in such a manner that will meet those requirements and can substantiate any claim made for its products and services.

8.2.3 Review of Requirements Related to Products and Services

The Organization reviews its clients' requirements including those for delivery and post-delivery activities and any statutory and regulatory requirement applicable to the products (academic programs) and services (teaching delivery) being provided. The Organization reviews those requirements not stated by the client, when known, and any contract or order requirements that are different from the original request.

The Organization conducts this review (R08) prior to its commitment to supply its products and services, and always provides a curriculum, class schedule, and Catalog.

Refer to Document R08 Results of Review of Products and Services

8.2.4 Changes to requirements for products and services

The Organization will ensure that when changes are made to products and services, key personnel become aware of the amended and take actions to implement those changes. Changes are included in the document Change Request.

Refer to Document R14 Change Request

8.3 Design and Development of Products and Services

The Organization has looked at the requirements of this clause in the standard and have determined that they are not applicable to the scope of FOB management system.

8.4 Control of Externally Provided Processes, Products and Services

The Organization has looked at the requirements of this clause in the standard and have determined that they are not applicable to the scope of FOB management system. (8.4.1, 8.4.2, 8.4.3)

8.5 Production and Service Provision

8.5.1 Control of Production and Service Provision

The Organization has looked at the requirements of this clause in the standard and have determined that they are not applicable to the scope of FOB management system.

8.5.2 Identification and Traceability

The Organization has looked at the requirements of this clause in the standard and have determined that they are not applicable to the scope of FOB management system.

8.5.3 Property belonging to Customers or External Providers

The Organization has looked at the requirements of this clause in the standard and have determined that they are not applicable to the scope of FOB management system.

8.5.4 Preservation

The Organization has looked at the requirements of this clause in the standard and have determined that they are not applicable to the scope of FOB management system.

8.5.5 Post-delivery Activities

The Organization ensures that, when applicable, it will meet the requirements for post-delivery activities associated with its products and services considering the risks associated with the products and services, the nature of use and lifetime of the products (academic programs) and service (teaching delivery), feedback, and statutory and regulatory requirements.

8.5.6 Control of Changes

The Organization reviews and controls changes (R14) necessary for the production and service provision to ensure continued conformity of its product and services. Other related documents are Production and Service Provision and Traceability Record.

Refer to Document M09 Production and Service Provision

Refer to Document R14 Change Request

8.6 Release of Products and Services

The Organization has implemented arrangements at appropriate stages of production or service provision to verify that products (academic programs) and services (teaching process) requirements have been met; evidence of such acceptance criteria (degree conferred) is filed at the Registrar's Office.

Products (academic programs) and services (teaching process) will not be released until the verification arrangements have been met.

8.7 Control of Nonconforming Outputs

The Organization has a procedure (M10) which details how the organization will deal with the control of nonconforming process outputs, products, and services.

Refer to Document M10 Non-conformance & Corrective Action

9. Performance Evaluation

9.1 Monitoring, measurement, analysis and evaluation

9.1.1 General

The Organization has determined what needs to be monitored and measured; the methods for monitoring, measuring, analyzing and evaluating, as applicable, to ensure valid results; when the monitoring and measuring shall be performed; and when the results from monitoring and measurement shall be analyzed and evaluated. Results of such monitoring and measurement enable the Organization to evaluate the effectiveness of its QMS.

Refer to Document M10 Non-conformance & Corrective Action

Refer to Document M11 Monitoring and Measurement Results

9.1.2 Customer Satisfaction

The Organization has determined the methods for obtaining information regarding its clients' perception of the organization in terms of meeting or exceeding their requirements in the provision of the FOB products and services. The information gathered is review as part of the Management Review process.

Refer to Document M11 Monitoring and Measurement Results

9.1.3 Analysis and Evaluation

The Organization analyzes and evaluates gathered data (M11 & M13) as part of monitoring and measuring activities and the results are used as part of our Management Review process.

Refer to Document M11 Monitoring and Measurement Results

Refer to Document M13 Management Review

9.2 Internal Audit

The Organization conducts internal audits at planned intervals to provide information on whether its QMS conforms to the requirements of ISO9001:2015 Quality Management System standard and is effectively implemented and maintained. It also takes into consideration the importance of the processes concerned. The Organization has implemented a procedure (M12, R16 & R17) that covers the process surrounding the internal audit process in detail.

Refer to Document M12 the Internal Audit

Refer to Document R16 the Internal Audit Programme

Refer to Document R17 the Internal Audit Report

9.3 Management Review

Top management reviews the organization's QMS at planned intervals(yearly) to ensure its continuing suitability, adequacy, and effectiveness. Each review will take into consideration the status of actions from any previous meetings and any changes in internal or external issues relevant to its QMS and performance information, including trends and indicators as detailed in ISO9001: 2015, Clause 9.3.1 and 9.3.2. Information related to these meetings is filed in Document R18 Management Review Agenda and Minutes.

Refer to Document M13 the Management Review

Refer to Document R18 the Management Review Agenda and Minutes

10. Improvement

10.1 General

The Organization has determined opportunities for improving its clients' requirements and satisfaction. This will include strengthening products (academic programs) and service (teaching process), correcting, preventing or reducing undesired effects, and improving the performance and effectiveness of the FOB QMS.

10.2 Nonconformity and Corrective Action

When non-conformity occurs, the Organization shall react to the nonconformity and take action to control and correct it, and face the consequences. The Organization will evaluate the need for action to eliminate the causes of the nonconformity, to prevent it to recur or occur elsewhere in the organization. The Organization will implement the actions required and review the effectiveness of any corrective action taken, update risks and opportunities determined during planning and make changes to the QMS, where necessary.

The Organization will record all non-conformances, actions taken and the results of any corrective action using the following documentation.

Refer to Document M10 Non-conformance and Corrective Action

Refer to Document R19 Non-conformance Report Form

Refer to Document R20 Corrective Action Report Form

10.3 Continual Improvement

The Organization shall continually improve the suitability, adequacy, and effectiveness of its QMS. Results of analysis and evaluation and the outputs from management review are taken into consideration, to determine needs or opportunities that should be addressed as part of the Organization's continual improvement.

Q05 Refer to Document Register

Reference	Title	Issue No.	Date of Change	Reason
M01	Scope of QMS	2	August 2019	Update
M02	Quality Policy	3	August 2022	Update
M03	Risk Assessment Procedure	3	August 2022	Update
M04	Planning to Achieve Quality Objectives	2	August 2019	Update
M05	Monitoring & Measuring Resources	N/A	-	-
M06	Document Control & Records	2	August 2019	Update
M07	Design & Development	N/A	-	-
M08	Control of Externally Provided P & S	N/A	August 2019	External Auditor Recommendation
M09	Production & Service Provision	4	August 2022	Update
M10	Non-conformance & Corrective Action	2	August 2019	Update
M11	Monitoring & Measurement Results	2	August 2019	Update
M12	Internal Audit	2	August 2019	Update
M13	Management Review	2	August 2019	Update
R01	Job Description	2	August 2019	Update
R02	Risk Assessment Register	3	September 2022	Update
R03	Quality Objectives	4	September 2022	Update
R04	Calibration Register	N/A		
R05	Competency Statement	2	August 2019	Update

Reference	Title	Issue No.	Date of Change	Reason
R06	Training Record	2	August 2019	Update
R07	Operational Planning & Control	N/A		
R08	Results of Review of Products & Services	1	June 2017	No change
R09	Confirmation of D & D Requirements	N/A	-	
R10	D & D Process Outputs	N/A	-	
R11	D & D Changes	N/A	-	
R12	External Providers Evaluation Results	N/A	-	
R13	Traceability Record	N/A		
R14	Change Request	1	June 2017	No change
R15	Acceptance Refer to Documentation	N/A		
R16	Internal Audit Programme	1	June 2017	No change
R17	Internal Audit Report	1	June 2017	No change
R18	Management Review Agenda & Minutes	1	June 2017	No change
R19	Non-conformance Report Form	1	June 2017	No change
R20	Corrective Action Report Form	1	June 2017	No change

