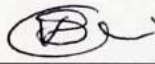




SIAYA INSTITUTE OF TECHNOLOGY

ADMINISTRATION PROCEDURE MANUAL SIT/ADM/APM

Document Approval

Designation		Signature
Authorized By:	Principal	
Controlled By	Management Representative	

Document status

Version Number:	1.0.0
Issue Date:	23/9/2021

PRINCIPAL



23 SEP 2021

SIAYA INSTITUTE OF TECHNOLOGY
P.O. BOX 1087 SIAYA 40800

ABBREVIATIONS

1. ADM - Administration
2. PCO-Public complaints officer
3. MR – Management Representative
4. CCF-Compliments/complaints form
5. SIT – Siaya Institute of Technology

AMENDMENT SHEET

Date	Section	Addition (A) deletion (D)	Amended text

TABLE OF CONTENTS

ABBREVIATIONS	2
AMENDMENT SHEET	3
Administration Procedure	5
Purpose	5
Scope	5
References.....	5
Terms and definitions	5
KEY PERFORMANCE INDICATORS.....	5
Description of Administration Process	6
2.1 Main steps in ADMINISTRATION PROCESSES	7
2.1.1 PROCESS MAP FOR CUSTOMER SATISFACTION	7
2.1.3.1 PROCESS MAP FOR STAFF APPRAISAL.....	8
PROCESS MAP FOR DISCIPLINE PROCEDURE.....	9
1.1 STUDENTS.....	9
NON TEACHING STAFF	10
TRAINERS.....	10
PROCESS MAP FOR RECORDS MANAGEMENT	11
RECORDS	11
PROCESS MAP FOR PLANNING.....	12
Records	13
Attatchments	14

1.0 Administration Procedure

1.1 Purpose

This procedure shall be used for the management various administration functions in various departments within Siaya Institute of Technology.

1.2 Scope

The procedure shall apply to all departments in SIT.

1.3 References

- 1.3.1 The employment Act
- 1.3.2 Labour Relations Act
- 1.3.3 SIT rules and regulations
- 1.3.4 SIT Human Resource Policy

1.4 Terms and definitions

Principal –

Deputy principal –

Discipline -

Trainer -

Student -

1.5 KEY PERFORMANCE INDICATORS

Numbers of projects planned and not executed

Number of policies developed and not implemented

Number of cases reported and not resolved

Timely appraisal of staff

Timely resolution of documented complaints

Timely action on correspondence

1.5 Process inputs

1.6.1 Human resource

1.6.2 Trainees

1.6.3 Institutional policies

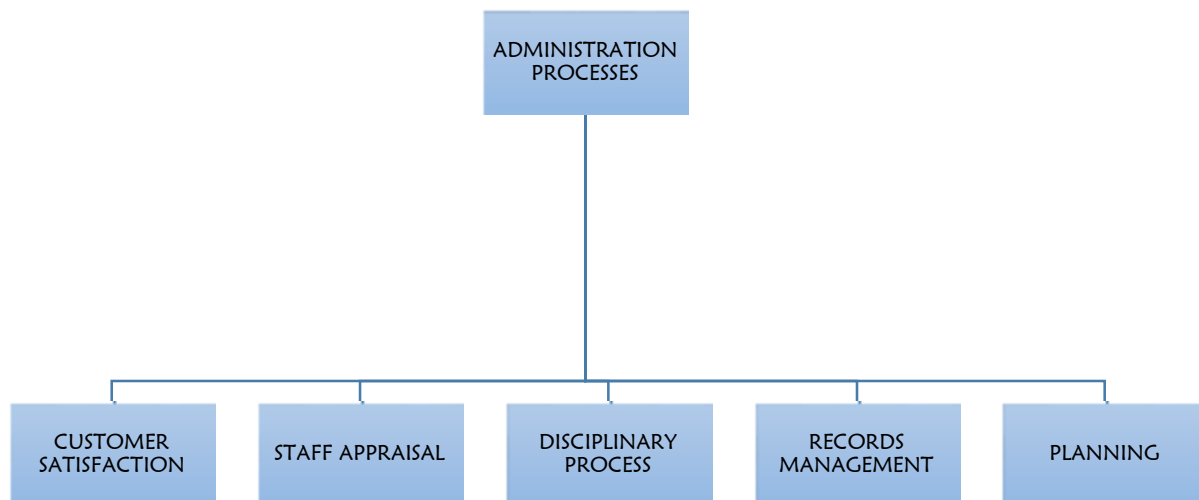
1.6.4 Statutory and regulatory requirements

1.7 Process outputs

2 Effective and timely delivery of services.

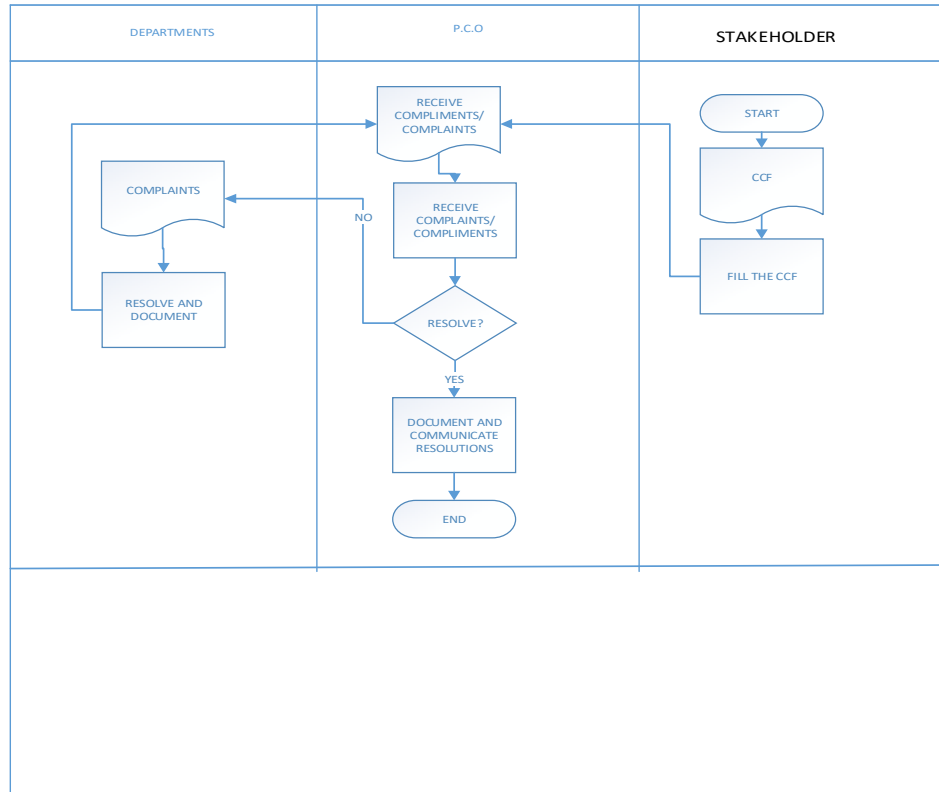
3 Improved customer satisfaction index.

1.8 Description of Administration Process



2.0 Main steps in ADMINISTRATION PROCESSES

2.1 PROCESS MAP FOR CUSTOMER SATISFACTION



2.1.1 MAIN STEPS IN CUSTOMER SATISFACTION

The Public Complaints Officer shall:

2.1.1.1 Make available the compliments /complaints form SIT/PCO/CCF at various service points.

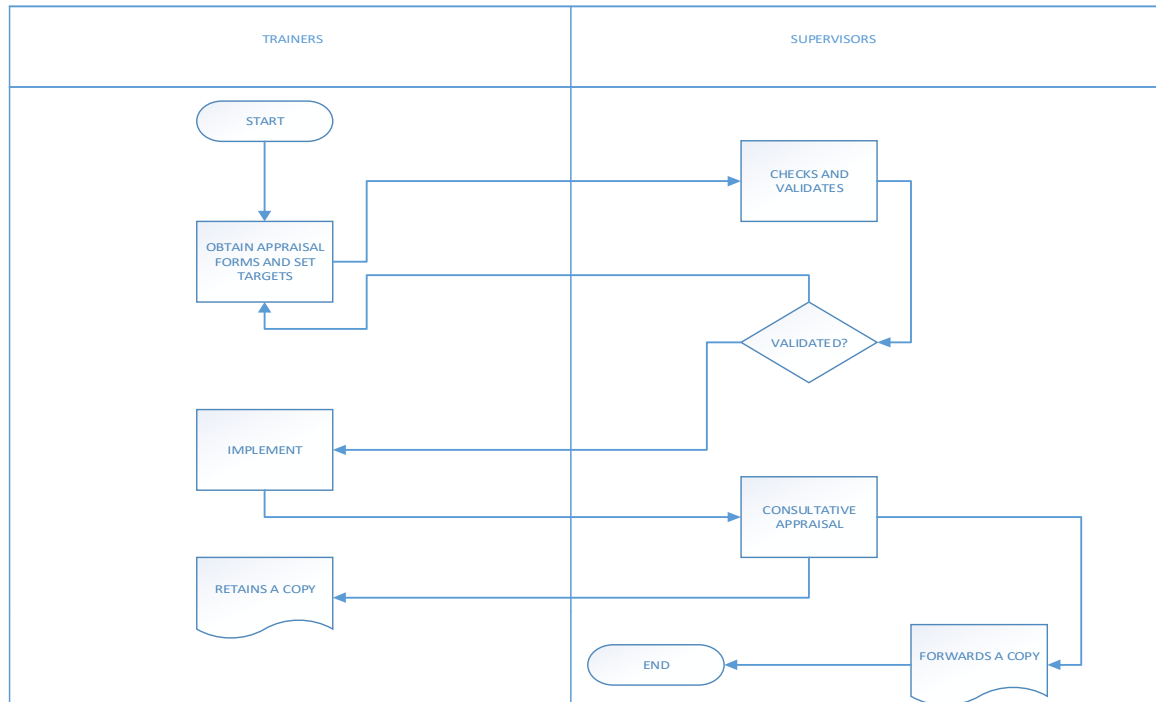
2.1.1.2 Receive the documented compliments/complaint form SIT/PCO/CCF, categorise and distribute them to relevant department /sections for action.

2.1.1.3 Receive and Document feedback then communicates the resolution to the complainant.

2.1.1.4 Review and submit quarterly reports to the Public Complaints Commission of Kenya through Performance Contracting Secretariat to maintain records

2.2 MAIN STEPS IN STAFF APPRAISAL

2.2.1 PROCESS MAP FOR STAFF APPRAISAL



2.2.2 Teaching Staff

2.2.2.1 The trainer shall set targets in consultation with their immediate supervisors.

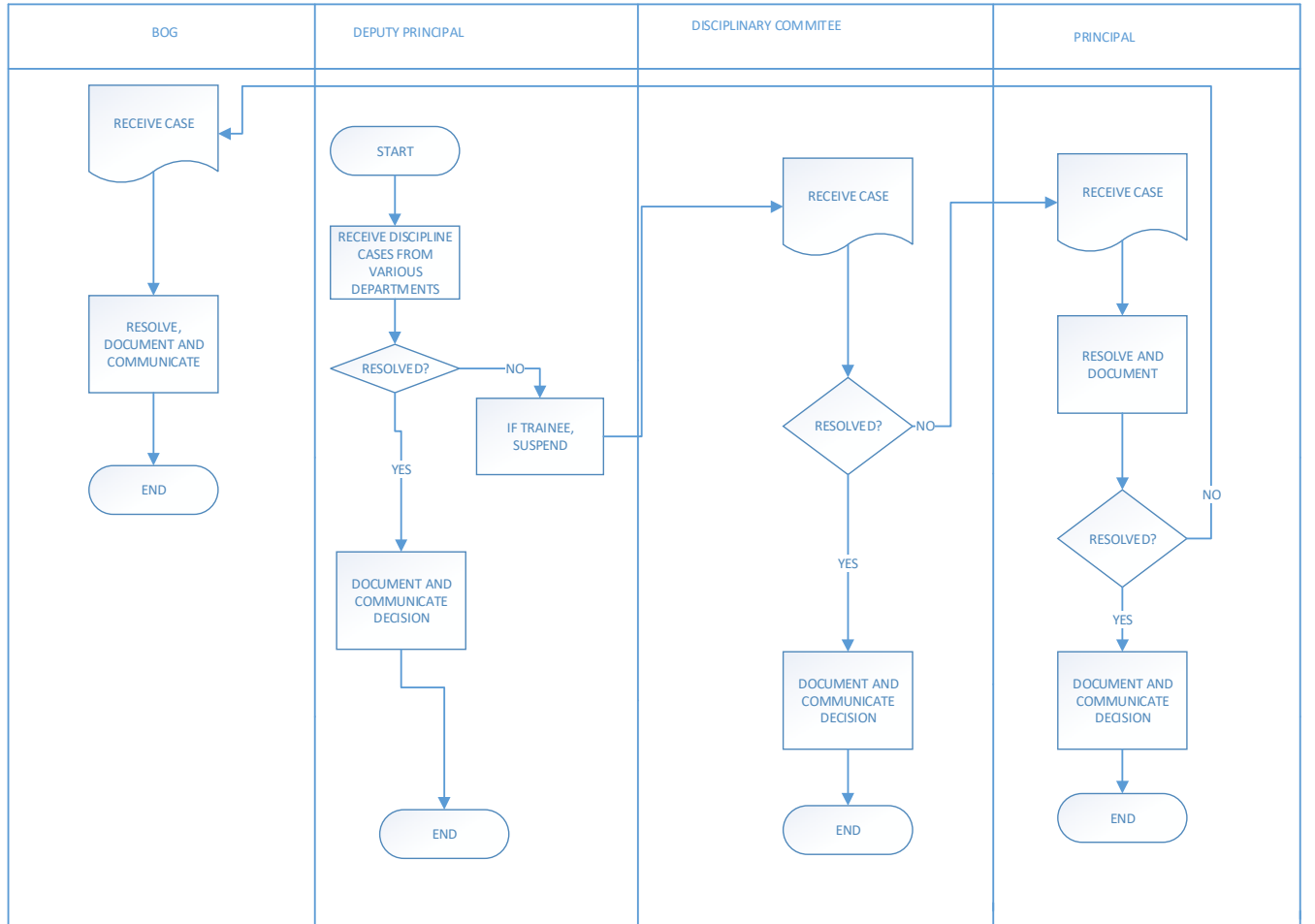
2.2.2.2 The trainers shall implement various activities to meet the set targets and maintain records.

2.2.2.3 The trainer shall do self-appraisal in consultation with the immediate supervisors

2.2.2.4 The supervisor shall forward the appraisal report to the relevant parties.

2.3 METHOD FOR DISCIPLINE PROCEDURE

2.3.1 PROCESS MAP FOR DISCIPLINE PROCEDURE



2.3.2 STUDENTS

2.3.2.1 The Deputy Principal shall receive discipline cases.

2.3.2.2 The Deputy Principal shall register the case into SIT/ADM/SDR and verify the intensity of the offence immediately.

2.3.2.3 The Deputy Principal shall consider the cases and either conclude or in consultation with the Principal suspend the trainee[s] and inform the department concerned.

2.3.2.4 In case of suspension the D/Principal shall Convene a Disciplinary Committee

meeting within two weeks and maintain minutes

- 2.3.2.5 The D/Principal shall submit the recommendations of the committee to the Principal who shall take necessary action and communicate to the trainee.

2.3.3 NON TEACHING STAFF

The Deputy Principal shall,

- 2.3.3.1 Receive discipline cases
- 2.3.3.2 Register the cases into SIT/ADM/SDR.
- 2.3.3.3 Convene Disciplinary Committee meeting with the staff as per the SIT HR policy.
- 2.3.3.4 Ensure that the disciplinary committee comes up with minutes and written report which contains verdict as per the SIT HR policy and employment act and submits to the principal.
- 2.3.3.5 If the case is not concluded the principal shall convene a BOG meeting to resolve the case as per SIT/HR/POLICY and employment laws of Kenya.

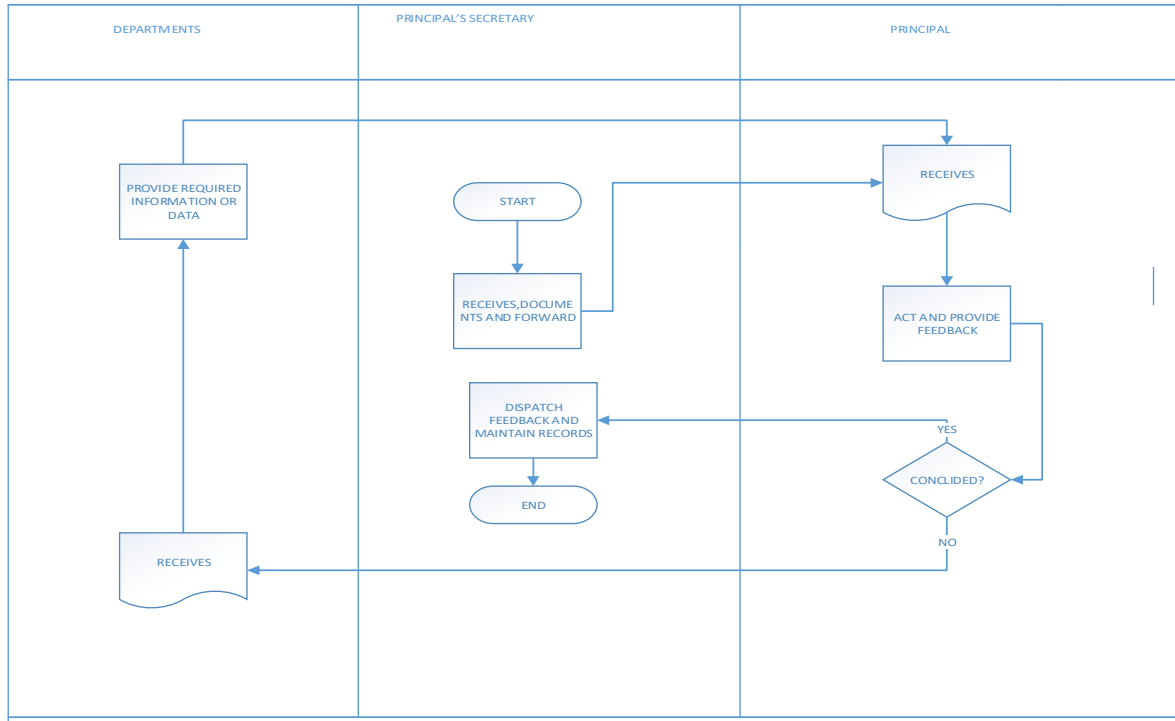
2.3.4 TRAINERS

The Deputy Principal shall,

- 2.3.4.1 Receive the discipline cases.
- 2.3.4.2 Register the case into **SIT/ADM/TDR**.
- 2.3.4.3 Summon the teacher and resolve the case as per TSC code of regulations and code of ethics and maintain records .
- 2.3.4.4 If not resolved the Deputy shall forward the case to the Principal for resolution or onward transmission to the BOG and maintain records.

2.4 METHOD OF RECORDS MANAGEMENT

2.4.1 PROCESS MAP FOR RECORDS MANAGEMENT



2.4.2 MAIN STEPS IN RECORDS MANAGEMENT

The Principal's secretary shall

2.4.2.1 Receive and Log in correspondences in the mail management register

SIT/ADM/MMR.

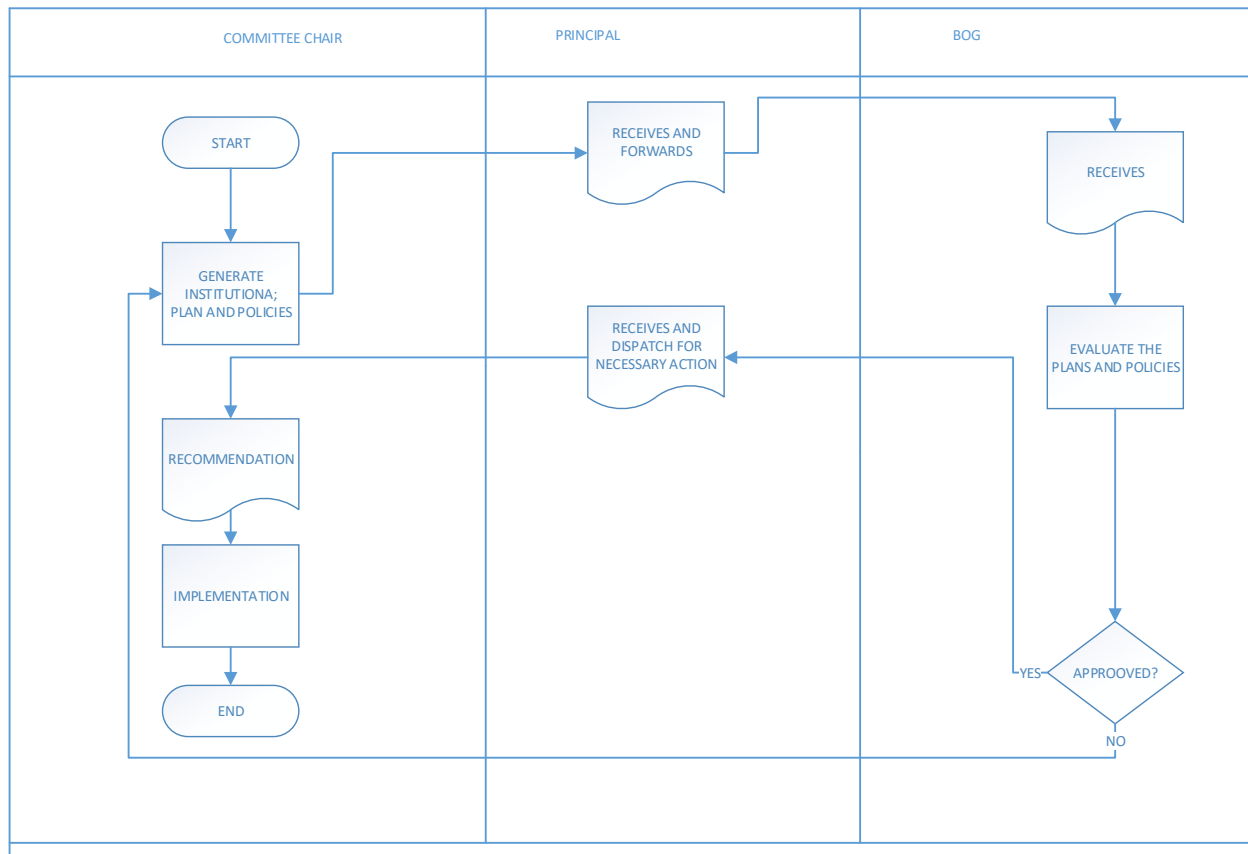
2.4.2.2 Forward the correspondence to the principal for action or redirecting to the relevant office.

2.4.2.3 Receive and document feedback from the principal and forward to the relevant office.

2.4.2.4 Manage the records as per the file/record retention and disposal schedule

2.5 METHOD IN PLANNING

2.5.1 PROCESS MAP FOR PLANNING



2.5.2 MAIN STEPS IN PLANNING

The Principal shall:

- 2.5.2.1 Obtain relevant planning policies as per the TVET act and other relevant bodies.
- 2.5.2.2 Constitute committees to generate institutional plans and policies.
- 2.5.2.3 Present plans and policies to the BOG for approval.
- 2.5.2.4 Disseminate the plans and policies for implementation.
- 2.5.2.5 Appoint a Monitoring and Evaluation committee to track progress and submit reports.

2.6 Records


2.7 Attatchments



SIAYA INSTITUTE OF TECHNOLOGY

PROCEDURE FOR ADMISSION AND REGISTRATION OF STUDENTS SIT/REG/RAS

Document Approval

Designation		Signature
Authorized By:	Principal	
Controlled By	Management Representative	

Document status

Version Number:	1.0.0
Issue Date:	23/9/2021

PRINCIPAL

23 SEP 2021

SIAYA INSTITUTE OF TECHNOLOGY
P.O. BOX 1087 SIAYA 40600

AMENDMENT SHEET

1.0 Date	2.0 Section	3.0 Addition (A) deletion (D)	4.0 Amended text
5.0 03/01/2020	6.0 Attachments	7.0 Addition of Email Address and Telephone Number, Deletion of Chair Number. Change of Title from New Student Registration Form to Student Data Capture Form	8.0 Student Registration Form and New student registration form
03/01/2020	Rules and regulations	Deletion of current rules and	Replacement of rules with the ones in the Academic Policy

1. PURPOSE

This procedure gives guidelines for admission and registration of both new continuing trainees.

2. SCOPE

The procedure shall apply to all potential students of Siaya Institute of Technology.

3. REFERENCES

- 3.1. SIT Academic Policy
- 3.2. SIT Rules and Regulations
- 3.3. MoEST guidelines

4. TERMS AND ABBREVIATION

- 4.1. SIT: Siaya Institute of Technology
- 4.2. MoEST: Ministry of Education Science and Technology
- 4.3. HOD: Head of Department
- 4.4. FO: Finance Officer
- 4.5. PO: Procurement Officer

5. RESPONSIBILITY

The principal responsibility for the effective implementation and maintenance of this procedure shall rest with the Registrar.

6. METHOD

6.1. Admission and Registration

This shall be as per the process map for admission and registration of students

- 6.1.1. The Registrar shall receive students on arrival and on presentation of admission letter. (Ref: SIT/REG/OOF)
- 6.1.2. The HOD shall verify student certificates to confirm students KCSE Grades and minimum requirements for the course before assigning admission number.
- 6.1.3. The Admissions Office shall issue the registration form for student data capture. (Ref: SIT/REG/NSF and SIT/REG/SRF)
- 6.1.4. The Registrar shall issue change of course form to new students if they fulfill admission requirements for the new course. (Ref: SIT/REG/CCF).
Those who do not meet the requirements shall not be allowed to change course, and shall be advised accordingly.
- 6.1.5. The FO shall receive the due payments and issue receipts.
- 6.1.6. The Registrar shall verify and approve the registration status of the new students and file student documents. Any appeal shall be referred to the Principal for appropriate action.

ISSUE NO: 02	REVISION NO: 02	DATE: 30/08/2021
--------------	-----------------	------------------

- 6.1.7. New students shall provide the Registrar with details necessary for student identification card processing and also fill students personal data form.(Ref: SIT/REG/NSF)
- 6.1.8. The Dean of Students shall verify the registration status for welfare services.
- 6.1.9. The HOD shall include the new student into the departmental register, and conduct departmental orientation.

6.2. Issuance of Student Identification Cards

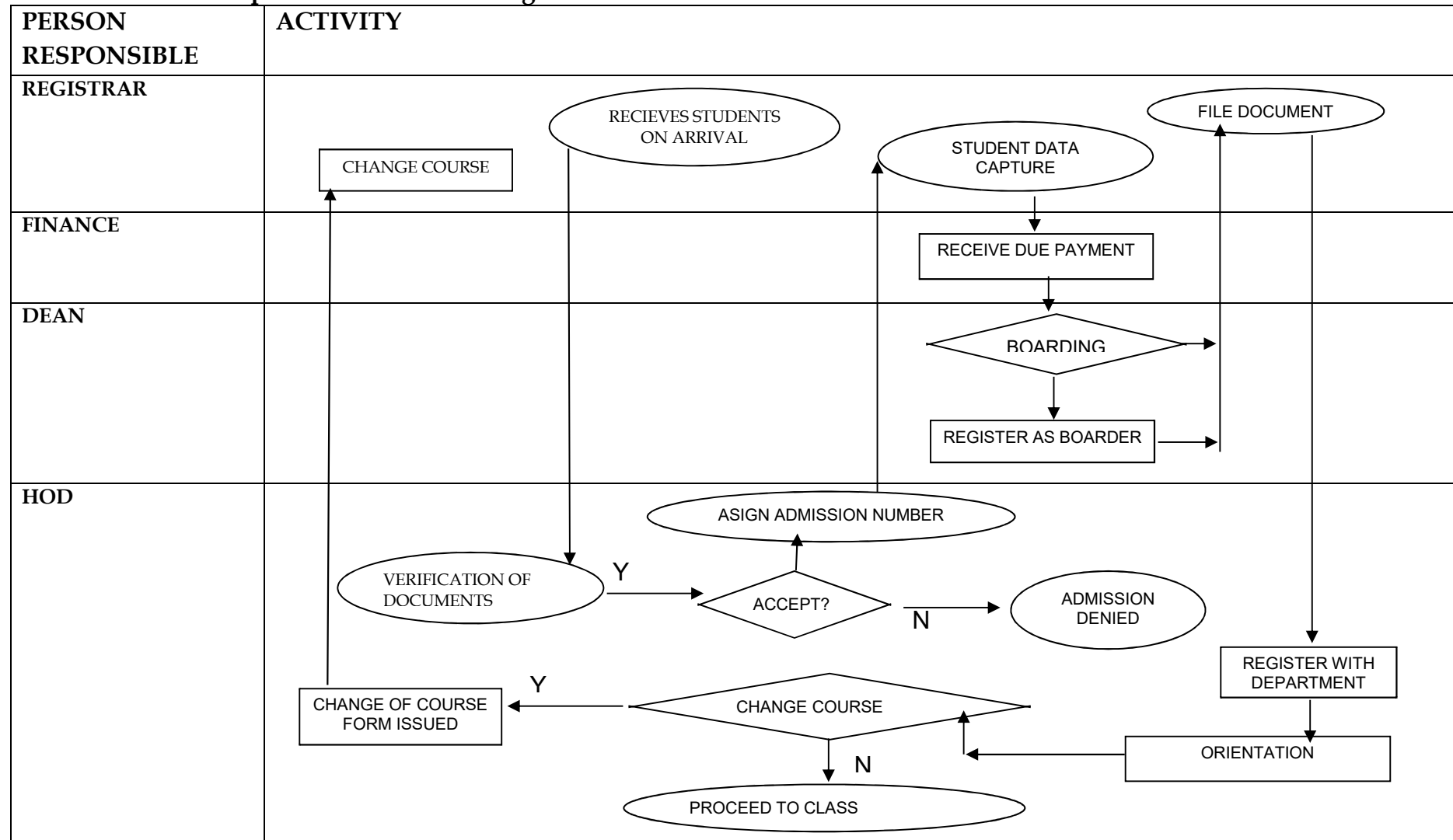
This shall be as per the process map for admission and registration of students

- 6.2.1. The Registrar shall capture all student's data (Ref: SIT/REG/NSF and SIT/REG/SRF)
- 6.2.2. The Head of ICT Services shall generate student ID Cards and return to the Registrar for authentication.
- 6.2.3. The Registrar shall submit to HOD student ID Cards for issuance to the students

7. ANNEXES

- 7.1 Process map for Admission and Registration
- 7.2 Letter of Admission Ref SIT/REG/OOF
- 7.3 Institute Rules and Regulations Ref SIT/REG/IRR
- 7.4 Medical Report on an Applicant for Admission to a Course at the Institute REF: SIT/REG/MRF
- 7.5 Start of Term Registration Form for New Students Ref: SIT/REG/NSF
- 7.6 Start of Term Registration Form Ref: SIT/REG/SRF
- 7.7 Change of Course Form Ref: SIT/REG/CCF
- 7.8 Process map for Issuing Student Identification Cards

REF: 2301 Process map for Admission and Registration of New students





SIAYA INSTITUTE OF TECHNOLOGY

P.O. BOX 1087 - 40600 SIAYA. TEL: 0703564522

Email: info@siayainstitute.ac.ke

Date:

RE: OFFER OF ADMISSION

(Please read this offer very carefully and comply with the requirements for admission)

COURSE:

DURATION: **INTAKE:**

Your application for the above course has been accepted. You are required to report on and the last date of reporting will be

The following items will be checked before registration:

1. REGISTRATION/ADMISSION

- i) Full fees as per the fee structure enclosed, payable by Bankers Cheques /Draft, Money Order or Direct Banking.
- ii) Three – Pass port size photographs recently taken
- iii) Photocopies and Originals of this Offer of Admission, Certificate/Slip, Leaving Certificate, Birth Certificate and ID card – both sides

2. TUITION

- i. Stationery (for personal use)
- ii. Clipboard (for personal use)
- iii. A Ream of photocopying papers

3. BOARDING

- i. Mattress, blanket and two bed sheets
- ii. Personal clothing
- iii. A plate, mug and spoon (fork and knife optional)
- iv. A plastic bucket and trough
- v. Mosquito net

ESSENTIAL REQUIREMENTS FOR TECHNICAL STUDENTS

1. Standard T-Square (plastic or wooden)
2. One 45° set square about 100mm
3. One 30°/60° set square about 200mm
4. Drawing protractor 0°-360°
5. A Staedler eraser and Staedler Pencil (type HB 2H and 4B) enough to cover a term
6. Masking tape – one
7. One short sleeved (blue) overall for engineering students and one long sleeved (white) overcoat for laboratory technology and Land survey students
8. Scientific calculator
9. One pair of safety boots for Engineering students (military type)

5. GAMES AND SPORTS

You are expected to participate in games and therefore every student is required to come with

1. One pair of games kits
2. One pair of rubber shoes

LOCATION OF THE INSTITUTE

The Institute is located in Siaya Town along Siaya – Ndere Road, next to Siaya County Referral Hospital

Congratulations on your being selected for the course and wish you the best of luck in your studies here.

DANIEL O. RANDA
PRINCIPAL/SECRETARY BOG

DECLARATION BY THE PARENT/GUARDIAN FOR HOSPITAL TREATMENT

Please indicate below the hospital where you wish your son/daughter to be admitted in case of serious illness.

- a) Siaya District Hospital and I am prepared to pay extra hospital charges
- b) BAMA Nursing Home (**private**) and I am prepared to pay the hospital charges.
- c) St Elizabeth Mission Hospital (**private**) and I am prepared to pay the hospital charges

Student's Name

Name and signature of Parent/Guardian/Sponsor



SIAYA INSTITUTE OF TECHNOLOGY

P.O. BOX 1087 - 40600 SIAYA. TEL: 0703564522

Email: info@siayainstitute.ac.ke

NOTE: applicants for entry to the Institute **MUST** get this form completed by a registered Doctor **BEFORE** reporting.

STUDENT'S NAME: _____ **COUNTY:** _____

1. Eye and Vision: Unaided Right –Left Aided Right – Left Colour Blind Visual Field	
2. Nose and Throat Is nasal breathing - Habitual -Adenoids	
3. Ear Hearing voice Right Left	
4. Mouth and Teeth	
5. Glands in the neck	
6. Chest and Heart With special reference to any Tubercular tendencies	
7. Urine Stool	
8. Spleen and Liver Piles and varicose veins	
10. Any other weakness, defect, allergy or disease(s) e.g. defects on speech, local itching or spasm, chore or other neurons disorder, venereal disease or rheumatics tendency	
11. General observation: if care is desirable in any special direction please give particulars	

Payments for the medical examination are the sole responsibility of the applicant.

Signature of registered Medical Practitioner:

ADDRESS: _____ **DATE/STAMP:** _____



SIAYA INSTITUTE OF TECHNOLOGY

2021/2022 FEES STRUCTURE

VOTE HEAD	YEAR/MODULE 1				YEAR/ MODULE 2			YEAR/ MODULE 2		
	1ST INSTALMENT (May/ September)		2 ND INSTALMENT (September/ January)	TOTALS	SINGLE INSTALMENT (September /January)		TOTALS	SINGLE INSTALMENT (September /January)		TOTALS
	G.O.K	PARENT/ SPONSOR	PARENT/ SPONSOR		G.O.K	PARENT/ SPONSOR		G.O.K	PARENT/ SPONSOR	
TUITION	7,980.00	4,620.00		12,600.00	7,980.00	4,620.00	12,600.00	7,980.00	7,020.00	15,000.00
P.EMOL.	6,060.00	5,340.00		11,400.00	6,060.00	5,340.00	11,400.00	6,060.00	5,340.00	1,400.00
E.W.C.	2,400.00	1,110.00	990.00	4,500.00	2,400.00	2,100.00	4,500.00	2,400.00	2,100.00	4,500.00
L.T.&T	1,600.00	1,400.00		3,000.00	1,600.00	1,400.00	3,000.00	1,600.00	1,400.00	3,000.00
R.M.I.	2,400.00	2,100.00		4,500.00	2,400.00	2,100.00	4,500.00	2,400.00	2,100.00	4,500.00
ACTIVITY	1,600.00	700.00	700.00	3,000.00	1,600.00	1,400.00	3,000.00	1,600.00	1,400.00	3,000.00
CONTINGENCY	4,650.00	2,610.00	1,860.00	9,120.00	4,650.00	4,070.00	8,720.00	4,650.00	4,070.00	8,720.00
LIBRARY FEE	960.00	840.00		1,800.00	960.00	840.00	1,800.00	960.00	840.00	1,800.00
STUDENTS ORG	300.00	200.00	100.00	600.00	300.00	300.00	600.00	300.00	300.00	600.00
MEDICAL	450.00	300.00	150.00	900.00	450.00	450.00	900.00	450.00	450.00	900.00
REGISTRATION	-	2,000.00		2,000.00	-			-		
DEVELOPMENT	1,600.00	1,400.00		3,000.00	1,600.00	1,400.00	3,000.00	1,600.00	1,400.00	3,000.00
ATTACHMENT	-				-	2,400.00	2,400.00	-		
EXAMINATION										
TOTALS	30,000.00	22,620.00	3,800.00	56,420.00	30,000.00	26,420.00	56,420.00	30,000.00	26,420.00	56,420.00

NB

- 1) All Module I trainees pay Examination Fees with the Second Installment while Module II and III pay with the Single Instalment as per applicable KNEC Charges as attached.
- 2) Only students who sat KCSE from the year 2000 are eligible for GOK Capitation and only for those placed by KUCCPS
- 3) All Trainees are eligible to apply to Higher Education Loans Board to finance their training.

APPROVED Mr. Daniel O. Randa: _____ Date: _____

NOTES

1. The Ministry of Education shall pay kshs.30,000.00 as capitation fees from the total fees payable per year above, while Parents/Sponsors/HELB shall pay the difference of kshs.26,240.00 as follows;

A) YEAR 1/MODULE 1.

Description	1 st Term	2 nd Term	3 rd Term	Total
Fees	10,195.00	8,200.00	8,025.00	26,420.00

B) YEAR II/MODULE II

Description	1 st Term	2 nd Term	3 rd Term	Total
Fees	2,400.00	12,010.00	12,010.00	26,420.00

C) YEAR III/MODULE III

Description	1 st Term	2 nd Term	3 rd Term	Total
Fees	2,400.00	12,010.00	12,010.00	26,420.00

2. The following Trainees shall not benefit from the kshs.30,000.00 capitation fees by ministry:
 - a) Trainees who have completed paying fees.
 - b) Trainees who are sponsored by; National or County Government, NGO's or any other sponsorship.
 - c) Trainees who have not registered with Kenya Universities and Colleges Central Placement Service(KUCCPS).
3. The above fees is Exclusive of Meals, National Examination Fees and Professional Bodies fees.
4. Students who may wish to be accommodated within the institution shall pay kshs.3,000.00 per term as included in the boarding fees above.
5. The Institute runs a cafeteria where students purchase meals on pay as you eat (PAYE) system. Parents/Sponsors are therefore advised to adequately provide for their sons/daughters for this purpose
6. Payments for Training and Accommodation fees should be made in favour of Siaya Institute of Technology by Bankers Cheques/drafts or Direct Deposit to Account No.1106857135 KCB, Siaya Branch. Those paying by cheque should include kshs.250.00 cheque clearance fee.
7. Personal cheques are not acceptable.
8. Fees must be paid in full at the beginning of the term.
9. Fees are subject to review from time to time by the B.O.G. in conjunction with the Ministry of Education. Our offices are open between 8.00a.m- 1.00p.m and 2.00p.m-5.00p.m every day except over the weekend and public holidays.

PREPARED BY: FINANCE OFFICER _____ **DATE** _____
APPROVED BY PRINCIPAL/B.O.G. SEC. _____ **DATE** _____
CHAIRMAN B.O.G _____ **DATE** _____

KASNEB FEE STRUCTURE IN LINE WITH THE TVET APPROVED FEE CHARGEABLE PER YEAR

VOTE HEAD	SEMESTER 1	SEMESTER 2
TUITION	7,010.00	7,010.00
P.EMOL.	5,300.00	5,300.00
E.W.C.	2,100.00	2,100.00
L.T.&T	1,400.00	1,400.00
R.M.I.	2,100.00	2,100.00
ACTIVITY	1,400.00	1,400.00
CONTIGENCY	3,200.00	3,200.00
LIBRARY FEE	800.00	800.00
STUDENTS ORG.	300.00	300.00
MEDICAL	400.00	400.00
REGISTRATION	2,800.00	2,800.00
DEVELOPMENT	1,400.00	1,400.00
DAY SCHOLARS	28,210.00	28,210.00
BOARDERS	33,210.00	33,210.00

NOTES:

- 01.** The Ministry of Education shall pay kshs.30,000.00 as capitation fees from the total fees payable per year above.
- 02** The following Trainees shall not benefit from the kshs.30,000.00 capitation fees by ministry:
- a) Trainees who have completed paying fees.
 - b) Trainees who are sponsored by; National or County Government, NGO's or any other sponsorship.
 - c) Trainees who have not registered with Kenya Universities and Colleges Central Placement Service(KUCCPS).
- 03** The above fees is Exclusive of Meals, National Examination Fees and Professional Bodies fees.

Students who may wish to be accommodated within the institution shall pay kshs.5,000.00 per term as included in the boarding fees above.

04 The Institute runs a cafeteria where students purchase meals on pay as you eat (PAYE) system. Parents/Sponsors are therefore advised to adequately provide for their sons/daughters for this purpose

05 Payments for Training and Accommodation fees should be made in favour of Siaya Institute of Technology by Bankers Cheques/drafts or Direct Deposit to Account No.1106857135 KCB, Siaya Branch. Those paying by cheque should include kshs.250.00 cheque clearance fee.

06 Personal cheques are not acceptable.

07 Fees must be paid in full at the beginning of every session/semester.

08 Fees are subject to review from time to time by the B.O.G. in conjunction with the Ministry of Education.

09 Our offices are open between 8.00a.m-5.00p.m every day except over the weekend and public holidays.

PREPARED BY:

DATE

FINANCE OFFICER

APPROVED BY:

PRINCIPAL/B.O.G. SEC.

DATE

CHAIRMAN B.O.G

DATE



SIAYA INSTITUTE OF TECHNOLOGY

P.O. BOX 1087 - 40600 SIAYA. TEL: 0703564522

Email: info@siayainstitute.ac.ke

COURSE TRANSFER FORM

Name of the Student:

Admission No.....

Current Department.....

Current course.....

Transfer to Course.....

Department

Reason for Transfer

.....

.....

.....

Sign.....

Current HOD's comments.....

.....

.....

Approved/Not Approved:.....

HOD's Name

Sign Date/Stamp

Receiving department.....

HOD's Name

Sign Date/Stamp

Registrar's comments.....

.....

Sign

Date/Stamp

SIT/REG/TDC



SIAYA INSTITUTE OF TECHNOLOGY

P.O. BOX 1087 - 40600 SIAYA. TEL: 0703564522

Email: info@siayainstitute.ac.ke

TRAINEE DATA CAPTURE FORM

(Complete part A & B only)

SECTION A: GENERAL INFORMATION OF THE NEW STUDENT

1. NAME _____ ADMISSION NO. _____ SEX: _____
2. PERMANENT ADDRESS: _____ TEL. NO. _____ ID NO. _____
3. DATE OF BIRTH _____ BIRTH CERT. ENTRY NO. _____ MARITAL STATUS
(SINGLE/MARRIED)
4. FATHER'S NAME: _____ OCCUPATION _____ TEL NO. _____
MOTHER'S NAME _____ OCCUPATION _____ TEL NO. _____
GUARDIAN'S NAME _____ OCCUPATION _____ TEL NO. _____
5. SPONSOR'S NAME _____ TEL NO _____ ADDRESS _____
6. COUNTY: _____ SUB-COUNTY: _____ LOCATION _____ SUB-LOCATION _____
7. ARE YOU PARTIALLY/TOTALLY ORPHANED/NEITHER OF THE TWO? ***(PLEASE TICK ONE)***
8. SIBLINGS IN LEARNING INSTITUTIONS

NAME	SCHOOLS/INSTITUTION	LEVEL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. HAVE YOU BEEN BENEFICIARY OF ANY BURSARY SCHEME? YES/NO IF YES WHICH ORGANIZATION _____
10. DO YOU SUFFER FROM ANY CHRONIC DISEASE/DISABILITY? _____ IF YES, EXPLAIN _____
11. ARE YOU ALLERGIC TO ANY FOOD? _____ IF YES EXPLAIN (AND ATTACH MEDICAL PROOF) _____
12. LIST DOWN YOUR CO-CURRICULAR ACTIVITIES. A) _____ B) _____
13. STATE WHETHER BOARDER OR DAY SCHOLAR _____

SECTION B: ACADEMIC DETAILS OF THE STUDENT

1. COURSE APPLIED FOR _____ SECONDARY
SCHOOL _____ KCSE _____

_____/PREVIOUS INSTITUTION

_____/CRAFT YEAR

KCSE/CRAFT SUBJECTS	GRADE	KCSE/CRAFT SUBJECTS	GRADE
I) _____	_____	VI) _____	_____
II) _____	_____	VII) _____	_____
III) _____	_____	VIII) _____	_____
IV) _____	_____	IX) _____	_____
V) _____	_____	X) _____	_____

2. AGGREGATE/MEAN GRADE _____ INDEX NO. _____ SIGNATURE _____ DATE _____

SECTION C: FOR OFFICIAL USE ONLY

COURSE _____

DEPARTMENT _____

ADMISSION NUMBER _____

CLASS _____

COMMENT _____

I CERTIFY THAT I HAVE RECEIVED THE UNDER MENTIONED DOCUMENTS FROM THE STUDENT

1. PHOTOCOPIES OF:

- a) ACADEMIC CERTIFICATE/RESULTS SLIP
- b) LEAVING CERTIFICATE
- c) IDENTIFICATION CARD
- d) BIRTH CERTIFICATE

2. RECENT MEDICAL CERTIFICATE

3. THREE PASSPORT SIZE PHOTOGRAPHS

4. A REAM OF PHOTOCOPYING PAPER

ANY OTHER _____

SIGNATURE: _____ DATE: _____

REGISTRAR

SERIAL NO:

SIT/REG/TRF



SIAYA INSTITUTE OF TECHNOLOGY

P.O. BOX 1087 - 40600 SIAYA. TEL: 0703564522

Email: info@siayainstitute.ac.ke

TRAINEE REGISTRATION FORM

Date Reported / / 2021

Trainee's name.....ADM NO.....

Department.....ClassRegistrar's sign and stamp.....

Tick one

Boarder

Day

Fee paid KESFee balance KES.....Finance Officer's stamp.....

Dean's Remarks.....Sign and Stamp.....

HOD.....Sign.....



SIAYA INSTITUTE OF TECHNOLOGY

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8.1.1 RULES AND REGULATIONS GOVERNING THE CONDUCT AND DISCIPLINE OF STUDENTS (ABRIDGED VERSION).

8.1.2 Preamble

- i. These rules and regulations are in accordance with chapter 7 of the Academic Policy as per the Board of Governors resolution on August 10, 2018. All students must acquaint themselves with the Academic Policy that provides all details and procedures regarding Rules and Regulations of the conduct of students at Siaya Institute of Technology.
- ii. These rules and regulations are meant to bring order and harmony in the Institute and make the life and stay of students enjoyable. They are meant to enable the Institute function effectively for ALL its students, staff, residents and the community. Students are required to sign the form in appendix 1 to confirm that they have read and understood, and will abide by the rules and regulations as stipulated.
- iii. We consider our students to be mature and responsible adults who have sense of maturity. Decent behaviour, decent dressing, commitment to work, respect to self and to others and obedience to authority are to be displayed by all without supervision. However, minority of students may lack these traits and may need to be guided along a set of rules.
- iv. All students must obey, respect and follow instructions from members of staff.
- v. These rules and regulation are made by the Academic Committee and the Institute BoG in accordance with the provisions of the TVET Act whose objective and purpose are among others; to provide for the control governance and administration of the Institute.
- vi. The Principal as per the Act shall be responsible to the BoG for the general conduct and discipline of the students.
- vii. These regulations shall apply to ALL students of the Institute subject to any necessary changes therein. All students shall be required to read and abide by these regulations as

well as with regulations in general.

- viii. These regulations shall not preclude the Institute from requiring any student to execute any bond, assurance or undertaking to be of good conduct throughout his/her stay at the Institute.
- ix. Such bond, assurance or undertaking when required and executed shall have the same effect as if it were part of these regulations.

8.1.3

8.1.4 The Conduct of Students

The following provisions shall apply with respect to the conduct of students within and outside the Institute precincts.

General Conduct

- i. Respect and adhere to the administrative and academic rules, procedures and structures established by the TVET Act 29 of 2013 and SIT legal order for the control governance and operations of the Institute.
- ii. Respect the rights and privileges of the members of the Institute community at all times.
- iii. Refrain from any conduct that might bring the Institute or any section or programme thereof into disrepute or public odium.
- iv. Carry themselves in all public places or forum with such humility and dignity as befits their status as mature and responsible citizens.
- v. Wear acceptable and appropriate attire as prescribed in the dress code at all times and in particular while attending lectures, practical sessions or at any other Institute functions.
- vi. In particular students are advised to groom appropriately at all times and should treat their presence in class, laboratories or workshops during training or learning or private study as official functions and present themselves formally with untoward dressing or hairstyle and excessive ornaments.
- vii. Note that food must only be eaten in the dining hall or at designated restaurants and canteens.
- viii. All students should maintain cleanliness in the Institute by keeping hostels, laboratories, workshops and hostels clean and tidy. Litter should not be thrown anyhow except in strategically positioned waste dustbins

- ix. All students are encouraged to participate in various games and sports activities during games times. Institute rules and regulations are to be observed when teams go out to represent the Institute.
- x. The Institute is a DRUGS FREE ZONE. There shall be no tobacco smoking or alcohol drinking or use of illicit drugs within the premises in the Institute such as Dinning hall, Dormitories, Classrooms, Laboratories, Workshops and Drawing rooms.
- xi. Students should respect other's freedom of worship. Where certain religious beliefs and rites conflict with these regulations, the rules of the Institute shall prevail as long as they do not contradict any laws of the Republic of Kenya.
- xii. Extreme religious inclination such as radicalization is not permitted.
- xiii. Staff washrooms, non-teaching and teaching staff compounds or any other designated are out of bounds to all students.
- xiv. Fighting, use of abusive language, possession of drugs (such as bhang, marijuana, shisha, kuber, mirraa (khat)), changaa, busaa, being drunk and disorderly in the Institute premises and stealing are prohibited.

Criminal Offences

- i. The Institute has no right of exclusive jurisdiction over its students in criminal matters and other offences covered by law.
- ii. All crimes and other offences under the laws of Kenya, (THE PENAL CODE CAP 63) shall be reported to police. These shall include the following:
 - Offensive SMS and Cyber crimes
 - Being drunk and disorderly
 - Drug abuse/possession of illegal brew
 - Drug trafficking
 - Fighting (Affray)
 - Possessions of dangerous weapons e.g. daggers, arrows, guns etc.
 - Assault causing bodily harm
 - Arson, attempt to commit arson or attempt to destroy or damage property
 - Theft and other related offences e.g. robbery and extortion
 - Unauthorized picketing, rioting. Obstruction to perform duty

- Organizing unlawful demonstrations/processions/incitement
- Rape or attempted rape
- Kidnapping/abduction, detentions
- Sexual harassment, indecent assaults, defilement
- Impersonation and false pretenses
- Forgery, fraud, counterfeiting
- Illegal/unlicensed trade e.g. hawking
- Trespass
- Aiding suicide and attempting suicide
- Concealing birth, killing of unborn child and abortion
- Subversion/treason
- Murder, manslaughter
- Notwithstanding any action that may be taken by the police under the forgoing paragraph, the Institute may take independent disciplinary measures for both in and outside campus.

Enforcement

- i. These Rules and Regulations Governing the Conduct and Discipline of Students are applicable to all students registered in the Institute for all programmes of Study as determined by the Academic Committee.
- ii. All students are required to read and sign the Declaration of Undertaking provided with the rules and regulations in the joining instructions as in form SIT/ REG/OOA.

Compiled by: Approved by:

Dean of Students

Principal



SIAYA INSTITUTE OF TECHNOLOGY

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Email: info@siayainstitute.ac.ke

BOND OF CONDUCT (RULES AND REGULATIONS DECLARATION)

I have read through the rules and regulations of the Institute and promise to abide by them. I have also noted the penalties to be met in case of my deviation from the rules.

PART I DECLARATION OF UNDERTAKING

I will always abide by all rules including other Siaya Institute of Technology provisions, policies and regulations throughout my training.

In agreement to this, I further promise that:

1. I will always follow the prescribed requirement of the training programme I am registered in.
2. I will not indulge in any type of indiscipline including unauthorized assembly or association within the Institute.
3. I will regularly and punctually attend all the classes and will record full attendance enabling me eligibility to sit prescribed examinations.
4. I will bear individual and/or collective responsibility for any/all damages and expenses incurred as a result of individual or collective disobedience, demonstration or unrest during my period of training effective from the date of my admission.
5. I will personally bear ALL consequences of criminal acts that may be preferred against me by authorized Government of the Republic of Kenya.

I HAVE COMPLETELY UNDERSTOOD AND IN ACCORDANCE APPEND MY SIGNATURE

Name _____ ADM. No _____

Signature _____ Phone _____ E-Mail _____

WITNESSESS Guardian/Sponsors

Name _____ ID No _____

Sign _____ Date _____

Phone _____ E-mail _____

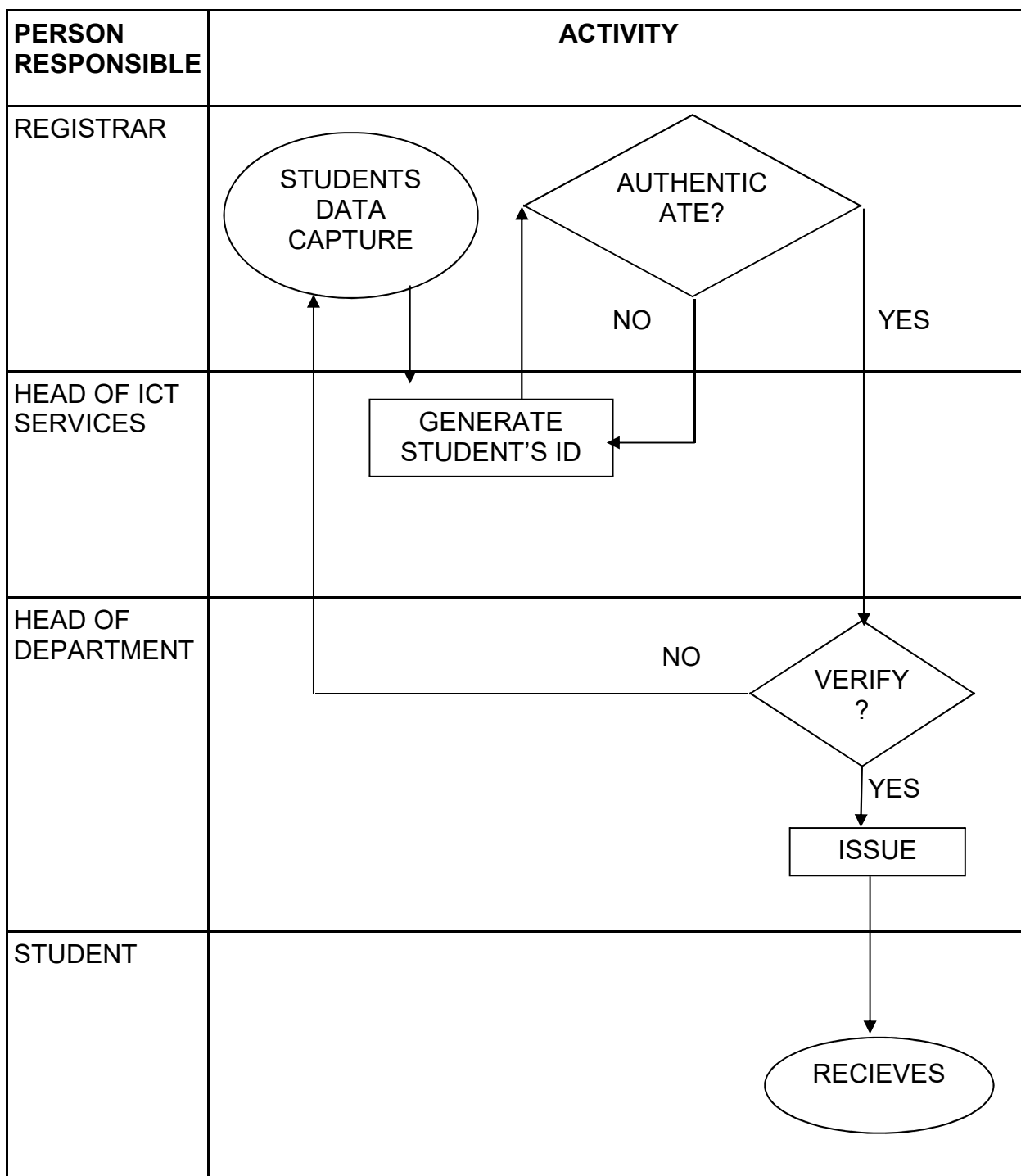
PART II (For Official Use) Data verified by;

Name _____

Signature _____

Confirmed by: Name _____

Signature _____





SIAYA INSTITUTE OF TECHNOLOGY

FINANCE PROCEDURE MANUAL SIT/FO/FPM

Document Approval

Designation		Signature
Authorized By:	Principal	
Controlled By	Management Representative	

Document status

Version Number:	1.0.0
Issue Date:	23/9/2021

PRINCIPAL

23 SEP 2021

SIAYA INSTITUTE OF TECHNOLOGY
P.O. BOX 1087 SIAYA 40800

DOCUMENT CHANGE RECORD

DATE	CLAUSE REVISED	REVISION DETAILS	AUTHORIZED BY

1. PURPOSE:

This procedure shall provide guidelines for Budgeting, Imprest Management, Revenue collection and Forwarding books for external audit.

2. SCOPE:

This procedure shall apply to all activities in the Budgeting, Imprest Management, Revenue Collection, Expenditure, Reporting and Forwarding reports and financial statements for External Audit

3. REFERENCE:

3.1 SIT Rules and Regulations

3.2 Accounting Manuals

3.3 Public Officer Ethics Act

3.4 Public procurement and Asset Disposal Act 2015

3.5 Public Finance Management Act 2012

4. ACRONYM AND ABBREVIATION:

4.1 FIN : Finance

4.2 FO : Finance Officer

4.3 SIT : SIAYA INSTITUTE OF TECHNOLOGY

4.4 OP : Operating Procedure

4.5 P : Principal

4.6 BC : Budget committee

4.7 HOD : Head of department

4.8 HOS : Head of Section

4.9 AG : Auditor general

4.10 AFI : Administration Finance and Infrastructure Committee

4.11 KENAO : Kenya National Audit Office

5. RESPONSIBILITY:

The Principal responsibility for the implementation and maintenance of this procedure shall rest with FO

NB: Should the FO not be available, the Accountant shall be assigned with the duties and responsibilities of the FO.

6. PROCESS INPUTS

- 6.1** Budget Submission Memos
- 6.2** Imprest warrant form
- 6.3** Advice note/letter from the Client
- 6.4** Cash book
- 6.5** Signed purchase requisition/service forms

7. PROCESS OUTPUTS

- 7.1** Efficient financial Management
- 7.2** Budget Proposals
- 7.3** Departmental Minutes
- 7.4** Allocated vote heads
- 7.5** Approved budget
- 7.6** Filled imprest warrant form
- 7.7** Payments
- 7.8** receipts and statements.
- 7.9** collections and reports
- 7.10** reconciliation for banking
- 7.11** weekly report of the total revenue
- 7.12** Updated books of accounts
- 7.13** forwarding letter
- 7.14** approved audit report

8. Procedure for budgeting.

- 8.1.1 The FO shall send a memo for annual budget preparation on or before first week of February to HODs/HOS who shall submit the annual budget proposals together with

departmental minutes to the FO by 31st of March for compilation.

- 8.1.2 The FO shall present the budget proposals to the BC with copies of their departmental minutes by 15th April.
- 8.1.3 The BC shall present first budget draft to the principal by 30th April.
- 8.1.4 The principal shall present the first draft budget to the BC with or without amendments by 15th of May.
- 8.1.5 The BC shall present the final budget draft to the principal for presentation AFI committee of the board for note, discuss and recommend to the full Board.
- 8.1.6 The FO shall communicate to the HODs/HOSs the approved budget by 1st of July.
- 8.1.7 The approved budget shall be submitted to the ministry for funds allocation and further approval.

9. Revenue Collection

- 9.1.1 The accountant on duty shall receive advice note/letter from the Client showing the reason for payment.
- 9.1.2 The accountant shall receive and charge the relevant vote head and issue a receipt/statement within 5 working days.
- 9.1.4 The accountant shall reconcile collections and print a report for the same, then forward to the FO daily.
- 9.1.5 The FO shall reconcile the collections and write a report at the end of each day.
- 9.1.6. The Principal shall receive and approve the reconciliation for banking.
- 9.1.7. The FO shall assign one staff from the department to do the banking latest the following day.
- 9.1.8 The FO shall print a weekly report of the total revenue grouped by vote heads for posting in the cash book

10. Payment of goods and services

Services in SIT are separated into two categories:-

10.1.1 Payment by cash – These are payments for services which are not tendered for and has a ceiling of Ksh.50,000.00, however, services like research and practical examinations that require huge amount may exceed the ceiling.

10.1.2 Duly filled and signed purchase requisition/service forms shall be received by the FO.

10.1.3 The FO shall check the various approvals of the documents and check for the availability of funds in the vote head.

10.1.4 If there are funds in the particular vote, the FO shall authorize the Cashier for payment.

10.1.5 The Cashier before making payment must check for the authorization subject to approval by the Principal.

10.1.6 The Cashier shall determine whether to make payments by payment Vouchers or Imprest warrant form or a schedule.

10.1.7 Payments by Cheque - These are payments for services which are tendered for or contracted

10.1.8 The Accountant shall receive duly verified documents from the stores i.e Goods Received Note, Delivery Notes, Invoices and a copy of Local Purchase order/Local Service Order.

10.1.9 The Accountant shall make an entry of the verified documents in the creditors register.

10.1.10 The Accountant shall forward the Creditors Register with the documents to the FO for verification.

10.1.11 The FO shall forward the verified creditors register together with the relevant documents to the Principal for authorization to process payments.

10.1.12 The FO shall prepare payments for the approved creditors.

10.1.13 The FO shall forward the written cheques, Payment Vouchers with the Cheque inventory for the Principal's Signature and other relevant authorities.

10.1.14 The FO shall delegate one of the Cashiers to release the signed Cheques to Suppliers through the cheque movement register.

10.1.15 All the Cheques that have not been delivered to suppliers shall be returned to the FO at the end of the day for safekeeping.

10.1.16 The FO shall forward all the approved Payment Vouchers to the accounts Office for posting in the Cash Book.

11 Management of Imprest

11.1.1 In case of journeys, the invitation letter for the same shall be forwarded to the Principal for approval upon which the requesting officer shall fill the imprest warrant form for verification and approval by .

11.1.2 In case of goods or services, the requisition book shall be forwarded to the SCO and then to the FO for further verification before it is forwarded to the Principal for approval.

11.1.3 The FO shall make payments to the requesting officer using the imprest warrant form

11.1.4 The requesting officer shall sign for the imprest warrant form and account for the same within 48 hrs/7 days after the return from the journey/ purchase as per regulatory requirements

12 Forwarding Reports and Financial Statements

12.1.1 Finance Officer shall reconcile and close all books of accounts by 30th June every year.

12.1.2 The Finance Officer shall prepare a forwarding the annual report and financial statements to the principal and BOG chair for approval.

12.1.3 The Finance Officer shall release the annual reports and financial statements to KENAO – Kenya National Audit Office by 30th September every year.

12.1.4 The audited draft report shall be presented to the principal by KENAO for signing then forwarded to head of audit unit for approval.

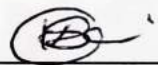
12.1.6 The approved report shall then be presented before the full Board for adoption.



SIAYA INSTITUTE OF TECHNOLOGY

PROCEDURE FOR TRAINING AND ASSESMENT SIT/SCA/PTA

Document Approval

Designation		Signature
Authorized By:	Principal	
Controlled By	Management Representative	

Document status

Version Number:	1.0.0
Issue Date:	23/9/2021

PRINCIPAL



23 SEP 2021

SIAYA INSTITUTE OF TECHNOLOGY
P.O. BOX 1087 SIAYA 40800

DOCUMENT CHANGE RECORD

DATE	CLAUSE REVISED	REVISION DETAILS	AUTHORISED BY
5/10/2019			

ISSUE NO:

REVISION NO:

DATE:

1 PURPOSE

The purpose of this procedure is to provide guidelines on effective training and assessment at Siaya Institute of Technology.

2 SCOPE

This procedure shall apply to all activities relating to training and assessment at Siaya Institute of Technology.

3 REFERENCES

- 3.1 SIT Academic Policy
- 3.2 SIT Assessment Rules and Regulations
- 3.3 PSC Code of Regulations
- 3.4 SIT Rules and Regulations.
- 3.5 Syllabi
- 3.6 PSC Code of Ethics
- 3.7 TVET Act (2013)

4 TERMS AND ABBREVIATIONS

- 4.1 SIT: Siaya Institute of Technology
- 4.2 AC: Academic Policy
- 4.3 HOD: Head of Department
- 4.4 DPA: Deputy Principal- Academics
- 4.5 EO: Assessments Officer
- 4.6 PSC: Public Service Commission
- 4.7 SP: Subject Panel
- 4.8 TVET: Technical Vocation Education and Training
- 4.9 Trainer: Training staff
- 4.10 Technician: Workshop and Laboratory Assistants'
- 4.11 RC: Ratification Committee

5 RESPONSIBILITY

The principal responsibility for effective implementation and maintenance of this procedure shall rest with the Deputy Principal- Academics

6 PROCESS INPUT

- 6.1 Schemes of Work.
- 6.2 Workload allocation form
- 6.3 Memo for workload allocation meeting
- 6.4 Procedure for preparation of timetable
- 6.5 Training timetable template
- 6.6 Training material issuance form
- 6.7 Course Outline (Ref SIT/ACA/DCO)
- 6.8 Trainers lesson attendance register (Ref SIT/ACA/LAR)

ISSUE NO:	REVISION NO:	DATE:
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- 6.9 Lessons missed summary forms (Ref SIT/ACA/LMS)
- 6.10 Students lecture attendance register (Ref SIT/ACA/LAR)
- 6.11 Trainers permission form (Ref SIT/TPF)
- 6.12 Training feedback form (Ref SIT/ACA/TFF)
- 6.13 Duly training feedback forms given to departmental research coordinator
- 6.14 Lesson missed recovery forms (Ref SIT/ACA/MRF)
- 6.15 Records of work form (Ref SIT/ACA/ROW)

7 PROCESS OUTPUT

- 7.1 Duly filled and approved workload allocation forms
- 7.2 Minutes for workload allocation meeting
- 7.3 Approved training time table
- 7.4 Duly filled and approved
 - i) Trainers lesson attendance register (Ref SIT/ACA/TAR)
 - ii) Lessons missed summary forms (Ref SIT/ACA/MSF)
 - iii) Trainees lecture attendance register (Ref SIT/ACA/LAR)
 - iv) Trainers permission form (Ref SIT/ACA/TPF)
 - v) Training feedback report
 - vi) Lesson missed recovery forms Ref SIT/ACA/LMR)
- 7.5 Analysed data of training feedback
- 7.6 Approved records of work form (Ref SIT/ACA/RWF)
- 7.7 Calendar for assessments
- 7.8 Set assessment papers
- 7.9 Assessment cards
- 7.10 Assessment timetable
- 7.11 Assessment results for ratification by SIT AC
- 7.12 Moderated assessment papers
- 7.13 Approved end term assessment results
- 7.14 Approved progress reports

8 METHOD

8.1 Training

This shall be done according to process map.

- 8.1.1 HOD shall convene a meeting to allocate workload/course units for the subsequent term and use workload allocation form (Ref: SIT/ACA/WAF)
- 8.1.2 The departmental time-tablers shall meet and prepare the timetable before the start of the term and harmonize room allocation.
- 8.1.3 The Deputy Principal - Academics shall confirm and approve training allocations and timetable.
- 8.1.4 The DP- Academics shall release the timetable on the first day of opening.
- 8.1.5 The HOD shall ensure issuance of training materials using Training Material Issuance Form (Ref: SIT/ACA/TMI).
- 8.1.6 Trainers shall prepare course outlines from the standard schemes of work (ref SIT/ACA/SOW) and course outlines (ref SIT/ACA/DCO) with the HOD at

ISSUE NO:	REVISION NO:	DATE:
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the beginning of the term. The HOD shall issue course outlines and training timetables to class representatives using record movement sheet (Ref SIT/ACA/RMS)).

- 8.1.7 Class Representative shall mark Trainer's Lesson Attendance Register (Ref: SIT/ACA/LAR) on attending class. The HOD shall then fill in Lessons Missed Summary Form Ref SIT/ACA/LMS
- 8.1.8 Trainers shall monitor student attendance using Students Lecture Attendance Register (Ref: SIT/ACA/SAR). They shall transfer the data to Students Progress Summary Sheet (Ref: SIT/ACA/SPS).
- 8.1.9 A trainer, who intends to be away from the station for more than one day, shall seek permission using Teacher's Permission Form (Ref: SIT/ADM/TPF)
- 8.1.10 The HOD shall use Lesson Missed Summary Form (Ref: SIT/ACA/LMS) to ensure the missed lesson is recovered and records updated.
- 8.1.11 The HOD shall issue to students Training Feedback Form (Ref: SIT/ACA/TFF) for each Unit /Subject at the end of the term.
- 8.1.12 The Research Coordinator and The Departmental Research Coordinator shall analyze the data and issue the report to the Principal, D/P – Academics, D/P – Administration, QMR and HODs not more than 21 days from the last day of the term to be used to make informed decisions with subject tutors.
- 8.1.13 The HOD shall issue syllabus coverage evaluation form (Ref: SIT/ACA/SCF) to class representative in week 5 and 9 of the term. The class representative shall fill the form and submit to the HOD to analyze and take action.
- 8.1.14 HODs shall sign and file the Records of Work form (Ref: SIT/ACA/ROW) at the end of every term.

8.2 Assessment

This shall be done according to process map

- 8.2.1 The EO shall issue calendar for assessment at the beginning of the term.
- 8.2.2 The HOD shall receive the set paper(s), and forward to the SP for moderation in compliance with the Assessments Calendar
- 8.2.3 The SP shall either approve the set paper(s) or refer back to the setter and maintain records.
- 8.2.4 The approved set paper(s) shall be proof read and stored safely by the HODs who shall produce copies of the approved set paper(s).
- 8.2.5 The Registrar shall issue exam cards to students using nominal roll.
- 8.2.6 HODs shall conduct the end of term assessments as per the timetable
- 8.2.7 Marking shall be done by the Subject Trainer who shall then Key in the results and present them using form (Ref: SIT/REG/MSF) to Departmental RC for approval and records maintained.
- 8.2.8 The HOD shall present the Assessment Results to the SIT AC for ratification
- 8.2.9 The Registrar shall stamp and sign all Progress Reports (Ref. SIT/REG/SPR).
- 8.2.10 The HOD shall issue results notification not more than 3 weeks from the date of SIT AC ratification.

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8.3 Supplementary and Special Assessments

This shall be done according to process map

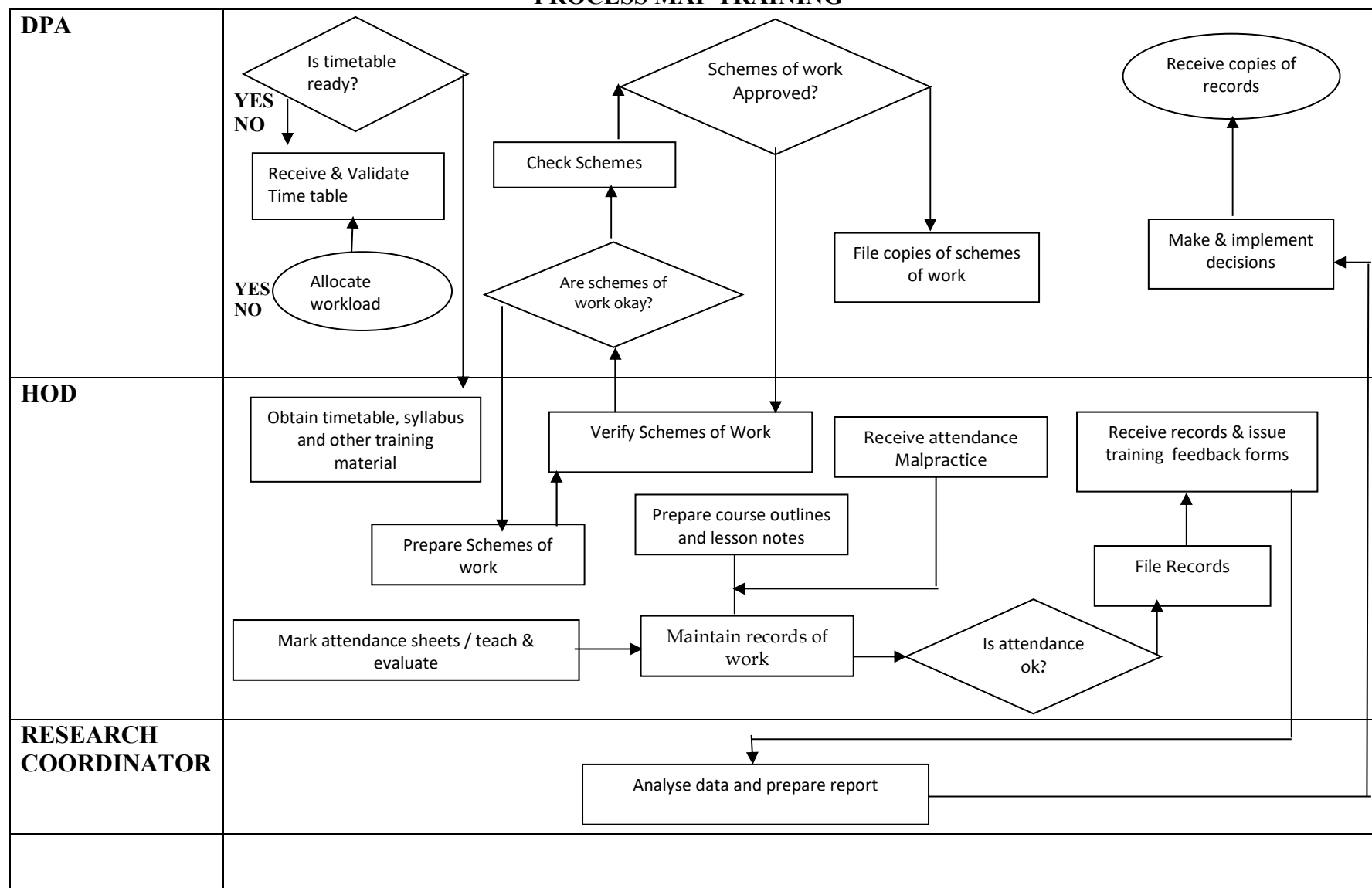
- 8.3.1 The EO shall issue calendar for supplementary and special assessments.
- 8.3.2 The HOD shall receive set paper from the setter and forward to the SP for moderation.
- 8.3.3 The SP shall either approve set paper or refer back to the setter and maintain records.
- 8.3.4 The approved set paper shall be proof-read and stored SAFELY in the office.
- 8.3.5 Copies of the approved set papers shall be produced and the supplementary/ special assessments conducted as per the timetable in the third week after opening.
- 8.3.6 Marking shall be done by the examiner and the results presented to Departmental AC for approval.
- 8.3.7 The HOD shall forward the results to the SIT AC for ratification
- 8.3.8 The HOD shall issue results notification no more than 3 weeks from the date of SIT AC ratification.
- 8.3.9 Students who fail shall be advised to repeat the stage/module

9 ANNEXES

- 9.1 Process map
- 9.2 Workload Allocation Form Ref SIT/ACA/WAF
- 9.3 Training Material Issuance Form Ref SIT/ACA/TMI
- 9.4 Records Movement Sheet Ref SIT/ACA/RMS
- 9.5 Trainer's Lesson Attendance Register Ref SIT/ACA/LAR
- 9.6 Lessons Missed Summary Ref SIT/ACA/LMS
- 9.7 Lesson Make-up Form Ref SIT/ACA/LMF
- 9.8 Students' Lesson Attendance Register Ref SIT/ACA/SAR
- 9.9 Students' Progress Summary Sheet Ref SIT/ACA/SPS
- 9.10 Student Training Feedback Form Ref SIT/ACA/TFF
- 9.11 Trainers Permission Form Ref SIT/ACA/TPF
- 9.12 Training feedback form Ref SIT/ACA/TFF
- 9.13 Syllabus coverage Evaluation form SIT/ACA/SCE
- 9.14 Process Map for Assessments
- 9.15 Student Progress Report Ref SIT/ACA/SPR
- 9.16 Scheme of Work Ref: SIT/ACA/SOW
- 9.17 Course Outline Ref: SIT/ACA/DCO
- 9.18 Record of Work Ref: SIT/ACA/ROW
- 9.19 Mark Sheet Form Ref SIT/ACA/MSF

REF:

PROCESS MAP TRAINING



ISSUE NO:

REVISION NO:

DATE:

Email: info@siayainstitute.ac.ke

DEPARTMENT: TERM: YEAR: 20.....

S/ NO.	TRAINER IN CHARGE	COURSE & YEAR	SUBJECT	HRS / WEEK	TOTAL LOAD/ HRS PER WEEK

Deputy Principal

ISSUE NO:	REVISION NO:	DATE:
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Email: info@siayainstitute.ac.ke

DEPARTMENT:

[illegible]

ISSUE NO:	REVISION NO:	DATE:
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Email: info@siayainstitute.ac.ke

RECORD MOVEMENT SHEET

	TITLE					
S/N	Details	Issued to / Received from	Date Received/Issued	Sign	Date Returned	Sign
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	TITLE					
S/N	Details	Issued to / Received from	Date Received/Issued	Sign	Date Returned	Sign
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SIAYA INSTITUTE OF TECHNOLOGY

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LESSONS MISSED SUMMARY

DEPARTMENT

WEEK DATES: FROM TO YEAR

The source document for this summary is the '*Trainer's Lesson Attendance Register*' filled by Class Representatives. A copy of this document along with copies of 'Trainer's Lesson Attendance Register' (Annex C) MUST be submitted to the Deputy Principal every Friday before the close of business.

CLASS	LESSON MISSED	DAY & TIME	TRAINER	REASON	ACTION TAKEN

Remarks: _____

Prepared By: _____ Sign _____ Date _____

HOD

Received By: _____ Sign _____ Date _____

Deputy Principal

ISSUE NO:	REVISION NO:	DATE:
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LESSON MAKE-UP FORM

DEPARTMENT CLASS YEAR TERM..... WEEK.....

DAY	TIME	SUBJECT(S)		TRAINER'S NAME		DATE MISSED	DATE OF MAKE-UP	REMARKS BY HOD
		I	II	I	II			

ISSUE NO:

REVISION NO:

DATE:

DAY	TIME	SUBJECT(S)		TRAINER'S NAME		DATE MISSED	DATE OF MAKE- UP	REMARKS BY HOD

CLASS REP: H.O.D:

D/PRINCIPAL

SIGN:DATE SIGN:DATE.....

SIGNDATE

ISSUE NO:	REVISION NO:	DATE:
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SIAYA INSTITUTE OF TECHNOLOGY

P.O. BOX 1087 - 40600 SIAYA. TEL: 0703564522

Email: info@siayainstitute.ac.ke

Students Attendance Register

STUDENT'S LESSON ATTENDANCE REGISTER

Course Name:..... Course Code: Printed On:.....

Course Unit:..... Year:..... Semester:..... Group:.....

S/No	Reg. No.	Full Names	DATE:	Sign	Sign	Sign	Sign	Sign	Sign
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

ISSUE NO:

REVISION NO:

DATE:

S/No	Reg. No.	Full Names	Sign	Sign	Sign	Sign	Sign	Sign
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								
26.								
27.								
28.								
29.								
30.								

No. of Students Present							
No. of Students Absent							
Total No. of Students							
Trainer's Name							
Signature							
Date							
Remarks:							

ISSUE NO:	REVISION NO:	DATE:
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DEPARTMENT: _____ COURSE: _____ YEAR _____
TERM/MODULES: _____

STUDENTS PROGRESS SUMMARY SHEET

SUBJECT			WEEK	ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	NINE	TEN	ELEVEN	TWELVE	CAT(1/30)	EXAM(1/70)	AVE%	ATT%
ADM. NO.	NAME	DATE	HRS																
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

ISSUE NO: _____ REVISION NO: _____ DATE: _____

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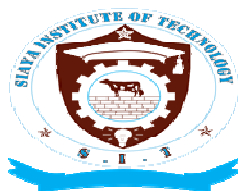
%PASS..... % REF..... % FAIL

TRAINER'S NAME: _____ SIGNATURE: _____ DATE: _____

RECEIVED BY (HOD): _____ SIGNATURE: _____ DATE: _____

REMARKS: _____

ISSUE NO:	REVISION NO:	DATE:
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TRAINERS PERMISSION FORM (FILL IN TRIPLICATE) NOT FOR ANNUAL LEAVE

Teacher's Name:..... TSC No.....

Department Section.....

Contact Address.....

Reasons

.....
.....
.....

Date of Departure.....

Date of Return.....

Necessary Arrangement for Class (s).....

Teacher's Signature.....Date.....

Leave Approved/Not Approved

Head of Section's Signature

..... Date.....

Leave Approved/Not Approved

Head of Department's Signature

..... Date.....

Leave Approved/Not Approved

Principal's Signature

..... Date.....

Other Remarks.....

ISSUE NO:	REVISION NO:	DATE:
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.....



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TRAINING FEEDBACK EVALUATION FORM

COURSE..... CLASS

MODULE.....TERM.....DATE.....DEPARTMENT.....

Kindly use ✓ and the numerals below to indicate your preferred opinion in the spaces (boxes) provided															
RATINGS	1-POOR 2 – FAIR 3 – GOOD 4 – VERY GOOD 5 - EXCELLENT														
SUBJECTS	Subj.	Subj.	Subj.	Subj.	Subj.	Subj.	Subj.	Subj.	Subj.	Subj.	Subj.	Subj.	Subj.	Subj.	Subj.
PARAMETERS															
Time Management															
Course content coverage															
Clarity of Presentation															
Availability for Classes															
Availability for Consultation															
Innovativeness in Delivery															
Content of CATs and Exams reflects course outline															
Competence of Practical lessons (where applicable)															
Trainer															
(For official use only)															

NOTE: It is mandatory that all trainers and all courses taught MUST be evaluated using the form above.

ISSUE NO:	REVISION NO:	DATE:
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SYLLABUS COVERAGE EVALUATION FORM

DEPARTMENT:

CLASS;.....WEEK;.....TO;.....

DATE;

Trainer	Subject	No. of Syllabus Topics for the Term	No. of Topics Covered	Percentage of Coverage of Syllabus	Total No. of Lessons for the Term	No. of Lessons Attended	Percentage Lesson Attendance

CLASS REF. NAME:..... DATE:..... SIGN:

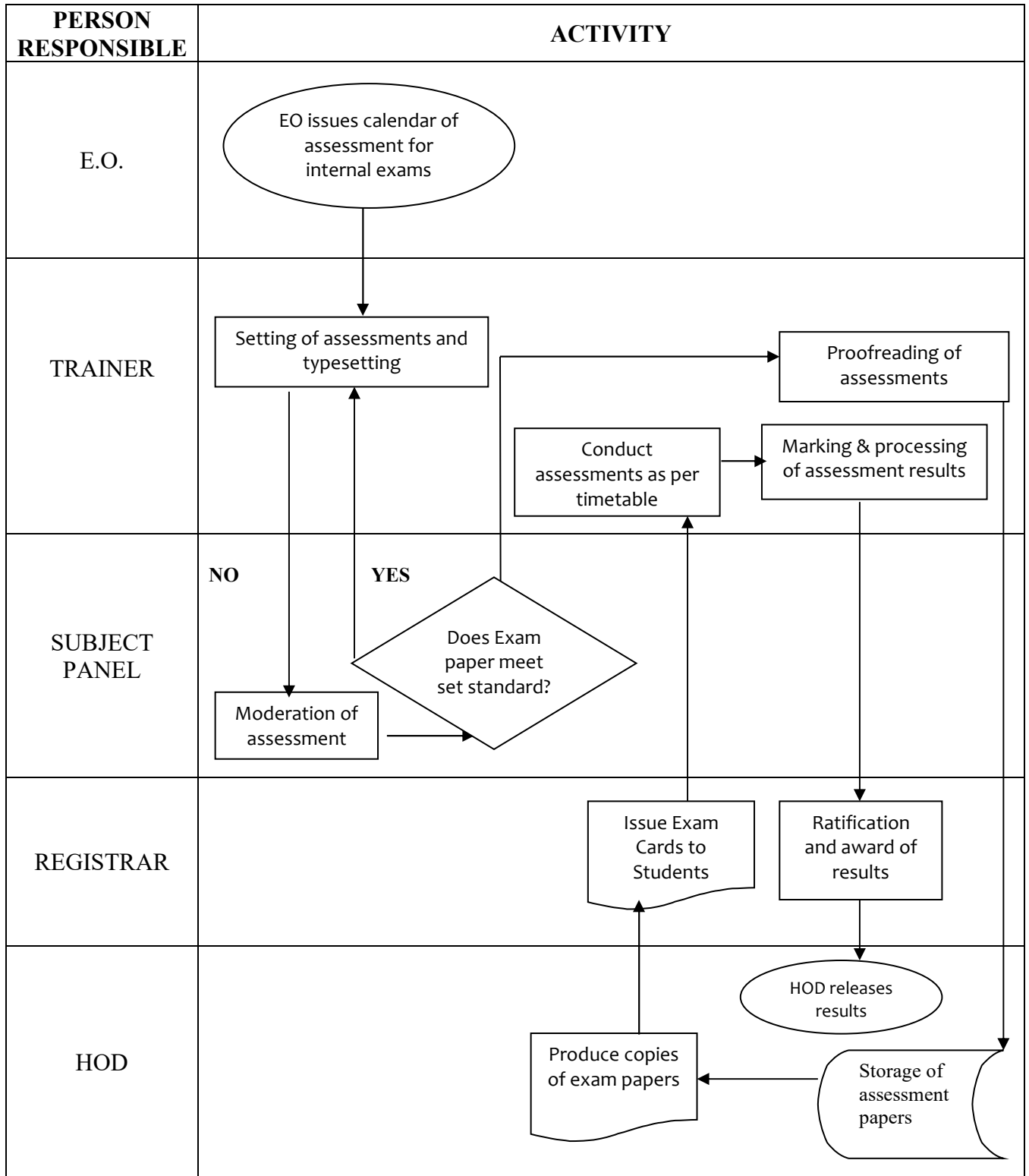
HOD NAME;..... DATE:..... SIGN:.....

ISSUE NO:

REVISION NO:

DATE:

PROCESS MAP FOR ASSESSMENTS





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DEPARTMENTAL COURSE OUTLINE

COURSE TITLE e.g. social psychology

COURSE CODES:

HOURS TO BE TAUGHT:

COURSE INSTRUCTOR:

PREREQUISITE KNOWLEDGE:
.....
.....

PURPOSE OF THE COURSE:
.....
.....

EXPECTED LEARNING OUTCOMES (OBJECTIVES):
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

COURSE CONTENT

TOPIC	SUB TOPIC	HOURS		TOTAL
		LECTURE	PRACTICAL	

MODE OF DELIVERY

.....
.....

EVALUATION: e.g. CATS (30%)

.....
.....

REFERENCES/READING LIST

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

		SIGNATURE	DATE
PREPARED BY	HOD		
AUTHORISED BY	PRINCIPAL		



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NAME : _____ TERM: _____ YEAR: _____

WEEK	LESSON	TOPIC	SUB-TOPIC	TRAINING /LEARNING ACTIVITIES	OBJECTIVES	REFERENCES /RESOURCES	COMMENTS

SUBJECT: _____ CLASS: _____

DEPARTMENT: _____

APPROVED BYSIGN DATE

ISSUE NO:	REVISION NO:	DATE:
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Email: info@siayainstitute.ac.ke

DEPARTMENT NAME:..... COURSE:.....
MODULE/YEAR..... SESSION/TERM..... FROM:.....TO.....
COURSE:..... STAGE/MODULE:.....
SUBJECT/UNIT NAME..... TRAINER'S NAME:.....

[illegible]

HOD'S SIGNATURE**DATE**.....

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Email: info@siayainstitute.ac.ke

[illegible]



MINISTRY OF EDUCATION
SIAYA INSTITUTE OF TECHNOLOGY
P.O. BOX 1087 - 40600 SIAYA.
TEL: 0703 564 522:
Email: siaya.institute@yahoo.com

SIT/REG/MSF



MARK SHEET FORM

DEPARTMENT _____ **COURSE** _____
SUBJECT _____
LEVEL _____ **MODULE** _____
SERIES _____

NO	ADMISSION NUMBER	CANDIDATE'S NAME	CAT 30%	EXAM 70%	FINAL SCORE 100%
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
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16					
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19					
20					
21					

ISSUE NO:

REVISION NO:

DATE:

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36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

Trainer: _____

Prepared by Exam officer: _____



DEPARTMENT:.....

TEACHER CLASS ATTENDANCE

TERM.....YEAR.....WEEK..... COURSE.....CLASS.....SIZE.....

DATE	DAY	TIME	SUBJECT	TRAINER	LECTURE STARTED AFTER			TRAINER'S SIGNATURE	REMARKS
					TIME IN	TIME OUT	MISSED		
	MONDAY	8.00 – 10.00							
		10.00 – 12.00							
		12.00- 2.00							
		2.00 – 4.00							
	TUESDAY	8.00 – 10.00							
		10.00 – 12.00							
		12.00- 2.00							
		2.00 – 4.00							
	WEDNESDAY	8.00 – 10.00							
		10.00 – 12.00							
		12.00- 2.00							
		2.00 – 4.00							
	THURSDAY	8.00 – 10.00							
		10.00 – 12.00							
		12.00- 2.00							
		2.00 – 4.00							
	FRIDAY	8.00 – 10.00							
		10.00 – 12.00							
		12.00- 2.00							
		2.00 – 4.00							

Class Rep.....Course Tutor.....HOD.....D/P.....

Sign.....Sign.....Sign.....Sign.....

Date.....Date.....Date.....Date.....

ISSUE NO:	REVISION NO:	DATE:
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OFFICE OF THE REGISTRAR (ASSESSMENTS)
INVIGILATION FORM: REPORT ON INCIDENCE

DEPARTMENT: _____

COURSE CODE: _____ COURSE TITLE: _____

Date incident occurred if any: _____

Usual Number in Class: _____ Number present: _____

Name of Invigilator: _____ Signature: _____

Report received by Assessments officer

Signature: _____ Date: _____

Action taken (if any):

Signature: _____

Date: _____

Prepared by: George Ojwang

Exam officer



STUDENT ACADEMIC TRANSCRIPT

DEPARTMENT OF BUSINESS STUDIES DIPLOMA IN SUPPLY CHAIN MANAGEMENT

STUDENT'S NAME: MAGDALENE CHEPKEMOI

ADM. NO.: 13/BMD/2345

LEVEL:

DIPLOMA

MODULE_2_

TERM/ YEAR: T3/ 2015

UNIT CODE	UNIT TITLE/SUBJECT	ATT. %	CAT/ ASSIGN (30%)	END TERM EXAM (60%)	TOTAL SCORE (100%)	GRADE	TRAINER'S INITIALS
			CAT				
LOIS101	Library& Information Centers Operations						
LOIS102	Information Resources & Services						
LOIS103	Communication skills						
LOIS104	Information Communication Technology						
LOIS105	Computer Applications						
LOIS106	Quantitative Skills						
LOIS107	Entrepreneurship Education/project						
			TOTAL SCORE			MEAN GRADE: NUMBER GRADE:	

H.O.D: _____ SIGN: _____ DATE/STAMP: _____

REGISTRAR: _____ SIGN: _____ DATE/STAMP: _____



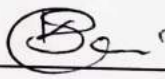
NUMBER GRADE SYSTEM: DISTINCTION 1-2, CREDIT 3-4, PASS 5-6, REFERRAL 7 & FAIL 8



SIAYA INSTITUTE OF TECHNOLOGY

PUBLIC COMPLAINTS PROCEDURE MANUAL SIT/ADM/PCP

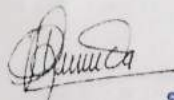
Document Approval

Designation		Signature
Authorized By:	Principal	
Controlled By	Management Representative	

Document status

Version Number:	1.0.0
Issue Date:	23/9/2021

PRINCIPAL



23 SEP 2021

SIAYA INSTITUTE OF TECHNOLOGY
P.O. BOX 1087 SIAYA 40600

1 DOCUMENT CHANGE RECORD

DATE	CLAUSE	REVISION DETAILS	AUTHORISED BY

1. PURPOSE:

This procedure shall provide guidelines for effective handling of customer complaints.

2. SCOPE:

The procedure shall apply to all areas of customer handling in SIAYA INSTITUTE OF TECHNOLOGY both internal and external.

3. REFERENCE:

- 3.1. Commission on Administration of Justice (CAJ) Guidelines
- 3.2. SIT academic Policy

4. TERMS (DEFINITION)

- 4.1. SIT: SIAYA INSTITUTE OF TECHNOLOGY
- 4.2. HOD: Head of Department
- 4.3. PCC: Public Complaints Committee
- 4.4. PCO: Public Complaints Officer
- 4.5. CAJ Commission on Administration of Justice

5. RESPONSIBILITIES

The principal responsibility of implementation and maintenance of this procedure shall rest with the PCO.

6. PROCESS INPUTS

- Complaint form
- Notice/Memo of meeting to document, analyze and assign committee member.
- Evidence Presented

7. PROCESS OUTPUTS

- Duly filled Complaint Form
- Report of investigation
- Resolved Complaint(s)
- Report to CAJ Nairobi.

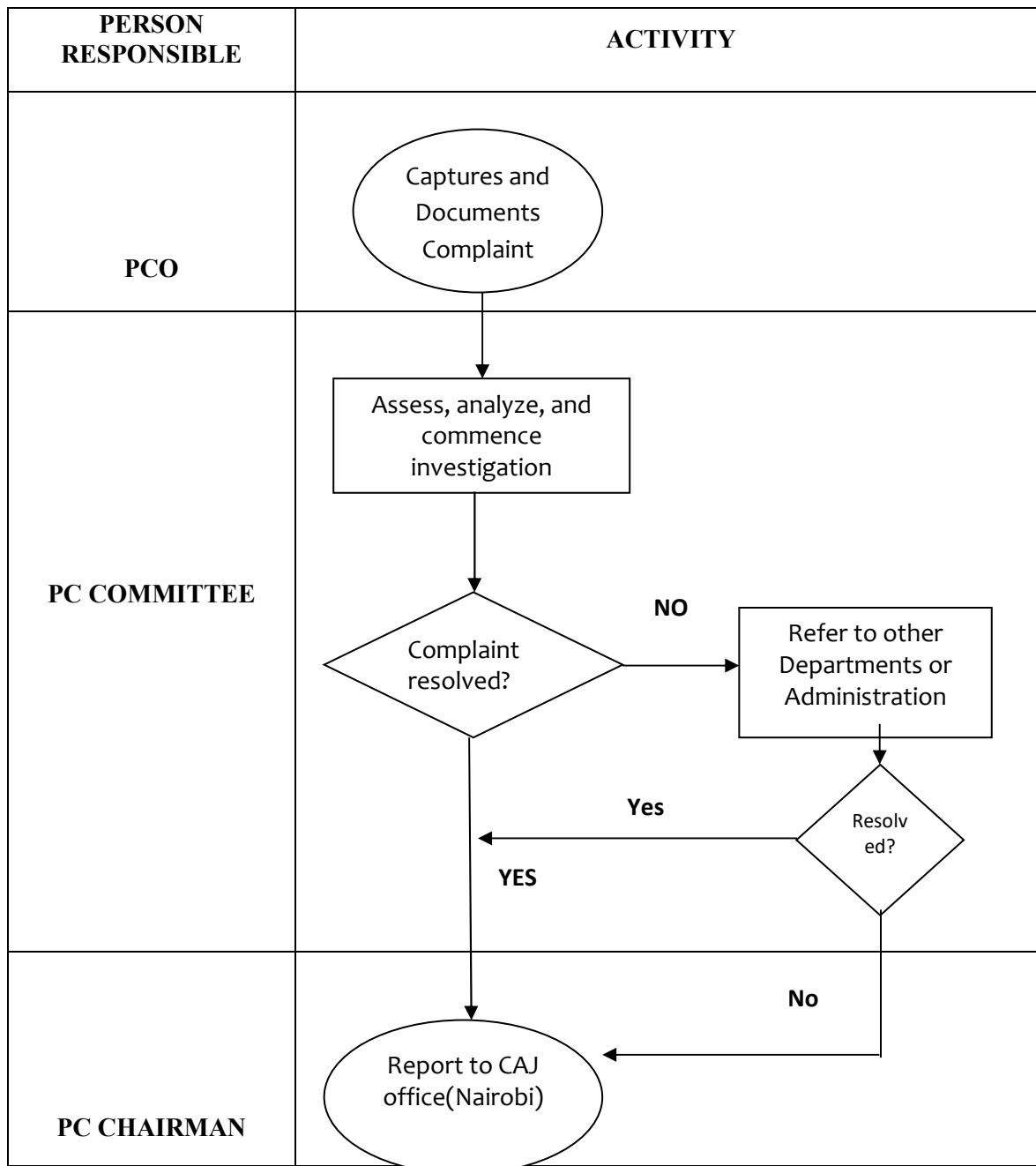
ISSUE NO.01	REVISION NO.02	DATE:
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8. METHOD

- 8.1. The method shall be as per the process map
 - 8.2. Complaints should be submitted by complainants using the prescribed complaints form.
 - 8.3. The complaints are documented, analyzed, assessed and decisions made as to whether or not it is within the mandate and scope of operations.
 - 8.4. Upon receipt of complaint, a complainant will be assigned a member of the complaints committee.
 - 8.5. The complaints office will institute thorough investigations into the complaint.
 - 8.6. Investigations will commence in consultation with the relevant body/person complained of.
 - 8.7. The complaint office will aim to complete all investigations and close complaints within two weeks.
 - 8.8. A report will be submitted to CAJ office NAIROBI.
- NB: Information received will be treated in confidence.

ISSUE NO.01	REVISION NO.02	DATE:
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Process map for Procedure for handling Public/Customer complaints



SIAYA INSTITUTE OF TECHNOLOGY

COMPLAINT FORM

The public Complaints Committee (PCC) at Siaya Institute of Technology was established in accordance to the performance Contract agreement signed between the Board of Governors of Siaya Institute of Technology and the Ministry Of Education Science and Technology for the financial year 2009/2010. The PCC is mandated to receive and take appropriate action on complaints against public officers in Siaya Institute of Technology.

The PCC inquires into allegations of misuse of office, corruption, unethical conduct, breach of integrity, maladministration, delay, injustice, discourtesy, inattention, incompetence, misbehavior, inefficiency or ineptitude against the above institution.

1, Complaint's Details

Name.....

Gender: ☐ Male ☐ Female ID No.....

Address.....

Telephone:..... Email.....

District..... County.....

2. Which department or officer are you complaining about?.....

Department..... Section.....

Have you complained to the officer involved?

☐ Yes ☐ No

If yes, what was the outcome of your complaint?

.....

ISSUE NO.01	REVISION NO.02	DATE:
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If No, please give your reason/s

Have you reported this matter to Institute Administration?

Yes

No

If Yes which?.....

3. Please Give A brief Summary of your complaint and attach all supporting documents

.....

4. What are specific issues you want PCSC to inquire into?

i.

ii.

iii.

5.What is the action you want taken?

.....

Signature

Date.....

OFFICIAL USE ONLY

FILE REFERENCE NUMBER.....

OFFICER HANDLING.....

SIGNATURE.....

COMMENTS.....

Form_PCC_1

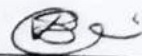
ISSUE NO.01	REVISION NO.02	DATE:
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SIAYA INSTITUTE OF TECHNOLOGY

QUALITY SYSTEMS PROCEDURE MANUAL SIT/MR/QSP

Document Approval

Designation		Signature
Authorized By:	Principal	
Controlled By	Management Representative	

Document status

Version Number:	1.0.0
Issue Date:	23/9/2021

PRINCIPAL

23 SEP 2021

SIAYA INSTITUTE OF TECHNOLOGY
P.O. BOX 1087 SIAYA 40600

2. MR – Management Representative
3. QP – Quality Policy
4. SOP – Standard Operating Procedure
5. WI – Work Instructions
6. QMS – Quality Management System
7. SAR – Student Admission File
8. ICF – Internal Correspondence File
9. ECF – External Correspondence File
10. HOD – Head of Department
11. CRF – Change Request Form
12. NCF -Non-Conformance Form
13. PA - This term shall refer to Preventive Action.
14. CA - This term shall refer to Corrective Action.
15. QSP – This term shall refer to Quality Systems Procedure

AMENDMENT SHEET

Date	Section	<u>Addition (A)</u> deletion (D)	Amended text

ISSUE NO:

REVISION NO:

DATE:

TABLE OF CONTENTS

ABBREVIATIONS	1
AMENDMENT SHEET	3
PROCEDURE NUMBER 1: Control of Documented information	5
PROCEDURE NUMBER 2: Internal Quality Audit.....	10
PROCEDURE NUMBER 3: CONTROL OF NON CONFORMING OUTPUT	21
PROCEDURE No.4: CORRECTIVE ACTION	31
PROCEDURE No.5: MANAGEMENT REVIEW MEETINGS	38
PROCEDURE No.6: CHANGE MANAGEMENT	45
PROCEDURE No.7 RISK IDENTIFICATION & MANAGEMENT	51
PROCEDURE No. 8: COMMUNICATION PROCEDURE.....	59
ATTACHMENTS.....	69

PROCEDURE NUMBER 1: Control of Documented information

1. GENERAL

1.1 PURPOSE

The purpose of this procedure is to outline how the Quality Management Systems documents are controlled, as required under ISO 9001:2015

1.2 SCOPE

This procedure applies to all the SIT documents required by the Quality Management Systems both internal and external.

1.3 REFERENCES

- a) ISO 9001:2015 Quality Management Systems – Requirements (clause 7.5.3.1).
- b) SIT Quality Manual

1.4 TERMS USED AND DEFINITION

For the purpose of this procedure, the definitions in SIT Quality Manual apply.

1.5 PRINCIPAL RESPONSIBILITIES

The Management Representative shall be responsible for the implementation and maintenance of this procedure.

1.6 PROCESS INPUTS

- a. Specification and standard requirements
- b. Change request form
- c. Process needs

1.7 KEY PERFORMANCE INDICATORS

- a. Frequency of document inaccessibility
- b. Number of records disposed off inappropriately
- c. Number of cases identified where non-current or unapproved documentation is in use

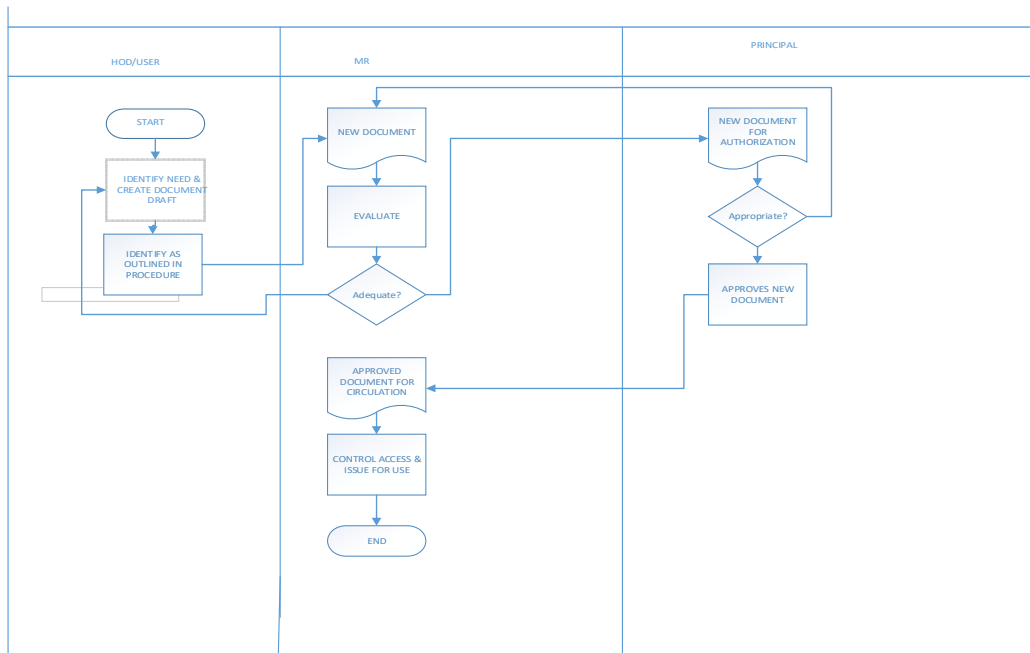
1.8 PROCESS OUTPUTS

- a. Controlled documented information

ISSUE NO:	REVISION NO:	DATE:
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2. MAIN PROCESSES

2.1 Process map for control of documented information



2.1 Approval of documents for adequacy prior to issue

2.1.1 ISO committee in consultation with the HODs prepares all the quality management system documents.

2.1.2 The ISO committee before presentation for approval checks all QMS documents as necessary.

2.1.3 All approved QMS documents shall be issued by the M.R

2.1.4 QMS documented information shall be approved by appending the signature and official rubber stamp as follows;

a). **The principal**

- i. policy document,
- ii. quality manual,
- iii. procedures required by the international standards (ISO 9001:2015)
- iv. procedures determined by SIT to be necessary for implementation of the QMS

b). **Heads of Departments**

- i. Work instructions where need be
- ii. Forms
- iii. Registers

ISSUE NO:

REVISION NO:

DATE:

2.2 Review, updating and re- approval of documents

- 2.2.1 Any member of staff may initiate a potential review/update by reporting to the M.R using a change request form (**SIT/MR/CRF**).
- 2.2.2 If the proposed change/update is valid, the MR constitutes the ISO committee in consultation with HOD and other stakeholders.
- 2.2.3 ISO committee shall review/update QMS documents from time to time or as need arises in consultation with the HODs.
- 2.2.4 The Principal re-approves the changed/updated QMS documents(s).

2.3 Identification of changes and the current revision status of documents

- 2.3.1 All documents shall be created as version 01, revision 00 after approval, for minor changes the revision number shall change sequentially starting from 01 and the date of revision shall be indicated. For major changes the version number shall change sequentially from 02 and the revision number shall revert to 00.
- 2.3.2 All changes to QMS documented information shall be entered into the table of changes on each document and authorized by the MR.

2.4 Distribution, Access, Retrieval and Use of relevant versions of application documents.

- 2.4.1 Documented information shall be maintained in locked PDF format and made available in a central server **SIT\ISO\MR**. Controlled hard copies shall be distributed to HODs as per distribution list and recorded in document movement register **SIT/MR/DMR**.
- 2.4.2 Members of staff shall access QMS documents by clicking the active link **SIT\ISO\MR**. in the event of LAN failures, QMS documents shall be accessed through the controlled hard copy versions available with HOD'S
- 2.1.1 Documented information in files shall be assigned unique identifiers corresponding to information in those files and shall be stored in identified cabinets and shelves.

ISSUE NO:	REVISION NO:	DATE:
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2.1.2 All departments in SIT shall maintain a master list of documented information to aid in ease of retrievability of the needed document

2.2 Identification of documents

2.2.1 The QMS documents shall be identified as follows;

- a) The first part shall be SIT indicating that the document belongs to Siaya Institute of Technology (SIT) followed by a forward slash.
- b) The second part shall be the abbreviation of the originating /custodian department followed by a forward slash.
- c) The third part shall be the three characters of the document type e.g.
 - i. QP (Quality Policy)
 - ii. SOP (Standard Operating Procedure)
 - iii. WI (Work Instruction).
 - iv. E.g. Leave application form in SIT shall be SIT/HR/LAF
 - v. Student Admission register shall be SIT/REG/SAR

2.2.2 For versions and revision status refer to 6.3.1.

2.3 Storage and preservation including preservation of legibility

2.3.1 Documented information shall be stored in the storage areas identified within the departments including registry.

2.3.2 Documented information shall be protected from damage by agencies such as light, fire etc. by preserving in the most suitable manner, which may include but not limited to filing, lamination, storing in plastic pockets and filing in secure cabinets.

2.3.3 All electronic retained documented information shall be updated and backed-up onsite and offsite regularly

ISSUE NO:	REVISION NO:	DATE:
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- 2.3.4 Legibility of retained documented information shall be ensured by printing; writing clearly in ink and where a record is amended it should be cancelled once and signed by the person who amended it.

2.4 Identification, control and distribution of documents of external origin

- 2.4.1 All documented information of external origin of determined by SIT to be necessary for planning and operation of the QMS shall be stamped “received” by the secretary to principal and distributed appropriately to the relevant office for action as a means of control.

2.5 Management of obsolete documents

- 2.5.1 Obsolete documents retained for any purpose shall be stamped on the first page “OBSOLETE FOR REFERENCE ONLY”. Otherwise all obsolete documents shall be withdrawn from circulation by HODs in liaison with MR.

3 RECORDS

- 3.1 Change of request form (SIT/MR/CRF).
3.2 Document movement register(SIT/MR/DMR)
3.3 Document disposal form (SIT/MR/DDF

PROCEDURE NUMBER 2: Internal Quality Audit

GENERAL

PURPOSE

The purpose of this procedure is to define the responsibilities and requirements for planning and conducting internal quality audits, reporting results and maintaining records.

SCOPE

This procedure is limited to the Quality Management Systems audits. Financial, or any other unrelated audits that may be undertaken by SIT are excluded from the scope of this procedure.

REFERENCES

- a) ISO 9001:2015 clause 9.2
- b) SIT Quality Manual
- c) ISO 19011:2002 Guidelines for conducting management systems audit

TERMS USED

a. AUDITEE

This term shall refer to the specific departmental representatives to be audited.

b. AUDITOR

This term shall refer to the staff appointed by the MR and trained to conduct the self-assessment of the Institute quality management system.

c. NON-CONFORMITY

This term shall refer to product and or service that do not meet the specified requirements.

d. INTERNAL AUDIT

This term shall refer to the process of determining whether the quality management system of the SIT conforms to the requirements of ISO 9001:2015 and whether it is effectively implemented and maintained.

ISSUE NO:	REVISION NO:	DATE:
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e. Controlled Document

The document, which is subject to updating, amendments, or change by the management representative.

f. Corrective Action

Action taken to correct a non-conformance and to eliminate the cause to prevent recurrence.

g. Documentation

Systematic, orderly and understandable description of records, policies and procedures affecting the service /product quality.

h. Documented Information

Anything printed, written or electronically maintained for the purpose of recording information or evidence. Examples include procedures, instructions, reports, data and completed forms.

i. Internal Auditors

In house examiners of the quality management system of SIT.

j. ISO Team

The team of departmental representatives constituted to oversee the implementation of the quality management system.

k. Management Review

The continual review of the quality system by management to make sure the quality system remains suitable and effective.

l. Management Representative

Individual appointed with responsibility and authority to ensure the processes needed for the quality management system are established, implemented and maintained.

m. Observation

A remark to indicate a minor deficiency, which does not demand a corrective action.

n. Process

Set of interrelated activities & resources that transform inputs into outputs.

o. Quality

The totality of features and characteristics of a service/product that bears on its ability to satisfy stated or implied needs of the customers.

p. Quality Audit

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

Systematic and independent examinations to determine whether quality activities and related results comply with planned arrangements, are implemented effectively, and are suitable to achieve objectives.

q. Quality Improvement

Actions taken throughout the SIT to increase the effectiveness and efficiency of activities and processes to provide added benefit to both SIT and its stakeholders.

r. Quality Policy

The overall intentions and direction of SIT in regard to quality as formally expressed by the top management.

s. Quality Management System.

SIT, structure, responsibilities, procedures, processes and resources for implementing quality management.

t. Quality System Review

A formal evaluation by top management of the status and adequacy of the quality system in relation to the quality policy and objectives resulting from changing circumstances.

u. Quality Manual

Document specifying the quality management system of SIT.

v. Management Committee

The Principal, Deputy Principal, all Heads of departments or/and any appointee representative, Group of people sitting together in meeting to review the quality management system of SIT.

w. Traceability

The ability to trace the history, application or location of an item, document, and activity by means of recorded identification.

2.2 Distribution

This document is located in the central server: [SIT/ISO/MR](#) as a controlled document (read only). The MR shall make controlled hard copy available to the HOD

1.6 KEY PERFORMANCE INDICATORS

ISSUE NO:	REVISION NO:	DATE:
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- i. Number of nonconformities outputs detected
- ii. Number of planned Management review meetings not held
- iii. Number of scheduled / programmed quality internal audits not carried out

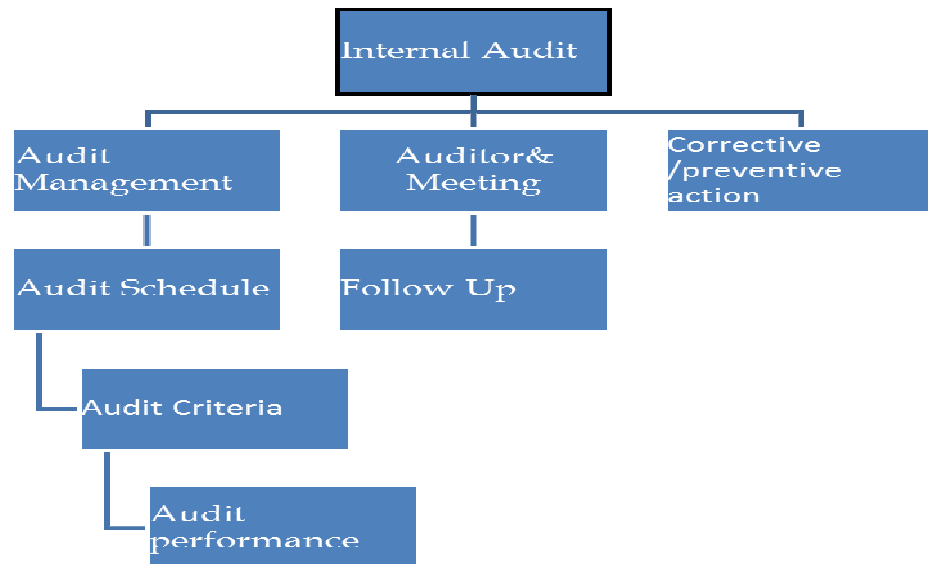
2.7PROCESS INPUTS

- i. Specifications and ISO standard requirements
- ii. Audit checklist form
- iii. Corrective Action Request form
- iv. Process needs

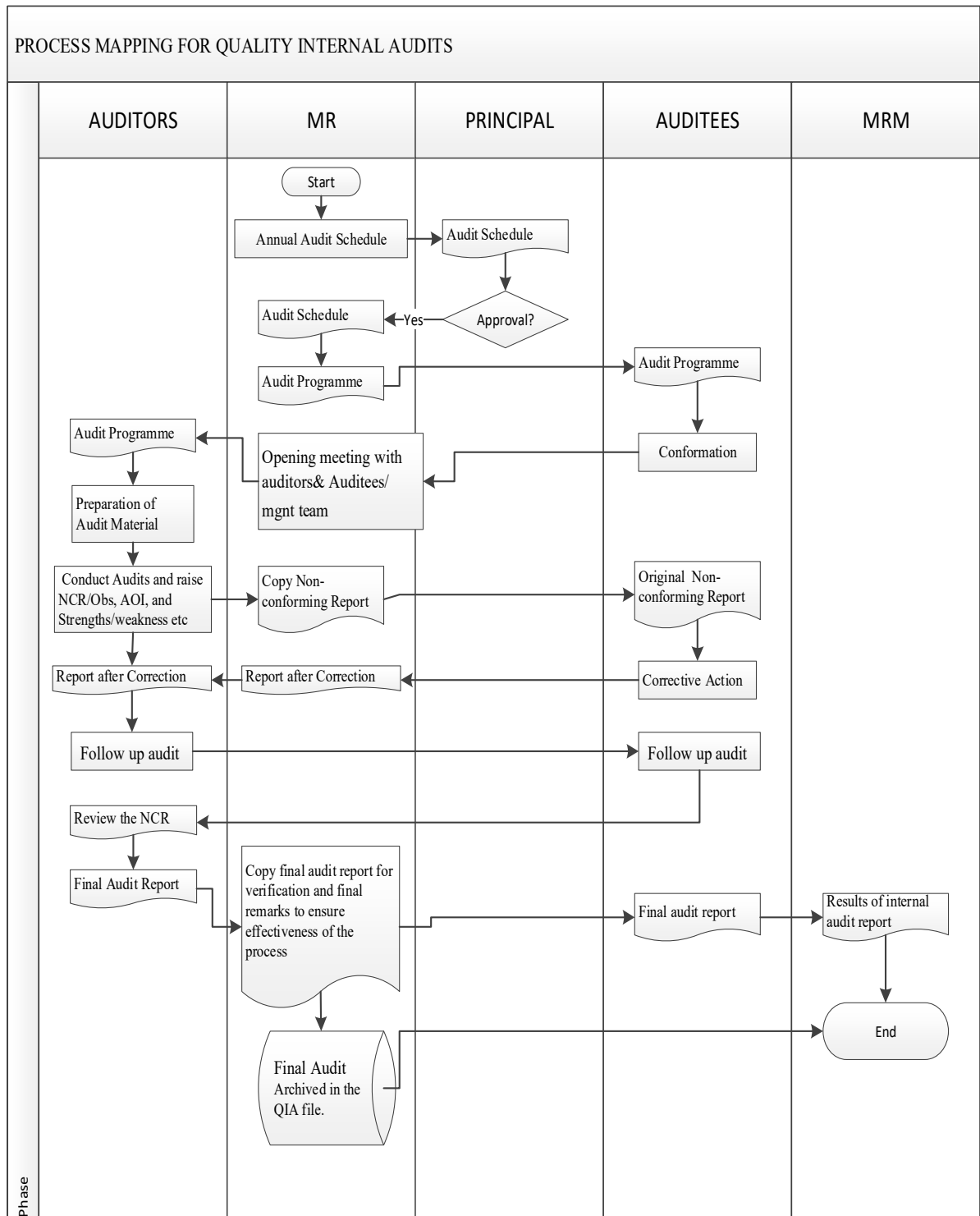
2.8PROCESS OUTPUTS

- a. Quality Internal Audit report
- b. Effective Quality management system

2.1 Description of processes



2.2 Process map for internal quality audit



2.3 MAINSTEPS FOR QUALITY INTERNAL AUDIT PROCESS

2.3.1 FREQUENCY:

2.3.1.1.1 SIT shall conduct its quality internal audits at least three times per year at intervals as scheduled by the MR after seeking approval from the Principal

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

to determine whether the quality management system conforms to the requirements of the international standard (ISO 9001:2015).

2.3.1.1.2 The planning and conduct of the audits shall take into consideration the importance of the activities /processes of the department and the results of the previous audits.

2.3.2 NOTIFICATION:

The MR shall give two weeks' notice to auditee/department prior to audit after presentation of the audit plan to respective HODs for adequate preparation and success of the whole exercise. Before the start of the audit, the Principal/MR shall inform all personnel in the involved department about the expected audit and objective to be achieved by it.

2.3.3 CONFIRMATION:

The auditor and auditee shall confirm receipt of the audit program within duration of two days from receipt.

2.3.4 AUDIT PREPARATION:

2.3.4.1 The auditor in collaboration with the MR shall prepare the necessary resources to conduct the audit e.g. Audit pack documents. The auditor, MR and the auditee shall mutually agree on the date and time of the audit prior the audit.

2.3.4.2 The audit program shall be planned taking into consideration the status and importance of processes and the area to be audited as well as the results of previous audit. The auditors shall review the status of corrective and preventive action taken on the detected nonconformity in the previous audit.

2.3.4.3 The selection of auditors and conduct of audits shall ensure objectivity and impartiality of the process. Auditors shall not audit their own work.

2.3.5 CRITERIA:

The Audit shall be conducted based on Quality Management Systems, ISO 9001: 2015 Standard including any other auditable standard established, documented,

ISSUE NO:	REVISION NO:	DATE:
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implemented and maintained for effective implementation of the quality management system.

2.3.6 METHODOLOGY:

During the audit the auditors shall use below methods to gather objective evidence to the level of compliance of the Institute quality management system.

2.3.6.1 Interview

2.3.6.2 Reviewing of documented Information

2.3.6.3 Observations

2.3.6.4 Paralanguage

2.3.7 SCOPE:

2.3.7.1 This procedure shall entail taking into consideration the status and the importance of the processes and areas to be audited as well as the results of the previous audits and the audit reports

2.3.7.2 This procedure shall encompass all departmental processes and Standard Operating Procedures and work instruction

2.1.7.3 The quality internal audits shall encompass other Quality standards requirements for the products/services that have been established, documented, implemented and maintained by the Institute for effective and efficient service delivery.

2.3.8 DURATION:

2.3.8.1 The auditors shall complete the audit as specified in the Audit plan, unless the MR in consultation with the auditee approves changes.

2.3.8.2 The auditee shall ensure that actions are taken without undue delay to eliminate detected nonconformities and their causes.

2.3.9 PERFORMING THE AUDIT

The auditors shall conduct initial documentation review that is executed against the available documentation to assist in understanding the processes. The auditors shall then carryout the actual audit based on sampling basis.

ISSUE NO:	REVISION NO:	DATE:
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FOUR MAIN PHASES OF AUDIT

2.4 Opening Meeting

The opening meeting shall be chaired by the Principal/MR or any person appointed by either of the two. The HOD for the functional units shall attend opening meeting to ensure problem free audit. The lead auditor shall be essentially in charge of the meeting and the following agenda shall be covered at minimum.

- a) Introduction of members and signing of attendance list
- b) Confirmation of audit objective, scope, basis, criteria
- c) Audit methodology and documentation to be used
- d) Assurance of confidentiality
- e) Grading of the None conformities
- f) Clarification, question and answers.

2.5 Conduct of the Audit

The auditors shall conduct the audit in accordance with the audit plan and audit checklist as applicable. Formulation of the question, explanations sub and support question shall be utilized to ensure that the auditee has no uncertainties and fully understand the questions. The auditors shall verify all the answers to the question through physical inspection, establishing to what extent the arrangements are in existence and whether they are followed.

2.6 Team Liaison Meetings

After the audit is complete, the audit team shall convene to record nonconformities, prepare a summary report and form a corporate opinion to be presented at the closing meeting.

2.7 Closing Meeting

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

The Principal and the MR shall chair the closing meeting. The lead auditor shall present a brief and objective review of the audit results, to submit audit team conclusions and to highlight any need for corrective action and period. The auditor shall submit a summary of their audit finding and to give nonconformities in detail to the management and the auditee.

2.8 REPORT:

- 2.8.1** The auditor shall compile a report using a standard format, which shall comprise of the areas of conformity, strengths, weaknesses, observations, areas of improvement and nonconformities.
- 2.8.2** The auditor shall hand over the audit report to the MR within one week after audit.
- 2.8.3** The MR shall communicate the nonconformity report together with observations and areas of strength.
- 2.8.4** The auditee shall conduct investigation to establish the root cause and take corrective action as mutually agreed with the Auditor without undue delay.
- 2.8.5** The auditor shall undertake a follow up audit to establish the effectiveness of the corrective action and the close status of the detected nonconformities
- 2.8.6** The Auditor shall verify that corrective action that has been undertaken by the auditee within the mutually agreed period.
- 2.8.7** The Auditor shall make a closing remark on corrective action request form as an evidence of appropriate action taken.

2.9 AUDIT ANALYSIS

The Management Representative shall analyze audit report identify trends and common deficiencies within the quality management system. This shall initiate changes to the subsequent audit plan as appropriate and the full analysis and report shall feed into the management review cycle.

2.10 RECORDS AND ADMINISTRATION OF AUDITS

The MR shall maintain QIA file with all the audit reports, associated nonconformity reports and corrective action requests shall be recorded on the corrective action request forms

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

SIT/MR/QSP

Records generated

2.11 Corrective action request form SIT/MR/CAR

2.12 Audit plan

2.13 Audit report

ISSUE NO:	REVISION NO:	DATE:
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PROCEDURE NUMBER 3: CONTROL OF NONCONFORMING OUTPUT

3 GENERAL

Purpose

This document shall ensure that product/service which does not conform to product requirement is identified and controlled to prevent its unintended use or delivery.

Scope

This process shall deal with non-conforming output by one or more of the following ways:

- a) Taking action to eliminate the detected non-conformity
- b) Correction
- c) Return or suspension of service provision
- d) Authorize its use
- e) Rule out its intended use
- f) Informing the customer

Definitions

1.3.1 Corrective Action:

Action taken to correct a non-conformance and to eliminate the cause to prevent recurrence.

1.3.2 Syllabus: academic document that communicates course information and defines expectations and responsibilities

1.3.3 Make up:

1.3.4 Team Teaching:

1.3.5 Documentation:

Systematic, orderly and understandable descriptions of records of policies and procedures affecting the service quality.

1.3.6 Documented Information

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

Anything printed, written or electronically maintained for the purpose of recording information or evidence. Examples include procedures, instructions, reports, data and completed forms.

Cross Reference

All standard operating procedures

Principal responsibility

The MR shall be responsible for the implementation and maintenance of this process.

Distribution:

This document shall be maintained in locked pdf format and made available in a central server [SIT\ISO\MR](#). Controlled hard copies shall be distributed to HOD's.

Key Performance Indicators

Number of detected nonconformities not addressed
Number of appraisals/assessment not conducted

Process inputs

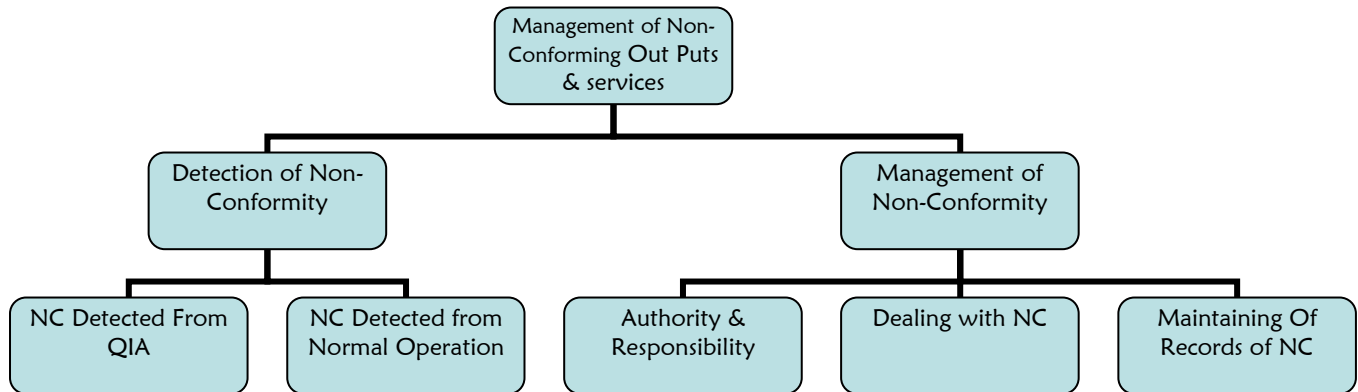
- a. Human resource
- b. CAR Forms
- c. Process documented information

3.2 Process outputs

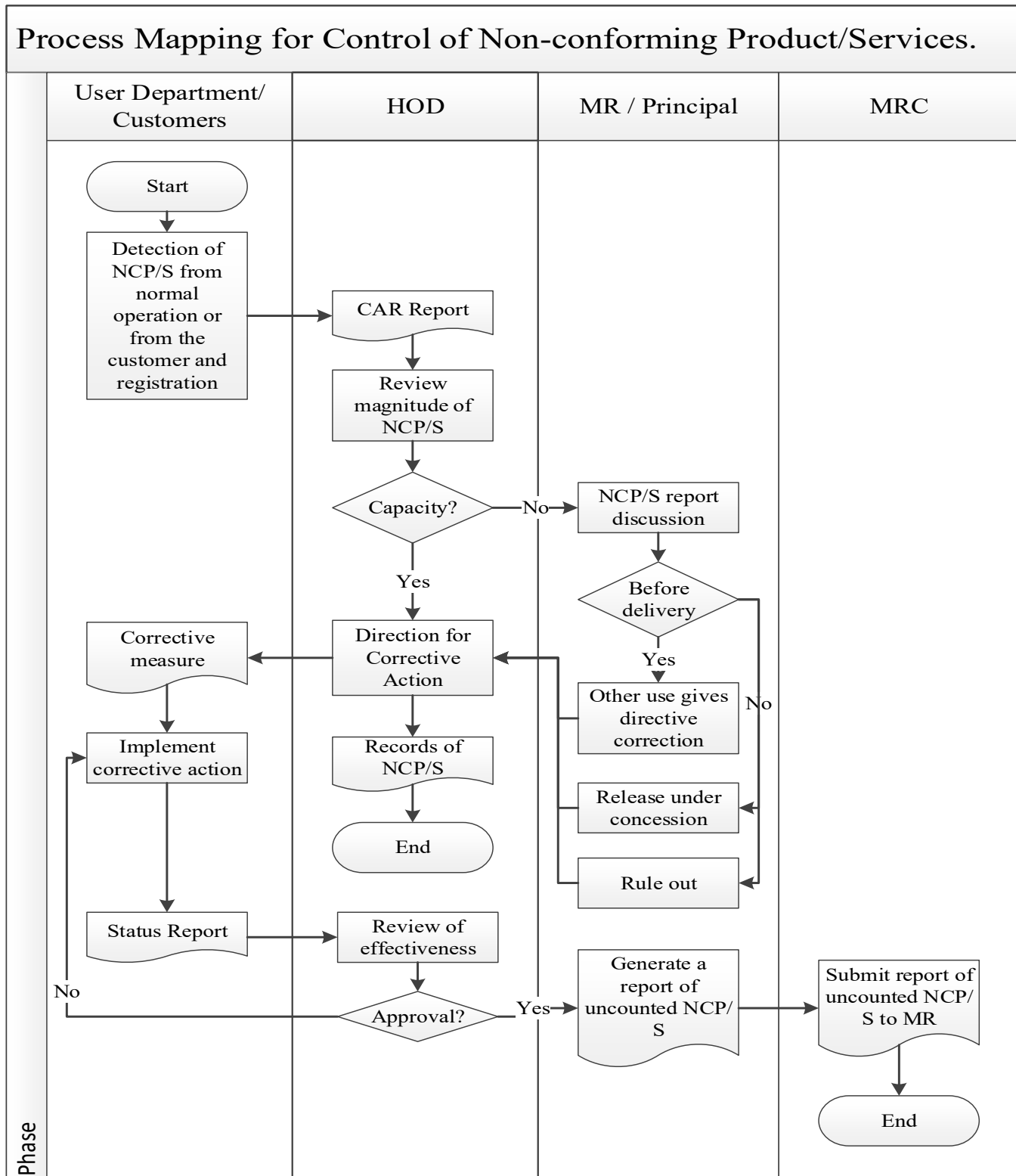
Process reports

2. NONCONFORMITY PROCESSES

2.1 Description of Processes



2.2 Procedure for Control of Nonconforming Services.



2.2.1 Detection of Nonconformance

2.2.1.1 The user department shall ensure that services that do not conform to service /Output requirements are identified and controlled to prevent their unintended use or delivery.

2.2.1.2 The non-conforming service detection shall emanate from either of the following methods.

- a. Lounched customers complain on the service.
- b. Checks against documented information e.g. syllabus, manuals, legislations, policies etc.
- c. Evaluation and appraisal of the processes. e.g. administration of continuous assessment tests, end of stage exams, customer satisfaction, evaluation of the extent to which work practices comply with the documented procedures

2.2.1.3 Upon detection the personnel responsible shall formally inform either the supervisor or the Head of the department. In the case of a customer, the complaints shall be registered at the public complaints office where customers' complaint register SIT/MR/PCR shall be maintained.

2.2.1.3 The HOD shall review the magnitude and formally register the non-conformity in the Corrective action request form (SIT/MR/CAR) by investigating the root cause of the non-conformity. Depending on the magnitude, the HOD shall consider informing the MR and the Principal, who shall have further deliberation on the issue.

2.2.2 Dealing with Nonconformity at SIT

The Management Review Committee shall deal with the detected non-conformities by one or more of the following ways: -

- By taking action to eliminate the detected non-conformity.
- By authorizing its use or acceptance under concession by relevant authority
- By correction e.g. in the case of academic service delivery

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

- a) Standardization of assessment tools
- b) Strict adherence to syllabus coverage
- c) Team teaching i.e. encouraging instructors to handle units they are more specialized in
- d) Informing the customer i.e. the instructor shall issue additional material and course outline stipulating the syllabus to the students.

➤ Return or suspension of service provision

SIT shall organize for make up to recover the lost teaching hours on realization of service, delivery not within the syllabus and immediate suspension of teaching practice that is not conforming to the syllabus

Conformity to requirements shall be verified when non-conforming outputs/ services / products are corrected including re-evaluation of students to determine their suitability

2.2.3 Report

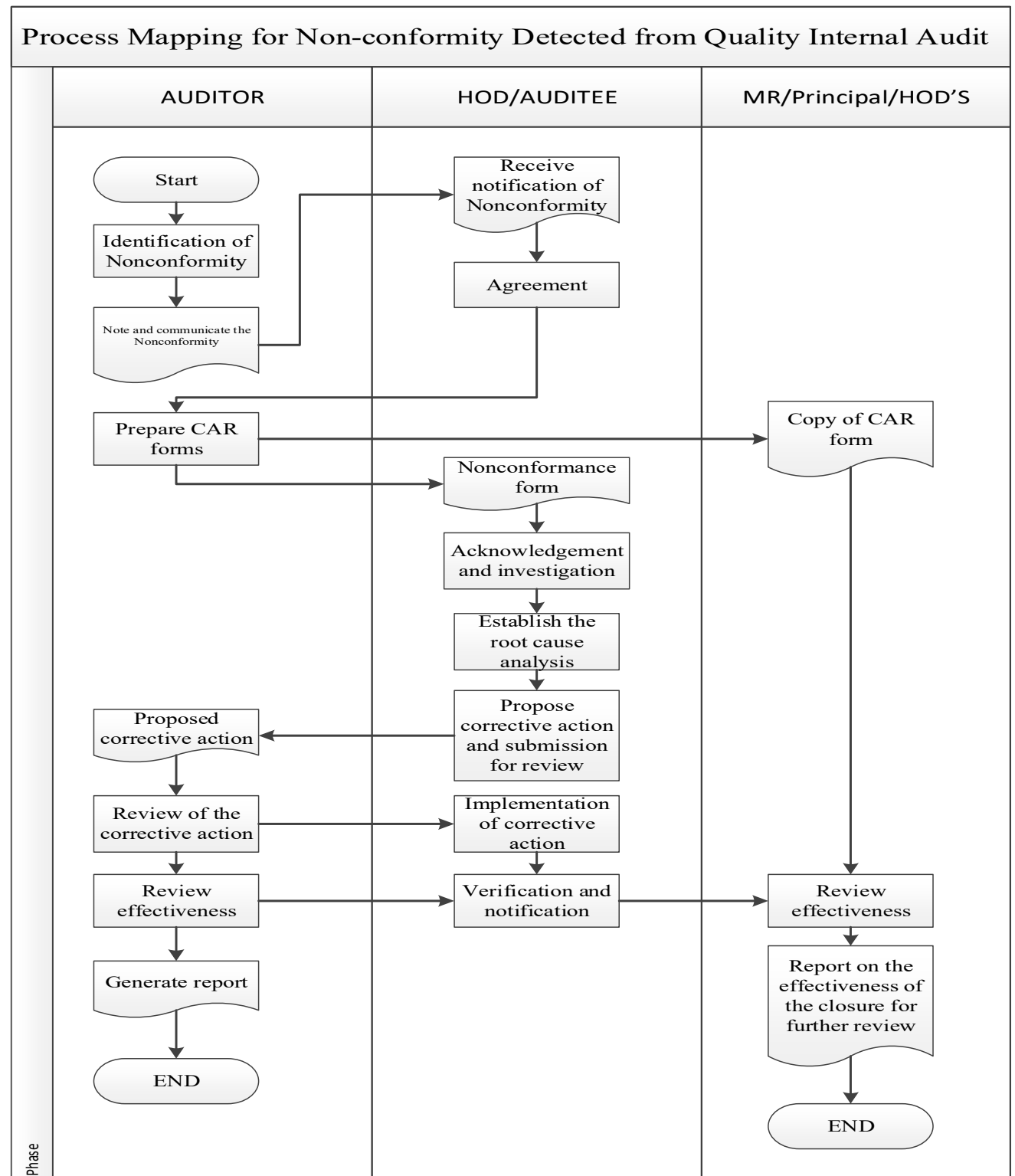
The HOD shall be responsible for recording the nature of the non-conformities and any other subsequent actions taken to address the non-conformity, except for internal audits where the internal auditor shall record the detected non-conformity before handing over the corrective action request form to the concerned HOD for further action and processing.

2.2.4 Verification

The HOD, MR, and the Principal shall subject the non-conformity to re-verification to demonstrate conformity to the requirements.

ISSUE NO:	REVISION NO:	DATE:
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2.3 Nonconformity Detected from Quality Internal Audit



2.3.1 Nonconformity Detected from Quality Internal Audit

- 2.3.1.1.1 The quality internal auditors shall identify nonconformities during quality Internal audits, and communicate to both HOD and Auditee.
- 2.3.1.1.2 The HOD or the auditee shall receive notification and if mutual agreement is reached the auditor shall prepare the Corrective Action request form and submit to the HOD and/or Auditee for acknowledgement and investigation. Reference: SIT/MR/CAR
- 2.3.1.1.3 The HOD or the Auditee shall investigate and establish the root cause analysis of the detected non-conformance to prevent recurrence. He/she then shall propose a corrective action relevant to detected non-conformity that includes appropriate opportunities for improvement of the system.
- 2.3.1.1.4 The auditor shall review the corrective action proposal for adequacy before the HOD or auditee implements the proposal.
- 2.3.1.1.5 The HOD or Auditee shall implement the proposal, verify, and notify the auditor /MR/Principal/MRC, who shall review the effectiveness of the action taken to eliminate the detected nonconformity.

2.3.1.2 The auditors shall generate a report on the effectiveness and submits to the MR/Principal/MRC for further closing remarks and appropriate action.

The grading of the non-conformities shall be as follows:

2.2.1.6.1 Major Non-Conformity:

- Shall be a failure of our system to address specific requirement of the standard.
- A frequent or purposeful failure to follow requirement written within SIT's system.
- A failure to achieve SIT's fundamental aim of a system requirement.
- A failure to achieve legal or statutory requirements.

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

- Multiple of minor nonconformities within the same requirement of the standard or within SIT's requirements.
- A purposeful failure of SIT to correct detected nonconformities.

2.2.1.6.2 Minor Nonconformity

Any failure of SIT's system to satisfy a written requirement that is not considered a major non-conformity or erratic lapse in the system.

3.0 Documented Information Generated

- a. Public Complaints Register SIT/MR/PCR
- b. Corrective Action Request Form SIT/MR/CAR

5.0 ATTACHMENTS.

5.1 Corrective action request form

SIT/MR/CAR

5.2 Customer complaint register form

SIT/MR/PCR

PROCEDURE No.4: CORRECTIVE ACTION

1 General

Purpose

This document sets out procedure to eliminate both the causes and potential causes of nonconformities in accordance with the requirements of international standards.

Scope

This document covers the corrective and preventive measures undertaken to prevent recurrence of nonconformities.

Definitions

The following selected terms and definitions are provided to assure a uniform understanding as used in this corrective and preventive measures document.

Corrective Action:

Action taken to correct a non-conformance and to eliminate the cause to prevent recurrence

Preventive Action:

Action taken to eliminate the cause of potential non-conformance in order prevent occurrence

Top Management Committee:

All Heads of department s or/and any appointee representative, Group of people sitting together in meeting to review the quality management system of the SIT.

Cross-Reference

All Standard Operating Procedures

Principal Responsibility

The MR shall be responsible for the implementation and maintenance of this process.

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

Distribution:

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Key Performance Indicators

Number of times nonconforming services are delivered to the customers without being detected

Number of outstanding nonconformities after detection.

Process inputs

- a. Human resource
- b. CARF Forms
- c. Process documented information

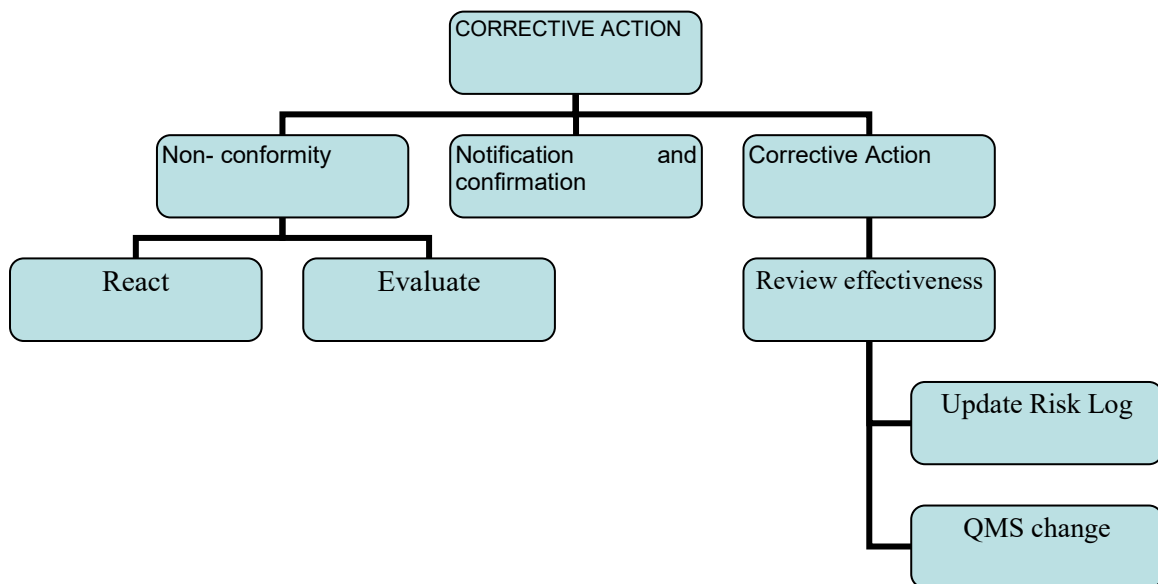
1.9 Process outputs

Effective reduction of nonconformities

2.0 PROCESSES

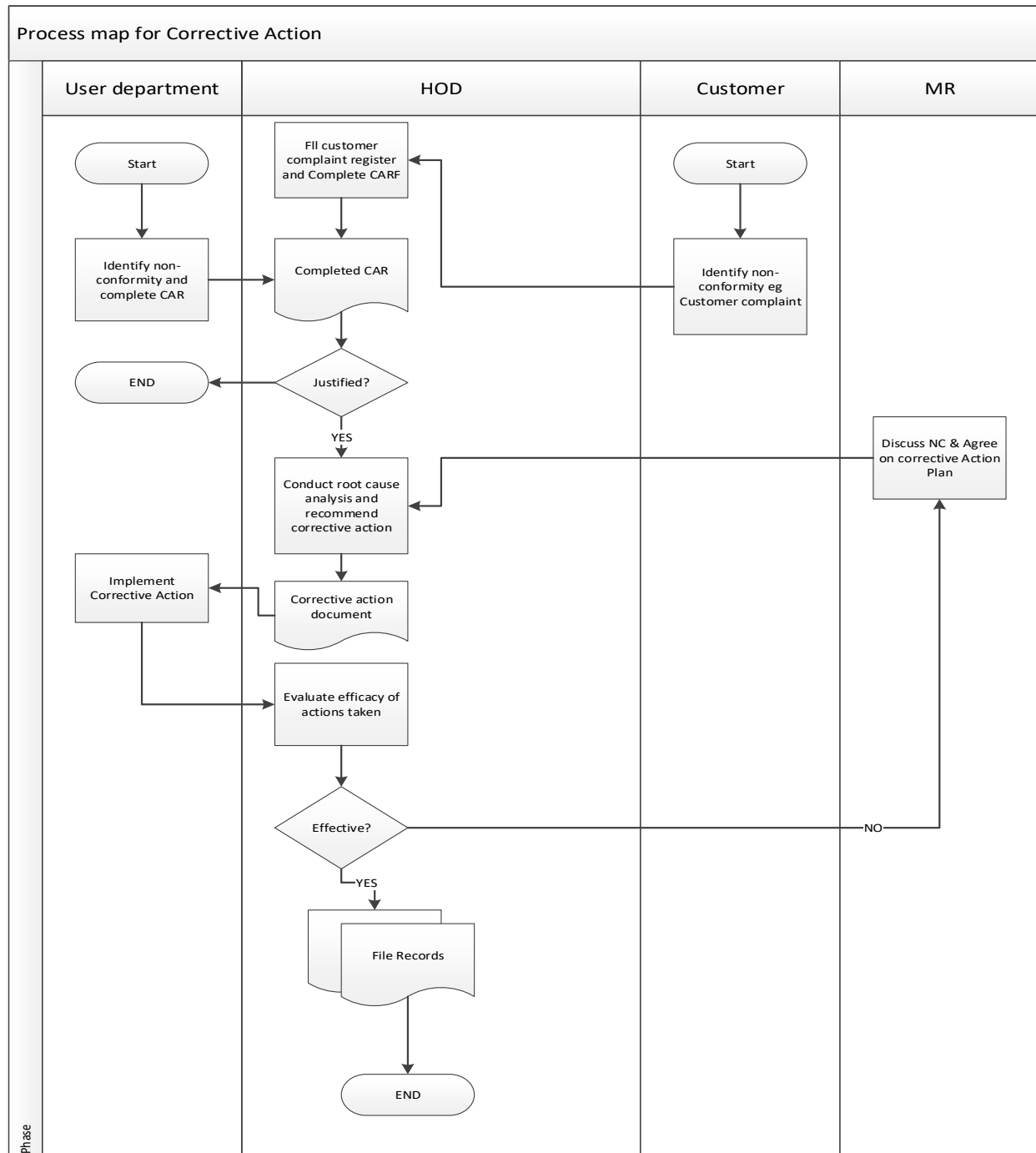
ISSUE NO:	REVISION NO:	DATE:
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2.1 Description of Processes



2.1.1 Process Mapping for Corrective Action

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------



2.1.2 Main Steps for Corrective Action

2.1.2.1 The User department/Quality internal auditors shall ensure that outputs that do not conform to requirements are identified and controlled to prevent their unintended use or delivery. The nonconformities shall be detected from either the internal audits, customer complaints, supplier complaints, management review meetings or service realization.

2.1.2.2 The User department shall document the non-conformity prepare a corrective action request report and present it to the head of department for review. In case the nonconformities are detected during quality internal audits, the auditor shall prepare a Corrective Action request form that he/she shall leave with the HOD or the auditee.

2.1.2.3 The head of department shall review the non-conformity report react to the non-conformity by either taking action to control and correct it or deal with the consequences

2.1.2.4 The head of department shall from his review evaluate the need for action to eliminate the cause(s) of the nonconformity, in order that it does not recur or occur elsewhere, by, reviewing and analyzing the nonconformity, determining the causes of the nonconformity, determining if similar nonconformities exist, or could potentially occur.

2.1.3.5 The head of department shall discuss the non-conformity with the Principal and/or the Management representative for the purpose of coming up with a Corrective action as appropriate that shall include but not limited to: -

- a) taking action to control and correct the non-conformity
- b) dealing with the consequences of the non-conformity
- c) evaluating the need for action to eliminate the cause(s) of the nonconformity in order that it does not recur or occur elsewhere, by:
 - i. reviewing and analyzing the nonconformity
 - ii. determining the causes of the nonconformity

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

iii. determining if similar nonconformities exist, or could potentially occur;

d) reviewing the effectiveness of any corrective action taken;

e) updating the risks and opportunities determined during planning, if necessary

f) Making changes to the quality management system, if necessary.

Corrective actions shall be appropriate to the effects of the nonconformities encountered.

2.1.3.6 The head of department together with the Principal/MRC and/or the Management representative shall deliberate on the issues depending on the magnitude and give directive on the corrective action to be taken. The Management representative/HOD shall then prepare corrective action document for departmental implementation.

2.1.3.7 The Principal/MRC shall issue directives on the implementation of the Corrective Action and the user department shall implement the Corrective Action and report to the MR on the effectiveness.

2.1.3.8 The head of department shall review the effectiveness of the Corrective action taken as appropriate.

If it is not effective, the head of department shall discuss again with the Principal and/or Management representative and modify QMS or come up with another Corrective action that shall follow the same process and update the risk log.

If it is effective, the head of department shall do a report on the effectiveness to the corrective action.

2.1.3.9 The head of department shall present a status report to the management committee to determine process performance and service conformity. The MR shall keep records for all nature of nonconformities and any subsequent actions taken

3.0 DOCUMENTED INFORMATION GENERATION

The following records are generated:

ISSUE NO:	REVISION NO:	DATE:
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SIT/MR/QSP

1. Non-conformity Report
2. CA Document
3. Status Report of CA
4. PA Document
5. Status Report of PA

These records shall be established and maintained to provide evidence.

ISSUE NO:	REVISION NO:	DATE:
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PROCEDURE No.5: MANAGEMENT REVIEW MEETINGS

General

1.1 Purpose

This document sets out the procedure for management review meetings of the Institute's quality management system, at planned intervals, to ensure its continuing suitability, adequacy and effectiveness.

1.2 Scope

The management review meeting shall be conducted at specified intervals and shall include assessing opportunities for improvement and the need for changes to the quality system. The procedure outlined herein shall apply to all departmental operations within SIT.

1.3 Definitions

The following selected terms and definitions are provided to ensure their understanding as used in the context of this Quality management review meetings document.

Management Review:

The continual review of the quality system by management to make sure the quality system remains suitable and effective.

1.4 Cross Reference

- a. All Standard Operating Procedures.
- b. Procedure on Quality Internal Audits (SIT/MR/QSP, Procedure number 2)

1.5 Principal Responsibility

The MR shall be responsible for the implementation and maintenance of this process.

1.6 Distribution:

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1.7 Key Performance Indicators

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

Number of times management review meeting fail to address all the elements in clause 9.3.2 of ISO 9001:2015 Quality management system.

Number of times management review output fail to address all the elements highlighted in Clause 9.3.3 of ISO 9001:2015 Quality Management System.

Number of committee meeting minutes not circulated to the management committee

1.8 Process inputs

Agenda

Human resource

Minutes of previous management review meeting

Audit report

1.9 Process Outputs

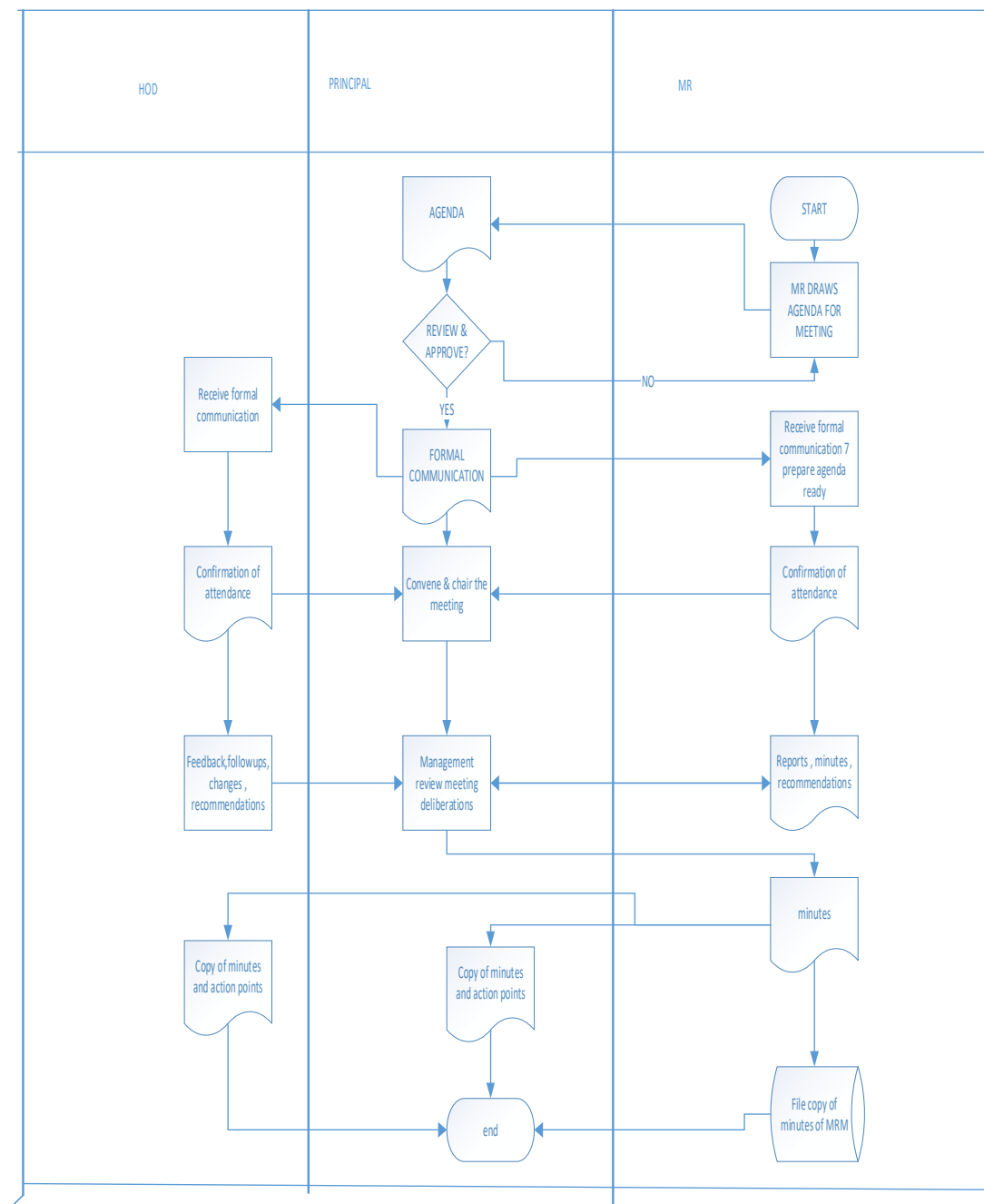
Minutes

2 MANAGEMENT REVIEW PROCESSES

2.1 Description of Processes



2.2 Process Mapping for Management Review Meetings



2.2.1 Agenda

The MR in liaison with the Principal shall draw the agenda for the meeting and circulate to the members prior to the meeting.

2.2.1 Frequency

The Management committee shall review quality management system at four months' interval to ensure its continued relevance, suitability and improvement for effective implementation and maintenance.

2.2.2 Notification

The Principal shall notify the Management Committee members on the agenda and date of the meeting in collaboration with the Management Representative as deemed appropriate.

2.2.3 Confirmation

The Management Committee members and Management Representative shall confirm attendance within an appropriate duration.

2.2.4 Management Review Input

- a. The Principal in consultation with the MR, shall set the agenda for the meeting in accordance with the Requirements of the international standard and shall circulate to the Management committee before the said date of the meeting.
(Reference: ISO 9001-2015 Clause 9.3).
- b. The Management Representative shall table the previous meetings minutes for confirmation by the members.
- c. The Management Representative shall table audit reports and the status of preventive and corrective actions.
- d. The HODs shall table their departmental feedbacks on customer/stakeholder product or service delivery (both internal & external)
- e. The meeting shall discuss changes that could affect quality management systems and recommendations for improvement.
- f. The meeting shall address process performance and product conformity and also follow-up actions from previous management reviews.

ISSUE NO:	REVISION NO:	DATE:
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2.2.5 Criteria

Management review meeting shall be conducted in line with clause 9.3 of ISO 9001:2015 Quality management system.

2.2.6 Methodology

- a. Discussions
- b. Review of documents
- c. Illustrations as necessary

2.2.7 Scope

- a. This procedure shall entail reference to previous minutes and audits results.
- b. This procedure shall encompass all departmental processes within SIT.
- c. This procedure shall entail matters arising from the discussion.

2.2.8 Minutes

- a. The Management Representative shall compile minutes of the meeting, circulate to the Management Committee one week after management review meeting, and keep a copy in the management review file.
- b. The minutes shall include:
 - i. Any decisions and actions related to the quality management system.
 - ii. Improvement of the effectiveness of the quality management system, procedures and its processes.
 - iii. Improvement of product related to customer requirements,

2.2.9 Resources

The Management Committee shall ensure that the recommendations of the meeting are enforced before the next management review meeting and report the same to MR to ensure effective implementation of the quality management system.

ISSUE NO:	REVISION NO:	DATE:
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3.0 RECORDS GENERATED

3.1 Agenda

3.3 Mail (Notification)

2.14 Minutes

2.15 Reports

PROCEDURE No.6: CHANGE MANAGEMENT

1. GENERAL

1.1 Purpose

The purpose of this procedure is to define the methods for managing changes to processes and other aspects of SIT's management system in a controlled manner.

1.2 Scope

This document shall deal with changes in the process output of SIT. This shall cover both internal and external needs. Where this document discusses changes to processes, this shall be understood to mean the top-level processes identified in the Quality Manual.

1.3 References

- a) Quality manual
- b) ISO 9001:2015

1.4 Terms

-

1.5 Principal Responsibility

The MR shall be responsible for the implementation and maintenance of this process.

1.6 Distribution:

This document shall be maintained in locked pdf format and made available in a central server SIT\ISO\MR. Controlled hard copies shall be distributed to HOD's.

1.7 Key Performance Indicators (KPI's)

1.7.1 No. of changes implemented successfully

1.7.2 No. of changes not planed

1.7.3 Satisfaction index

1.8 Process Inputs

1.8.1 Change request

1.8.2 Risk & opportunity assessment

1.9 Process Outputs

1.9.1 Risk log

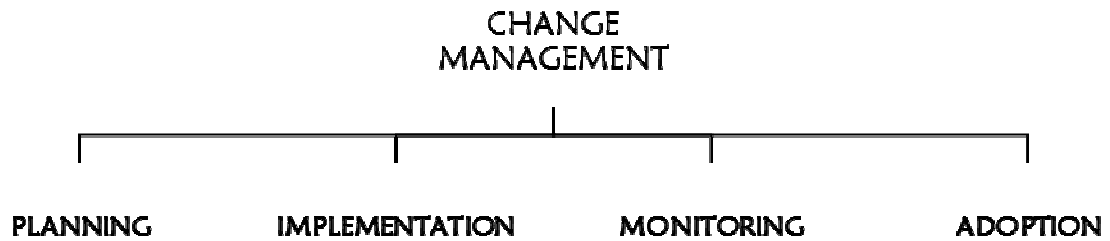
1.9.2 Approved change

1.9.3 Progress report

ISSUE NO:	REVISION NO:	DATE:
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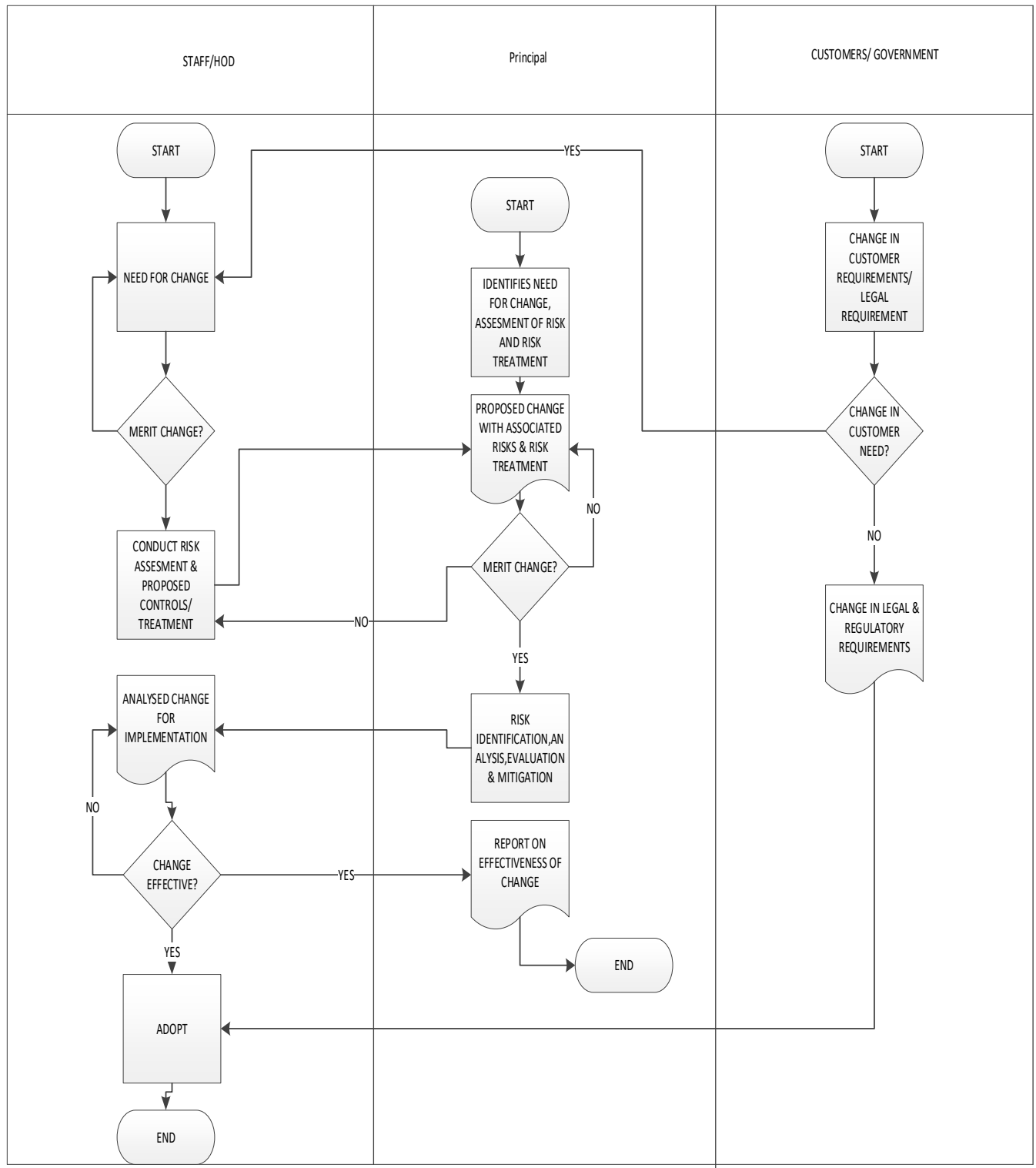
2.0 CHANGE MANAGEMENT PROCESSES

2.1 Description of Change Management Process



2.2 PROCESS MAP FOR CHANGE MANAGEMENT

ISSUE NO:	REVISION NO:	DATE:
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2.3 MAIN STEPS IN CHANGE MANAGEMENT

Any change in SIT shall be because of needs from within (Internal Needs) and interested parties from without (External Needs).

ISSUE NO:	REVISION NO:	DATE:
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2.3.1 Identification for need for change

2.3.1.1 Internal Needs

This type of change shall come from SIT staff and Management Team. Such needs shall take the form of:

- a) Change in internal Service Procedures and potential risks realized or perceived.
- b) Nonconformity of service (Failure to achieve set internal targets and service levels)
- c) Results from Analysis of system performance.
- d) Restructuring of departmental procedures and processes (Need for improvement in internal efficiency and effectiveness in service delivery).

2.3.1.1.1.1 The need shall be discussed first at departmental levels with respective HODs, who shall identify the possible risks associated with the proposed changes, analyze and evaluate the risks and opportunities and propose the applicable risk control measures.

2.3.1.1.1.2 The HOD shall forward the change request form containing the risk & opportunity analysis and control measures to the MR for deliberations and presentation to the principal for further evaluation.

2.3.1.1.1.3 Changes emanating from the principal and the deputy principal office shall be evaluated by the principal and the deputy principal in consultation with the MR to find their merit. Risk analysis and controls shall be established.

2.3.1.1.1.4 Once the Principal is satisfied that the proposed change has merit and a risk and opportunity analysis done and appropriate risk treatment measures determined, the Principal shall authorize the change for implementation.

2.3.1.1.1.5 The HOD's shall implement the change with close monitoring to see if the change is effective and if so, it shall be adopted. Otherwise, careful implementation and monitoring shall be continued.

2.3.1.1.1.6 The HOD shall produce a report on effectiveness of the change to the Principal.

2.3.1.1.1.7 The proposed change shall be documented on change request form REF

ISSUE NO:	REVISION NO:	DATE:
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SIT/MR/CRF kept by the initiator of the change until the intended change shall have been fully implemented.

NOTE: Resources are key to successful implementation of any change. Top Management shall provide for resources if and when necessary.

2.3.1.1.2 External Needs

2.3.1.1.2.1 These are needs that shall come from the Market: Clients (Service end users, customers, suppliers), the Government (Local, National, Regional and International) and regulators. Such needs shall include:

a) Market Trends (Change in training needs) and possible potential Risks realized or perceived.

b) Change in Government Laws and Regulations

2.3.1.1.2.2 The need shall be forwarded to the relevant HOD for consideration

2.3.1.1.2.3 The HOD shall deal with the changes as outlined in change management process above.

2.3.1.1.2.4 Need from government education regulatory agencies shall be tabled by the Principal before the management committee to develop a clear implementation plan (resources provided if necessary). Change will be effected as per the change process discussed below.

2.3.1.1.3 Planning of Change

2.3.1.1.3.1 Once need for change has been identified, the HODs and the Principal shall commence planning for the change in order to mitigate against any undesirable effect as a result of addressing the change

2.3.1.1.3.2 The Principal & Deputy Principal shall define who is responsible for implementing the change including the authority to approve the change and the associated resources required.

2.3.1.1.3.3 The management and the HOD's shall evaluate the consequences (risks) of implementing the change together with any ripple effect and the possible associated opportunities.

2.3.1.1.3.4 The management/HOD's shall mitigate to the extent possible the undesirable effects associated with the risks (risk treatment).

2.3.1.1.3.5 The changes shall be implemented with close monitoring and a report

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

generated to the Principal

2.3.1.1.4 Changes to Process Outputs

2.3.1.1.4.1 Effective change will take place only once approved by the SIT Principal. A time frame shall be set out within which this shall be implemented and monitored to ensure set results are achieved. Responsibilities and resources shall be assigned where and when necessary. Successful implementation shall be confirmed and adopted. Needs that shall have come from external parties shall be communicated, discussed and an action plan agreed upon before adoption is done.

2.3.1.1.4.2 Change in Laws and regulations shall be noted and adopted.

2.3.1.1.4.3 Formal/official changes to process outputs will be used when the change is significant. Minor changes may be made without formal control. However, the decision on what constitutes significant vs minor change must be agreed upon by those involved in the change.

2.3.1.1.5 Changes to Documentation

Management system documents shall undergo changes when there is a need to revise them. Changes to documentation are done in accordance with the procedure No. 1 in the (Control of Documented information SIT/MR/QSP).

3. Records

- a. Change Request Form SIT/MR/CRF
- b. Progress Report
- c. Risk Log

PROCEDURE No.7 RISK IDENTIFICATION & MANAGEMENT

1. GENERAL

1.1 PURPOSE

The purpose of this procedure is to identify internal and external contexts of risks and opportunities at Siaya Institute of Technology operations and includes risk countermeasures such as aversion, reduction and acceptance. The procedure also sets up comprehensive risk and opportunity management measures by identifying internal controls and evaluating the effectiveness of the measures.

1.2 SCOPE

This procedure applies to all SIT processes as a basis for risk and opportunity identification and control

1.3 TERMS

The following selected terms & definitions are provided to ensure a uniform understanding as used in this document

1.3.1 Risk -Effect of uncertainty

1.3.2 Uncertainty - (or lack of certainty) is a state or condition that involves a deficiency of information and leads to inadequate or incomplete knowledge or understanding. In the context of risk management, uncertainty exists whenever the knowledge or understanding of an event, consequence, or likelihood is inadequate or incomplete.

1.3.3 Risk management- refers to a coordinated set of activities and methods that is used to direct SIT and to control the many risks that can affect its ability to achieve objectives.

1.3.4 Risk management plan - describes how SIT intends to manage risk. It describes the management components, the approach, and the resources that will be used to manage risk. Typical management components include procedures, practices, responsibilities, and activities (including their sequence and timing).

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

- 1.3.5 **External context** - includes all of the external parameters and factors that influence how SIT manages risk and tries to achieve its objectives
- 1.3.6 **Internal context** - includes all of the internal parameters and factors that influence how SIT manages risk and tries to achieve its objectives.
- 1.3.7 **Risk identification** - a process that involves finding, recognizing, and describing the risks that could affect the achievement of SIT objectives. It is used to identify possible sources of risk in addition to the events and circumstances that could affect the achievement of objectives. It also includes the identification of possible causes and potential consequences.
- 1.3.8 **The risk severity** - The severity of its effects after the occurrence of risk.
- 1.3.9 **The risk frequency** - The number of times of occurrence or risk rating.
- 1.3.10 **Risk Factor or Risk rating** – A product of likelihood and severity (risk severity or impact) X (risk likelihood or probability).
- 1.3.11 **Consequence** - is the outcome of an event and has an effect on objectives. A single event can generate a range of consequences which can have both positive and negative effects on objectives.
- 1.3.12 **Likelihood** - is the chance that something might happen. Likelihood can be defined, determined or measured objectively or subjectively and can be expressed either qualitatively or quantitatively.
- 1.3.13 **Control** - any measure or action that modifies risk. Controls include any policy, procedure, practice, process, technology, technique, method or device that modifies or manages a risk. Risk treatments become controls or modify existing controls once they have been implemented.
- 1.3.14 **Risk treatment** - is a risk modification process. It involves selecting and implementing one or more treatment options. Once a treatment has been implemented, it becomes a control or it modifies existing controls. Treatment options can be avoiding the risk, reduce the risk, remove the source of the risk, modify the consequences, change the probabilities, share the risk with others, retain the risk and increase the risk in order to pursue an opportunity.
- 1.3.15 **Risk evaluation**- a process that is used to compare risk analysis results with risk criteria in order to determine whether or not a specified level of risk is acceptable or tolerable.

1.3.16 **Risk criteria** - significance or importance of SIT risks

1.3.17 **Residual risk**- is the risk remaining after implementation of a risk treatment option.

1.3.18 **Monitoring** - means to supervise and to continually check and critically observe. It means to determine the current status and to assess whether or not required or expected performance levels are actually being achieved.

1.3.19 **Review** - activities carried out in order to determine if something is a suitable, adequate, and effective way of achieving established objectives.

1.3.20 **Opportunity** - Positive risk which can be converted to cause a positive outcome or have a desirable outcome

1.4 CROSS-REFERENCE

- ISO 9001:2015 Quality Management Systems – Requirements Clause 6.1
- ISO 31000: 2009 Risk Management

1.5 PRINCIPAL RESPONSIBILITY

1.5.1 **Principal:** responsible for providing risk management resources required including necessary training, and information acquisition, confirm risk acceptance criteria, and keep risk and opportunity management review according to established review cycle.

1.5.2 **Management Representative:** responsible for maintaining risk and opportunity countermeasure and control program, organize risk and opportunity review according to this document required review cycle, and implement follow up of the measures performance taken during risk and opportunity review, and follow up effectiveness.

1.5.3 **Each department:** responsible for own department risk and opportunity evaluation, and make corresponding measures on the risk, and to implement.

1.6 DISTRIBUTION

This document shall be maintained in locked pdf format and made available in a central server SIT\ISO\MR. Controlled hard copies shall be distributed to HOD's.

1.7 KEY PERFORMANCE INDICATORS (KPI'S)

Number of times a department fails to identify its process risks

Number of risk criterion not shared

Number of risk logs not established by HOD's

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

Number of risks not approved by the principal

1.8 PROCESS INPUTS

Human resource

Risks

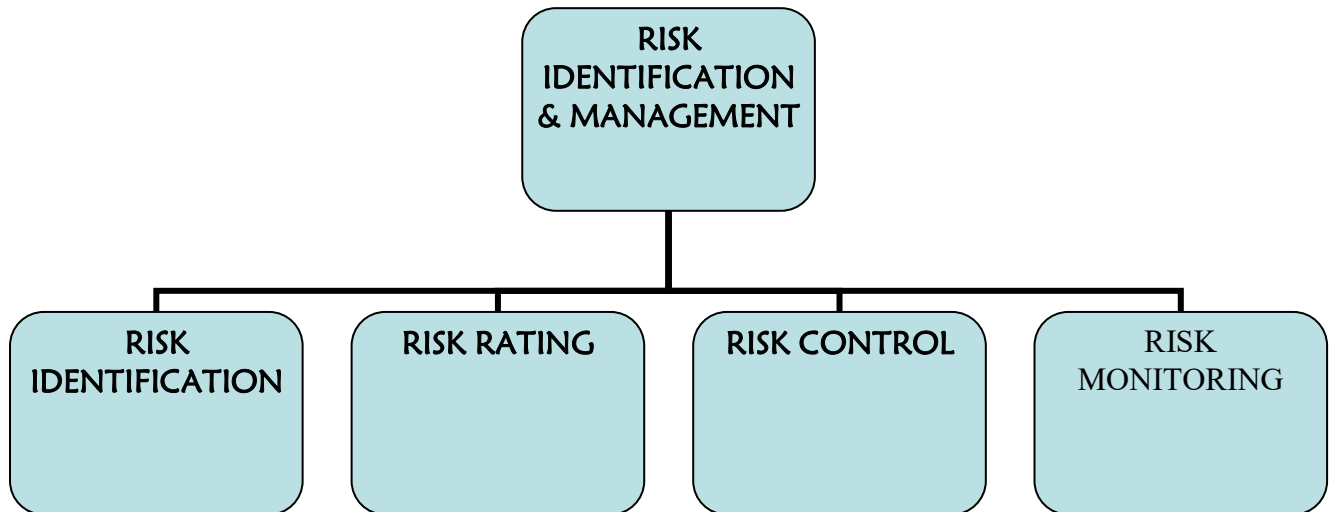
Risk evaluation criteria

1.9 PROCESS OUTPUTS

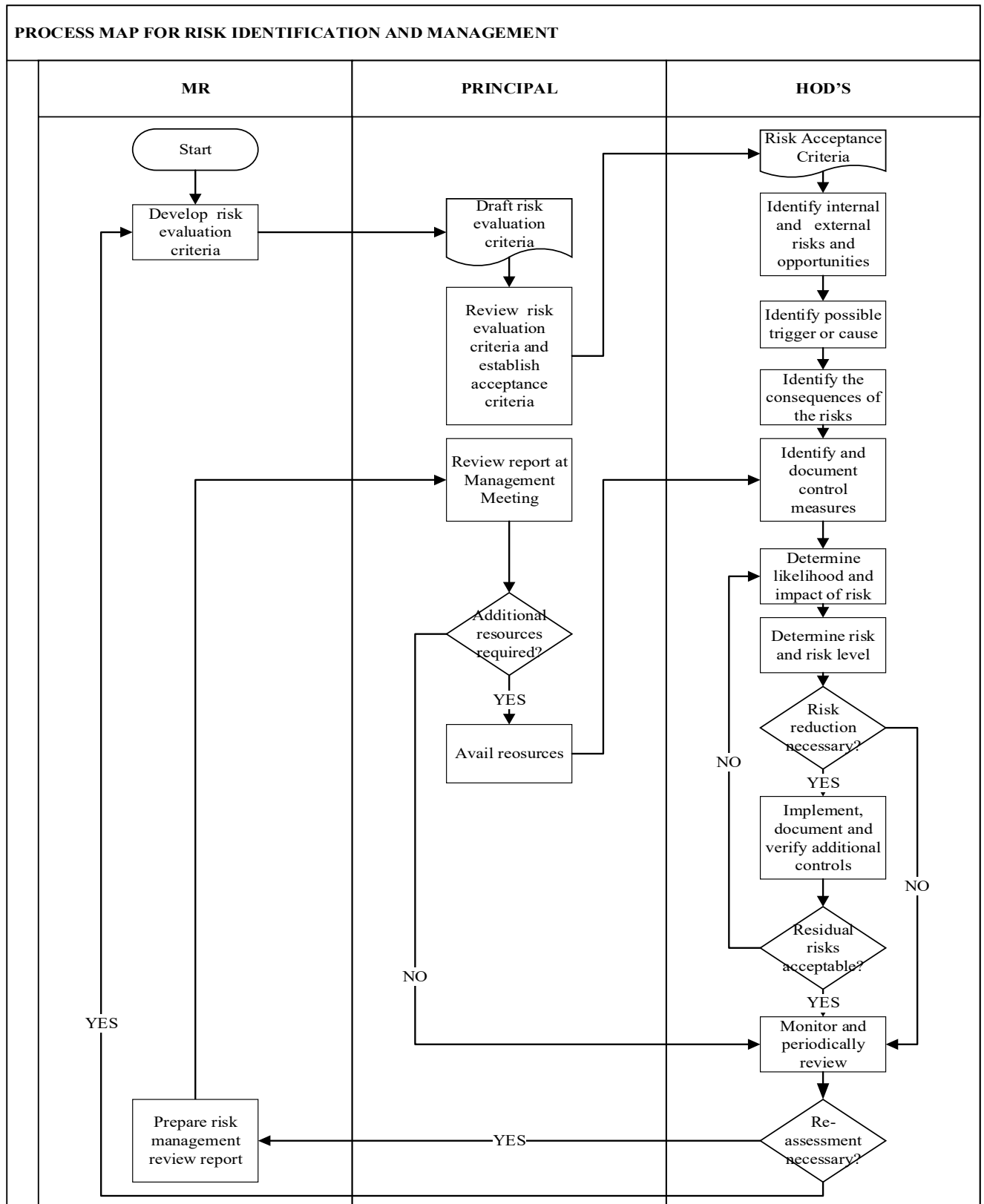
Risk log

2.0 RISK IDENTIFICATION & MANAGEMENT PROCESSES

2.1 DESCRIPTION OF PROCESS



2.2 Process Mapping for Risk Identification and Management



2.3 Main Steps for Risk Identification and Management

- 2.3.1** The MR shall develop a risk evaluation criterion as the basis to establish the risk acceptance criteria and shall get approval from the Principal.
- 2.3.2** The Principal shall review the risk evaluation criteria and establish acceptance criteria, which shall be shared with the departments.
- 2.3.3** Each department shall establish a risk log by identifying risks from their departmental processes. The Administration shall be responsible for identifying risk regarding delivery of services (External Context).
- 2.3.4** The HOD's shall identify the trigger/causes of the risks and the consequences of each risk identified and then document them.
- 2.3.5** The HOD's shall document the existing control measures for the risks identified, further determine the likelihood and impact or severity of the risk and the risk level as described in attachment below. The risk level shall be evaluated against the acceptance criteria and a decision taken on whether reduction in risk is required or not.
- 2.3.6** The HOD shall apply additional controls where reduction of the risks is required and shall evaluate the risk level after implementation of the additional controls to determine the residual risk. If acceptable, the department will monitor periodically and prepare reports for management review. Where re-assessment is necessary a new risk criterion shall be developed, and approved.
- 2.3.7** The Principal shall avail required resources for risk reduction where necessary.

3. DOCUMENTED INFORMATION GENERATED

- a. Departmental Risk Registers
- b. Risk evaluation criteria

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

4. ATTACHMENTS

1. Risk Evaluation Criteria

4 X4 Risk Matrix								
Probability								
		1	2	3	4		KEY	Risk Level
Impact	4	4	8	12	16	1_4		Low
	3	3	6	9	12	5_8		Medium
	2	2	4	6	8	9_12		High
	1	1	2	3	4	13_16		Very High

a) Probability:		
1	Low:	Minimal chance of the risk to occur
2	Medium:	Even chances of the risk to occur
3	High:	Certain Chance that the risk will occur
4	Very High:	Inevitable Chances that the risk will occur
b) Impact		
1	Low:	The effect is insignificant
2	Medium:	The risk has effect of manageable magnitude
3	High:	The risk has significant effect
4	Very High:	The risk has catastrophic effect
a) Risk Level/ Rating		
	Low:	Risk is insignificant
	Medium:	Risk is manageable
	High:	The risk has significant effect
	Very High:	The risk has catastrophic effect

PROCEDURE No. 8: COMMUNICATION PROCEDURE

1. GENERAL

1.1 PURPOSE

This procedure is to provide guidance to SIT in developing and implementing communication strategies. This policy applies to all Board members, staff, and interested parties.

1.2 SCOPE

This procedure covers communication received from employees and all components of the public, including customers, media, local agencies and internal communications generated to external parties concerning SIT Quality Management System. The procedure covers:

- a. what shall be communicated
- b. when to communicate
- c. with whom to communicate
- d. how to communicate and,
- e. who communicates.

1.3 PRINCIPAL RESPONSIBILITY

This procedure shall be owned and controlled by the Principal, MR and departmental heads for effective implementation and maintenance.

1.4 DEFINITIONS & TERMS

The following selected definitions & terms are provided to ensure a uniform understanding as used in this procedure:

- 1.4.1 **Communication** - The process of transmitting ideas, thoughts, information, etc. between and among people within SIT and external parties.

1.5 CROSS REFERENCE

- a) ISO 9001: 2015 Standard clause 7.4
- b) Quality Management System for Manual – **SIT/MR/SQM**
- c) Quality Systems Procedure Manual– **SIT/MR/QSM**

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

- d) All standard operating procedures

1.6 DISTRIBUTION

This document shall be maintained in locked pdf format and made available in a central server **SIT\ISO\MR**. Controlled hard copies shall be distributed to HOD's.

1.7 KEY PERFORMANCE INDICATORS (KPI'S)

- Number of times feedbacks is not obtained after communication
- Number of times information is leaked through unofficial channel
- Number of times wrong content is communicated
- Number of times communication is targeted to the wrong recipient (s)

1.8 PROCESS INPUTS

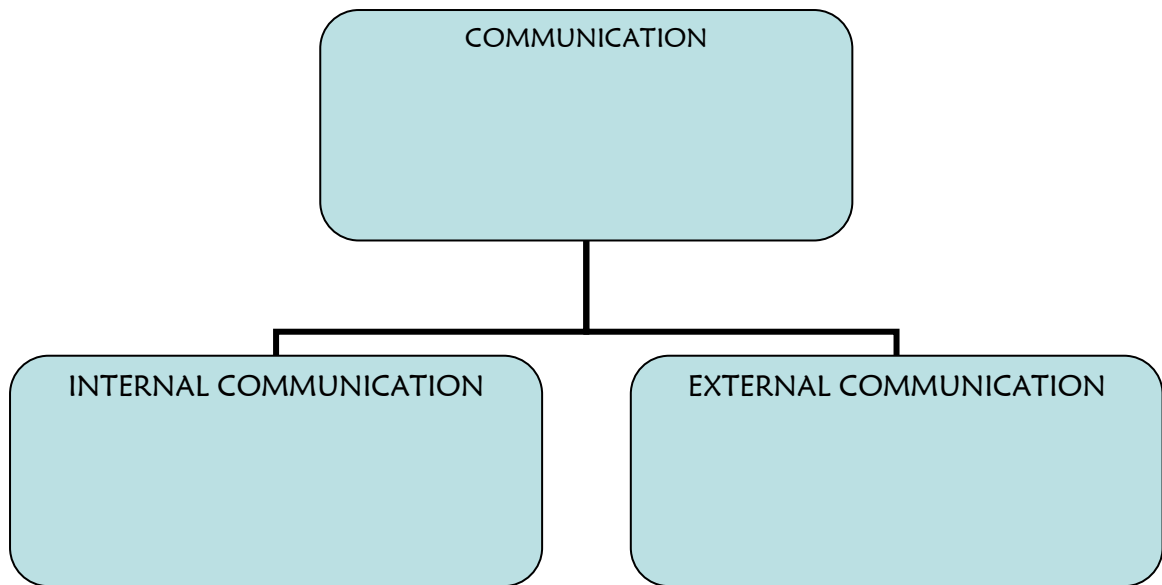
- Human resource
- Message communicated
- Communication channel
- Media briefs

1.9 PROCESS OUTPUTS

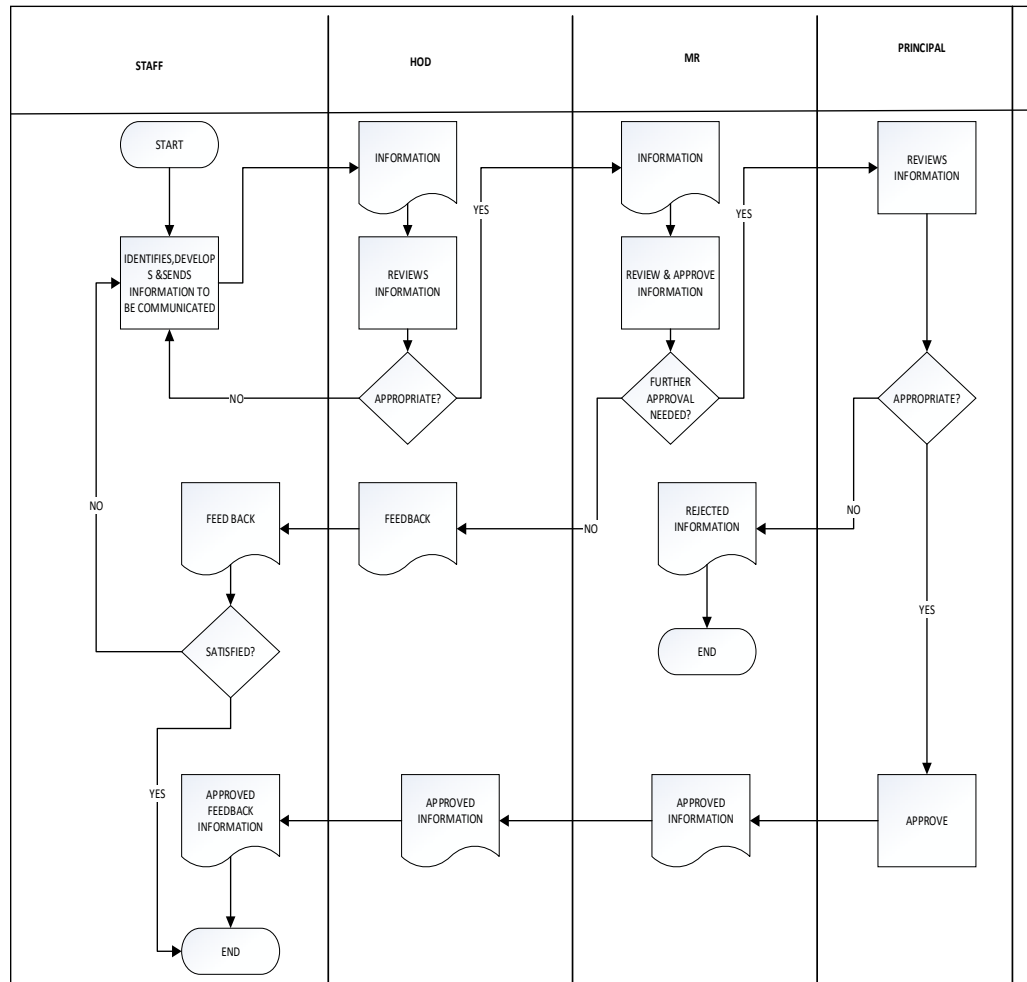
- Reports
- Minutes
- Communication feedback

2. COMMUNICATION PROCESSES

2.1 DESCRIPTION OF COMMUNICATION PROCESSES



2.2 PROCESS MAPPING FOR INTERNAL COMMUNICATION



2.3 Main Steps for Internal Communication

2.3.1 The HOD shall receive documented information on reported problems related to the quality management system and suggestion on how to improve the performance from any staff through an appropriate means of communication.

2.3.2 The HOD shall review the documented information to check the adequacy of the information communicated. If the information is appropriate and adequate, the HOD shall forward it to the MR. If the information is not adequate or inappropriate, the HOD shall return it to the staff for proper development of the information.

2.3.3 The MR shall receive an approved information from the HOD. Where further approval is required, the information shall be communicated to the Principal. Where no further approval is required, the information shall be communicated back as feedback.

2.3.4 The Principal shall review the information received and approve it as appropriate by giving the feedback required to the MR. Where the Principal considers the information to be inappropriate, feedback shall be given as rejected information that will be communicated to the MR.

2.3.5 The approved information shall flow back as feedback through the same hierarchy it reached the decision makers. Where need shall arise after a feedback reaches the source of the information, the sender shall express satisfaction on the reply by either completing the communication process or returning more information through the same channel it streamed through.

2.3.6 The Institute has identified the following mechanisms for effective internal communication:

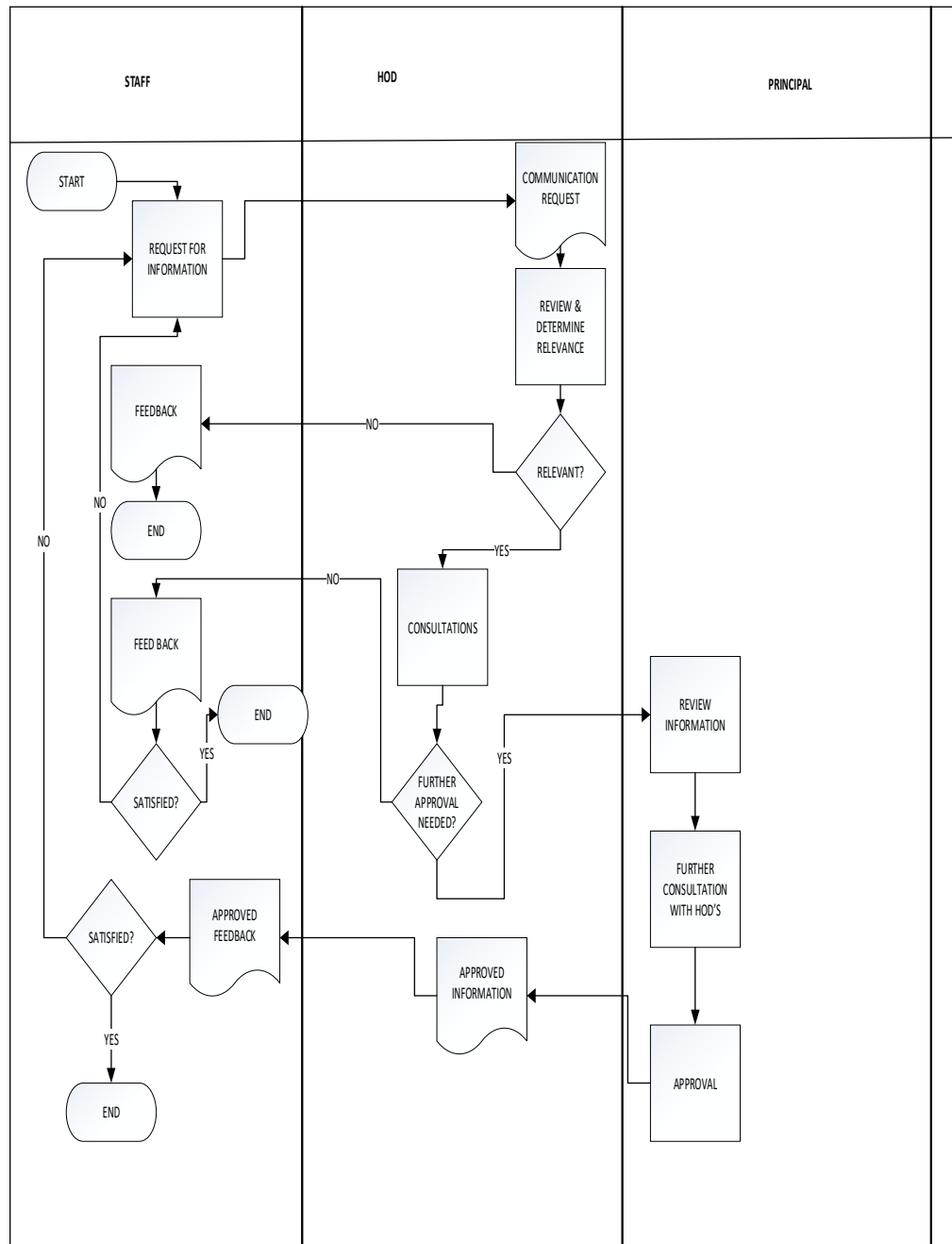
- a) Team meetings, briefings
- b) Display boards
- c) E-mail
- d) Telephone/cell phone
- e) Internal memorandums/letters
- f) Minutes of meetings
- g) The corporate policies and objectives
- h) Word of mouth
- i) Social media platform

2.3.7 The MR has the overall responsibility for ensuring that information and data about performance and the effectiveness of the Quality management system are reported to management.

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

2.3.8 The Management shall evaluate the effectiveness of communication process during internal audits and management review meetings.

2.4 Process Mapping for External Communication



Main Steps for External Communication

2.3.2.1. SIT shall initiate the need to disseminate information to the external parties. The external interested parties may also send or present the request to source for information from SIT.

2.3.2.2 For departmental specific issues, the HODs shall receive the request from the external party through the Principal's office and review the request. For

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

overall communication of SIT, the Principal shall receive the request for communication.

2.3.2.3 The Principal shall receive the communication request and review the relevance of the request to determine whether or not the information is adequate and appropriate to SIT. If the request is not relevant or SIT needs not to respond, the Principal shall respond to the external interested party with comments as to why there shall be no response from SIT. The Principal shall either forward for approval after review or undertake further consultations with other HODs and the Board to provide feedback.

2.3.2.4 The feedback provided shall follow the same hierarchy down the chain of communication until it reaches the sender of the request for information. Where the sender is not satisfied with the feedback, information will start the cycle back by sending another request for information or communication.

2.3.2.5 The Principal shall consult with the relevant HODs to gather appropriate response to the communication request before approving the information and sending it back as feedback.

2.3.2.6 The Principal in consultation with the Finance Officer shall have the overall responsibility to carry out external communication related to SIT financial implications.

2.3.2.7 No communication shall be made to external interested parties for issues that SIT considers critical unless with express approval from the Principal who is the institution's accounting officer. All external communications regarding SIT such as the Quality policy, policies, objectives and targets shall be done by the Principal. External communications mechanism shall be through the following:

- i. Emails
- ii. Telephone calls
- iii. Letters
- iv. Direct speech e.g media interviews
- v. Newspapers

In each case the following information shall be recorded and stored as a record:

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

- vi. Date of communication
- vii. Name of the person
- viii. Address (if relevant)
- ix. Contact details e.g. telephone number and email
- x. Type of enquiry e.g. complaint
- xi. How the communication was received e.g. letter, email or phone call
- xii. And brief details of the response

2.3.2.8 SIT shall determine and implement effective arrangements for communicating with customers in relation to services information, enquiries, customer queries, contracts or order handling, including amendments, and customer feedback, including customer complaints. This process shall ensure adequate understanding of the needs and expectations of interested parties, and for translation into SIT's requirements. These processes shall include but not limited to the identification and review of relevant information to actively involve customers and other interested parties.

2.3.2.9 The effectiveness of communication shall be evaluated on an on-going basis; through management reviews, employee surveys, and audits. The effectiveness of the communication process shall be determined by:

- a) Interviewing employees to determine awareness of policies, objectives and management system performance
- b) Evaluating non-conformities to determine whether they are linked to poor internal communication
- c) Evaluating the relevance and dates of displayed information
- d) Examining the feedback mechanisms within SIT
- e) Evaluating training and induction programmes within SIT
- f) Viewing minutes of meetings containing items of internal and external communication

3. DOCUMENTED INFORMATION GENERATED

The following records are generated:

- a) Communicated information

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------

- b) Requests for Information
- c) Internal Memos/ Emails
- d) MRM minutes
- e) Policies

SIT/MR/QSP

ATTACHMENTS

ISSUE NO:	REVISION NO:	DATE:
-----------	--------------	-------