



THE TECHNICAL UNIVERSITY OF KENYA

Haile Selassie Avenue, P. O. Box 52428, Nairobi, 00200, Tel: +254 (020) 3343672, 2219929

Fax: 2219689, E-mail: vc@tukenya.ac.ke, Website: www.tukenya.ac.ke

**QUALITY MANAGEMENT SYSTEM DOCUMENTATION
BASED ON
ISO 9001:2015 STANDARD**

CONTENTS

QUALITY POLICY STATEMENT	7
QUALITY OBJECTIVES	8
QUALITY MANUAL	9
OUTLINE OF THE MANUAL.....	9
INTRODUCTION	9
1) SCOPE	10
2) REFERENCES.....	10
3) TERMS AND DEFINITIONS	10
4) CONTEXT OF THE UNIVERSITY.....	11
5) LEADERSHIP.....	12
6) PLANNING.....	13
7) SUPPORT	14
8) OPERATION	17
9) PERFORMANCE EVALUATION.....	23
10) IMPROVEMENT.....	25
1.0 OFFICE OF THE VICE-CHANCELLOR	26
1.1 PROCEDURE ON CONTROL OF RETAINED DOCUMENTED INFORMATION (TU-K/ADMIN/SOP/001)	27
1.2 PROCEDURE ON CONTROL OF MAINTAINED DOCUMENTED INFORMATION (TU-K/ADMIN/SOP/002).....	32
1.3. PROCEDURE FOR INTERNAL QUALITY AUDIT (TU-K/ADMIN/SOP/003).....	36
1.4 PROCEDURE FOR CORRECTIVE ACTION (TU-K/ADMIN/SOP/004)	41
1.5 PROCEDURE FOR CONTROL OF NON-CONFORMING PRODUCTS (TU-K/ADMIN/SOP/005)	44
1.6 PROCEDURE FOR RISK MANAGEMENT (TU-K/ADMIN/SOP/006).....	47
1.7 PROCEDURE FOR COMPLIANCE MANAGEMENT (TU-K/ADMIN/SOP/007).....	50
1.8 PROCEDURE FOR INCOMING COMMUNICATION – (TU-K/ADMIN/SOP/008)	52
1.9 PROCEDURE FOR OUTGOING COMMUNICATION (TU-K/ADMIN/SOP/009).....	54
1.10 PROCEDURE FOR HANDLING OF COMPLAINTS (TU-K/ADMIN/SOP/0010).....	56

1.11 PROCEDURE FOR MANAGEMENT OF COMMUNICATIONS AND PUBLIC AFFAIRS (TU-K/ADMIN/SOP/0011).....	58
1.12 PROCEDURE FOR PROCUREMENT PLANNING (TUK/ADMIN /SOP/0012).....	64
1.13 PROCEDURE FOR PRE-QUALIFICATION OF SUPPLIERS AND CONTRACTORS (TUK/ ADMIN /SOP/0013).....	67
1.14 PROCEDURE FOR DISPOSAL OF OBSOLETE/ UNSERVICEABLE/ UNWANTED / SURPLUS ASSETS (TUK/ ADMIN /SOP/0014).....	70
1.15 PROCEDURE FOR PROCURING THROUGH TENDER (TUK/ ADMIN /SOP/0015).....	72
1.16 PROCEDURE FOR PROCURING THROUGH QUOTATIONS (TUK/ ADMIN /SOP/0016).....	75
1.17 PROCEDURE FOR COUNCIL MEETINGS (TU-K/ADMIN/SOP/0017).....	78
1.18 PROCEDURE FOR LEGAL MATTERS (TU-K/ADMIN/SOP/0018).....	80
1.19 PROCEDURE FOR PERFORMANCE CONTRACTING (TU-K/ADMIN/SOP/0019).....	82
1.20 PROCEDURE FOR SECURITY GUARDING AND PATROLS (TU-K/ADMIN /SOP/0020).....	85
1.21 PROCEDURE FOR INVESTIGATING CRIME/INCIDENT (TU-K/ADMIN /SOP/0021)	88
1.22 PROCEDURE FOR STORAGE AND HANDLING OF LOST AND FOUND ITEMS (TU-K/ADMIN/SOP/0022).....	92
1.23 PROCEDURE FOR AUDIT INVESTIGATION (TU-K/ADMIN/SOP/0023)	94
1.24 PROCEDURE FOR PREPARATION OF ANNUAL AUDIT PLAN (TU-K/ADMIN/SOP/0024).....	96
1.25 PROCEDURE FOR SYSTEMS AUDIT (TU-K/ ADMIN /SOP/0025)	99
1.26 PROCEDURE FOR PAYMENT AUDIT (TU-K/ ADMIN /SOP/0026).....	101
2.0 OFFICE OF THE DEPUTY VICE-CHANCELLOR-ADMINISTRATION, FINANCE AND ADVANCEMENT (AFA)	103
2.1 PROCEDURE FOR RECRUITMENT AND HIRING OF STAFF (TU-K/AFA/SOP/0027)	104
2.2 PROCEDURE FOR ORIENTATION AND INDUCTION OF STAFF (TU-K/AFA/SOP/0028)	107
2.3 PROCEDURE FOR STAFF PERFORMANCE APPRAISAL (TU-K/AFA/SOP/0029).....	109
2.4 PROCEDURE FOR REASSIGNMENT AND DEPLOYMENT (TU-K/AFA/SOP/0030).....	111
2.5 PROCEDURE FOR STAFF TRAINING AND DEVELOPMENT (TU-K/AFA/SOP/0031).....	113
2.6 PROCEDURE FOR ADDRESSING EMPLOYEE GRIEVANCES (TU-K/AFA/SOP/0032)	118
2.7 PROCEDURE FOR STAFF DISCIPLINE (TU-K/AFA/SOP/0033)	120
2.8 PROCEDURE FOR STAFF LEAVE MANAGEMENT (TU-KAFA/SOP/0034)	122
2.9 PROCEDURE FOR CLEARANCE OF STAFF (TU-K/AFA/SOP/0035)	125
2.10 PROCEDURE FOR HR RECORDS MANAGEMENT (TU-K/AFA/SOP/0036)	127
2.11 PROCEDURE FOR MEDICAL TREATMENT (TU-K/AFA/SOP/0037).....	131
2.12 PROCEDURE FOR EMERGENCY TREATMENT (TU-K/AFA/SOP/0038)	135
2.13 PROCEDURE FOR FACILITY MAINTENANCE (TU-K/AFA/SOP/0039).....	138
2.14 PROCEDURE FOR CONSTRUCTION OF NEW WORKS (TU-K/AFA/SOP/0040).....	141

2.15 PROCEDURE FOR CLEANING SERVICES (TU-K/AFA/SOP/0041).....	143
2.16 PROCEDURE FOR PROVISION OF TRANSPORT SERVICES (TU-K/AFA/SOP/0042).....	145
2.17 PROCEDURE FOR VEHICLE MAINTENANCE (TU-K/AFA/SOP/0043).....	147
2.18 PROCEDURE FOR FINANCIAL BUDGETING (TU-K/AFA/SOP/0044).....	150
2.19 PROCEDURE FOR PAYMENT (TU-K/AFA/SOP/0045)	152
2.20 PROCEDURE FOR REVENUE COLLECTION (TU-K/AFA/SOP/0046)	154
2.21 PROCEDURE FOR IMPREST PAYMENT AND SURRENDER (TU-K/AFA/SOP/0047).....	156
2.22 PROCEDURES FOR RESOURCE MOBILIZATION (TU-K/AFA/SOP/0048).....	159
2.23 PROCEDURE FOR BUSINESS AND ENTERPRISE DEVELOPMENT (TU-K/AFA/SOP/0049).....	163
2.24 PROCEDURE FOR ESTABLISHING INTERNATIONAL, INSTITUTIONAL AND INDUSTRIAL LINKAGES (TU-K/AFA/SOP/0050).....	166
2.25 PROCEDURE FOR CONDUCTING COMMUNITY OUTREACH PROGRAMMES (TU-K/AFA/SOP/0051) ...	169
2.26 PROCEDURE FOR ATTENDANCE OF EXTERNAL SEMINARS AND CONFERENCES (TU- K/AFA/SOP/0052).....	172

3.0 OFFICE OF THE DEPUTY VICE-CHANCELLOR-ACADEMIC AND STUDENTS AFFAIRS

(ASA) 175

3.1 PROCEDURE FOR CURRICULUM DEVELOPMENT AND REVIEW (TU-K/AC/SOP/0053).....	176
3.2 PROCEDURE FOR STUDENT ADMISSION AND REGISTRATION (TU-K/AC/SOP/0054).....	179
3.3 PROCEDURE FOR TIMETABLE PREPARATION (TU-K/AC/SOP/0055)	182
3.4 PROCEDURE FOR TEACHING OF THEORY LESSONS (TU-K/AC/SOP/0056).....	184
3.5 PROCEDURE FOR TEACHING OF PRACTICAL LESSONS (TU-K/AC/SOP/0057).....	187
3.6 PROCEDURE FOR TEACHING STUDIOS (TU-K/AC/SOP/0058)	189
3.7 PROCEDURE FOR INDUSTRY-BASED LEARNING (TU-K/AC/SOP/0059).....	192
3.8 PROCEDURE FOR APPOINTMENT OF EXTERNAL EXAMINERS (TU-K/AC/SOP/0060)	195
3.9 PROCEDURE FOR MANAGEMENT OF EXAMINATIONS (TU-K/AC/SOP/0061)	197
3.10 PROCEDURE FOR EXAMINATION RESULTS APPEAL (TU-K/AC/SOP/0062).....	201
3.11 PROCEDURE FOR HANDLING EXAMINATION IRREGULARITIES (TU-K/AC/SOP/0063).....	203
3.12 PROCEDURE FOR GRADUATION (TU-K/AC/SOP/0064).....	206
3.13 PROCEDURE FOR SENATE MEETINGS (TU-K/AC/SOP/0065)	209
3.14 PROCEDURE FOR NOMINATION AND AWARD OF EXTERNAL SCHOLARSHIPS (TU-K/AC/SOP/0066)	212
3.15 PROCEDURE FOR MONITORING COURSE DELIVERY (TU-K/AC/SOP/0067)	215
3.16 PROCEDURE FOR REPRINTING CERTIFICATES PRINTED WITH ERRORS (TU-K/AC/SOP/0068).....	217
3.17 PROCEDURE FOR ACCESS TO LIBRARY AND INFORMATION MATERIALS (TU-K/AC/SOP/0069).....	219
3.18 PROCEDURE FOR ACQUISITION OF INFORMATION MATERIALS (TU-K/AC/SOP/0070)	221

3.19 PROCEDURE FOR ORGANISATION AND RETRIEVAL OF INFORMATION MATERIALS (TU-K/AC/SOP/0071)	223
3.20 PROCEDURE FOR APPLICATION AND ADMISSION INTO A POSTGRADUATE PROGRAM (TU-K/AC/SOP/0072)	226
3.21 PROCEDURE FOR MASTERS' THESIS/DISSERTATION AND PHD THESIS/DISSERTATION EXAMINATIONS (TU-K/AC/SOP/0073)	228
3.22 PROCEDURE FOR SUPERVISION AND APPOINTMENT OF SUPERVISORS (TU-K/AC/SOP/0074)	231
3.23 PROCEDURE FOR BURSARY ALLOCATIONS (TU-K/AC/SOP/0075).....	234
3.24 PROCEDURE FOR UNIVERSITY HOSTEL ROOM ALLOCATION (TU-K/AC/SOP/0076).....	237
3.25 PROCEDURE FOR STUDENT ACCOMMODATION SERVICES (TU-K/DoS/SOP/0077).....	239
3.26 PROCEDURE FOR CATERING SERVICES TO STUDENTS (TU-K/DoS/SOP/0078)	241
3.27 PROCEDURE FOR SPORTS, RECREATION, ADMINISTRATION & MANAGEMENT (TU-K/AC/SOP/0079)	244
3.28 PROCEDURE FOR STUDENTS GUIDANCE AND COUNSELLING (TU-K/AC/SOP/0080).....	247
3.29 LEARNING PROCESS OF COMMON UNDERGRADUATE COURSES (TU-K/AC/SOP/0081)	249
3.30 PROCEDURE FOR APPLICATION AND ADMISSION INTO A SHORT COURSE (TU-K/AC/SOP/0082).....	251
3.31 PROCEDURE FOR TEACHING OF SHORT COURSES (TU-K/AC/SOP/0083)	253
4.0 OFFICE OF THE DEPUTY VICE CHANCELLOR-RESEARCH AND TECHNOLOGY DEVELOPMENT (RTD).....	256
4.1 PROCEDURE FOR INDUSTRY-BASED LEARNING (TUK/RTD/SOP/0084).....	257
4.2 PROCEDURE FOR RESEARCH PROJECT (TU-K/RTD/SOP/0085)	260
4.3 PROCEDURE FOR AWARD & MANAGEMENT OF INTERNAL OR EXTERNAL RESEARCH or PROJECT FUND (TU-K/RTD/SOP/0086)	264
4.4 PROCEDURE FOR AWARD & MANAGEMENT OF EXTERNAL RESEARCH or PROJECT FUND (TU-K/RTD/SOP/0087)	267
4.5 PROCEDURE FOR STAFF-INITIATED RESEARCH GRANTS AND CONSULTANCIES (TU-K/RTD/SOP/0088)	270
4.6 PROCEDURE FOR INCUBATION OF INNOVATIONS AT THE TECHNICAL UNIVERSITY OF KENYA (TU-K/RTD/SOP/0089)	272
4.7 PROCEDURE FOR SUPPORTING PATENT REGISTRATION AT THE TECHNICAL UNIVERSITY OF KENYA(TU-K/RTD/SOP/0090)	277
4.8 PROCEDURE FOR APPLICATION TO USE THE TECHNICAL UNIVERSITY OF KENYA INNOVATION HUB(TU-K/RTD/SOP/0091).....	283
4.9 PROCEDURE FOR SUPPORTING COMMERCIALIZATION OF PATENTS AT THE TECHNICAL UNIVERSITY OF KENYA (TU-K/RTD/SOP/0092).....	289

4.10 PROCEDURE FOR REQUESTING ETHICS APPROVAL FOR RESEARCH AT THE TECHNICAL UNIVERSITY OF KENYA (TU-K/RTD/SOP/0093)..... 294

4.11 PROCEDURE FOR RESEARCH DATA COLLECTION AT THE TECHNICAL UNIVERSITY OF KENYA(TU-K/RTD/SOP/0094)299

4.12 PROCEDURE FOR INFORMATION AND COMMUNICATION TECHNOLOGY SERVICES (TU-K/ICT/SOP/0095)..... 301

QUALITY POLICY STATEMENT

The Technical University of Kenya is committed to providing quality technological education and training and to contribute towards the advancement of society through research and innovation. The University is committed to high standards of teaching and research as well as effective community engagement. Further, the University undertakes to produce all round graduates who are prepared for the real world of work, good citizenship and leadership.

This is achieved through a holistic education supported by practical training and commitment to the tenets of academic freedom, good corporate governance, high level of professionalism and respect for the environment. The University also, seeks to establish, foster, and uphold networks of cooperation and partnerships with business, the global community, and society at large.

Additionally, the University periodically reviews and monitors its operations and processes to ensure compliance with the Quality Management System, ISO 9001:2015 Standard, and other requisite statutory and regulatory requirements for continuous improvement.

Signed:



Vice-Chancellor

Date: 31st July, 2024

QUALITY OBJECTIVES

- 1:** To offer relevant and quality academic programmes that produce holistic graduates every academic year, who are technologically grounded, and practically skilled.
- 2:** To create and maintain a conducive research ecosystem which catalyses and sustains growth in the quantity, quality and visibility of research products by 20% every financial year.
- 3:** To strengthen institutional capabilities by establishing at least five new strategic linkages and community partnerships while invigorating the existing collaborations every financial year.
- 4:** To establish a dynamic, responsive and effective leadership that seeks to make the institution a centre of excellence in technological education and training by 2027.

Signed:



Vice-Chancellor

Date: 31st July, 2024

QUALITY MANUAL

OUTLINE OF THE MANUAL

This quality management manual consists of two parts. The first part is the introduction that gives the general background information based on the 10 clauses of the ISO 9001:2015 standard. The second part consists of procedures categorized in various thematic areas to enhance navigation and retrievability.

INTRODUCTION

0.1 Process Approach

The Technical University of Kenya (TU-K) has adopted the process approach and risk-based thinking in developing, implementing and improving the effectiveness of its Quality Management System (QMS). This approach underscores the importance of understanding and meeting customer and applicable statutory and regulatory requirements; the need to consider processes in terms of added value; the importance of obtaining results of process performance and effectiveness; and the improvement of processes based on objective measurement. The risk-based thinking ensures risk is considered throughout the process. This makes prevention of error integral to the management system and can help identify opportunities. The approach is anchored in ISO 9001:2015.

0.2 Relationship with ISO 9001:2015

The current TU-K QMS is based on the ISO 9001:2015 standard, an International Standard that is based on quality management principles in ISO 9000. The potential benefits to TU-K of implementing this QMS are: the ability to consistently provide products and services that meet customer and applicable statutory and regulatory requirements; facilitating opportunities to enhance customer satisfaction; addressing risks and opportunities associated with its context and objectives; and the ability to demonstrate conformity to specified quality management system requirements.

1) SCOPE

General

This manual recognises the importance of considering external and internal issues relevant to TU-K and its strategic direction. It also considers the requirements of relevant interested parties, as well as the product and services of the University.

Application

All requirements as outlined in ISO 9001:2015 are applicable to the University's Quality Management System.

2) REFERENCES

- a) Commission for University Education (CUE) guidelines
- b) ISO 9001:2015 – Quality Management Systems – Requirements
- c) Kenya Constitution 2010
- d) Public Officers Ethics Act
- e) The Technical University of Kenya Strategic Plan
- f) The Technical University of Kenya Service Charter
- g) The University Act and Charter
- h) TU-K policy documents
- i) TU-K Statutes
- j) University Almanac and Calendar
- k) University Code of Ethics

3) TERMS AND DEFINITIONS

3.1 ABBREVIATIONS

- a) HoD - Head of Department (administrative)
- b) MR - Management Representative
- c) QMS - Quality Management System
- d) TU-K - The Technical University of Kenya
- e) UMB - University Management Board
- f) US – University Senate

3.2 DEFINITION OF TERMS

- a) Audit – Systematic and independent assessment of University activities to determine the extent to which they meet standard requirements.
- b) Effect - Deviation from the expected (positive or negative).
- c) Leadership - The process of influencing others to achieve mutually agreed purposes for the greater good of the University.
- d) Process - A set of interrelated or interacting activities which transforms inputs into outputs.
- e) Risk - Effect of uncertainty on an expected result.
- f) Work environment - Environment for the operation of the processes.

4) CONTEXT OF THE UNIVERSITY

4.1 ORGANIZATION AND ITS CONTEXT

TU-K determines, monitors and periodically reviews internal and external environments relevant to its purpose and its strategic direction. The issues TU-K considers pertinent to understanding its internal environment include, for example, institutional values, culture, knowledge and performance of the organization. On the other hand, understanding its external environment entails issues arising from legal, technological, competitive, market, cultural, social and economic context – whether international, national, regional or local.

4.2 NEEDS AND EXPECTATIONS OF INTERESTED PARTIES

Needs and expectations of interested parties may have an effect on the institution's ability to consistently provide products and services that meet customer and applicable statutory and regulatory requirements. Consequently, the institution has mechanisms, which it monitors and frequently reviews, for determining its interested parties and their requirements.

4.3 SCOPE OF THE QUALITY MANAGEMENT SYSTEM

TU-K determines the boundaries and applicability of its quality management system to establish its scope. When determining this scope, TU-K considers external and internal issues; requirements of relevant interested parties; and the products and services of the institution. TU-K applies all the requirements of the ISO 9000:2015 standard as may be applicable within the determined scope of its quality management system.

The scope of this quality management system is available to all staff and maintained as documented information. The types of products and services covered are stated and justification provided.

4.4 QUALITY MANAGEMENT SYSTEM AND ITS PROCESSES

This quality management system, including the processes needed and their interactions, has been developed and is under implementation and maintenance. It will be continually improved, in accordance with the requirements of the ISO 9001:2015.

Processes needed for the quality management system and their application throughout the institution have been determined, including:

- a) The inputs required, and the outputs expected from these processes.
- b) The sequence and interaction of these processes.
- c) The criteria and methods (including monitoring, measurements and related performance indicators) needed to ensure the effective operation and control of these processes.
- d) The resources needed for these processes and ensure their availability.
- e) Assignment of responsibilities and authorities for these processes.
- f) The risks and opportunities.
- g) Evaluation of processes and implementation of any changes needed to ensure that these processes achieve their intended results.
- h) Improvement of the processes and the quality management system.

5) LEADERSHIP

5.1 LEADERSHIP AND COMMITMENT

The University's top management commits to providing leadership and commitment with respect to this quality management system. The top management is accountable for the effectiveness of this quality management system. It also guarantees its compatibility with the context and strategic direction of the institution. The University business processes are in addition integrated in this quality management system requirements.

The top management promotes the use of the processes approach and risk-based thinking and provides the resources needed for this quality management system. It also communicates the

importance of not only maintaining an effective quality management, but also conforming to the QMS requirements.

4.1.1 CUSTOMER FOCUS

With respect to customer focus, the top management commits to demonstrate leadership and commitment by ensuring that customer and applicable statutory and regulatory requirements are determined, understood and consistently met. Risks and opportunities that can affect conformity of products and services and the ability to enhance customer satisfaction are also determined and addressed. In addition, activities that enhance customer satisfaction are prioritized.

4.2 POLICY

Top management commits to implementing, improving, maintaining and innovating on the existing quality policy. The quality policy is available to relevant interested parties, maintained as documented information, and communicated, understood as well as applied within the institution.

4.3 ROLES, RESPONSIBILITIES AND AUTHORITIES

Top management ensures that the responsibilities and authorities for relevant roles are assigned, communicated and understood within the University. It assigns responsibility and authority to process owners to ensure processes are delivering their intended outputs. Mechanisms for reporting on the performance of the quality management system and on opportunities for improvement are put in place. Process owners are also alive to the importance of prioritizing the needs and expectation of the customer. They also empowered to ensure that the integrity of this quality management system is maintained when revisions are required.

6) PLANNING

6.1 ACTIONS TO ADDRESS RISKS AND OPPORTUNITIES

When planning for this QMS, the institution has considered its internal and external environment and the products and services that would meet customer and applicable statutory and regulatory requirements. Opportunities required to enhance desirable effects are

determined, and the risks are isolated and addressed to prevent or reduce undesirable effects and to achieve improvement.

6.2 QUALITY OBJECTIVES AND PLANNING

TU-K establishes quality objectives and processes at all levels, which are consistent with the quality policy. They are measurable, take into account applicable requirements, and are relevant to conformity of products and services and to the enhancement of customer satisfaction. The quality objectives and processes are monitored, communicated and updated whenever the need arises. The institution also maintains documented information on quality objectives.

When planning to achieve its quality objectives, the University determines the activities, persons responsible, completion deadlines, monitoring and evaluation methodology and the resources that are required.

6.3 PLANNING OF CHANGES

In determining the changes required to this QMS, the University considers the purpose of the changes, their potential consequences, the integrity of this QMS, availability of resources, and how responsibilities and authorities are allocated or reallocated.

7) SUPPORT

7.1 RESOURCES

TU-K determines and provides the resources needed for the establishment, implementation, maintenance, and continual improvement of this quality management system. In doing so, top management determines the capabilities of, and constraints on, existing internal resources and what is required from external providers.

7.1.1 People

TU-K determines and provides the persons necessary for the effective implementation of its QMS and for the operation and control of its processes.

7.1.2 Infrastructure

The University determines, provides and maintains buildings and associated utilities, equipment (including hardware and software), transportation resources, and Information and communication technology necessary for the operation of its processes and to achieve conformity of products and services.

7.1.3 Environment for the operation of processes

The University determines, provides and maintains a suitable environment necessary for the operation of its processes and to achieve conformity of products and services. The University considers a suitable environment to include a combination of human and physical factors, such as social (e.g. non-discriminatory, calm, non-confrontational), psychological (e.g. stress-reducing, burnout prevention, emotionally protective) and physical (e.g. temperature, heat, humidity, light, airflow, hygiene, noise) factors.

7.1.4 Monitoring and measuring

TU-K determines and provides the resources needed to ensure valid and reliable results when monitoring or measuring is used to verify the conformity of products and services to the requirements. It also ensures that the resources provided are suitable for the specific type of monitoring and measurement activities being undertaken and are maintained to ensure their continuing fitness for their purpose.

7.1.5 Measurement traceability

Measurement traceability is considered by the University to be an essential part of providing confidence in the validity of measurement results. Measuring equipment are calibrated or verified, or both, at specified intervals, or prior to use, against measurement standards traceability to international or national measurement standards. When no such standards exist, the basis used for calibration or verification is retained as documented information. They are also identified in order to determine their status and safeguarded from adjustments, damage or deterioration that would invalidate the calibration status and subsequent measurement results. The University determines if the validity of previous measurement results has been adversely affected when measuring equipment is found to be unfit for its intended purpose and takes appropriate action as necessary.

7.1.6 Organizational knowledge

Knowledge is determined, which is necessary, for the operation of the University's processes and to achieve conformity of products and services. This knowledge is maintained and made available to the extent necessary. When addressing changing needs and trends, the University considers its current knowledge, and determines how to acquire or access any necessary additional knowledge and required updates. Organisational knowledge, that is knowledge used and shared to achieve the University's objectives includes internal sources (e.g. intellectual property, knowledge gained from experience, lessons learned from failed and successful projects, captured and shared undocumented knowledge and experience, the results of improvement in processes, products and services) and external sources (e.g. standards, research, conferences, knowledge from customers or external providers).

7.2 PERSONNEL COMPETENCE

The University determines the necessary competence of person(s) doing work under its control that affects the performance and effectiveness of the quality management system and ensures that such persons are competent on the basis of appropriate education, training, or experience. It takes actions, where applicable, to acquire the necessary competence, and evaluates the effectiveness of the actions taken. Actions taken include provision of training to, the mentoring of, or the re-assignment of currently employed persons, or the hiring or contracting of competent persons.

7.3 QMS AWARENESS

Persons doing work under the TU-K control are made aware by the University of its quality policy, quality objectives, their contribution to the effectiveness of the QMS (including the benefits of improved performance) and the implications of not conforming with the quality QMS requirements.

7.4 INTERNAL AND EXTERNAL COMMUNICATION

The internal and external communication relevant to the quality QMS is determined by the University, including what to communicate, when to communicate, whom to communicate with, how to communicate and who communicates.

7.5 DOCUMENTED INFORMATION

Documented information necessary for the effectiveness of this QMS, and which is a requirement of ISO 9001:2015 standard, include: The scope; Quality management system and its processes; Communicating the Quality policy; Quality objectives and planning to achieve them; Monitoring and measuring resources; Measurement traceability; Competence; The results of the review; Design and development inputs; Design and development controls; Design and development changes; Control of externally provided processes, products, and services; Control of production and service production; Identification and traceability; Property belonging to customers or external providers; Control of changes; Release of products and services; Control of non-conforming outputs; Monitoring, measurement, analysis and evaluation; Internal audit; and Management review outputs.

This documented information is controlled to ensure it is available and suitable for use, where and when it is needed and that it is adequately protected (e.g. from loss of confidentiality, improper use, or loss of integrity). For the control of documented information, the University has considered appropriate mechanisms for distribution, access, retrieval and use. It has also considered how this documented information is stored and preserved (including preservation of legibility), control of changes (e.g. version control) to the documents, retention and disposal methods.

8) OPERATION

8.1 OPERATIONAL PLANNING AND CONTROL

TU-K plans, implements and controls the processes needed to meet the requirements for the provision of products and services. It also implements the actions determined during planning. The requirements for the products and services are determined. The criteria for the processes and acceptance of products and services is established. Resources needed to achieve conformity to the products and service requirements are also outlined. The institution implements control of the processes in accordance with the criteria. To the extent necessary, documented information is determined, maintained and retained to inspire confidence that the processes have been carried out as planned and to demonstrate the conformity of products and services to their requirements.

8.2 REQUIREMENTS FOR PRODUCTS AND SERVICES

8.2.1 Customer communication

TU-K communicates with customers by providing requisite information relating to products and services, by handling enquiries, contracts or orders, including changes and by obtaining customer feedback relating to products and services, including customer complaints and compliments. The institution handles and controls customer property and establishes specific requirements for contingency actions when relevant.

8.2.2 Identification of Requirements for products and services

In determining the requirements for the products and services to be offered to customers, TU-K ensures that the requirements for the products and services are defined (including applicable statutory and regulatory requirements and those considered necessary by the institution). TU-K also ensures that it can meet the claims for the products and services offered.

8.2.3 Review of the requirements for products and services

TU-K is cognisant of its ability to meet the requirements for products and services to be offered to customers. It conducts a review before committing to supply products and services to a customer. The review is conducted in order to include: requirements specified by the customer (including the requirements for delivery and post-delivery activities), requirements not stated by the customer (but necessary for the specified or intended use, when known), requirements specified by the University, statutory and regulatory requirements applicable for the products and services and contract or order requirements differing from those previously expressed. When the customer does not provide a documented statement of their requirements, the University confirms such requirements before acceptance. The University retains documented information, as applicable on the results of the review and on any new requirements for the products and services.

8.2.4 Changes to requirements for products and services

When the requirements for products and services are changed, TU-K amends relevant documented information and ensures the relevant persons are made aware of the changed requirements.

8.3 DESIGN AND DEVELOPMENT OF PRODUCTS AND SERVICES

TU-K establishes, implements and maintains a design and development process that is appropriate to ensure the subsequent provision of products and services.

8.3.1 Design and development planning

In determining the stages and controls for design and development, TU-K considers the nature, duration and complexity of the design and development activities, the required process stages (including applicable design and development reviews) and the required design and development verification and validation activities. It also considers the responsibilities and authorities involved in the design and development process, the internal and external resources need for the design and development of products and services as well as the need to control interfaces between persons involved in the design and development process. The need for involvement of customers and users in the design and development process, the requirements for subsequent provision of products and services and the level of control expected for the design and development process by customers and other relevant interested parties are equally considered. The documented information needed to demonstrate that design and development requirements have been met are also taken into account.

8.3.2 Design and development inputs

In determining the requirements essential for the specific types of products and services to be designed and developed, the institution considers functional and performance requirements, information derived from previous similar design and development activities, and statutory and regulatory requirements. Also considered are standards or codes of practice that the University has committed to implement and potential consequences of failure due to the nature of the products and services.

8.3.3 Design and development controls

The institution applies controls to the design and development process to ensure that the results to be achieved are defined, reviews are conducted to evaluate the ability of the results of design and development to meet requirements and verification activities are conducted to ensure that the design and development outputs meet the input requirements. Controls are also applied to ensure validation activities are conducted to ensure that the resulting products and services

meet the requirements for the specified application or intended use and any necessary actions are taken on problems determined during the reviews, or verification and validation activities.

8.3.4 Design and development outputs

TU-K ensures that design and development outputs meet the input requirement and are adequate for the subsequent processes for the provision of products and services. It also ensures that design and development outputs also include or references monitoring and measuring requirements, as appropriate, and specify the characteristics of the products and services that are essential for their intended purpose and their safe and proper provision.

8.3.5 Design and development changes

To the extent necessary, TU-K identifies, reviews and controls changes made during, or subsequent to, the design and development of products and services to ensure that there is no adverse impact on conformity to requirements.

8.4 CONTROL OF EXTERNALLY PROVIDED PROCESSES, PRODUCTS AND SERVICES

The institution ensures that externally provided processes, products and services conform to the requirements. It determines the controls to be applied to externally provided processes, products and services when products and services from external providers are intended for incorporation into the University's own products and services. The controls are also instituted when products and services provided directly to the customer(s) by external providers on behalf of the University, and when a process, or part of a process, is provided by an external provider as a result of a decision by the University.

8.4.1 Type and extent of control

TU-K ensures that externally provided processes, products and services do not adversely affect the University's ability to consistently deliver conforming products and services to its customers. It ensures that externally provided processes remain within the control of its QMS. It defines both the controls that it intends to apply to an external provider and those it intends to apply to the resulting output. It takes into consideration the potential impact of the externally provided processes, products and services on the University's ability to consistently meet customer and applicable statutory and regulatory requirements, and the effectiveness of the controls applied by the external provider. To ensure that externally provided processes,

products and services meet requirements, the institution also determines the verification, or other activities, as necessary.

8.4.2 Information for external providers

The University ensures the adequacy of requirements prior to their communication to the external provider. It communicates to external providers its requirements for the processes, products and services to be provided. Also communicated are the approval of products and services; methods, processes and equipment; and the release of products and services. Also communicated to the external providers as well are: competence (including any required qualification of persons), the external providers' interactions with the University, control and monitoring of the external providers' performance to be applied by the University, and the verification or validation activities that the University, or its customer, intends to perform at the external providers' premises.

8.5 PRODUCTION AND SERVICE PROVISION

8.5.1 Control of production and service provision

TU-K implements production and service provision under controlled conditions. Controlled conditions include, as applicable: the availability of documented information defining the characteristics of the products to be produced, the services to be provided, or the activities to be performed and the results to be achieved. Controlled conditions also include the availability and use of suitable monitoring and measuring resources, and the implementation of monitoring and measurement activities at appropriate stages to verify that criteria for control of processes or outputs, and acceptance criteria for products and services have been met. The use of suitable infrastructure and environment for the operation of processes, the appointment of competent persons and the validation, and periodic revalidation, of the ability to achieve planned results of the processes for the production and service provision, where the resulting output cannot be verified by subsequent monitoring or measurement are aspects included in controlled conditions. Other controlled conditions are the implementation of actions to prevent human error and the implementation of release, delivery and post-delivery activities.

8.5.2 Identification and traceability

The University uses suitable means to identify outputs when it is necessary to ensure the conformity of products and services. It identifies the status of outputs with respect to monitoring and measurement requirements throughout production and service provision.

The University controls the unique identification of the outputs when traceability is a requirement and retains the documented information necessary to enable traceability.

8.5.3 Property belonging to customers and external providers

The University exercises care with property belonging to customers or external providers while it is under the University's control or being used by the University. It identifies, verifies, protects and safeguards customers' or external providers' property. When the property of a customer or external provider is lost, damaged or otherwise found to be unsuitable for use, the University reports this to the customer or external provider. It then retains documented information on what has occurred.

8.5.4 Preservation

To the extent necessary, the University preserves the outputs during production and service provision, to ensure conformity to requirements.

8.5.5 Post-delivery activities

The University meets requirements for post-delivery activities, such as actions under warrant provision, contractual obligations such as maintenance services, and supplementary services such as recycling or final disposal. In determining the extent of post-delivery activities that are required, the University considers statutory and regulatory requirements, and the potential undesired consequences associated with its products and services. It also considers the nature use and intended lifetime of its products and services, customer requirements and customer feedback.

8.6 RELEASE OF PRODUCTS AND SERVICES

At appropriate stages, the University implements planned arrangements, to verify that the product and service requirements have been met. Unless otherwise approved by a relevant authority and, as applicable by the customer, the institution does not release products and services to the customer until planned arrangements have been satisfactorily completed. Upon

release of products and services, documented information (i.e. evidence of conformity with the acceptance criteria and traceability to the person(s) authorizing the release) is retained.

8.7 CONTROL OF NON-CONFORMING OUTPUT

Outputs that do not conform to specified requirements are identified and controlled to prevent their unintended use or delivery. The University takes appropriate actions based on the nature of the non-conforming outputs and their effect on the conformity of products and services. This also applies to non-conforming products and services detected after delivery of products, during or after the provision of services. Non-conforming outputs in are dealt with in the following ways: correction; segregation, containment, return or suspension of provision of products and services; Informing the customer and obtaining authorization for acceptance under concession. Immediately after non-conforming outputs are dealt with, documented information is retained describing the non-conformity, actions taken, concessions obtained, and authority deciding the action in respect of the non-conformity.

9) PERFORMANCE EVALUATION

9.1 MONITORING, MEASUREMENT, ANALYSIS AND EVALUATION

The University determines what needs to be monitored and measured and the methods for monitoring, measurement, analysis and evaluation needed to ensure valid results. It also controls when the monitoring and measuring are performed and when the results from monitoring and measurement are analysed and evaluated. Documented information on the same is retained as evidence of the results.

9.1.1 Customer satisfaction

In monitoring customers' perceptions with respect to whether their needs and expectations have been fulfilled, customer surveys and customer feedback on delivered products and services are carried out. The institution also meets with its customers, carries out market-share analysis, analyses customer compliments, and warranty claims and dealer reports.

9.1.2 Analysis and evaluation

Appropriate data and information arising from monitoring and measurement are analysed and evaluated. The results of analysis are used to evaluate conformity of products and services, the degree of customer satisfaction and the performance and effectiveness of the quality

management system. They are also used to determine whether planning has been effectively carried out, whether actions to address risks and opportunities are effective, to understand the performance of external providers, and whether there is a need to improve the QMS.

9.2 INTERNAL AUDIT

At planned intervals internal audits are conducted to provide information on whether the QMS conforms to the University's own requirements for its QMS and the requirements of the ISO 9001:2015 standard. It is also done to determine whether the QMS is effectively implemented and maintained. The University plans, establishes, implements and maintains an audit programme(s) including the frequency, methods, responsibilities, planning requirements and reporting. In doing so, it takes into consideration the importance of the processes concerned, changes affecting the University, and the results of previous audits. The institution also defines the audit criteria and scope for each audit, selects auditors and conducts audits and ensures that the results of the audits are reported to relevant management. It in addition, takes prompt appropriate correction and corrective actions and then retains documented information as evidence of the implementation of the audit programme and the audit results.

9.3 MANAGEMENT REVIEW

At planned intervals, top management reviews the QMS to ensure its continuing suitability, adequacy, effectiveness and its alignment to the University's strategic direction.

9.3.1 Management review inputs

The status of actions from previous management reviews and changes in internal and external environment are considered when planning and carrying out management review. Similarly, information on the performance and effectiveness of the QMS are considered. The information on the performance and effectiveness of the QMS includes understanding: customer satisfaction and feedback from relevant interested parties; the extent to which quality objectives have been met; process performance and conformity of products and services; non-conformities and corrective actions; monitoring and measurement results; audit results; and the performance of external providers. Other factors which the institution considers when planning and carrying out management reviews include the adequacy of resources, the effectiveness of actions taken to address risks and opportunities and opportunities for improvement.

9.3.2 Management review outputs

Outputs from management reviews include decisions and actions related to opportunities for improvement, any need for changes to the QMS and resource required. Documented information of management review outputs is retained.

10) IMPROVEMENT

To meet customer requirements and enhance customer satisfaction, the institution strives to improve products and services to meet requirements and to address future needs and expectations. Correction, corrective action, continual improvement, breakthrough change, innovation and re-organization are other ways the University uses to meet customer requirements and enhance customer satisfaction.

10.1 NON-CONFORMITY AND CORRECTIVE ACTION

When a non-conformity occurs, including any arising from complaints, the University responds to the non-conformity and, as applicable, takes action to control and correct it and thereafter deals with the consequences. Understanding the non-conformity, determining their causes including establishing if similar non-conformities exist or could potentially occur, is also another way of dealing with non-conformities. Other ways include: Implementing any action needed; reviewing the effectiveness of any corrective action taken; updating risks and opportunities determined during planning, if necessary; making changes to the quality management system, as may be necessary.

Documented information on actions taken to eliminate non-conformities is retained as evidence of the nature of the non-conformities, and any subsequent actions taken and the results of any corrective actions.

10.2 Continual improvement

The QMS is continually improved through checks on its suitability, adequacy and effectiveness. The results of analysis and evaluation arising from monitoring and measurement, and the findings from management reviews are used to determine if there are needs or opportunities that are to be addressed as part of continual improvement.

1.0 OFFICE OF THE VICE- CHANCELLOR



THE TECHNICAL UNIVERSITY OF KENYA

Document: CONTROL OF RETAINED DOCUMENTED INFORMATION

Doc. Number: TU-K/ADMIN/SOP/001

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

1.1 PROCEDURE ON CONTROL OF RETAINED DOCUMENTED INFORMATION (TU-K/ADMIN/SOP/001)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

- a) To establish a mechanism for records identification, storage, protection, retrieval, retention and disposition.
- b) To ensure that records remain legible.

2.0 SCOPE

This procedure applies to all authorised and issued records within the University.

3.0 REFERENCES

- a) The Kenya National Archives and Documentation Service Act
- b) The TU-K Quality Manual
- c) TU-K Strategic Plan
- d) University Code of Ethics

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual.
- b) TU-K (QM) - The Technical University of Kenya Quality Manual.

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for supervising the implementation of this procedure.
- b) The MR is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 General

Records generated and maintained in the University are kept as forms, registers, correspondences, circulars, and memos, examination scripts, among others.

6.2 Record Identification

6.2.1 Forms

Forms in the University are identified through indexing as follows:

- a) The first part is TU-K, denoting the Technical University of Kenya, followed by a forward slash.
- b) The second part is the initials of the Department/Office where the form is established, followed by a forward slash.
- c) The third part is the 'FORM', followed by a forward slash.
- d) The last part is allocated a serial number depending on the forms in the Department/Office, starting with 001.
- e) The unique reference number so created is placed in the top left-hand corner of the form header.

- f) The revised version of the form bears the date of revision and revision version at the bottom left hand corner of the form footer.

6.2.2 Registers

Registers in the University are identified through indexing as follows:

- a) The first part is TU-K, denoting The Technical University of Kenya, followed by a forward slash.
- b) The second part is the initials of the Department/Office of origin, followed by a forward slash.
- c) The third part is '**REG**', denoting register, followed by a forward slash.
- d) The last part is allocated a serial number depending on the registers in the Department/Office, starting with 001.
- e) Each register bears a specific subject matter.

6.2.3 Correspondences

Correspondences in the University are identified through indexing as follows:

- a) The first part is TU-K, denoting The Technical University of Kenya, followed by a forward slash.
- b) The second and subsequent parts in hierarchical order (where applicable) are the initials of the Department/Office of origin, followed by a forward slash.
- c) The third part is initials for the subject matter, followed by a forward slash.
- d) The fourth part is the folio number in brackets followed by a forward slash.
- e) The last part is the file volume number, e.g. VOL 1.

6.2.4 Circulars

Circulars in the University are identified through indexing as follows:

- a) The first part is TU-K, denoting The Technical University of Kenya, followed by a forward slash.
- b) The second and subsequent parts in hierarchical order (where applicable) are the initials of the Department/Office of origin, followed by a forward slash.
- c) The third part is initials for the subject matter, followed by a forward slash.
- d) The fourth part is the folio number in brackets followed by a forward slash.
- e) The last part is the file volume number, e.g. VOL 1.

6.2.5 Memos

Memos in the University are identified through indexing as follows:

- a) The first part is TU-K, denoting The Technical University of Kenya, followed by a forward slash.
- b) The second and subsequent parts in hierarchical order (where applicable) are the initials of the Department/Office of origin, followed by a forward slash.
- c) The third part is initials for the subject matter, followed by a forward slash.
- d) The fourth part is the folio number in brackets followed by a forward slash.
- e) The last part is the file volume number, e.g. VOL 1.

6.3 Storage and Protection

- a) Staff files and files of confidential nature are maintained and protected from damage by being stored in cabinets.
- b) General records are maintained in files and protected from damage by being stored in cabinets or shelves.

6.4 Filing

6.4.1 Identification of File Folder

File folders are identified through indexing as follows:

- a) The first part is TU-K, denoting The Technical University of Kenya, followed by a forward slash.
- b) The second part is the initials of the Department/Office of creation, followed by a forward slash.
- c) The third part is the initials of the subject matter or personal file (PF) number in the case of staff files followed by a forward slash.
- d) The fourth part is allocated a serial number depending on the files opened in the Department/Office, starting with 001.
- e) The last is the volume starting from VOL 1.

6.4.2 Folioing of File Content

- a) File contents are folioed back to front, starting with one (1) as the file grows.

- b) Red ink is used to write the folio number in the top right-hand corner of the document and circled.
- c) A folio sheet (file grid) is maintained and updated on the front of every file.

6.5 File Retrieval

- a) The officer in charge of filing in the various areas maintains a master register of all files ever created and maintained in the Department/Office for easier retrieval. The master register uniquely identifies the files.
- b) The officer in charge of filing maintains a file index to facilitate retrieval.
- c) The officer in charge of filing avails requested records within 10 minutes of request.
- d) The officer in charge of filing maintains file movement registers and or tracer cards for files held within their area of jurisdiction.

6.6 Retention and Disposition

Retention and disposition of records in the University is guided by the National Archives and Documentation Services Act, CAP 19 of the Laws of Kenya.

7.0 APPENDICES

Sample forms.



THE TECHNICAL UNIVERSITY OF KENYA

Document: MAINTAINED DOCUMENTED INFORMATION	
Doc. Number: TU-K/ADMIN/SOP/002	
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1.2 PROCEDURE ON CONTROL OF MAINTAINED DOCUMENTED INFORMATION (TU-K/ADMIN/SOP/002)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To establish the origin, issuance and maintenance of documents in circulation in TU-K.

2.0 SCOPE

This procedure applies to the whole University. This applies to records generation, authorisation and issuance of all documents.

3.0 REFERENCES

- a) The Technical University of Kenya Strategic Plan
- b) University Code of Ethics

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) VC - Vice-Chancellor

- b) HoD - Head of Department
- c) MR - Management Representative
- d) QM - Quality Manual
- e) TU-K (QM) - The Technical University of Kenya (TU-K) Quality Manual

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in the TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for supervising the implementation of this procedure.
- b) The MR and HoDs are responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 Document Approval and Circulation

- a) All QMS documentation of the Technical University of Kenya are approved by the University Management Board in a meeting and issued by the Management Representative.
- b) The Management Representative maintains minutes of such meetings as evidence of approval.
- c) In circulating the documents, the Management Representative ensures the recipients acknowledge and undertake to effectively adhere to them by signing the document distribution form.

6.2 Review, Updating and Re-approval of Documents

- a) Changes to the QMS documents, in the University, are initiated by any officer through filling of the changes request form.
- b) The request is forwarded to respective process owner for approval of the changes.
- c) Upon approval, the process owner forwards the request to the MR for validation and effecting the changes if necessary.
- d) Reviewed documents are issued as the subsequent revision, starting with revision 00. For major changes, the documents are re-issued as the subsequent version starting with version 00.

6.3 Document Identification

The QMS documents, in the University, are identified through indexing as follows:

- a) The first part is TU-K, denoting The Technical University of Kenya, followed by a forward slash.
- b) The second part is allocated the initials of the Division/Department where the procedure applies, followed by a forward slash.
- c) The third part is SOP, denoting Standard Operating Procedure, followed by a forward slash.
- d) The last part is a serial number, starting with 001.

6.4 Legibility of Documents

- a) All documents are typed in an acceptable legible font size (Times New Roman 12 and 1.5 spacing).
- b) Printing and photocopying of documents are done in such a way that documents are legible.
- c) Documents are stored in conditions that ensure they remain legible.

6.5 Documents of External Origin

Receiving Officer is an officer who has authority to receive documents from external sources on behalf of the Technical University of Kenya.

Issuing Officer is an officer who has authority to distribute documents received from external sources.

- a) The Receiving Officers maintain lists (titles) of documents of external origin for ease of identification and control of their distribution.
- b) When a newer version of the document is received, the Issuing Officers withdraws the old version and issues the new version.

6.6 Obsolete Documents

- a) All documents are dated as per their time of approval for use, date of revision and revision number.
- b) When a document is superseded by a new version, the MR withdraws the old version and in case any obsolete document is retained, the MR stamps the word “**OBSOLETE**” on the hard copy document and invalidates the soft copies through a memo.

7.0 APPENDICES

- a) Document distribution form
- b) Change request form



THE TECHNICAL UNIVERSITY OF KENYA

Document: INTERNAL QUALITY AUDIT

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1.3. PROCEDURE FOR INTERNAL QUALITY AUDIT (TU-K/ADMIN/SOP/003)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that internal quality audits conform to the University's requirements for its quality management system, requirements of ISO 9001:2015, and is effectively implemented and maintained.

2.0 SCOPE

The procedure applies to entire university as well as audit scheduling, preparation, execution, audit follow-up and reporting.

3.0 REFERENCES

- a) ISO 9001:2015 - Clause 9.2
- b) TU-K Strategic Plan
- c) TU-K (QM)

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual
- b) TU-K (QM) - The Technical University of Kenya Quality Manual

4.2 DEFINITIONS

- a) AUDIT -Systematic and independent assessment of TU-K quality activities to determine the extent to which they meet requirements and are effective.
- b) MR -Management Representative.
- c) QMS -Quality Management System.
- d) TU-K -The Technical University of Kenya.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for supervising the implementation of this procedure.
- b) The MR is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 Audit Scheduling

The University undertakes one internal audit in the second quarter of a calendar year. The MR develops a corporate schedule of audit at the beginning of each year, taking into consideration the status and importance of departmental activities.

6.2 Audit Planning

- a) The MR appoints auditors for all audit areas from a list of qualified auditors and, in doing so, ensures audit impartiality and objectivity.
- b) The auditors study the audit criteria and prepare an audit checklist according on the audit basis.
- c) The audit team formally notifies the auditee at least five working days in advance.

6.3 Execution of Audit

The audit team holds an opening meeting with the auditee. The agenda to be covered should include:

- a) Introduction;
- b) Registration of those present;

- c) Confirmation of the audit basis/documentation to be used, and audit scope;
- d) Audit purpose;
- e) Confirmation of audit timetable; and
- f) Statement of confidentiality.

6.4 Conducting Audit

During the audit period, the team leader ensures that the audit timetable is adhered to and that all audit findings are recorded in the audit findings report forms; and; the auditee acknowledges the audit findings by signing the audit findings report form.

The team leader further ensures that each of the non-conformities raised in the audit non-conformity report form is appropriately raised during the auditors meeting and acknowledged by the auditee in the closing meeting.

6.5 Auditors Meeting

- a) Auditors analyse all the audit evidence to come up with audit findings in order to establish positive findings, general observations and non-conformities.
- b) The auditors classify non-conformities into major or minor non-conformities, after which they form an audit opinion to be given in the closing meeting.

6.6 Closing Meeting

Auditors hold a closing meeting which has the following agenda:

- a) Introduction and recording of attendance;
- b) Thanking the auditee;
- c) Mentioning the principles of sampling followed during the audit;
- d) Summarising audit observations (positives, general observations and non-conformities);
- e) Giving non-conformities in detail;
- f) Reassuring confidentiality;
- g) Opening the meeting for discussions; and;
- h) Closing meeting.

6.7 Audit Follow-Up

- a) Corrective action determined in TU-K is undertaken within a month of the audit, or such other periods as agreed between the auditee and auditors.
- b) The MR, in liaison with the audit team, ensures the process owner undertakes necessary corrections and corrective actions, within the stipulated time, in areas where non-conformities are identified during the audit.
- c) At the lapse of the one month, or such other periods as agreed between the auditee and auditors, the MR ensures that the audit team conducts an audit follow-up to determine the effectiveness of the actions taken, and to prepare an audit close-out report to the MR.
- d) After receipt of the audit close-out report, the MR appropriately updates the audit register.

6.8 Management Review

- a) The University undertakes a Management Review of the Quality Management System in the 2nd quarter of a calendar year.
- b) The MR, in liaison with the Vice-Chancellor, convenes the Management Review Forum, as per the meetings procedure. The agenda of the forum includes: status of actions from previous management reviews; changes in external and internal issues that are relevant to the quality management system; information on the performance and effectiveness of the quality management system; the adequacy of resources; the effectiveness of actions taken to address risks and opportunities; and; opportunities for improvement.
- c) The MR tables the Audit Analysis Report as an agenda of the forum for deliberation.
- d) The respective process owners report on the performance of their processes, including the status of corrective actions taken.
- e) The Management Review Forum deliberates on the agenda and makes resolution related to: opportunities for improvement; any need for changes to the quality management system; and; resource needs.

7.0 APPENDICES

- a) Sample of Audit Schedule
- b) Checklist Forms
- c) Attendance Register

- d) Audit Observation Forms
- e) Corrective Action Request Forms
- f) Audit Report Forms



THE TECHNICAL UNIVERSITY OF KENYA

Document: CORRECTIVE ACTION	
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1.4 PROCEDURE FOR CORRECTIVE ACTION (TU-K/ADMIN/SOP/004)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to ensure that corrective action is taken by Heads of Department as a tool for ensuring adherence to QMS standards.

2.0 SCOPE

The procedure for corrective actions is applicable within the university.

3.0 REFERENCES

ISO 9001: 2015 - Clause 10.2

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CAR - Corrective Action Request Form
- b) CoD - Chairperson of Department
- c) KEBS – Kenya Bureau of Standards.
- d) MR – Management Representative

- e) QMS – Quality Management System
- f) TU-K – The Technical University of Kenya
- g) UAB – University Academic Board
- h) UMB – University Management Board

4.2 DEFINITIONS

- a) Corrective Action – Action taken to eliminate causes of an existing non-conformity or non-compliance in order to prevent recurrence.
- b) Non-Conformance – The non-fulfilment of specified requirements. Out of conformance with the Quality Manual or regulatory requirements.
- c) Non-conformities – Products, and services which do not meet the product/service requirements of the Quality Management System.
- d) Preventive Action (PA) – Identifying, defining and determining all potential non-conformities in order to prevent their occurrence.
- e) Recipient – Individual identified by the MR, Designee or Department QMS POC, who is assigned responsibility for the resolution of the CAR.
- f) Requestor – Any Unit requesting a process correction.
- g) Responsible Person(s) – The individual(s) identified as being responsible and having the authority for taking action to eliminate the cause of the issue identified.
- h) Root Cause – The fundamental deficiency that results in a non-conformance that must be eliminated through corrective action to prevent recurrence of the same or similar non-conformance.

5.0 RESPONSIBILITY

- a) The MR is responsible for the supervision of the implementation of this procedure.
- b) The process owners are responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) Identify the non-conformities from: faulty or missing procedures; internal and external audit reports; customer complaints; non-conformity reports; relevant QMS requirements; data from satisfaction survey; feedback from management review; regulatory requirements.

- b) Investigate the root causes of the non-conformities relating to the activity, process, service, or quality system.
- c) Determine the corrective action needed to eliminate the root cause of the non-conformity commensurate with the effect of the non-conformity.
- d) Apply controls to ensure the corrective action is implemented and effected.
- e) Retained information of the results of action is evidence of: the nature of the non-conformities and any subsequent actions taken; and; the results of any corrective action.
- f) The CAR form is circulated to Heads of department and process owners involved in the operations and activities of the TU-K QMS.



THE TECHNICAL UNIVERSITY OF KENYA

Document: CONTROL OF NON-CONFORMING PRODUCTS

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1.5 PROCEDURE FOR CONTROL OF NON-CONFORMING PRODUCTS (TU-K/ADMIN/SOP/005)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to ensure that a non-conforming product is identified and controlled to prevent its unintended use or delivery.

2.0 SCOPE

This procedure applies to identified non-conforming products and services within The Technical University of Kenya (TU-K) at all times.

3.0 REFERENCE

ISO 9001: 2015 - Clause 8.7

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CAR - Corrective Action Request form
- b) HoD - Head of Department

- c) KEBS - Kenya Bureau of Standards.
- d) MR - Management Representative
- e) TU-K - The Technical University of Kenya
- f) UMB - University Management Board

4.2 DEFINITIONS

- a) Corrective Action – Action taken to eliminate causes of an existing non-conformity or non-compliance in order to prevent recurrence.
- b) Management Review Team – A top management committee which guides the implementation of internal activities.
- c) Non-Conformance – The non-fulfilment of specified requirements. Out of conformance with the Quality Manual or regulatory requirements.
- d) Non-conforming product – A product which does not conform to the agreed product requirements when subjected to planned or unplanned verification.
- e) Non-conformities – Products and services which do not meet the product/service requirements of the Quality Management System.
- f) Preventive Action (PA) – Refers to identifying, defining and determining all potential non-conformities in order to prevent their occurrence.
- g) Requestor – Any Unit requesting a process correction.
- h) Responsible Person(s) – The individual(s) identified as being responsible and having the authority for taking action to eliminate the cause of the issue identified.
- i) Root Cause – The fundamental deficiency that results in a non-conformance that must be eliminated through corrective action to prevent recurrence of the same or similar non-conformance.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for supervising the implementation of this procedure.
- b) The Heads of Department/Units are responsible for the implementation of this procedure.

6.0 METHOD

- a) The non-conforming products are identified through: inspection and testing; observation; complaints from customers; and interviews.

- b) The identification and controlling of non-conforming products is done in the following ways: writing remarks directly on the products; sticking labels on the products to warn customers; fixing tags/signs/stickers to the products; segregating non-conforming products from conforming ones.

7.0 APPENDICES

CAR Form



THE TECHNICAL UNIVERSITY OF KENYA

Document: RISK MANAGEMENT	
Doc. Number: TU-K/ADMIN/SOP/006	
Date of Issue: MARCH 2024	Version No: 01
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

1.6 PROCEDURE FOR RISK MANAGEMENT (TU-K/ADMIN/SOP/006)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to ensure that potential risks are identified, analysed, evaluated and treated.

2.0 SCOPE

This procedure is applicable to all University operations as per the requirements of ISO 9001: 2000 and TU-K (QM).

3.0 TERMS USED

ABBREVIATIONS

- a) HoD - Head of Department
- b) KEBS - Kenya Bureau of Standards
- c) MR - Management Representative

- d) QMS - Quality Management System
- e) TU-K - The Technical University of Kenya
- f) UMB - University Management Board

DEFINITIONS

- a) Non-conformities – Products, and services, which do not meet the product/service requirements of the Quality Management System.
- b) Preventive Action (PA) – Identifying, defining and determining all potential non-conformities in order to prevent their occurrence.

4.0 RESPONSIBILITY

- a) The University Council is responsible for the supervision of the implementation of this procedure.
- b) The process owners are responsible for the implementation and maintenance of this procedure.

5.0 METHOD

Through departmental meetings, staff review and operational trends, come up with solutions to the causes of the potential non-conformities, find ways of identifying potential non-conformities, determine and implement actions to eliminate the potential non-conformities and their causes as follows:

- a) The meeting reviews each potential non-conformity and determines if it is necessary to take any preventive action.
- b) The meeting determines the potential non-conformities and implements actions needed for their elimination.
- c) The meeting determines the preventive action appropriate to the effects of the potential non-conformities.
- d) The meeting also appoints a relevant person to undertake the determined preventive action.
- e) Records of the potential non-conformities and the preventive actions taken are kept and recorded in the PA form.
- f) PA Form is distributed to each process owner, heads of department and all the staff involved in the operations and activities of the TU-K QMS.

g) On completion of the implementation of the preventive action taken, the meetings review the effectiveness of the action/s and document the results.

6.0 APPENDICES

Risk register template.



THE TECHNICAL UNIVERSITY OF KENYA

Document: COMPLIANCE MANAGEMENT

Doc. Number: TU-K/ADMIN/SOP/007

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Authorised By: VICE-CHANCELLOR

1.7 PROCEDURE FOR COMPLIANCE MANAGEMENT (TU-K/ADMIN/SOP/007)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure TU-K is in compliance with statutory and legal requirements.

2.0 SCOPE

This procedure applies to the entire university.

3.0 REFERENCES

University Code of Conduct and Public Officers Ethics Act.

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual
- b) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for supervising the implementation of this procedure.
- b) The Chief Legal Officer is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The Chief Legal Officer identifies information from state regulatory bodies and organisations associated with the TU-K.
- b) The Chief Legal Officer forwards the information to the Vice-Chancellor for further action and clarification.
- c) The Chief Legal Officer verifies the incoming data and information for authenticity, correctness and originality with the appropriate source.
- d) The Vice-Chancellor instructs on the dispatch to the appropriate recipient for appropriate action.
- e) The Chief Legal Officer Implements Vice-Chancellor's instructions and ensures compliance.



THE TECHNICAL UNIVERSITY OF KENYA

Document: INCOMING COMMUNICATION

Doc. Number: TU-K/ADMIN/SOP/008

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorized By: VICE-CHANCELLOR

1.8 PROCEDURE FOR INCOMING COMMUNICATION – (TU-K/ADMIN/SOP/008)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that all TU-K incoming communication is handled efficiently and effectively.

2.0 SCOPE

This procedure applies to all TU-K incoming communication.

3.0 REFERENCES

- a) The Technical University of Kenya Service Delivery Charter
- b) The Technical University of Kenya Terms of Service
- c) University Code of Conduct and Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DCC - Director, Corporate Communications
- b) HoD - Head of Department/Unit
- c) QM - Quality Manual

d) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.
- b) The DCC is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The Clerk receives stamps and verifies all incoming correspondence for authenticity, correctness and originality with the appropriate source and records the same in internal register.
- b) The Clerk sorts the correspondence by priority.
- c) The Clerk sends the correspondence to the action officers.
 - i. If the communication requires action from within the Department, the HoD acts.
 - ii. If the communication requires action by another Department, the HoD instructs on further dispatch to the appropriate recipient for action.
- d) The Clerk records in internal mail register and files a copy.



THE TECHNICAL UNIVERSITY OF KENYA

Document: OUTGOING COMMUNICATION

Doc. Number: TU-K/ADMIN/SOP/009

Date of Issue: MARCH 2024

Version No: 01

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Authorised By: VICE-CHANCELLOR

1.9 PROCEDURE FOR OUTGOING COMMUNICATION (TU-K/ADMIN/SOP/009)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that all outgoing communication is handled efficiently and effectively.

2.0 SCOPE

This procedure applies to all TU-K outgoing communication.

3.0 REFERENCES

- a) Kenya Employment Act 2007
- b) Kenya Industrial Training Act 2007
- c) Kenya Labour Relations Act 2007
- d) The Technical University of Kenya Job Descriptions
- e) The Technical University of Kenya Terms of Service
- f) University Code of Conduct
- g) Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DCC - Director Corporate Communications
- b) HoD - Head of Department/Unit
- c) QM - Quality Manual
- d) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.
- b) The DCC is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The process owner collects relevant information and prepares draft correspondence.
- b) The process owner submits the draft to Executive Secretary.
- c) The Executive Secretary receives draft for correction and approval from the Vice-Chancellor
 - i. If the Vice-Chancellor approves, the Executive Secretary prepares the approved copy for signature by the Vice-Chancellor.
 - ii. If the Vice-Chancellor does not approve, the draft is sent back to the sender for correction.
- d) The Executive Secretary records in external mail register and files a copy.
- e) The Executive Secretary records and dispatches to the Registry for posting and delivery.
 - i. If the correspondence is for postage, University registry dispatches appropriately.
 - ii. If the mail is not for postage, it is delivered to the appropriate person by courier.



THE TECHNICAL UNIVERSITY OF KENYA

Document: HANDLING OF COMPLAINTS

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1.10 PROCEDURE FOR HANDLING OF COMPLAINTS (TU-K/ADMIN/SOP/0010)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure efficiency and consistency in handling customers' complaints.

2.0 SCOPE

The procedure applies to all complaints received by the University.

3.0 REFERENCES

University Statutes, Rules and Regulations.

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DCC - Director, Corporate Communications
- b) VC - Vice-Chancellor
- c) QM - Quality Manual
- d) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.
- b) The DCC is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) Upon receipt of a complaint, a customer care officer records the complaint in the complaint register and acknowledge receipt of the complaint.
- b) A customer care officer attempts to address a complaint but if not possible, forwards a complaint to a concerned office and later make a follow up to obtain a feedback for onward communication to a customer.
- c) The customer care officer(s) analyse and prepare report on the complaints on a monthly basis and submit it to the DCC for action and or for noting.
- d) DCC receives a complaint and attempts to resolve it then communicates to the customer.
- e) If not resolved, it is escalated to respective DVC/Dean/Section/Unit.
- f) If not resolved, it escalates to Vice-Chancellor.



THE TECHNICAL UNIVERSITY OF KENYA

Document: MANAGEMENT OF COMMUNICATION AND PUBLIC AFFAIRS

Doc. Number: TU-K/ADMIN/SOP/0011

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Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

1.11 PROCEDURE FOR MANAGEMENT OF COMMUNICATIONS AND PUBLIC AFFAIRS (TU-K/ADMIN/SOP/0011)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to enhance the media visibility and good image of TU-K by providing information to customers in the form of newsletters, press statements, press releases, annual reports, video documentaries and/or by holding press conferences.

2.0 OBJECTIVE

- a) To develop sustainable relations between the University and the public
- b) Ensure customer feedback on University activities
- c) Enhance media visibility of TU-K

3.0 SCOPE

This procedure shall apply to press releases, press statements, press conferences, newsletters, announcements/public notices, annual reports and Academic Calendar/Almanac produced/processed by the Directorate of Corporate Communication

and circulated to the stakeholders. It shall also apply to the video documentaries produced by the Directorate of Corporate Communication and aired on television stations, circulated online and on social media.

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DCC - Director Corporate Communications
- b) VC - Vice-Chancellor
- c) QM - Quality Manual
- d) TU-K -The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.
- b) The DCC is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 TUKNEWS

- 6.1.1** The production of TUKNEWS starts with the DCC holding an editorial meeting to discuss the contents and assign staff duties in the production process.
- 6.1.2** The DCC makes a call for articles/photographs to staff and students
- 6.1.3** After articles and photographs have been collected, editing and graphic design work commences.
- 6.1.4** Once the editorial work is complete, the DPCA presents the draft to the VC for comments/concurrence on editorial content before going to press.
- 6.1.5** The Director, Supply Chain Operations (DSCO) identifies a printing company to print after consulting with the DCC.
- 6.1.6** The magazine is produced and circulated to stakeholders and visitors. The soft copy is also posted on the University website and circulated on social media as pdf or its links.
- 6.1.7** The DCC receives feedback.

6.2 University Calendar/Almanac

- 6.2.1** The DCC raises a request to the VC.
- 6.2.2** The VC may approve or reject the request.
- 6.2.3** If approved, the DCC holds editorial meeting to discuss the content with staff then assign duties.
- 6.2.4** The written content is received from Divisions and Faculties.
- 6.2.5** Editing and graphic design work begins.
- 6.2.6** DCC presents the Draft for VC to review and approve before it is taken to press.
- 6.2.7** The Director, Supply Chain Operations (DSCO) identifies a printing company to print the almanac/calendar after consulting with the DCC.
- 6.2.8** The University Calendar/Almanac is produced and circulated to selected stakeholders and visitors.

6.3 Documentary Production

- 6.3.1** The production of documentary starts with a request from the DCC to the VC on the need to produce corporate documentaries to mark special occasions or for marketing purposes.
- 6.3.2** The VC may or may not approve the request. If the request is declined, an appeal can be initiated for consideration.
- 6.3.3** If approved, the DCC forms an ad hoc editorial board to discuss the content of the planned documentary.
- 6.3.4** The DCC in consultation with Director, Supply Chain Operations (DSCO) identifies a production firm.
- 6.3.5** Once identified, the DCC and his officers works together with the firm to supervise the preproduction, production and post production stages of the documentary.
- 6.3.6** A draft of the documentary is presented to the Vice Chancellor for review and comments. If rejected necessary changes are made until the Vice-Chancellor approves a final draft. If accepted the DCC may seek further approval from the Vice Chancellor to air the documentary in an identified TV station,
- 6.3.7** Copies of the documentary are circulated to management and key stakeholders, uploaded on the University website, YouTube, and links shared on social media platforms, such as Twitter, Facebook, Instagram and WhatsApp.

6.4 Press Conference

- 6.4.1 The procedure starts with a need to hold a press conference to make public important information or to clarify a pressing issue matter.
- 6.4.2 A request for holding a press conference is drafted and delivered to The Vice-Chancellor for approval. If not approved, the process ends at that point although an appeal can be initiated.
- 6.4.3 If approved, the DCC drafts a press statement for approval by the Vice-Chancellor.
- 6.4.4 The VC may approve the press statement, revise or reject it. If rejected, the process ends there. If accepted the DCC proceeds and prepares copies of the statement and invites journalists.
- 6.4.5 The press conference is held.
- 6.4.6 The VC or a designated senior officer addresses the media
- 6.4.7 The DCC receives feedback and informs the VC

6.5 Press Release/Statement

- 6.5.1 A need to issue a press release/statement is identified
- 6.5.2 The DCC raises a justified request to the VC
- 6.5.3 The VC may approve/decline the request. If the request is declined, the matter ends at this point.
- 6.5.4 If approved, the DCC, in consultation with relevant officers of the University, shall prepare the content of the press release/statement.
- 6.5.5 The DCC shall present to the VC the draft release/statement for further advise/ concurrence
- 6.5.6 Once the draft is approved by the VC, the DCC shall send it (by e.mail or hard copy) to the target media
- 6.5.7 The DCC shall receive feedback

6.6 Advertisement/public notice

- 6.6.1 A user department makes a request to the VC.
- 6.6.2 The VC may approve or decline the request. If declined, the matter ends at this point.
- 6.6.3 If approved, the user department generates the content and presents to DCC for editing and graphic design.
- 6.6.4 The DCC invites/shares the draft with the user department to review and concur/correct.
- 6.6.5 The DCC presents the ready artwork to the VC for approval

6.6.6 The DCC, in consultation with the Director, Supply Chain Operations, identifies a suitable media house to place the advertisement

6.7 Annual report

6.7.1 The DCC raises a request to the VC.

6.7.2 The VC may approve or reject the request.

6.7.3 If approved, the DCC holds editorial meeting to discuss the content with staff then assign duties.

6.7.4 The DCC makes a call for reports from Divisions and Faculties.

6.7.5 Editing and graphic design work begins.

6.7.6 DCC presents the Draft for VC to review and approve before it is taken to press.

6.7.7 The Director, Supply Chain Operations (DSCO) identifies a printing company to print the Annual report after consulting with the DCC.

6.7.8 DCC presents the draft for VC to concur and approve before it is taken to press.

6.7.9 The University Annual report is produced and circulated to selected stakeholders.

6.8 Website

6.8.1 User department makes a request to the DCC accompanied by content to be uploaded or posted.

6.8.2 DCC may approve or decline request. If request is declined, the matter ends at this point and the user department is notified in writing. If not satisfied, the user department may appeal to the Vice-Chancellor for consideration.

6.8.3 If approved, DCC will process the information and generate graphic design work if need be.

6.8.4 Approved content will be uploaded to the website and/or posted on social media platforms.

6.9 Official documents on website

6.9.1 User department makes a request to the DCC accompanied by a manual signed and dated copy of applicable approval documents.

6.9.2 DCC may approve or decline the request. If request is declined, the matter ends at this point although an appeal can be made to the Vice-Chancellor for consideration.

6.9.3 If approved, the content will be uploaded on the website.

6.10 Retracting/pulling down content

- 6.10.1** User department makes a request to the DCC accompanied by a manual signed and dated copy of applicable approval documents.
- 6.10.2** DCC may approve or decline the request. If request is declined, the matter ends at this point although, if there are compelling reasons, an appeal may be made to the Vice-Chancellor for consideration.
- 6.10.3** If approved the content is removed from the website.

6.11 Video live streaming/video coverage

- 6.11.1** A need for live streaming or video coverage is identified by the user department.
- 6.11.2** A request is sent to DCC
- 6.11.3** DCC may approve or decline the request. If declined, the matter ends at this point although an appeal may be made to the Vice-Chancellor for consideration.
- 6.11.4** If approved, DCC in consultation with Director, Supply Chain Operations identifies a production firm to undertake the live streaming/video coverage.
- 6.11.5** DCC assigns an officer to offer support during the live streaming/video coverage.

7.0 APPENDICES

All relevant information shall be documented and maintained



THE TECHNICAL UNIVERSITY OF KENYA

Document: PROCEDURE FOR PROCUREMENT PLANNING

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1.12 PROCEDURE FOR PROCUREMENT PLANNING (TUK/ADMIN /SOP/0012)

GENERAL

Records of Change

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure efficient and effective procurement of goods and services.

2.0 SCOPE

This procedure applies to all TU-K procurement plans

3.0 REFERENCES

- a) PPADGM - Public Procurement and Asset Disposal General Manual.
- b) PPOA - Public Procurement and Oversight Authority Government Regulations and Guidelines
- c) PPOA Circular – Public Procurement and Oversight Authority Circulars
- d) PPDA 2015 - Public Procurement and Asset Disposal Act 2015.

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CPP -Consolidated Procurement Plan

- b) DPSC -Director Procurement and Supply Chain
- c) PP -Procurement Plan
- d) PPADA -Public Procurement and Asset Disposal Act 2015
- e) PPADGM -Public Procurement and Asset Disposal General Manual
- f) PPRA -Public Procurement Regulatory Authority
- g) TU-K -Technical University of Kenya
- h) UMB -University Management Board
- i) DCPP - Draft Consolidated Procurement Plan

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in this document apply.

5.0 RESPONSIBILITIES.

- a) The VC is responsible for supervising the implementation and maintenance of this procedure
- b) The DPSC is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The DPSC issues a memo to all heads of units / department to prepare their procurement requirements in the prescribed format, four months before the beginning of the financial year in the prescribed format
- b) The DPSC receives the proposed procurement plan from heads of units / departments within 30 days (1 month) upon receipt of the memo request from DPSC
- c) The Heads of units of department submit a detailed breakdown of the goods / works / services / consultancies required to carry out the activities for the next financial year in the prescribed format.
- d) The DPSC discusses with the heads of units / departments making necessary amendments / adjustments.
- e) The DPSC consolidates the requirements in a draft Procurement plan
- f) The DPSC presents the CPP to UMB for deliberations and adoption.
- g) The Consolidated Procurement plan draft is then forwarded to the occupier (CEO) for approval
- h) The approved Consolidated Procurement plan is forwarded to the DPSC for custody and implementation

7.0 APPENDICES

- a) Procurement planning templates for Goods/Works/Services



THE TECHNICAL UNIVERSITY OF KENYA

Document: PROCEDURE FOR PRE-QUALIFICATION OF SUPPLIERS AND CONTRACTORS

Doc. Number: TUK/ADMIN /SOP/0013

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1.13 PROCEDURE FOR PRE-QUALIFICATION OF SUPPLIERS AND CONTRACTORS (TUK/ ADMIN /SOP/0013)

GENERAL

Distribution

As per clause 7.5 in the maintained document information.

Records of change

As per clause 7.5.3 in the maintained document information.

1.0 PURPOSE

To identify a list of suppliers who meet the statutory requirements to supply goods and services to TU-K.

2.0 SCOPE

This procedure applies to all suppliers and contractors

3.0 REFERENCES

- a) Government regulations and guidelines
- b) Public Procurement and Asset Disposal Act 2015
- c) Public Procurement and Asset Disposal General Manual
- d) Public Procurement and Asset Disposal Regulations 2020

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CPP -Consolidated Procurement Plan
- b) DPSC -Director Procurement and Supply Chain
- c) PP -Procurement Plan
- d) PPADA -Public Procurement and Asset Disposal Act 2015
- e) PPAGM -Public Procurement and Asset Disposal General Manual
- f) PPADR -Pubic Procurement and Asset Disposal Regulations 2020
- g) VC - Vice Chancellor

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The VC is responsible for supervising the implementation and maintenance of this procedure
- b) The DPSC is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The DPSC in reference to the CPP identifies the goods and services that are to be procured through Request for Quotations (RFQ) and prepares a standard prequalification document.
- b) The DPSC writes to the VC seeking authority to advertise, inviting potential candidates for the prequalification of suppliers' / service providers
- c) The TU-K through the DPSC invites potential services providers / suppliers / contractors, through the University Website.
- d) The DPSC receives hard copy applications within 14 days from the applicants
- e) The DPSC proposes a list of ad hoc prequalification opening committee for appointment by the VC
- f) The VC approves / appoints the ad hoc prequalification opening committee
- g) The ad hoc prequalification opening committee opens the bid documents on the 14th day from the date of the advertisement and prepares the opening minutes
- h) The VC in consultation with the DPSC appoints an ad hoc prequalification evaluation committee
- i) The ad hoc prequalification opening committee evaluates the bid documents and prepares the report thereof within 30 days from the opening date

- j) The evaluation committee presents the evaluation report to the DPSC for professional advice / opinion
- k) The DPSC presents the evaluation report to the VC for consideration / approval.
- l) The DPSC becomes the custodian of the list of pre-qualified suppliers and contractors



THE TECHNICAL UNIVERSITY OF KENYA

Document: DISPOSAL OF OBSOLETE/UNSERVICEABLE/ UNWANTED / SURPLUS ASSETS

Doc. Number: TUK/ADMIN /SOP/0014

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1.14 PROCEDURE FOR DISPOSAL OF OBSOLETE/ UNSERVICEABLE/ UNWANTED / SURPLUS ASSETS (TUK/ ADMIN /SOP/0014)

GENERAL

Distribution

As per clause 7.5 in the maintained document information.

Records of change

As per clause 7.5.3 in the maintained document information.

1.0 PURPOSE

To dispose of unserviceable, obsolete, expired and surplus stores in a transparent, cost effective and safe manner.

2.0 SCOPE

This procedure applies to all disposals of un-wanted stores within TU-K Campuses

3.0 REFERENCES

- a) Public Procurement and Asset Disposal Act 2015
- b) Public Procurement and Asset Disposal General Manual
- c) Public Procurement and Asset Disposal Regulations 2020

4.0 TERMS USED

4.1 ABBREVIATIONS

- | | |
|---------------|---|
| a) DPSC | -Director Procurement and Supply Chain |
| b) PPADA 2015 | -Public Procurement and Asset Disposal Act 2015 |

- | | |
|---------------|--|
| c) PPAGM | -Public Procurement and Asset Disposal General Manual |
| d) PPADR 2020 | -Pubic Procurement and Asset Disposal Regulations 2020 |
| e) VC | - Vice Chancellor |
| f) UMB | - University Management Board |

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The VC is responsible for supervising the implementation and maintenance of this procedure
- b) The DPSC is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) At the beginning of every quarter, the DPSC issues a memo to user departments to identify stores due for disposal in line with the procurement and disposal plan for the year.
- b) The user departments' forwards list of unserviceable, obsolete, expired and surplus stores due for disposal in line with the procurement and disposal plan for the year to the DPSC.
- c) The accounting officer/occupier in consultation with the DPSC appoints a two (2) year standing committee where there is none or where the term has expired.
- d) The disposal committee classifies, such as hazardous and non-hazardous recommending the method of disposal and reserve prices where applicable/necessary.
- e) The committee presents a comprehensive report detailing all the recommendations for the disposal to the DPSC.
- f) The disposal committee presents the report to the UMB
- g) The DPSC forwards the disposal report accompanied by the professional opinion to the accounting officer seeking authority to dispose.
- h) The DPSC Disposes the stores by the end of the quarter.



THE TECHNICAL UNIVERSITY OF KENYA

Document: PROCEDURE FOR PROCURING THROUGH TENDERING

Doc. Number: TUK/ADMIN /SOP/0015

Date of Issue: MARCH 2024

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Issued By: MANAGEMENT REPRESENTATIVE

Authorized By: VICE CHANCELLOR

1.15 PROCEDURE FOR PROCURING THROUGH TENDER (TUK/ ADMIN /SOP/0015)

GENERAL

Records of Change

As per clause 7.5 in the document control procedure

Distribution

As per clause 7.5.3 in the document control procedure

1.0 PURPOSE

The purpose of this procedure is to assess the best bidders/suppliers for the University.

2.0 SCOPE

This procedure shall be applied to the procurement unit of Technical University of Kenya.

3.0 REFERENCES

- a) Public Procurement and Disposal Act, 2005 and Regulations 2006.
- b) Procurement Manuals from PPOA
- c) Approved Procurement plan
- d) Approved list of Suppliers
- e) PPOA circular

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) TUK QM -Technical University of Kenya Quality Manual
- b) DPSC -Director of Supply and Chains Operation
- c) PPOA -Public Procurement Oversight Authority
- d) PPDA 2015 -Public Procurement and Disposal Authority 2015
- e) PPDR 2020 -Public Procurement and Disposal Regulations 2020
- f) PPDGM -Public Procurement and Disposal General Manual
- g) UMB -University Management Board
- h) Tenderer -Means persons submitting a tender.
- i) LPO -Local Purchase Order
- j) User -Means the Department which initiates procuring proceedings.

a) DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITIES

- a) The VC is responsible for supervising the implementation of this procedure
- b) The DPSC is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The DPSC receives formal requests from users with specifications of goods/services and works in line with the approved procurement plan for the financial year.
- b) The DPSC prepares individual tender documents for the specific goods/works/services.
- c) The DPSC writes to the Vice-Chancellor seeking authority to advertise the tenders.
- d) The DPSC after authorization from the Vice-Chancellor invites to apply for the tenders giving them 14 days for local and 30 days for international interested bidders
- e) The DPSC proposes a list of Ad Hoc tender processing committee member for the Vice-Chancellor to appoint / approve.
- f) The Ad Hoc processing committee closes and opens the bids in the presence of the bidders.
- g) The Tender processing committee evaluates the tenders and prepares the report recommending awards and forwards it to DPSC.

- h) The DPSC prepares a professional opinion to advise the Vice-Chancellor seeking approval.
- i) Contracts are prepared and executed as is required to respective suppliers / contractors / service providers.
- j) Suppliers sign contracts
- k) Purchase orders are prepared by DPSC for the Vice-Chancellor's signature.
- l) The Tenderer/s supply goods to the DPSC as per the specifications in the purchase orders.
- m) The user receives the goods requested after inspection by the inspection and acceptance committee and signs an issue note to acknowledge receipt



THE TECHNICAL UNIVERSITY OF KENYA

Document: PROCEDURE FOR PROCURING THROUGH QUOTATIONS	
Doc. Number: TUK/ ADMIN /SOP/0016	
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Issued By: MANAGEMENT REPRESENTATIVE	Authorized By: VICE CHANCELLOR

1.16 PROCEDURE FOR PROCURING THROUGH QUOTATIONS (TUK/ ADMIN /SOP/0016)

GENERAL

Distribution

As per clause 7.5 in the document control procedure

Records of Change

As per clause 7.5.3 in the document control procedure

1.0 PURPOSE

The purpose of this procedure is to assess the best bidders/suppliers for the University.

2.0 SCOPE

This procedure shall be applied to the procurement unit of Technical University of Kenya.

3.0 REFERENCES

- a) Approved list of pre-qualified suppliers
- b) Approved Procurement Plan
- c) Procurement Manuals from PPRA
- d) Government of Kenya Circulars
- e) PPRA circulars
- f) Public Procurement and Asset Disposal Act 2015 and regulations 2020

4.0 TERMS USED

4.1 ABBREVIATIONS

- a. PPDGM - Public procurement and disposal general manual
- b. PPDA 2015 - Public procurement and disposal Act 2015

- c. PPOA - Public Procurement Oversight Authority
- d. TU-K – Technical University of Kenya
- e. UMB - University Management Board
- f. LPO - Local Purchase Order
- g. RFQ-Request for Quotations
- h. TUK QM - Technical University of Kenya Quality Manual
- i. DPSC - Director of Supply and Chains Operation
- j. PPOA - Public Procurement Oversight Authority
- k. PPDA 2015 - Public Procurement and Disposal Authority 2015
- l. PPDR 2020 - Public Procurement and Disposal Regulations 2020
- m. PPDGM - Public Procurement and Disposal General Manual
- n. RFQ - Request for Quotations (RFQ)
- o. User - Means the Department which initiates procuring proceedings.

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITIES

- a) The VC is responsible for supervising the implementation of this procedure
- b) The DPSC is responsible for the implementation and maintenance of this procedure

6.0 METHOD

- a) The DPSC receives requests from users with specifications of goods/services/works and uses the same to categorize and prepare requests for quotations
- b) The requests for quotations are dispatched to pre-qualified suppliers or acceptable dealers with a specific closing date and time.
- c) The DPSC recommends the Adhoc Quotation Opening and closing committee for approval, the VC appoints the committee
- d) The Adhoc Quotation Opening and closing Committee meets at an appointed date to open the quotations at an agreed venue.
- e) The quotations are sorted and those that are complete (three or more) are opened.
- f) The DPSC recommends the Adhoc Evaluation committee for approval, the VC appoints the committee

- g) The quotations are analyzed by a Procurement and Supply's Officer and forwarded to the Adhoc Evaluation committee for deliberations and recommendations for awards. The DPSC prepares a professional opinion based on the recommendations of the Adhoc Evaluation Committee.
- h) The Professional Opinion is signed by the VC or the Occupier approving the professional opinion.
- i) The user fills in the AIE, the DPSC receives the filled AIE
- j) The Finance office allocates funds from the user departments accounts for the expenditure
- k) The DPSC prepares the purchase order for the procurement
- l) The VC signs the purchase order for the requirements
- m) The DPSC dispatches the LPO to the most responsive bidder
- n) The most responsive bidder delivers the goods/services to the DPSC
- o) The user receives the goods requested after inspection by the inspection and acceptance committee and signs an issue note to acknowledge receipt

7.0 APPENDICES

Process Map



THE TECHNICAL UNIVERSITY OF KENYA

Document: COUNCIL MEETINGS

Doc. Number: TU-K/ADMIN/SOP/0017

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

1.17 PROCEDURE FOR COUNCIL MEETINGS (TU-K/ADMIN/SOP/0017)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure preparations for council meetings are managed in an effective and timely manner.

2.0 SCOPE

The procedure applies to the management of council meetings and activities.

3.0 REFERENCES

- a) Relevant government circulars
- b) The Technical University of Kenya Charter
- c) The Technical University of Kenya Statutes
- d) The Universities Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual

- b) TU-K - The Technical University of Kenya
- c) US-University Secretariat

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K(QM) apply.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.
- b) The University Secretariat is responsible for effective implementation of this procedure.

6.0 METHOD

6.1 Preparation of Council Almanac

- a) The US prepares a proposed Almanac for Council and its committees at the beginning of each financial year.
- b) The proposed Almanac is tabled in a Council meeting during which any necessary amendments are made and finally approved.
- c) The US makes copies of the approved Almanac and then circulates the same to all Council members and all departments servicing Council meetings.
- d) The US prepares for travel and accommodation arrangements for council members

6.2 Preparation for a Council Meeting

- a) The University Secretariat gathers the relevant information for the council agenda, at least fourteen (14) days prior to the scheduled meeting.
- b) The US liaises with the Vice-Chancellor on the agenda.
- c) The US sends the agenda documents to the Council members.
- d) The University Secretariat communicates the decisions of the Council to the auctioning officers.

7.0 APPENDICES

Council Minute book



THE TECHNICAL UNIVERSITY OF KENYA

Document: LEGAL MATTERS

Doc. Number: TU-K/ADMIN/SOP/0018

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1.18 PROCEDURE FOR LEGAL MATTERS (TU-K/ADMIN/SOP/0018)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that the University handles legal matters in an effective manner.

2.0 SCOPE

This applies to all legal matters in which the University is involved.

3.0 REFERENCES

- a) Common Law
- b) Judicial Precedents
- c) The Constitution of Kenya
- d) The Universities Act read together with the Technical University of Kenya Charter and Statutes

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual
- b) TU-K - The Technical University of Kenya

- c) CLO - Chief Legal Officer

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K(QM) apply.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.
- b) The -Chief Legal Officer is responsible for effective implementation of this procedure.

6.0 METHOD

- a) The CLO receives relevant legal matters.
- b) The CLO informs and discusses the matter with the Vice-Chancellor.
- c) The Vice-Chancellor issues instructions on the way forward as follows:
 - i. The CLO handles the legal matters in an attempt to resolve the matter amicably out of court.
 - ii. Where there is no favourable response to the Legal Officer to resolve the matter amicably, the CLO, under the advice of the Vice-Chancellor, identifies an external advocate from the University panel of advocates and instructs the advocate to pursue the matter.
- d) The CLO ensures the matter is appropriately determined.



THE TECHNICAL UNIVERSITY OF KENYA

Document: PERFORMANCE CONTRACTING

Doc. Number: TU-K/ADMIN/SOP/0019

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Authorised By: VICE-CHANCELLOR

1.19 PROCEDURE FOR PERFORMANCE CONTRACTING (TU-K/ADMIN/SOP/0019)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To establish an effective Performance Management System in TU-K.

2.0 SCOPE

This procedure applies to TU-K.

3.0 REFERENCES

- a) Current Performance Contracting Guidelines
- b) TU-K Strategic Plan

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM – Quality Manual
- b) TU-K – The Technical University of Kenya
- c) DQA – Director Quality Assurance

- d) PC – Performance Contracting

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.
- b) The DQA is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The Vice-Chancellor requests for Annual Work Plans (AWP) from head of units/departments based on the Strategic Plan from departments.
- b) DQA collates the annual work plan from head of units/departments and prepares a TU-K AWP.
- c) DQA crafts TU-K PC based on head of units/departments plans guided by cycle guidelines provided by the Performance Contracting monitoring office, from the office of the President.
- d) The draft PC is presented to the top management for approval.
- e) The approved draft is presented to council for ratification.
- f) The approved draft by the university council is negotiated between the TU-K council and the Ministry of Education.
- g) The negotiated TU-K PC is vetted by the Performance Contracting and monitoring office at a designated date and time.
- h) The vetted PC is signed by the Council Chair and the Principal Secretary ready for implementation.
- i) The vetted PC is cascaded to divisions, faculties and departments.
- j) Divisions, faculties and departments submits quarterly reports to Vice-Chancellor and a copy to DQA for collating and reporting to top management and council.
- k) The approved progress report is submitted to the Ministry and various relevant government agencies.
- l) Self-evaluation is carried out at the end of fourth quarter.

- m) The self-evaluation report is assessed by the Performance Contracting and monitoring office. This is based on evidence provided by TU-K indicating the levels of agreed targets.
- n) The performance contracting evaluation results are communicated to respective offices and departments.

7.0 APPENDICES

Annual Work Plan Template



THE TECHNICAL UNIVERSITY OF KENYA

Document: SECURITY GUARDING AND PATROLS

Doc. Number: TU-K/ ADMIN /SOP/0020

Date of Issue: MARCH 2024

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Authorised By: VICE-CHANCELLOR

1.20 PROCEDURE FOR SECURITY GUARDING AND PATROLS (TU-K/ADMIN /SOP/0020)

GENERAL

Records of Change

As per clause 7.5 in the document control procedure

Distribution

As per clause 7.5.3 in the document control procedure

1.0 PURPOSE

The purpose of this procedure is to provide guidelines for securing TU-K facilities and resources.

2.0 SCOPE

This procedure covers the provision of guarding services for TU-K facilities and resources within the University.

3.0 REFERENCES

TU-K Strategic Plan

4.0 TERMS USED

The definitions in TUK (QM) apply for the purpose of this procedure.

Procedures for guarding and patrols play a crucial role in ensuring the security and safety of a facility. Here are concise guidelines for effective guarding and patrol procedures;

4.1 Pre-Deployment Briefing: Conduct a thorough briefing before each shift, emphasizing specific duties, areas to cover, and any special instructions.

4.2 Access Control:

This is the process of manning the gates to the compound, the main entries and exits to TUK facilities so as to ward off unauthorized access.

Enforce access control measures, ensuring only authorized personnel enter designated areas.

4.3 Observation and Vigilance:

Report any unusual activities, suspicious individuals, or security vulnerabilities promptly.

4.4 Communication:

Maintain constant communication among patrol units using reliable communication devices.

Establish clear communication protocols for emergency situations.

4.5 Routine Patrols:

Establish a regular and unpredictable patrol schedule to cover all critical areas.

Vary patrol routes and timing to prevent predictability.

4.6 Environmental Awareness:

Be aware of surroundings and environmental factors that may affect security.

Adjust patrol strategies based on time of the day, weather conditions, or special events.

4.7 Documentation:

Document all observations, incidents and actions taken during patrols.

Use standardized forms of electronic systems for consistent reporting

4.8 Technology Integration:

Utilize technology such as surveillance cameras, sensors and alarms to enhance patrols.

Ensure guards are trained in the use and monitoring of security technology.

4.9 De-escalation Techniques:

Train guards in de-escalation techniques to defuse potentially confrontational situations.

Emphasize the importance of verbal communication and conflict resolution

4.10 Collaboration with Local Authorities:

Foster collaboration with local law enforcement and emergency services.

Establish protocols for contacting and coordinating with them in case of incidents.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for supervising the implementation of this procedure.
- b) The Chief Security Officer is responsible for the overall implementation and maintenance of this procedure.

6.0 METHOD

- a) The security guard reports on duty and signs the register at the security office.
- b) The supervisor deploys the security guard as per the duty roster. The guard can be controlling access or be on patrol.
- c) The guard on patrol conducts a security survey of the area assigned.
 - i. If everything is in order, he takes over.
 - ii. If something is detected not to be in order, he reports it to the supervisor.
 - iii. In case the guard is required to assist with investigation, the supervisor assigns another guard to man the incident place.
- d) If the guard is providing access control, the guard continually controls access and monitors for abnormal activities or incidences.
 - i. In case of a security incident, the guard will determine its gravity and need for escalation.
 - ii. In case the incident is not serious, the guard resolves it.
 - iii. If the incident is serious, the guard involves the supervisor and records it in the Occurrence Book.
- e) At the end of the shift, the guard hands over to the incoming guard and signs out at the supervisor's office.
- f) The supervisor compiles a summary at the end of the shift and hands over to the incoming supervisor.

7.0 APPENDICES

- a) Blank Guards Deployment Form
- b) Blank Register for Visitors and Vehicles
- c) Blank Security Survey Form
- d) Blank Sign-in Form
- e) Blank Visitors Pass
- f) Duty Roster



THE TECHNICAL UNIVERSITY OF KENYA

Document: INVESTIGATING CRIME/INCIDENT	
Doc. Number: TU-K/ ADMIN /SOP/0021	
Date of Issue: MARCH 2024	Version No: 01
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

1.21 PROCEDURE FOR INVESTIGATING CRIME/INCIDENT (TU-K/ADMIN /SOP/0021)

GENERAL

Distribution

As per clause 7.5 in the document control procedure

Records of Change

As per clause 7.5.3 in the document control procedure

1.0 PURPOSE

To provide guidelines for investigating a crime / incident

2.0 SCOPE

This procedure covers procedures in investigating a crime / incident within TU-K University.

3.0 REFERENCE

TU-K Strategic Plan

4.0 TERMS USED

Investigating a crime / incident requires a systematic and thorough approach. Here are some concise guidelines for conducting a crime or incident investigation:

4.1 Safety First

Ensure the safety of investigations and others present at the scene.
Identify and mitigate any immediate hazards

4.2 Scene Preservation:

Secure and preserve the crime scene to prevent contamination or tampering.

Identify and mitigate any immediate hazards

4.3 Initial Assessment:

Conduct an initial assessment of the scene, noting key details and potential evidence.

Identify witnesses and secure their statements.

4.4 Documentation:

Document the scene through photographs, sketches and detailed notes.

Record weather conditions, time of day and any other relevant environmental factors

4.5 Evidence Collection:

Systematically collect and label physical evidence

Preserve and handle evidence according to established protocols.

4.6 Interviews:

Interview witnesses, victims and anyone with relevant information.

Obtain detailed and chronological accounts of the incident.

4.7 Record Statements:

Document witness statements accurately and thoroughly

Ensure statements are signed and dated.

4.8 Chain of Custody

Establish and maintain a secure chain of custody for all collected evidence.

Document every transfer or handling of evidence.

4.9 Collaboration with Law Enforcement:

Coordinate and collaborate with law enforcement agencies if required.

Provide timely and accurate information to assist their investigation.

4.10 Review Surveillance Footage:

Analyze surveillance footage if available.

Extract relevant clips and preserve them as evidence.

4.11 Documentation of Findings:

Prepare a comprehensive report detailing the investigation process and findings.

4.12 Analyze surveillance footage is available:

Extract relevant clips and preserve them as evidence

4.13 Documentation of Findings:

Prepare a comprehensive report detailing the investigation process and findings

Include recommendations for preventive measures.

4.14 Legal Compliance:

Ensure all investigation procedures comply with legal standards and regulations.

Maintain confidentiality and respect privacy rights

4.15 Continuous Communication:

Maintain open communication with relevant stakeholders, including clients, law enforcement and legal authorities.

Provide updates on the progress of the investigation.

4.16 ABBREVIATIONS

- a) CSO - Chief Security Officer
- b) OB - Occurrence Book
- c) QM - Quality Manual
- d) TU-K - The Technical University of Kenya

4.17 DEFINITIONS

- a) Evidence – Substantive information with regard to an incident.
- b) Incident – It is a distinct or definite occurrence or event.
- c) Theft – Dishonest taking of property belonging to another person with the intention of permanently depriving the owner of its possession.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for supervising the implementation of this procedure.
- b) The Chief Security Officer is responsible for the overall implementation and maintenance of this procedure.

6.0 METHOD

- a) The investigator receives reports of crime or incidents from security officers, members of staff, students, the general public, national security agencies or CCTV footage.
- b) The investigator visits the scene of crime and cordons it off.
- c) The investigator interrogates the suspects and witnesses, records statement and opens up a file for each case. Where applicable, video recording or CCTV footage is used.
- d) The investigator hands over findings and the statement file(s) to the CSO.

- i. If the case can be resolved internally, the CSO forwards it to the Vice-Chancellor for further action.
- ii. If the case requires the involvement of the police, CSO briefs the Vice-Chancellor and forwards the case to the police.



THE TECHNICAL UNIVERSITY OF KENYA

Document: STORAGE AND HANDLING OF LOST AND FOUND ITEMS

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1.22 PROCEDURE FOR STORAGE AND HANDLING OF LOST AND FOUND ITEMS (TU-K/ADMIN/SOP/0022)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To provide guidelines for safe keeping and handling of lost and found items.

2.0 SCOPE

This procedure covers provision of storage and issuance of lost items/documents at all TU-K campuses.

3.0 REFERENCES

TU-K Strategic Plan

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) OB - Occurrence Book
- b) QM - Quality Manual
- c) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

- a) Lost and found items/documents – These are physical objects brought to the security officers that for the time being do not belong to any known person or organisations.
- b) Charity – Bodies or Organisations existing for purposes of giving free service of social nature.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible in supervising the implementation of this procedure.
- b) The Director Security Services is responsible for the overall implementation and maintenance of this procedure.

6.0 METHOD

- a) Lost items or documents are received by a security officer for storage, handling and safe custody.
- b) The lost and found items are recorded in the occurrence book (O.B.) and notices put up within the University by the DSS.
- c) The Director Security Services seeks proper identification of the owner before recording and handing over the item. The owner signs in the O.B for receiving. If the item has not been claimed within a period of one calendar year, the items or documents are disposed of through the TU-K disposal committee.
- d) The DSS then updates the records.



THE TECHNICAL UNIVERSITY OF KENYA

Document: AUDIT INVESTIGATION	
Doc. Number: TU-K/ADMIN/SOP/0023	
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1.23 PROCEDURE FOR AUDIT INVESTIGATION (TU-K/ADMIN/SOP/0023)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure audit investigation is carried out professionally, objectively and impartially.

2.0 SCOPE

This procedure applies to all TU-K Audit Investigations.

3.0 REFERENCES

- a) Annual Audit Plan
- b) Internal Audit Charter
- c) Collective Bargaining Agreements (CBA)
- d) Contract agreements
- e) Government Statutory Requirements and Guidelines
- f) TU-K Strategic Plan
- g) TU-K Terms of Service
- h) Public Procurement & Disposal Act 2015, Regulations 2020

- i) Technical University of Kenya Statutes
- j) The approved budget
- k) The approved procurement plan

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) C.I.A- Chief Internal Auditor
- b) QM - Quality Manual
- c) TU-K - Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, implementer refers to the relevant authority.

5.0 RESPONSIBILITY

- a) The Audit Committee is responsible for the oversight of this procedure.
- b) The Vice-Chancellor is responsible for the administrative supervision of this procedure.
- c) The C.I.A is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The C.I.A receives an allegation from interested parties (internal or external), instructions from the Audit Committee, Vice-Chancellor or discovers an erroneous omission or commission during routine audit.
- b) C.I.A allocates the personnel to conduct the investigation.
- c) The Internal audit staff gather background information on the area/issue under investigation.
- d) The Internal audit staff plans for investigation and determines the method and tools of data collection.
- e) The Internal audit staff executes the investigation.
- f) The internal audit staff analyses the investigation findings.
- g) Internal audit staff writes a provisional report and submits to the C.I.A.
- h) The C.I.A reviews the provisional report and writes the final report.
- i) The final report is forwarded to the relevant office for action.
- j) The C.I.A reviews and monitors the implementation of recommendations.



THE TECHNICAL UNIVERSITY OF KENYA

Document: PREPARATION OF ANNUAL AUDIT PLAN	
Doc. Number: TU-K/ADMIN/SOP/0024	
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1.24 PROCEDURE FOR PREPARATION OF ANNUAL AUDIT PLAN (TU-K/ADMIN/SOP/0024)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure the internal financial audit functions are well planned, organised, and properly coordinated for efficient, effective and objective operations.

2.0 SCOPE

This procedure applies to all TU-K audit functions.

3.0 REFERENCES

- a) Annual Audit Plan
- b) Internal Audit Charter
- c) Collective Bargaining Agreements (CBA)
- d) Government Statutory requirements and Guidelines
- e) TU-K Strategic Plan
- f) TU-K Terms of Service

- g) Internal Audit Policy and Operation Manual
- h) Public Procurement & Disposal Act 2015, & Regulations 2020
- i) Technical University of Kenya Statutes
- j) The Approved Budget
- k) The Approved Procurement plan
- l) International Standards of Auditing (ISA)
- m) Institute of Internal Auditors Standards (IIAS)

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual
- b) TU-K - Technical University of Kenya
- c) C.I.A – Chief Internal Auditor

4.2 DEFINITIONS

For the purpose of this procedure, “annual audit plan” and “annual audit programme” mean the same thing. Equally, Internal audit staff refers to any staff carrying out audit work apart from the C.I.A.

5.0 RESPONSIBILITY

- a) The Vice- Chancellor is responsible for the supervision of this procedure.
- b) The C.I.A is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- 6.1 During the third quarter of the financial year, the C.I.A reviews the tasks undertaken in the annual audit plan with a view of evaluating its deliverables and deficiencies within the year.
- 6.2 The C.I.A instructs the Internal audit staff to identify auditable areas and their associated risks.
- 6.3 The Internal audit staff report to the C.I.A on the identified auditable areas and attached risks levels. (Risk Matrix)
- 6.4 The C.I.A allocates the tasks to the staff according to their expertise.

6.5 The C.I.A presents the annual audit plan to the Audit Committee for approval.

6.6 The approves Annual Audit Plan is executed in the following financial year.



THE TECHNICAL UNIVERSITY OF KENYA

Document: SYSTEMS AUDIT

Doc. Number: TU-K/ADMIN/SOP/0025

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT
REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

1.25 PROCEDURE FOR SYSTEMS AUDIT (TU-K/ ADMIN /SOP/0025)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure the systems are running efficiently, effectively, add value and reduces security risks.

2.0 SCOPE

This procedure applies to all TU-K Systems Audit.

3.0 REFERENCES

- a) Annual Audit Plan
- b) Internal Audit Charter
- c) Collective Bargaining Agreements (CBA)
- d) Government Statutory requirements and Guidelines
- e) Internal Audit Policy and Procedure Manual
- f) The Public Procurement & Disposal Act 2015 & Regulations 2020
- g) Technical University of Kenya Statutes
- h) The Approved budget

- i) The approved Procurement plan
- j) Data Protection Act,2019

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) C.I.A – Chief Internal Auditor
- b) QM - Quality Manual.
- c) TU-K - Technical University of Kenya.

4.2 DEFINITIONS

For the purpose of this procedure, implementer is the officer responsible for the system process.

5.0 RESPONSIBILITY

- a) The Audit Committee is responsible for oversight of this procedure.
- b) The Vice-Chancellor is responsible for the supervision of this procedure.
- c) The C.I.A is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The C.I.A may, either following the Annual audit plan or receiving instruction from the Vice-Chancellor or Audit and risk committee, or receiving a request from a Faculty, Department carry out a system audit. (technological or manual)
- b) The C.I.A or Internal audit staff requests for relevant documents, records and system controls manuals.
- c) The C.I.A or Internal audit staff reviews the documents, records and technology systems noting risks and bureaucratic procedures.
- d) Where the C.I.A or Internal audit staff identify risks and bureaucracies in the system, mitigation measures and controls are recommended to the implementer.
- e) The implementer takes corrective action as recommended, within the agreed time.
- f) The C.I.A or Internal audit staff monitors the implementation of the recommendations until the risks and bureaucracies are reduced or eliminated.
- g) C.I.A writes an affirmative report.



THE TECHNICAL UNIVERSITY OF KENYA

Document: PAYMENT AUDIT

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Authorised By: VICE-CHANCELLOR

1.26 PROCEDURE FOR PAYMENT AUDIT (TU-K/ ADMIN /SOP/0026)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure all TU-K expenditures conform to the laid down policies, procedures, statutory and regulatory requirements.

2.0 SCOPE

This procedure applies to all TU-K payments.

3.0 REFERENCES

- a) Annual audit plan
- b) Internal Audit Charter
- c) Collective Bargaining Agreements (CBA)
- d) Contract Agreements
- e) Government Statutory requirements and Guidelines
- f) International Accounting Standards (IAS)
- g) International Standards of Auditing (ISA)

- h) Institute of Internal Auditors Standard
- i) Internal Audit Policy and Procedure Manual
- j) TU-K Strategic Plan.
- k) TU-K Terms of Service
- l) Public Procurement & Disposal Act,2015 and Regulations 2020
- m) Technical University of Kenya Quality Manual
- n) Technical University of Kenya Statutes
- o) The Approved Budget
- p) The Approved Procurement plan

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) C.I.A- Chief Internal Auditor
- b) QM - Quality Manual
- c) TU-K - Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, Audit Assistant also refers to an Audit Clerk.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for the supervision of this procedure.
- b) The C.I.A is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The Internal audit staff receive and record the received vouchers in the respective Internal Audit Voucher Movement Register.
- b) The Internal audit staff reviews the payment documents.
- c) If there is an audit query the Internal audit staff records the queried payment voucher in the Audit Query Register and forwards the queried vouchers to Accounts department.
- d) If there is no audit query C.I.A or Internal audit staff approves the conforming vouchers for payment.

**2.0 OFFICE OF THE
DEPUTY VICE-
CHANCELLOR-
ADMINISTRATION,
FINANCE AND
ADVANCEMENT (AFA)**



THE TECHNICAL UNIVERSITY OF KENYA

Document: RECRUITMENT AND HIRING OF STAFF	
Doc. Number: TU-K/AFA/SOP/0027	
Date of Issue: MARCH 2024	Version No: 01
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.1 PROCEDURE FOR RECRUITMENT AND HIRING OF STAFF (TU-K/AFA/SOP/0027)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure an impartial, competitive and transparent recruitment and hiring procedure of all members of staff.

2.0 SCOPE

This procedure applies to all vacant positions in TU-K.

3.0 REFERENCES

- a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA
- b) Kenya Employment Act 2007
- c) Kenya Labour Relations Act 2007
- d) The Technical University of Kenya Appointment and Promotion Criteria
- e) The Technical University of Kenya HR Policy Manual
- f) The Technical University of Kenya Salary Scale Manual
- g) The Technical University of Kenya Strategic Plan
- h) The Technical University of Kenya Terms of Service

- i) University Code of Conduct
- j) Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual
- b) TU-K - The Technical University of Kenya
- c) RAD - Registrar Administration
- d) MHRM - Manager Human Resource Management
- e) HoD - Head of Department
- f) UASU - Universities Academic Staff Union
- g) KUSU - Kenya University Staff Union
- h) KUDHEIHA - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for administration of this procedure.
- b) The RAD is responsible for the supervision of the implementation of this procedure.
- c) The MHRM is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The HoD determines and communicates a job vacancy based on the staff establishment.
- b) The MHRM examines the job vacancy and position requirements as per the University Job Description and Description Manual.
- c) The MHRM in liaison with the process of Job advertisement.
- d) The MHRM receives job applications and summarizes the application documents into a long list of all the applicants.
- e) In the case of Academic staff:
 - i. The MHRM sorts the application documents and forwards them to the relevant faculty for short-listing of applicants.

- ii. Dean of faculty constitutes a shortlisting committee and the shortlisted names are submitted to the MHRM within three weeks.
- f) The MHRM organizes for short-listing of applicants for administrative positions.
- g) If there are no suitable applicants at the short-listing stage, the MHRM initiates the process of getting suitable candidates.
- h) If there are qualified candidates, the MHRM organizes for interviews.
- i) The MHRM makes an offer of appointment to the successful candidate(s).
- j) If the recruited candidate rejects the job offer, MHRM reviews other interviewed applicants for suitable replacement or initiates the sourcing process all over again.
- k) If the successful candidate accepts the job offer, the induction process begins.



THE TECHNICAL UNIVERSITY OF KENYA

Document: ORIENTATION AND INDUCTION OF STAFF

Doc. Number: TU-K/AFA/SOP/0028

Date of Issue: MARCH 2024

Version No: 01

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Authorised By: VICE-CHANCELLOR

2.2 PROCEDURE FOR ORIENTATION AND INDUCTION OF STAFF (TU-K/AFA/SOP/0028)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To familiarise and introduce new employees to the university.

2.0 SCOPE

This procedure applies to all new employees of TU-K.

3.0 REFERENCES

- a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA
- b) Kenya Employment Act 2007
- c) Kenya Industrial Training Act 2007
- d) Kenya Labour Relations Act 2007
- e) The Technical University of Kenya Employee files
- f) The Technical University of Kenya HR Policy Manual
- g) The Technical University of Kenya Induction and Orientation Manual

- h) The Technical University of Kenya Strategic Plan
- i) The Technical University of Kenya Terms of Service
- j) University Code of Conduct
- k) Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) RAD - Registrar Administration
- b) MHRM - Manager Human Resource Management
- c) QM - Quality Manual
- d) TU-K - The Technical University of Kenya
- e) UASU - Universities Academic Staff Union
- f) KUSU - Kenya University Staff Union
- g) KUDHEIHA - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-AFA is responsible for the supervision of the implementation of this procedure.
- b) The RAD is responsible for the implementation and maintenance of this procedure

6.0 METHOD

- a) The MHRM receives and briefs the new employee on list of the mandatory documents required.
- b) Upon submission of documents, the MHRM registers and opens a file for the new employee.
- c) The MHRM assigns a HR personnel to orientate the new employee to the work environment and University facilities.
- d) The MHRM issues the staff with an induction booklet for more detailed information.
- e) The MHRM deploys the new employee to the relevant Department for further on the Job induction.



THE TECHNICAL UNIVERSITY OF KENYA

Document: STAFF PERFORMANCE APPRAISAL

Doc. Number: TU-K/AFA/SOP/0029

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

2.3 PROCEDURE FOR STAFF PERFORMANCE APPRAISAL (TU-K/AFA/SOP/0029)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To establish and manage effectiveness in work performance and reward staff appropriately.

2.0 SCOPE

This procedure applies to all TU-K Staff.

3.0 REFERENCES

- a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA
- b) Kenya Employment Act 2007
- c) Kenya Industrial Training Act 2007
- d) Kenya Labour Relations Act 2007
- e) The Technical University of Kenya Employee files
- f) The Technical University of Kenya Staff Appraisal Form
- g) The Technical University of Kenya Terms of Service
- h) University Code of Conduct

- i) Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual
- b) TU-K - The Technical University of Kenya
- c) RAD - Registrar Administration
- d) MHRM - Manager Human Resource Management
- e) HRS - Human Resource Services
- f) UASU - Universities Academic Staff Union
- g) KUSU - Kenya University Staff Union
- h) KUDHEIHA - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K(QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-AFA is responsible for the supervision of the implementation of this procedure.
- b) The RAD is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The MHRM issues a notice to all supervisors and staff notifying them of the staff performance appraisal exercise at the beginning of every appraisal period (Financial year).
- b) The staff in liaison with their supervisor set the duties and targets on the online form by the first month of the appraisal period.
- c) MHRM receives and reviews the performance appraisal rating for all staff and prepares an annual consolidated staff performance report for review by the Performance Management Committee, at the end of the appraisal period.
- d) During the appraisal period, the MHRM shall provide technical support to various units as necessary.
- e) The MHRM shall communicate communicates the management decision to individual staff on their performance.



THE TECHNICAL UNIVERSITY OF KENYA

Document: **DEPLOYMENT AND REASSIGNMENT OF STAFF**

Doc. Number: TU-K/AFA/SOP/0030

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Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

2.4 PROCEDURE FOR REASSIGNMENT AND DEPLOYMENT (TU-K/AFA/SOP/0030)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure efficient and effective utilization of staff.

2.0 SCOPE

This procedure applies to all TU-K employees.

3.0 REFERENCES

- a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA
- b) Kenya Employment Act 2007
- c) Kenya Industrial Training Act 2007
- d) Kenya Labour Relations Act 2007
- e) The Technical University of Kenya Employee files
- f) The Technical University of Kenya HR Policy Manual
- g) The Technical University of Kenya Strategic Plan

- h) The Technical University of Kenya Terms of Service
- i) University Code of Conduct
- j) Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual
- b) TU-K - The Technical University of Kenya
- c) RAD - Registrar Administration
- d) MHRM - Manager Human Resource Management
- e) HRS - Human Resource Services
- f) UASU - Universities Academic Staff Union
- g) KUSU - Kenya University Staff Union
- h) KUDHEIHA - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K(QM) apply.

5.0 RESPONSIBILITY

- a) The DVC- AFA is responsible for the supervision of the implementation of this procedure.
- b) The RAD is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The MHRM in consultation with Management determines the deployment and/or reassignment of individual staff in the University.
- b) The MHRM examines the establishment for deployment and reassignment.
- c) The MHRM communicates decision to the concerned employee and relevant Heads of Department/ supervisor.
- d) MHRM updates personnel records.



THE TECHNICAL UNIVERSITY OF KENYA

Document: STAFF TRAINING AND DEVELOPMENT

Doc. Number: TU-K/AFA/SOP/0031

Date of Issue: MARCH 2024

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Authorised By: VICE-CHANCELLOR

2.5 PROCEDURE FOR STAFF TRAINING AND DEVELOPMENT (TU-K/AFA/SOP/0031)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To enhance staff capacity for effective work performance.

2.0 SCOPE

This procedure applies to all TU-K Staff.

3.0 REFERENCES

- a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA
- b) Kenya Employment Act 2007
- c) Kenya Industrial Training Act 2007
- d) Kenya Labour Relations Act 2007
- e) The Technical University of Kenya Employee files
- f) The Technical University of Kenya Staff Training and Development Form
- g) The Technical University of Kenya Terms of Service
- h) University Code of Conduct

- i) Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual
- b) TU-K - The Technical University of Kenya
- c) RAD - Registrar Administration
- d) MHRM - Manager Human Resource Management
- e) HRM - Human Resource Management
- f) UASU - Universities Academic Staff Union
- g) KUSU - Kenya University Staff Union
- h) KUDHEIHA - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC -AFA is responsible for the supervision of the implementation of this procedure.
- b) The RAD is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

The selection of staff for training will be based on identified needs and should emphasize training for performance improvement and training programmes that address institutional goals; and selection of candidates for training will be based on merit and established priorities.

a) Application Process:

Step 1: The employee and the Chairperson of Department (or Head of the Unit) shall discuss the staff study Support:

- i) The employee will discuss the proposed course of study, anticipated time commitment and the support they are seeking with the Head of Department/Unit;

and confirm eligibility to receive staff study support with their Head of Department/Unit.

- ii) The Head of Department may seek advice from the DIR-HRM on the staff study support; and to ensure that an entitlement to apply exists.
- iii) If the Head of Department agrees that the course is of relevance and benefit to the employee and the department/unit, or the University, the employee shall be advised to apply for study leave.

Step 2: The employee applies for the approved study course:

If the employee has not previously been admitted into the study programme, the employee will then apply for the study course as agreed with the Head of Department by filling out and submitting an Application Form.

Step 3: The employee applies for staff study support:

- i) The employee will advise the Head of Department if admitted into the programme and provide the Head of Department with a draft Staff Study Support Application Form. The Staff Study Support Application Form will include details of the amount of payment/reimbursement the employee is applying for, an estimate of the amount of study leave and any other study-related expenses and benefits sought.
- ii) The Head of Department will review the form and, in consultation with the employee, will finalize the application.

Step 4: The employee seeks approval for the staff study support:

- i) The employee will submit the Staff Study Support Application Form to the Head of Department who will consider the application. If agreed, the Head of Department will sign the Staff Study Support Application Form.
- ii) The Head of Department will then submit the completed Staff Study Support Application Form through the Director of the School to the Faculty Executive Dean for consideration and possible approval.

- iii) The Faculty Executive Dean will make a decision to support, to amend or to reject the application and will notify the Head of Department. In amending an application, the Executive Dean may agree to only some parts of the application or may suggest an alternative arrangement.
- iv) If amended, the Staff Study Support Application Form will be returned to the Head of Department for discussion with the staff.
- v) If rejected, the Faculty Executive Dean will provide the necessary information giving grounds for the rejection to the Head of Department for communication to the employee.
- vi) If approved, the Staff Study Support Application Form will be signed by the Faculty Executive Dean and forwarded for processing by the DIR-HRM and TU-K Staff Training and Development Committee.
- vii) The Chairperson, TU-K Staff Training and Development Committee shall convene a Training Committee meeting to consider and approve (or advise on) the applications.
- viii) The Chairperson, TU-K Staff Training and Development Committee shall forward to the Vice-Chancellor the recommendations of the committee for consideration and possible approval for action
- ix) The DIR-HRM shall inform all the applicants of the outcome.

a) Eligibility

To be eligible for academic and professional training, the following criteria shall apply:

- i) The members of staff should be employed on permanent and pensionable terms;
- ii) Have served for at least two (2) years or on staff development, and confirmed in appointment;
- iii) The course should be of relevance to achieving the institution's strategic objectives; Have requisite academic, technical or professional qualifications for the course being offered; and
- iv) The course should be offered by a recognized institution.

b) Terms and Conditions for Training Support

- i) An employee whose training is approved will receive 80% of salary while on study leave in line with government regulations;
- ii) The University will enter into formal agreements with staff who attend courses of training, binding them to serve in the institution for a specified period of time, following completion of training.
- iii) Individuals shall, at the discretion of Council, reimburse the University up to 100% of the cost of training if they leave employment before completion of the bond period.
- iv) An employee whose training is approved is deemed to be on duty and is expected to successfully complete the course within the stipulated period and resume duty. In the event that the employee does not successfully complete the training, the employee will be required to reimburse the full cost of any financial assistance.



THE TECHNICAL UNIVERSITY OF KENYA

Document: ADDRESSING EMPLOYEE GRIEVANCES

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Authorised By: VICE-CHANCELLOR

2.6 PROCEDURE FOR ADDRESSING EMPLOYEE GRIEVANCES (TU-K/AFA/SOP/0032)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To address issues that may arise out of the infringement of an employee's rights/entitlements and misunderstandings.

2.0 SCOPE

This procedure applies to all TU-K employees.

3.0 REFERENCES

- a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA
- b) Kenya Employment Act 2007
- c) Kenya Industrial Training Act 2007
- d) Kenya Labour Relations Act 2007
- e) Kenya Occupational Health and Safety Bill 2007
- f) The Technical University of Kenya Employee files
- g) The Technical University of Kenya Terms of Service
- h) University Code of Conduct

- i) Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual
- b) TU-K - The Technical University of Kenya
- c) RAD - Registrar Administration
- d) MHRM - Manager Human Resource Management
- e) HoD - Head of Department
- f) UASU - Universities Academic Staff Union
- g) KUSU - Kenya University Staff Union
- h) KUDHEIHA - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K(QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-AFA is responsible for the supervision of the implementation of this procedure.
- b) The RAD is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) Grievances shall be reported first to the immediate supervisor and if not resolved at that level, shall be escalated upwards through the Manager Human Resource Management.
- b) The MHRM shall strive to resolve the grievance and if not concluded forward to the RAD.
- c) The DVC-AFA shall constitute a Complaints and Grievance Committee to review and address any unresolved grievance accordingly. NOTE: Membership of the committee to be determined by the nature of the complaint or grievance.
- d) The Complaints and Grievance Committee shall analyze and resolve the complaint or grievance and make recommendations.
- e) DVC-AFA shall take action based on recommendations of the committee.
- f) MHRM shall communicate to the parties involved and update personnel records as appropriate.



THE TECHNICAL UNIVERSITY OF KENYA

Document: STAFF DISCIPLINE	
Doc. Number: TU-K/AFA/SOP/0033	
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Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.7 PROCEDURE FOR STAFF DISCIPLINE (TU-K/AFA/SOP/0033)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure an impartial, transparent and expeditious resolution of disciplinary cases.

2.0 SCOPE

This procedure applies to all TU-K employees.

3.0 REFERENCES

- a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA
- b) Kenya Employment Act 2007
- c) Kenya Industrial Training Act 2007
- d) Kenya Labour Relations Act 2007
- e) The Technical University of Kenya Employee files
- f) The Technical University of Kenya Staff Appointment Letter
- g) The Technical University of Kenya Terms of Service
- h) University Code of Conduct
- i) Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a. QM - Quality Manual
- b. TU-K - The Technical University of Kenya
- c. RAD - Registrar Administration
- d. MHRM - Manager Human Resource Management
- e. HoD - Head of Department
- f. UASU - Universities Academic Staff Union
- g. KUSU - Kenya University Staff Union
- h. KUDHEIHA - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-AFA is responsible for the supervision of the implementation of this procedure.
- b) The RAD is responsible for the implementation and maintenance of this procedure

6.0 METHOD

- a) A report of the disciplinary case is received by the manager, HRM.
- b) The MHRM examines the case and classifies it according to its gravity.
 - i) Depending on the nature of the case, the Director may conclude it appropriately.
 - ii) Where the MHRM is not able to conclude a case, he shall refer it to the disciplinary committee for resolution. The disciplinary committee receives and listens to the disciplinary case and gives a verdict.
- c) The MHRM shall communicate the decision of the Committee to the staff concerned accordingly. MHRM updates personnel records as appropriate



THE TECHNICAL UNIVERSITY OF KENYA

Document: STAFF LEAVE MANAGEMENT

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2.8 PROCEDURE FOR STAFF LEAVE MANAGEMENT (TU-KAFA/SOP/0034)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that staff appropriately plan for their leave.

2.0 SCOPE

This procedure applies to all TU-K employees.

3.0 REFERENCES

- a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA
- b) Kenya Employment Act 2007
- c) Kenya Industrial Training Act 2007
- d) Kenya Labour Relations Act 2007
- e) The Technical University of Kenya Employee files
- f) The Technical University of Kenya Staff Appraisal Form
- g) The Technical University of Kenya Terms of Service
- h) University Code of Conduct
- i) Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a. QM - Quality Manual
- b. TU-K - The Technical University of Kenya
- c. RAD - Registrar Administration
- d. MHRM - Manager Human Resource Management
- e. HoD - Head of Department
- f. UASU - Universities Academic Staff Union
- g. KUSU - Kenya University Staff Union
- h. KUDHEIHA - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-AFA is responsible for the supervision of the implementation of this procedure.
- b) The RAD is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The HoD/Supervisor receives the duly filled leave request through the leave management portal two weeks before the start of the leave.
- b) The HoD/Supervisor considers and authorizes the leave request with comments where necessary.
- c) The request is verified at the Human Resource Registry for validation.
- d) The MHRM / Management approves the leave as appropriate.
- e) The MHRM communicates to the employee and HoD/Supervisor on the leave request.
- f) HRM updates personnel records.
- g) Upon resumption of duty, the staff shall report to their respective supervisor who shall update the online records for the staff.

7.0 APPENDICES

- a) Leave form
- b) Staff movement form



THE TECHNICAL UNIVERSITY OF KENYA

Document: CLEARANCE OF STAFF

Doc. Number: TU-K/AFA/SOP/0035

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Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

2.9 PROCEDURE FOR CLEARANCE OF STAFF (TU-K/AFA/SOP/0035)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To facilitate the smooth exit of staff from University service.

2.0 SCOPE

This procedure applies to all Staff separating from TU-K.

3.0 REFERENCES

- a) Collective Bargaining Agreements – UASU, KUSU and KUDHEIHA
- b) Kenya Employment Act 2007
- c) Kenya Industrial Training Act 2007
- d) Kenya Labour Relations Act 2007
- e) The Technical University of Kenya Employee files
- f) The Technical University of Kenya Staff Appraisal Form
- g) The Technical University of Kenya Terms of Service
- h) University Code of Conduct
- i) Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a. QM - Quality Manual
- b. TU-K - The Technical University of Kenya
- c. RAD - Registrar Administration
- d. MHRM - Manager Human Resource Management
- e. HoD - Head of Department
- f. UASU - Universities Academic Staff Union
- g. KUSU - Kenya University Staff Union
- h. KUDHEIHA - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC- AFA is responsible for the supervision of the implementation of this procedure.
- b) The RAD is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The staff member or a dependent/guardian applies for clearance immediately upon termination, resignation, retirement, disabling injury or death by filling a clearance form available on the website.
- b) Once the clearance form is duly completed, it is forwarded to the MHRM for purposes of processing benefits or issuance of certificate of service.
- c) HRM updates personnel records.

7.0 APPENDICES

Staff Clearance Form



THE TECHNICAL UNIVERSITY OF KENYA

Document: HR RECORDS MANAGEMENT

Doc. Number: TU-K/AFA/SOP/0036

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2.10 PROCEDURE FOR HR RECORDS MANAGEMENT (TU-K/AFA/SOP/0036)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure efficient and effective management and control of University HR staff records.

2.0 SCOPE

This procedure applies to all TU-K HR staff records.

3.0 REFERENCES

- a) The Technical University of Kenya Terms of Service
- b) University Code of Conduct
- c) Public Officers Ethics Act
- d) University Statutes

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) RAD - Registrar Administration

- b) MHRM - Manager Human Resource Management
- c) QM - Quality Manual
- d) RO - Records Officer
- e) TU-K - The Technical University of Kenya
- f) HoD - Head of Department

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-AFA is responsible for the supervision of the implementation of this procedure.
- b) The RAD is responsible for the implementation.
- c) The Records Manager is responsible for the maintenance of this procedure.

6.0 METHOD

6.1 Opening a Personal File

- a) The administrative assistant issues the new member of staff with a checklist of documents to submit.
- b) The Records officer receives the documents and confirms against the checklist.
- c) The Records officer opens a personal file, arranges the documents and folios them in a chronological order starting from the bottom.
- d) The officer records the details of the file in a master register in order to uniquely identify the file and to facilitate easier retrieval.
- e) All personnel file shall be securely stored in an appropriate cabinet.

6.2 Procedure for Handling Incoming Mail

- a) The messenger collects mail from the post office on a daily basis.
- b) The clerical officer receives and sorts the mail (Official and personal).
- c) Personal mail is placed in departmental pigeon hole for collection by the recipients.
- d) Official mail is recorded in the mail delivery book then distributed to recipients.
- e) The recipients sign in the delivery book upon receiving the mails.

6.3 Procedure for Handling Outgoing Mail (outbound mails)

- a) The clerical officer receives mails from generating offices.
- b) Register nature of mails (ordinary, registered mails or EMS).
- c) Ascertain mail (weight and confidentiality).
- d) Mail is franked depending on the amount of postage.

6.4 Procedure for Handling Internal mail

- a) The clerical officer receives incoming mail and memos from mail section/creating offices.
- b) Mail is classified and registered in the incoming mails register.
- c) The clerk files and folios all the correspondences and marks the files to action officers.
- d) The files for action are entered into the file movement register and dispatched to action officers.
- e) The person receiving the file signs the file movement register.

6.5 File tracking

a) Folioing

- i) The Clerical officer files documents in date order with the earliest ones at bottom and the latest documents at the top.
- ii) The documents in the file are folio-numbered at the top right-hand corner and circled using a red (ink) pen.
- iii) The documents are serially numbered from the bottom to the top.
- iv) The folio numbers are entered on the folio grid at the top of every file for the action officers to act on them and sign out.

b) File Stock Take

- i. The clerical officer checks and notes files retained in offices by action officers.
- ii. The details of the files found in the action offices are recorded in a file census form.
- iii. The file census forms are filed for reference.

6.6 File Storage and Protection

- a) Access to records repository is restricted to authorized persons only.

- b) The repository remains out of bounds for non-registry staff. The door is locked, and clients served from the counter.
- c) Staff files of confidential nature are maintained and protected from damage by being stored in lockable cabinets.
- d) General records are maintained in subject files and protected from damage by being stored in cabinets or shelves.

6.7 File Retrieval

- a) A request for a file is made by the user.
- b) Upon request, the clerical officer locates the file in the cabinet and fills the file tracer card.
- c) The file is retrieved and recorded in the file movement register.
- d) The clerical officer dispatches the file to the requesting officer.

6.8 Closing of files

- a) The clerical officer receives a written notification i.e. notification of death, resignation or termination from Manager Human Resource Management. (The date indicated on the letter is regarded as the date on which the file is closed).
- b) The written notification is filed in the respective personnel file and folioed.
- c) The details are recorded in the closed files register.
- d) The clerical officer dispatches the file to the director Human Resource for processing.
- e) Once all actions/payments due to the member of staff have been processed, the clerical officer fills a file transfer form hence the file is moved to archives for long term storage.

6.9 Retention and disposition

Retention and disposition of HR records in the University is guided by the relevant legislation and university policy documents.



THE TECHNICAL UNIVERSITY OF KENYA

Document: MEDICAL TREATMENT

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Authorised By: VICE-CHANCELLOR

2.11 PROCEDURE FOR MEDICAL TREATMENT (TU-K/AFA/SOP/0037)

GENERAL

Distribution

As per clause 7.5 in the Document Control Procedure

Records of Change

As per clause 7.5.3 in the document control procedure

1.0 PURPOSE

To guide on the provision of medical services to those who need medical attention.175

2.0 SCOPE

This procedure shall apply to all TUK Staff, their bona fide dependents, students who are on Session as well as any emergency case within the precincts of UHWS.

3.0 REFERENCES

- a) University Code of ethics
- b) TUK Strategic Plan
- c) TUK Quality Manual
- d) TUK Service Charter
- e) Kenya Medical Practitioners and Dentists Board Code of Professional Conduct
- f) Patient File
- g) TUK Terms of Service

- h) Collective Bargaining Agreement Between Management and Staff
- i) Patients' Rights Charter
- j) Relevant Labour Laws including Employment Act NO. 1 of 2007, OSHA 2007, WIBA 2007

4.0 TERMS USED

1.1 ABBREVIATIONS

- a) **QM** - Quality Manual
- b) **RAD** -Registrar Administration
- c) **TUK** -Technical university of Kenya
- d) **UHSWS** - University Health, Safety and Wellness Services
- e) **CMO** - Chief Medical Officer
- f) **VC** - Vice Chancellor
- g) **HRIO** - Health Records and Information Officer
- h) **SOPs** -Standard Operating Procedures

1.2 DEFINITION OF TERMS

- a) **Triage** - The principle of examining, sorting and allocating patients to prioritize management
- b) **Triage Room** - The area allocated for triage
- c) **Triage Nurse** - The Nurse who performs triage
- d) **Transfer** - To move, carry or transport patient from a health service provider or health unit to the other for convenience of treatment
- e) **Refer** - To move, carry or transport patient from a health service provider or health unit to another for purpose of further (mostly superior or specialized) medical care.
- f) **Radiological** - The diagnosis and treatment of patient by use of radiant energy like x rays. Imaging Technique of creating visual representation of the interior of the body to aid in Diagnosis and treatment i.e. Magnetic Resonance Imaging (MRI)
- g) **Health Service Provider** - Any health care professional authorized to take care of patient or those who are medically unwell
- h) **Clinician** - A qualified and registered Medical Doctor or Clinical Officer who serves the patient

5.0 RESPONSIBILITY:

- a) The DVC - AFA will supervise the implementation of this procedure
- b) CMO will ensure implementation of this procedure

6.0 METHOD

6.1 The patient is received and registers at the medical records office of UHSWS

6.2 The patient is directed to the waiting area as the file is retrieved and transferred to the triage room.

6.3 The triage nurse calls patient to triage room, where she/he takes vital signs and/or perform any necessary procedure.

6.4 The triage nurse transfers the patient to the clinician, Laboratory, Pharmacy or discharge the patient.

6.4.1 6.4.1 The clinician attends to the patient and then refers the patient to the laboratory, Pharmacy, hospital, radiological/imaging unit or discharge home.

6.4.2 6.4.2 in the case where a patient is referred to the laboratory, the Medical Laboratory Technologist carries out the tests and takes the results to the referring Clinician who then prioritizes and calls the patient for further treatment.

6.4.3 6.4.3 In the case where a patient is referred to the pharmacy, the patient presents the prescription to the Pharmaceutical Technologist on duty who dispenses the prescribed medication.

6.4.4 6.4.4 If the patient is referred for external consultation or procedure, the patient presents the request to the external service provider, and thereafter takes the feedback to the referring clinician.

6.4.5 6.4.5 If a patient requires admission, the Clinician facilitates admission to the relevant Hospital and follows up on the patient's treatment until his/ her discharge.

7.0 APPENDICES

- a) Process Map
- b) Work Instructions for the Laboratory
- c) Work Instructions for the Pharmacy

- d) Work Instructions for the Clinician
- e) Work Instructions for Nursing station
- f) Work Instructions for the Health Records Office



THE TECHNICAL UNIVERSITY OF KENYA

Document: EMERGENCY TREATMENT

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2.12 PROCEDURE FOR EMERGENCY TREATMENT (TU-K/AFA/SOP/0038)

GENERAL

Distribution

As per clause 7.5 in the Document Control Procedure

Records of Change

As per clause 7.5.3 in the document control procedure

1.0 PURPOSE

To guide on the provision of emergency medical services

2.0 SCOPE

This procedure shall apply to all TUK Staff, their bona fide dependents, students who are on Session as well as any emergency case within the precincts of UHWS.

3.0 REFERENCES

- a) University Code of ethics
- b) TUK Strategic Plan
- c) TUK Quality Manual
- d) TUK Service Charter
- e) Kenya Medical Practitioners and Dentists Board Code of Professional Conduct
- f) Patient File
- g) TUK Terms of Service
- h) Collective Bargaining Agreement Between Management and Staff
- i) Patients' Rights Charter
- j) Relevant Labour Laws e.g. Employment Act no. 1 of 2007 , OSHA 2007, WIBA 2007

k) UHSWS SOPs

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) **QM**- Quality Manual
- b) **TUK** -Technical university of Kenya
- c) **VC** - Vice Chancellor
- d) **RAD** - Registrar Administration
- e) **UHSWS** - University Health Safety and Wellness Services
- f) **CMO** - Chief Medical Officer
- g) **HRIO** - Health Records and Information Officer

4.2 DEFINITION OF TERMS

- a) **Emergency** - Injury or illness that poses immediate risk to a person's life or long-term health
- b) **Health Service Provider** - Any health care professional authorized to take care of patient or those who are medically unwell
- c) **Transfer** - To move, carry or transport patient from a health service provider or health unit to the other for convenience of treatment
- d) **Refer** - To move, carry or transport patient from a health service provider or health Unit to another for purpose of further (mostly superior or specialized) medical care.

5.0 RESPONSIBILITY

- a) The DVC- AFA will supervise the implementation of this procedure
- b) CMO will ensure implementation of this procedure

6.0 METHOD

- 6.1 Health service provider receives information of an emergency.
- 6.2 Health service provider gives first Aid or medical care or advises on incident management.
- 6.3 When appropriate, the senior most relevant health service provider is informed to take charge.
- 6.4 Health service provider activates the emergency system in the health center as would be appropriate.
- 6.5 Health Service Provider completes the treatment or discharges or transfers or refers the patient appropriately, providing right documentation.
- 6.6 The Health Service providers follow and complete the outpatient treatment guide for non-emergency cases regarding documentation.

7.0 APPENDICES

- a) Process Map
- b) Work Instructions for the Laboratory
- c) Work Instructions for the Pharmacy
- d) Work Instructions for the Clinician
- e) Work Instructions for Nursing station
- f) Work Instructions for the Health Records Office



THE TECHNICAL UNIVERSITY OF KENYA

Document: FACILITY MAINTENANCE	
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2.13 PROCEDURE FOR FACILITY MAINTENANCE (TU-K/AFA/SOP/0039)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to provide guidelines for the maintenance of infrastructure in the university

2.0 SCOPE

This procedure applies to the Maintenance of all infrastructure and equipment in the entire university.

3.0 REFERENCES

Procurement and Disposal Act 2005

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) MPFM - Manager Properties and Facilities Management

- b) ME & MS - Manager Engineering and Maintenance Services
- c) QM - Quality Manual
- d) TU-K - The Technical University of Kenya
- e) HOD - Heads of department

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-AFA is responsible for the supervision of the for the implementation and maintenance of this procedure
- b) The MPFM is responsible for the implementation and maintenance of this procedure.
- c) Heads of department are responsible for implementation of the maintenance schedule for equipments within the departments.

6.0 METHOD

6.1 Preventive Maintenance

- a) The MPFM/HOD prepares a maintenance schedule and an estimated list of required materials for carrying out the preventive works annually, three (3) months before an annual budget is done.
- b) The MPFM/HOD assesses infrastructure and equipment for maintenance on need basis.
- c) The MPFM/HOD assess whether there is internal expertise to carry out the works.
 - i. If there is capacity to execute the works, the MPFM obtains resources as per the procurement procedure.
 - ii. The technician in-charge executes the works.
 - iii. If there is no capacity, MPFM/HOD initiates the preparation of drawings and bills of quantities and the procedure for procurement.
- d) The MPFM/HOD inspects the works for quality. If the works are not satisfactorily done, the MPFM in charge or the contractor makes necessary adjustments as per the specifications or contract.

6.2 Corrective Maintenance

- a) The user completes the work request form for maintenance/repair of building or equipment.
- b) The MPFM/HOD receives and prioritizes the works.

- c) The MPFM /HOD assesses the work and determines if there is capacity to execute the work.
 - i. If there is capacity to execute the works, the MPFM/HOD obtains resources and executes the works.
 - ii. If there is no capacity, MPFM/HOD initiates the preparation of drawings and bills of quantities and the procedure for procurement.
- d) The MPFM/HOD inspects the works for quality. If the works are not satisfactorily done, the MPFM/HOD in charge or the contractor makes necessary adjustments as per the specifications or contract.



THE TECHNICAL UNIVERSITY OF KENYA

Document: CONSTRUCTION OF NEW WORKS	
Doc. Number: TU-K/AFA/SOP/0040	
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2.14 PROCEDURE FOR CONSTRUCTION OF NEW WORKS (TU-K/AFA/SOP/0040)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure efficient and effective construction of new works.

2.0 SCOPE

This procedure covers new works carried out in the entire University.

3.0 REFERENCES

Procurement and Disposal Act 2005

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) BQ - Bills of Quantities
- b) C & IDT - Construction and Infrastructure Development Team
- c) MPFM - Manager Properties and Facilities Management
- d) MoHEST - Ministry of Higher Education, Science and Technology

- e) MoPW - Ministry of Public Works
- f) QM - Quality Manual
- g) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-AFA is responsible for the supervision of the implementation of this procedure.
- b) The MPFM Management is responsible for the implementation of this procedure.

6.0 METHOD

- a) The University prioritises the works in the Financial Year work plan submitted by the user Department.
- b) The selected work is submitted to the Physical Planning and Development Committee for discussion to determine its viability.
- c) The MPFM assesses the work and determines if there is capacity to execute the work.
 - i. If there is capacity to execute the works, the MPFM obtains resources and executes the works.
 - ii. If there is no capacity, MPFM initiates the preparation of drawings and bills of quantities and the procedure for procurement.
- d) The MPFM inspects the works for quality. If the works are not satisfactorily done, the MPFM or the contractor makes necessary adjustments as per the specifications or contract.



THE TECHNICAL UNIVERSITY OF KENYA

Document: CLEANING SERVICES

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2.15 PROCEDURE FOR CLEANING SERVICES (TU-K/AFA/SOP/0041)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to provide guidelines for effective cleaning services.

2.0 SCOPE

The procedure applies to places and spaces used by TU-K.

3.0 REFERENCE

- a) ISO 9001:2015 Standard
- b) TU-K Service Delivery Charter (2013)

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DVC - AFA - Deputy Vice-Chancellor- Administration Finance and Advancement.
- b) M-UCS – Manager Campus Services.

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-AFA is responsible for supervising the implementation of this procedure.
- b) The Manager - University Campus Services is responsible for effective implementation of this procedure.

6.0 METHOD

- a) Supervisors report to work before 6:45 a.m. and oversee the signing in and out of the cleaners and sanitary attendants at 7.00 am and 3.00 pm respectively.
- b) Supervisors issue cleaning detergents and disinfectants as required.
- c) The cleaners and sanitary attendants proceed to the designated areas.
- d) The supervisors check to ascertain that the areas worked on are well cleaned and remain clean throughout the day.
- e) The supervisors make regular checks on the cleanliness of the public areas and guide the cleaners and sanitary attendants on ways to improve.



THE TECHNICAL UNIVERSITY OF KENYA

Document: TRANSPORTATION SERVICES

Doc. Number: TU-K/AFA/SOP/0042

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2.16 PROCEDURE FOR PROVISION OF TRANSPORT SERVICES (TU-K/AFA/SOP/0042)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to provide efficient transportation services to TU-K fraternity.

2.0 SCOPE

The procedure provides guidelines for provision of transport services at TU-K.

3.0 REFERENCES

- a) Kenya Industrial Training Act 2007
- b) The Technical University of Kenya Strategic Plan
- c) TU-K Statutes
- d) University Code of Conduct
- e) Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) M-UCS - Manager-University Campus Services

- b) DVC-AFA - Deputy Vice-Chancellor- Administration Finance and Advancement
- c) F & TM - Fleet and Transport Manager
- d) QM - Quality Manual
- e) TO - Transport Officer
- f) TU-K - The Technical University of Kenya
- g) W/Shop - Workshop

4.2 DEFINITIONS

User - Person/Faculty/Department requesting for transport service

5.0 RESPONSIBILITY

- a) The DVC-AFA is responsible for the supervision of the implementation and maintenance of these procedures.
- b) The F & TM is responsible for the overall implementation and maintenance of this procedure.

6.0 METHOD

- a) For local transport requests, the officer in charge of Department or Chairman completes the request for transport form. For long distance trips, the request is through a letter with DVC-AFA's approval.
- b) The F & TM checks on availability of vehicle and driver.
- c) F & TM approves the request or schedule the trip to be executed later. In case of the latter, F & TM informs the officer requesting for transport.
- d) F & TM allocates vehicle to a driver.
- e) Work ticket is signed by the F & TM.
- f) Driver carries out checks on the vehicle to ascertain it is ready for a trip.
- g) Driver indicates initial mileage and departure time on the work ticket.
- h) Requesting user makes use of the vehicle.
- i) Driver records mileage covered, and the actual time vehicle returns on the work ticket.
- j) Driver gives mechanical report on vehicle performance based on physical vehicle assessment.

7.0 APPENDICES

Request for transport form



THE TECHNICAL UNIVERSITY OF KENYA

Document: VEHICLE MAINTENANCE

Doc. Number: TU-K/AFA/SOP/0043

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2.17 PROCEDURE FOR VEHICLE MAINTENANCE (TU-K/AFA/SOP/0043)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to provide guidelines for vehicle repair and maintenance services.

2.0 SCOPE

The procedure covers the Technical University of Kenya motor vehicles repair and maintenance services.

3.0 REFERENCES

- a) Kenya Industrial Training Act 2007
- b) The Technical University of Kenya Strategic Plan
- c) Transport Policy and Procedures Manual
- d) TU-K Statutes

- e) University Code of Conduct
- f) Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual
- b) TU-K - The Technical University of Kenya
- c) W/Shop - Workshop
- d) DVC-AFA -Deputy Vice-Chancellor- Administration, Finance and Advancement
- e) M- UCS - Manager– University Campus Services
- f) F & TM - Fleet and Transport Manager
- g) TO - Transport Officer

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-AFA is responsible for the supervision of the implementation and maintenance of these procedures.
- b) The M-UCS assumes the overall responsibility of overseeing these procedures.
- c) The F & TM implements the procedures.

6.0 METHOD

- a) The driver reports the problem, or when vehicle is due for service or following preventive maintenance checks.
- b) The technician inspects and diagnoses the vehicle, makes a report and opens a job card.
- c) Defective part is opened, and the technician orders any required spare parts.
- d) The F & TM recommends on the parts requisition form.
- e) The M- UCS considers the requisition form for approval.
- f) Requisition form is submitted to Director, Supply and Chain Operations.
- g) The mechanic receives spare parts.
- h) The mechanic carries out repairs under the supervision of technician.

- i) The technician tests the vehicle to ascertain that the repair was successful. If not successful, the mechanic repeats the job.
- j) The technician records the mileage and releases the vehicle to the transport pool.



THE TECHNICAL UNIVERSITY OF KENYA

Document: FINANCIAL BUDGETING

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2.18 PROCEDURE FOR FINANCIAL BUDGETING (TU-K/AFA/SOP/0044)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To provide a framework for effectiveness and efficiency in budgeting process.

2.0 SCOPE

This procedure applies in the entire TU-K.

3.0 REFERENCES

- a) Government Estimates Book
- b) National Treasury Circulars on MTEF
- c) Technical University of Kenya Procurement Plan
- d) Technical University of Kenya Strategic Plan
- e) Technical University of Kenya Terms of Service

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual

- b) TU-K - Technical University of Kenya
- c) FO - Finance Officer
- d) UMB - University Management Board
- e) MTEF - Medium Term Expenditure Framework
- f) HoDs – Head of Departments

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in this document apply.

5.0 RESPONSIBILITY

- a) The DVC-AFA is responsible for the supervision of this procedure.
- b) FO is responsible for the implementation and adherence to this procedure.

6.0 METHOD

- a) The FO issues a memo to all HoDs in the month of November, requesting them to submit their Departmental budget proposals for the forthcoming financial year.
- b) The user departments submit budget proposals to the FO within a month from the date the memo was issued.
- c) The FO compiles a proposed Master Budget, considering all proposed budget estimates from user departments and presents the same to the UMB.
- d) The UMB reviews the budget and makes recommendations for approval by the University Council.
- e) The Council reviews the budget and approves the budget for submission to the National Treasury and Ministry of Education for consideration.
- f) The FO receives the Government approved budget, realigns the master budget to be the Operational Budget and presents it to the UMB.
- g) The UMB makes recommendations for approval of the realigned operational budget to the Council.
- h) The council reviews and approves the operational budget before commencement of the next Financial Year.
- i) FO communicates the approved operational budget to all user departments for implementation.



THE TECHNICAL UNIVERSITY OF KENYA

Document: PAYMENT

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Authorised By: VICE-CHANCELLOR

2.19 PROCEDURE FOR PAYMENT (TU-K/AFA/SOP/0045)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information **Records of Change**

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that only genuine claims are processed and promptly paid.

2.0 SCOPE

This procedure applies to all payments in TU-K.

3.0 REFERENCES

- a) Government Financial Regulations
- b) Relevant Government Circular
- c) Technical University of Kenya Statutes
- d) Technical University of Kenya Strategic Plan
- e) Technical University of Kenya Terms of Service

- f) University Code of Conduct
- g) Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual.
- b) TU-K - Technical University of Kenya.
- c) FO - Finance Officer
- d) AIE - Authority to Incur Expenditure

- e) DVC-AFA -Deputy Vice-Chancellor- Administration, Finance and Advancement

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in this document apply.

5.0 RESPONSIBILITY

- a) The DVC-AFA is responsible for the supervision of this procedure.
- b) FO is responsible for the implementation and adherence to this procedure.

6.0 METHOD

- a) FO invoices payment claims
- b) FO receives payment claims and approves them for processing.
- c) The Accounts Clerk records the claim in a relevant register and seeks authority from the accountant in charge of voucher preparation to write the voucher.
- d) The accountant in charge of voucher examination examines the payment voucher.
- e) The payment voucher is voted by the accountant in charge of vote book.
- f) The payment is then certified by the AIE holder.
- g) The Chief Accountant authorises the payment voucher for payment.
- h) The payment voucher is either pre or post audited.
- i) Accounts Assistant draws the cheque to the payee and records the cheque details

in the Cheque Register.

- j) The bank signatories append their signatures on the cheque.
- k) The Accounts Clerk receives the signed cheques and dispatches them to the respective payees who sign the register for the collection of the same.



THE TECHNICAL UNIVERSITY OF KENYA

Document: REVENUE COLLECTION	
Doc. Number: TU-K/AFA/SOP/0046	
Date of Issue: MARCH 2024	Version No: 01
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.20 PROCEDURE FOR REVENUE COLLECTION (TU-K/AFA/SOP/0046)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure effectiveness, efficiency, transparency and accountability in revenue collection.

2.0 SCOPE

This procedure applies to revenue collection by TU-K.

3.0 REFERENCES

- a) Government Financial Regulations
- b) Public Officers Ethics Act
- c) Technical University of Kenya Statutes

- d) Technical University of Kenya Strategic Plan
- e) Technical University of Kenya Terms of Service

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual
- b) TU-K - Technical University of Kenya
- c) FO - Finance Officer

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in this document apply.

5.0 RESPONSIBILITY

- a) The DVC-AFA is responsible for the supervision of this procedure.
- b) FO is responsible for the implementation and adherence to this procedure.

6.0 METHOD

- a) The office of the FO invoices and receives revenue from the client and issues an official TU-K receipt.
- b) The office of the FO confirms and prints daily Log of all transactions at the end of the day.
- c) The office of the FO reconciles the actual revenue receipts with the daily log and prepares deposit slips for banking of the collected revenues.
- d) The office of the FO reconciles the bank deposit slips with the daily log totals and prepares the Income and Revenue Report.



THE TECHNICAL UNIVERSITY OF KENYA

Document: IMPREST PAYMENT AND SURRENDER	
Doc. Number: TU-K/AFA/SOP/0047	
Date of Issue: MARCH 2024	Version No: 01
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

2.21 PROCEDURE FOR IMPREST PAYMENT AND SURRENDER (TU-K/AFA/SOP/0047)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure accountability for all University funds issued as imprest.

2.0 SCOPE

This procedure applies during issuance and surrender of imprest in the entire TU-K.

3.0 REFERENCES

- a) Government Financial Regulations
- b) Public Officers Ethics Act
- c) Technical University of Kenya Statutes
- d) Technical University of Kenya Strategic Plan
- e) Technical University of Kenya Terms of Service
- f) University Code of Conduct

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual
- b) TU-K - Technical University of Kenya
- c) FO - Finance Officer

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in this document apply.

5.0 RESPONSIBILITY

- a) The DVC-AFA is responsible for the supervision of this procedure.
- b) FO is responsible for the implementation and adherence to this procedure.

6.0 METHOD

6.1 IMPREST PAYMENT

- a) The FO, from the authorised memo approves request for issuance of imprest
- b) The Imprest Accountant confirms that the imprest applicant has no other outstanding imprest and issues an Imprest Warrant Form (IWF) to the conforming applicant.
- c) The applicant fills an IWF and gets all the necessary authorisations as indicated in the IWF and takes the dully completed IWF to the Chief Accountant.
- a) The Chief Accountant authorises the payment of imprest with an additional AIE

6.2 IMPREST SURRENDER

- b) The imprest holder surrenders the imprest within 48 hours after completion of the task by filling the imprest Surrender Form and attaching all the supporting documentation to the Imprest Accountant.
- c) The Imprest Accountant verifies expenditure against the imprest surrender document and the imprests taken. In case of over expenditure, the imprest holder seeks for authorisation for reimbursement from the FO.
- d) The Imprest Accountant forwards the documents for voucher writing.
- e) The payment voucher is then examined, voted, and authorised.
- f) The Imprest Accountant then uses the authorised payment voucher to clear the imprest from the Imprest Register.

7.0 APPENDICES

- a) Imprest Warrant Form
- b) Imprest Surrender Form



THE TECHNICAL UNIVERSITY OF KENYA

Document: RESOURCE MOBILIZATION

Doc. Number: TU-K/AFA/SOP/0048

Date of Issue: MARCH 2024

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Authorised By: VICE-CHANCELLOR

2.22 PROCEDURES FOR RESOURCE MOBILIZATION (TU-K/AFA/SOP/0048)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to facilitate strategic Institutional advancement and development through partnerships with government agencies, industries, institutions, Alumni, individual philanthropists and foundations, to enhance endowments and resource mobilization.

2.0 SCOPE

This procedure applies to all departments in TU-K, TU-K Alumni and to existing and prospective stakeholders of the University.

3.0 REFERENCES

- a) TU-K Statutes.
- b) The Technical University of Kenya Strategic Plan.
- c) University Code of Conduct and Public Officers Ethics Act.

- d) TUKAA Constitution*
- e) TU-K Income Generation Policy*
- f) TU-K Endowment Management Policy*

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DVC - Deputy Vice-Chancellor
- b) IAE – Institutional Advancement and Enterprise
- c) IDF - Institutional Development and Fundraising
- d) IEP – International Engagement and Partnership
- e) CCE – Civic and Community Engagement
- f) CFO – Chief Finance Officer
- g) MOU - Memorandum of Understanding
- h) MOC - Memorandum of Cooperation
- i) MOA – Memorandum of Agreement
- j) QM - Quality Manual
- k) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply in addition to:
Collaboration documents - These are legal documents indicating the level of partnership of both parties, and the schedule of implementation of activities under the agreement.

5.0 RESPONSIBILITY

- a) DVC, AFA is responsible for supervising the implementation and maintenance of this procedure.
- b) Director IEP, Director CCE and IDF are responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 RESOURCE MOBILIZATION THROUGH ENDOWMENT FUND

- a) Director, IDF prepares a short brief on TU-K indicating areas achievements of the University and possible preferred areas of collaboration for the purpose of strategic networking; and the enhancement of teaching and learning facilities.
- b) The IDF Directorate advises and facilitates discussions with proposed partners to discuss and agree on types of acceptable donations; possible sharing of facilities for teaching and learning; visiting lecturers/speakers on *pro bono* basis; and sharing or provision of other resources. An Agreement/ Commitment document is developed for signature of both parties.
- c) Director, IFD submits the draft documents to DVC-AFA for further discussion and approval.
- d) DVC-AFA forwards the draft documents to the University Secretary for advice and possible amendments of the documents.
- e) The documents are revised as advised by the University Secretary.
- f) The University Secretary prepares the legal documents for signature by both parties.
- g) Original signed documents are returned to DVC, AFA. Copies of the signed documents are kept by the University Secretary, and Director IFD.
- h) Director IFD coordinates Endowment Management activities outlined in the Agreement document signed by both parties, and submits quarterly reports to DVC, AFA.

6.2 RESOURCE MOBILIZATION THROUGH FUNDRAISING

- a) DVC, AFA appoints the Fundraising Committee, - which will include Director IDF as Member/ Secretariat and Representative of UB & CFO as a Member.
- b) The Fundraising Committee meets to schedule and plan fundraising events to support the requirements/ projects of the University.
- c) The Fundraising Committee submits the schedule of activities; budget; and proposed dates of the event(s) to DVC, AFA for discussion.
- d) DVC, AFA forwards the proposal to Vice Chancellor for presentation to UMB for discussion and approval.
- e) Director IDF commences organization of the event after approval of the event proposal and budget.
- f) The event(s) are held accordingly and records of all donations and/or pledges kept.
- g) Funds received from the event are deposited in the appropriate University account.
- h) The Fundraising Committee evaluates the event and submits a report to DVC, AFA for further action.
- i) Letters of acknowledgement and appreciation are prepared and sent to all participants.

6.3 RESOURCE MOBILIZATION THROUGH EXTERNALLY FUNDED PROJECTS

- a) DVC AFA and Directors in AFA Division source for calls for proposals made by international organizations.
- b) DVC AFA constitutes teams relevant to the disciplines required for developing proposals as per Calls for proposals for specific projects.
- c) Proposals are developed according to the guidelines provided and submitted to the funding organization for approval/acceptance.
- d) Proposals that are accepted are commenced as per provided guidelines.



THE TECHNICAL UNIVERSITY OF KENYA

Document: BUSINESS AND ENTERPRISE DEVELOPMENT

Doc. Number: TU-K/AFA/SOP/0049

Date of Issue: MARCH 2024

Version No: 01

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Authorised By: VICE-CHANCELLOR

2.23 PROCEDURE FOR BUSINESS AND ENTERPRISE DEVELOPMENT (TU-K/AFA/SOP/0049)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to facilitate the establishment and operations of University enterprises such as consultancies, commercialization of innovations, technology transfer/ trainings, and sale of patents among other enterprises.

2.0 SCOPE

This procedure applies to all Faculties and Departments in TU-K.

3.0 REFERENCES

- a) TU-K Statutes.
- b) Kenya Industrial Training Act 2007.
- c) The Technical University of Kenya Strategic Plan

- d) University Code of Conduct and Public Officers Ethics Act.
- e) TU-K Income Generation Policy

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DVC - Deputy Vice-Chancellor
- b) AFA – Administration Finance and Advancement
- c) BES – Business and Enterprise Services
- d) DBES – Director, Business and Enterprise Services
- e) EED – Entrepreneurship and Enterprise Development
- f) DEED – Director, Entrepreneurship and Enterprise Development
- g) UB & CFO – University Bursar and Chief Finance officer
- h) MOU - Memorandum of Understanding
- i) MOC - Memorandum of Cooperation
- j) MOA – Memorandum of Agreement
- k) FM – Financial Memorandum
- l) QM - Quality Manual
- m) IGU – Income Generating Unit
- n) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

Collaboration documents – These are legal documents indicating the level of partnership for both parties and the schedule for implementation of activities under the agreement.

5.0 RESPONSIBILITY

- a) DVC, AFA is responsible for supervising the implementation and maintenance of this procedure.
- b) Director, BES and Director, EED are responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) A business plan shall be prepared by the relevant IGU/ department/ group of consultants and forwarded to Director BES.
- b) Director BES will forward a summary of business plans received, to DVC-AFA for his/her information and advice on next steps.
- c) Director BES will then invite the IGU committee to a meeting to deliberate on the business plans and give recommendations as per viability of proposals and approved criteria for University support.
- d) The IGU Committee will communicate the decision of the Committee to the applicants.
- e) Seed money shall be loaned to the successful applicants for starting up enterprise activities, together with a schedule for repayment of the same to the University.
- f) For the purpose of monitoring and evaluation, the relevant IGU/ department/ group of consultants are required to submit monthly status reports to Director BES, who will forward the same to DVC, AFA.



THE TECHNICAL UNIVERSITY OF KENYA

Document: ESTABLISHING INTERNATIONAL, INSTITUTIONAL AND INDUSTRIAL LINKAGES

Doc. Number: TU-K/AFA/SOP/0050

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

2.24 PROCEDURE FOR ESTABLISHING INTERNATIONAL, INSTITUTIONAL AND INDUSTRIAL LINKAGES (TU-K/AFA/SOP/0050)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to facilitate strategic partnerships and linkages with international, regional and local institutions of higher learning, non-governmental organizations, industries and government agencies, to enhance joint research, technological competency of staff and students, and enhancement of learning facilities in the University.

2.0 SCOPE

This procedure applies to all departments in TU-K.

3.0 REFERENCES

- a) TU-K Statutes
- b) University Code of Conduct and Public Officers Ethics Act
- c) Kenya Industrial Training Act 2007

d) The Technical University of Kenya Strategic Plan

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DVC - Deputy Vice-Chancellor
- b) IAE – Institutional Advancement and Enterprise
- c) IEP - Director of International Engagement and Partnerships
- d) DIEP - Director of International Engagement and Partnerships
- e) IDF - Institutional Development and Fundraising
- f) DIDF – Director of Institutional Development and Fundraising
- g) MOU - Memorandum of Understanding
- h) MOC - Memorandum of Cooperation
- i) MOA – Memorandum of Agreement
- j) QM - Quality Manual
- k) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply in addition to: Collaboration documents - These are legal documents indicating the level of partnership of both parties, and the schedule of implementation of activities under the agreement.

5.0 RESPONSIBILITY

- a) DVC, AFA is responsible for the supervision of the implementation of this procedure.
- b) Directors in AFA are responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) TU-K receives a written application/request for partnership; or has a meeting concerning the collaboration/partnership; or seeks partnership/collaboration with relevant institutions and forwards documentation to the relevant Directorate.
- b) The Directorate advises and facilitates discussions with the institution or company to lead to development of the MOU or MOC or agreement.
- c) The departments concerned, in consultation with the relevant Director, develop the draft document for consideration.

- d) Director submits the draft documents to DVC-AFA.
- e) DVC-AFA makes corrections, if any, and forwards the draft documents to the University Secretary for advice and possible amendment of the document. If the draft document is not acceptable, DVC-AFA returns the document to departments for further consultation with Director for revision, alignment, amendments and adjustments as advised by the University Secretary.
- f) If the draft document is accepted, the University Secretary prepares the legal documents for signature by both parties.
- g) Original Signed document is returned to DVC-AFA and copies to University Secretary and the relevant department for record and safe keeping.



THE TECHNICAL UNIVERSITY OF KENYA

Document: CONDUCTING COMMUNITY OUTREACH PROGRAMMES

Doc. Number: TU-K/AFA/SOP/0051

Date of Issue: MARCH 2024

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Authorised By: VICE-CHANCELLOR

2.25 PROCEDURE FOR CONDUCTING COMMUNITY OUTREACH PROGRAMMES (TU-K/AFA/SOP/0051)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to promote community dialogue and engagement through community outreach programmes, public lectures, conferences and other platforms.

2.0 SCOPE

The service will be provided to community groups that meet the approved selection criteria.

3.0 REFERENCES

- a) Kenya Industrial Training Act 2007
- b) The Technical University of Kenya Strategic Plan
- c) TU-K Statutes
- d) University Code of Conduct and Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DVC - Deputy Vice-Chancellor
- b) IAE – Institutional Advancement and Enterprise
- c) CCE – Civic and Community Engagement
- d) DCCE - Director of Civic and Community Engagement
- e) IDF - Institutional Development and Fundraising
- f) DIDF - Director of Institutional Development and Fundraising
- g) MOU - Memorandum of Understanding
- h) MOC - Memorandum of Cooperation
- i) MOA- Memorandum of Agreement
- j) QM - Quality Manual
- k) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply in addition to:

- a) Collaboration documents - These are legal documents indicating the level of partnership of both parties, and the schedule of implementation of activities under the agreement.
- b) Communities – Urban, rural and professional groups
- c) Inter-Community engagements – Engagements across professions, institutions and grass root communities

5.0 RESPONSIBILITY

- a) DVC, AFA is responsible for supervising the implementation and maintenance of this procedure.
- b) Director CCE and Director IDF are responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) DVC, AFA appoints an outreach committee.

- b) The Outreach committee evaluates outreach activities and/or community projects and recommends the theme for the year, and decides the criteria for the selection of community projects to be undertaken.
- d) An annual budget and proposed schedule for outreach activities and inter-community engagement is drawn up by Director CCE and the Outreach Committee and submitted to DVC, AFA for approval.
- e) Community project activities are conducted. Quarterly updates and reports submitted to DVC, AFA.
- f) A quarterly review of activities is done for evaluation of the impact of activities and posted on the university web site.
- g) Annual report compiled and submitted to DVC-AFA for evaluation by the divisional committee.



THE TECHNICAL UNIVERSITY OF KENYA

Document: ATTENDANCE OF EXTERNAL SEMINARS AND CONFERENCES

Doc. Number: TU-K/AFA/SOP/0052

Date of Issue: MARCH 2024

Version No: 01

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Authorised By: VICE-CHANCELLOR

2.26 PROCEDURE FOR ATTENDANCE OF EXTERNAL SEMINARS AND CONFERENCES (TU-K/AFA/SOP/0052)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to provide guidelines for the preparation of travel of TU-K staff for external institutional engagements.

2.0 SCOPE

University officers invited to attend external seminars and conferences.

3.0 REFERENCES

- c) Kenya Industrial Training Act 2007
- d) The Technical University of Kenya Strategic Plan
- e) TU-K Statutes
- f) University Code of Conduct and Public Officers Ethics Act.
- g) TU-K Research Policy*

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DVC - Deputy Vice-Chancellor
- b) CFO – Chief Finance officer
- c) MOU - Memorandum of Understanding
- d) MOC - Memorandum of Cooperation
- e) MOA – Memorandum of Agreement
- f) FM – Financial Memorandum
- g) QM - Quality Manual
- h) TU-K - The Technical University of Kenya

4.2 DEFINITION

AIE – Financial document for funds expenditure

5.0 RESPONSIBILITY

- a) The Vice Chancellor and DVC-AFA is responsible for supervising the implementation and maintenance of this procedure in AFA Division.
- b) The administrative heads in AFA Division and CFO are responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) TU-K receives invitation to attend seminars or conferences and forwards this to the relevant Division; Department or Faculty.
- b) A written request for flight and ticket quotations from University pre-qualified travel agents is prepared and dispatched.
- c) A written request for travel insurance quotations from university pre-qualified insurance agents which are evaluated on receipt.
- d) Acceptable quotations are forwarded to the Vice-Chancellor for approval of the proposed budget. If the proposal is not approved, the invitee is advised accordingly.

- e) On approval of quotations and finances, an AIE and imprest are prepared and forwarded to the Financial Controller for approval and processing.
- f) When the AIE and imprest is authorised, funds for the purpose of travel expenses and accommodation are sent to the staff's account. Tickets and insurance are purchased and travel documents prepared.
- g) Officer attends the meeting or conference and on return fills an imprest surrender form and submits it to the finance office with supporting documents, for accounting records.

**3.0 OFFICE OF THE
DEPUTY VICE-
CHANCELLOR-ACADEMIC
AND STUDENTS AFFAIRS
(ASA)**



THE TECHNICAL UNIVERSITY OF KENYA

Document: CURRICULUM DEVELOPMENT AND REVIEW

Doc. Number: TU-K/AC/SOP/0053

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

3.1 PROCEDURE FOR CURRICULUM DEVELOPMENT AND REVIEW (TU-K/AC/SOP/0053)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that curriculum development and review is conducted efficiently and effectively in order to guarantee quality academic programmes.

2.0 SCOPE

This procedure applies to the development and review of curricula in the entire University.

3.0 REFERENCES

- a) Previous syllabi
- b) Course texts
- c) Vision 2030
- d) CUE guidelines for re-evaluation of curriculum for revised academic programmes
- e) CUE standards and guidelines for university academic programmes

- f) CUE guidelines for designing curricula

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CDC - Curriculum Development Committee
- b) CoD - Chairperson of Department
- c) CUE - Commission for University Education
- d) DAB - Departmental Academic Board
- e) DC - Deans' Committee
- f) DCDRC - Departmental Curriculum Development and Review Committee
- g) DVC-ASA -Deputy Vice-Chancellor- Academic and Students Affairs
- h) FAB - Faculty Academic Board
- i) QM - Quality Manual
- j) RA - Registrar (Academic)
- k) SEN - Senate
- l) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in the TU-K(QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-ASA supervises the implementation of this procedure.
- b) The RA is responsible for the implementation and maintenance of this procedure.

6.0 DEVELOPMENT

- a) The CoD receives proposals for development or review of an existing one from various sources (staff, industry, any other).
- b) The CoD convenes a DAB which analyses the received proposals and determines the rationale for a comprehensive development and review.
- c) The DAB determines the stakeholders request and informs them of the decision.
- d) The DAB constitutes a Departmental Curriculum Development and Review Committee (DCDRC) and initiates the review/development process.

- e) The DCDRC prepares a memorandum outlining the suggested content and structure of new curricula or revisions to the existing ones, together with a zero-draft based on Commission for University Education (CUE) guidelines and standards and presents these to the CoD.
- f) The DCDRC presents the memorandum and zero draft of the new curriculum or revisions to the DAB for consideration and approval.
- g) The DAB forwards the draft curriculum to the FAB for consideration.
- h) The DAB invites stakeholders to assess the draft curriculum and give their input.
- i) The DCDRC collates and considers the views from the stakeholders' forum and integrates them into the draft curriculum.
- j) The Faculty Academic Board (FAB) considers, analyses and adopts the draft curriculum and forwards, together with FAB minutes, to the Deans' Committee.
- k) The Deans' Committee considers, analyses the draft curriculum and makes recommendation(s) to the Senate for deliberation.
- l) The Senate analyses the curriculum and gives its recommendation(s) for further incorporation by the DCDRC.
- m) Upon Senate approval, the curriculum is submitted to CUE for consideration of accreditation.
- n) Upon CUE accreditation, the Curriculum becomes operational.



THE TECHNICAL UNIVERSITY OF KENYA

Document: STUDENT ADMISSION AND REGISTRATION

Doc. Number: TU-K/AC/SOP/0054

Date of Issue: MARCH 2024

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Authorised By: VICE-CHANCELLOR

3.2 PROCEDURE FOR STUDENT ADMISSION AND REGISTRATION (TU-K/AC/SOP/0054)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that admission and registration of students is conducted efficiently and effectively.

2.0 SCOPE

This procedure applies to all TU-K, Departments and Centres.

3.0 REFERENCES

- a) The Technical University of Kenya Statutes
- b) The Technical University of Kenya Strategic Plan
- c) The Technical University of Kenya Students Charter
- d) University Code of Conduct and Public Officers Ethics Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DVC-ASA - Deputy Vice-Chancellor- Academic and Students Affairs
- b) QM - Quality Manual
- c) RA - Registrar (Academic)
- d) SAR - A & R - Senior Assistant Registrar Admission and Recruitment
- e) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

- c) Entry Requirements – The minimum academic qualifications required to be eligible for admission into a university programme.
- d) Government sponsored students - Students under the regular programme.
- e) HELB – Higher Education Loans Board
- f) KC.S.E. – Kenya Certificate of Secondary Education
- g) KUCCPS – Kenya University & Colleges Central Placement Services, the body responsible for admission of government-sponsored students to public universities.
- h) Module II Self sponsored students – Students under the parallel programme.
- i) SMIS – Student Management Information System
- j) Student Joining Instructions – A set of documents given to admitted students together with the letter of offer.

5.0 RESPONSIBILITY

- a) The DVC-ASA supervises the implementation of this procedure.
- b) The Registrar (Academic) and Senior Assistant Registrar, Admission and Recruitment are responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 Government-Sponsored Students

- a) KUCCPS sets admission criteria.
- b) Prospective applicants revise programme choices.
- c) KUCCPS receives and processes application forms.
- d) KUCCPS places qualified applicants and informs the successful applicants.
- e) The Technical University of Kenya receives placement list from KUCCPS.
- f) Deans Committee considers list of placed applicants and recommend to Senate to admit

- g) Senate considers recommendations of the Dean's Committee and admits students placed by KUCCPS.
- h) RA prepares, and issues admission offer letters.
- i) RA registers students.
- j) RA coordinates orientation.

7.5.3 Module II/Private Sponsored Students

- a) RA requests programmes to be advertised from CoD.
- b) CoD compiles the departmental list and submit request(s) for programmes to be advertised to RA.
- c) RA compiles university- wide list of programmes to be advertised.
- d) RA requests authority of the Vice-Chancellor to advertise programmes.
- e) Vice-Chancellor approves list of programmes to be advertised.
- f) RA advertises the programmes.
- g) Prospective students apply for the programme.
- h) DAB considers applications and shortlists qualified applicants.
- i) Deans' Committee approves selection list.
- j) RA issues admission offer letters to qualified applicants.
- k) RA registers students.
- l) RA coordinates orientation for newly admitted students.



THE TECHNICAL UNIVERSITY OF KENYA

Document: TIMETABLE PREPARATION

Doc. Number: TU-K/AC/SOP/0055

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3.3 PROCEDURE FOR TIMETABLE PREPARATION (TU-K/AC/SOP/0055)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

- a) To provide guidelines for timetable preparation at the University.
- b) To ensure that all lessons for every class are scheduled in appropriate classrooms.
- c) To eliminate conflict that may arise from shared facilities.

2.0 SCOPE

This procedure is applicable to all teaching Departments of the University.

3.0 REFERENCES

- a) Teaching curricula
- b) Programme Calendar
- c) Semester date Schedule

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoD - Chairperson of Department
- b) DAB - Departmental Academic Board
- c) DR – AS & C - Deputy Registrar (Academic, Secretariat and Coordination)
- d) DVC-ASA -Deputy Vice-Chancellor- Academic and Students Affairs
- e) QM - Quality Manual
- f) RA - Registrar (Academic)
- g) DTC - Department Timetable Coordinator
- h) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-ASA is responsible for the supervision of the implementation of this procedure.
- b) The RA, Deputy Registrar (Academic Secretariat and Coordination) are responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The DR-AS&C initiates the timetable process by identifying the programme courses to be taught in the semester, eight (8) weeks before the onset of the next semester
- b) The DR-AS&C plots the timetable and uploads the draft timetable to the user departments, six (6) weeks before the start of the next semester
- c) Department timetable requests the DR-AS&C for correction of draft timetable between sixth (6th) to fourth (4th) week before the start of the next semester
- d) Department timetable creates the final timetable from the draft timetable template using the timetable software between fourth (4th) to second (2nd) week before the start of the next semester
- e) Department timetable uploads final timetable to the timetable site and pins on notice boards two (2) weeks before the start of the new next semester



THE TECHNICAL UNIVERSITY OF KENYA

Document: TEACHING OF THEORY LESSONS

Doc. Number: TU-K/AC/SOP/0056

Date of Issue: MARCH 2024

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3.4 PROCEDURE FOR TEACHING OF THEORY LESSONS (TU-K/AC/SOP/0056)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure efficient and effective teaching of students within the University.

2.0 SCOPE

This procedure applies to teaching of theory lessons in the University.

3.0 REFERENCES

- a) ISO 9001:2015 Quality Management System Requirements.
- b) The Technical University of Kenya Examination Policy for Undergraduate, Diploma and Certificate Programmes.
- c) The Technical University of Kenya Statutes.

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoD - Chairperson of Department
- b) DVC-ASA - Deputy Vice-Chancellor- Academic and Students Affairs
- c) FAB - Faculty Academic Board
- d) DAB - Departmental Academic Board

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0 RESPONSIBILITY

- a) The DVC-ASA is responsible for the implementation and effective supervision of these procedures.
- b) CoD is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) At least four (4) weeks to the beginning of each semester, the CoD convenes a DAB in which course allocation is done in line with the approved teaching timetable.
- b) At least one (1) week before the beginning of each semester, each lecturer/course instructor prepares a course outline guided by the course description and submits the same to the CoD for approval.
- c) At least one (1) week before the beginning of each semester, the CoD posts a copy of the teaching timetable to the Departmental noticeboard.
- d) At the start of the semester, the course lecturer/instructor distributes a copy of the approved course outline to the students.
- e) The course instructor attends class as scheduled and delivers the course content either online or face to face.
- f) The course lecturer/tutor maintains a class attendance register and analyses percentages on a monthly basis and submits the analysis to the CoD.
- g) The CoD monitors class attendance and ensures compliance with examination regulations.
- h) The course lecturer/tutor carries out a continuous assessment of students' progress in line with the approved schedule and examination regulations.

- i) The course lecturer/tutor sets end-semester exams following the timelines set in the relevant procedure and in accordance with University Examination Regulations and submits the same to the CoD.
- j) One (1) week before the end of the teaching programme, the CoD facilitates appraisal of staff teaching performance by students.



THE TECHNICAL UNIVERSITY OF KENYA

Document: TEACHING OF PRACTICAL LESSONS	
Doc. Number: TU-K/AC/SOP/0057	
Date of Issue: MARCH 2024	Version No: 01
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

3.5 PROCEDURE FOR TEACHING OF PRACTICAL LESSONS (TU-K/AC/SOP/0057)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that practical lessons are conducted efficiently and effectively.

2.0 SCOPE

This procedure applies to teaching of practical lessons in University laboratories and workshops.

3.0 REFERENCES

- a) Course manuals
- b) Syllabi

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoD - Chairperson of Department
- b) DCT - Departmental Chief Technologist
- c) DVC-ASA - Deputy Vice-Chancellor- Academic and Students Affairs
- d) DAB - Departmental Academic Board

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) DVC-ASA is responsible for the supervision of this procedure.
- b) CoD is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) At least eight (8) weeks to the beginning of each semester, the CoD convenes a DAB in which course allocation is done in line with the approved teaching timetable.
- b) At least six (6) weeks before the onset of the practical(s), the lecturer prepares course outlines, laboratory/practical/workshop activity worksheet and teaching aids for the lesson as appropriate and submits practical request to the CoD and Departmental Chief Technologist (DCT).
- c) At least four (4) weeks before the date of the practical lesson, the CoD, in liaison with the DCT, requisitions for and prepares any equipment and materials needed for the practical.
- d) At least thirty (30) minutes before the lesson, the technical staff prepares all practical materials as requested by the course lecturer.
- e) During the first lesson of the practical, the course lecturer circulates course outlines, laboratory/practical/workshop activity worksheet and teaching aids for the lesson and takes the students through the practical assisted by the Technical staff.
- f) The technical staff supervises the clearing of the lab/workshop and proper storage of equipment and materials.

7.0 APPENDICES

- a) Laboratory worksheet
- b) Student absenting form
- c) Students' Attendance Registers
- d) Teaching Timetable



THE TECHNICAL UNIVERSITY OF KENYA

Document: TEACHING STUDIOS

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3.6 PROCEDURE FOR TEACHING STUDIOS (TU-K/AC/SOP/0058)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure efficient and effective teaching studio courses and to guarantee quality outcomes.

2.0 SCOPE

This procedure applies to all studio courses in the entire University.

3.0 REFERENCES

- a) Course texts
- b) Previous Syllabi
- c) Working instructions on teaching and assessment of studios

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoD - Chairperson of Department
- b) DAB - Departmental Academic Board

- c) DSO - Departmental Studio Overseer
- d) DVC-ASA - Deputy Vice-Chancellor- Academic and Students Affairs
- e) QM - Quality Manual
- f) SM - Studio Master
- g) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0 RESPONSIBILITIES

- a) The DVC-ASA is responsible for supervising the implementation of this procedure.
- b) The CoD is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The CoD prepares and releases a timetable for studio teaching in line with the procedure for timetable preparation.
- b) At least eight (8) weeks before the onset of the studio, the CoD, in liaison with DSO, appoints a studio instruction team consisting of a studio master (SM), instructors, technicians and tasks them with formulating a studio brief in line with the relevant course syllabus and work instruction.
- c) At least six (6) weeks before the onset of the studio, the SM submits a studio brief to the DSO.
- d) At least five (5) weeks before the onset of the studio, the CoD calls a meeting of the DAB to discuss, review and adopt the studio brief.
- e) At least five (5) weeks before the onset of the studio, the CoD, in liaison with DSO, requisitions for studio materials, arranges logistics for fieldwork, including transport, accommodation and field guidance.
- f) At least two (2) weeks before the onset of the studio, the DSO releases the studio brief to students, together with a list of tools and instruments they are expected to possess.
- g) At least two (2) weeks before the onset of the studio, the CoD, in liaison with DSO, ensures that technicians have all the materials required for the studio.

- h) During the first week of the studio, the SM launches the studio, and with the assistance of instructors and technicians, ensures that students have all the necessary instruments needed for studio work.
- i) The SM ensures that studio instruction proceeds in accordance with the laid out brief and relevant work instructions.
- j) The CoD, in liaison with DSO, ensures that studio assessment proceeds in accordance with the laid-out schedule and relevant working instructions.



THE TECHNICAL UNIVERSITY OF KENYA

Document: INDUSTRY-BASED LEARNING

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Authorised By: VICE-CHANCELLOR

3.7 PROCEDURE FOR INDUSTRY-BASED LEARNING (TU-K/AC/SOP/0059)

GENERAL

Records of Change

As per clause 7.5 in the document control procedure

Distribution

As per clause 7.5.3 in the document control procedure

0.1 ABBREVIATIONS

The abbreviations given in the TUK(QM) apply to the whole university in addition to the following:

- a) QM - Quality Manual
- b) TUK - The Technical University of Kenya
- c) DVC-ASA - Deputy Vice Chancellor, Academic and Students Affairs
- d) DVC-RTD - Deputy Vice Chancellor- Research Technology and Development
- e) AL - Academic Leader
- f) EE - External Examiner
- g) RA - Registrar Academic
- h) D-CIWE - Director - Center for Industry Work Experience
- i) D-IBLC - Departmental Industrial-Based Learning Coordinator

1.0 PURPOSE

To ensure that students are attached to industries effectively and timely.

2.0 SCOPE

This procedure is used to place students in industries for attachment in the entire Institution.

3.0 REFERENCES

- a) Curriculum
- b) TUK Strategic Plan
- c) Industrial Attachment manual

4.0 TERMS USED

For the purpose of this procedure, the definitions in TUK(QM) apply.

5.0 RESPONSIBILITIES

- a) The DVC-RTD is responsible for the implementation and supervision of this procedure
- b) D-CIWE and SAR-IBLP be responsible for the implementation and maintenance of this procedure.

7.0 METHOD

6.1 Internal IBL

6.2 External IBL

- a) The S-IBLPC raises a memo through the AL requesting students to identify at least three relevant attachment places one (1) semester prior to commencement of industrial attachment
- b) The S-IBLPC in liaison with the DS-IBLP receives attachment places from the students and forwards to the AL three (3) months prior to commencement of industrial attachment
- c) The S-IBLPC harmonizes the proposed attachment requests and establishes availability of proposed places and issues letters of introduction
- d) The S-IBLPC compiles the final placement list and forwards the same to SAR-IBLP
- e) The SAR-IBLP ensures that placed students have an insurance cover.
- f) Before the students embarks on attachment, the SAR-IBLP, in liaison with the D-IBLP and SAR-IBLP issues students with guidebooks and logbook and briefs them about the IBL
- g) The S-IBLPC compiles data on student who have reported to institutions of attachment and forwards the same to SAR-IBLP/D-CIWE

- h) The S-IBLPC, in liaison with D-IBLPC prepares a visitation schedule, allocates Lecturers and makes the necessary travelling arrangements SAR-IBLP.
- i) The lecturer visits the student in accordance with the approved schedule and assesses his/her progress and performance.
- j) The lecturer compiles visitation and assessment reports, together with the logbooks and submits them to D-IBLP/AL.

7.0 APPENDICES

- a) Process Map
- b) Student Introduction Letter
- c) Attachment places proposal form
- d) Student placement form
- e) Attachment Letter
- f) Attachment guide
- g) Student logbook
- h) Lecturer visitation form
- i) Visitation schedule form
- j) Work Instructions on Placement of Students
- k) Work Instructions on IBL Visitation
- l) Work Instruction on IBL Assessment



THE TECHNICAL UNIVERSITY OF KENYA

Document: APPOINTMENT OF EXTERNAL EXAMINERS	
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3.8 PROCEDURE FOR APPOINTMENT OF EXTERNAL EXAMINERS (TU-K/AC/SOP/0060)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

2.0 PURPOSE

The purpose of the procedure is to ensure that the appointment of External Examiners conforms to the rules and regulations governing University Examinations and on time.

3.0 SCOPE

This procedure applies to the appointment of external examiners by all teaching departments in the university.

4.0 REFERENCES

- a) Common Rules and Regulations for Diploma University Examinations
- b) Common Rules and Regulations for Post Graduate University Examinations
- c) Common Rules and Regulations for Undergraduate University Examinations
- d) The Technical University of Kenya Statutes

5.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoD - Chairperson of Department
- b) DVC-ASA - Deputy Vice-Chancellor- Academic and Students Affairs
- c) DAB -Department Academic Board
- d) EE - External Examiner
- e) FAB -Faculty Academic Board
- f) QM - Quality Manual
- g) RA - Registrar (Academic)
- h) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

External Examiner – An independent scholar not within the TU-K teaching fraternity selected and appointed to evaluate the quality of examinations set and to moderate the marking of the same.

6.0 RESPONSIBILITY

- a) The DVC-ASA is responsible for supervising the implementation of this procedure.
- b) The RA is responsible for the implementation and maintenance of this procedure.

7.0 METHOD

- a) The CoD identifies an External Examiner for the subject area to be examined in accordance with Rules and Regulations approved by the Senate at the beginning of academic year or as need arises.
- b) The CoD forwards the external examiner’s Curriculum Vitae to be discussed in the DAB and-FAB
- c) The Dean of Faculty forwards the EE's Curriculum Vitae forwards to Senate for consideration and approval within two weeks of FAB’s meeting
- d) The DVC-ASA issues letter of appointment to the successful examiner as recommended by the Senate not later than one month following the Senate approval.



THE TECHNICAL UNIVERSITY OF KENYA

Document: MANAGEMENT OF EXAMINATIONS

Doc. Number: TU-K/AC/SOP/ 0061

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3.9 PROCEDURE FOR MANAGEMENT OF EXAMINATIONS (TU-K/AC/SOP/0061)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To provide guidelines for effective and efficient management of examinations.

2.0 SCOPE

This procedure is applicable to the management of University examinations.

3.0 REFERENCES

- a) Examination Policy Manual for Undergraduate, Diploma and Certificate Programmes
- b) Graduate and Advanced Studies Assessment Policy
- c) Syllabi
- d) The TU-K Assessment Policy

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CAT - Continuous Assessment Test
- b) CMS - Consolidated Mark sheets

- c) CoD - Chairperson of Department
- d) DAB - Departmental Academic Board
- e) DEB - Departmental Examination Board
- f) DEO - Departmental Examination Officer
- g) DR-E&C - Deputy Registrar, Examination and Certification
- h) E.E. - External Examiner
- i) ESE - End Semester Examinations
- j) FAB - Faculty Academic Board
- k) I.E. - Internal Examiner
- l) IBL-I - Industry-based Learning (Internal)
- m) OBE - Open Book Exam
- n) OE - Oral Examinations
- o) RA - Registrar (Academic)

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-ASA and RA are responsible for the supervision of the implementation of this procedure.
- b) The DR-E&C and CoDs are responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 Preparation

- a) Senate approves Schedule of Semester dates, including dates for End-Semester, Supplementary and Special Examinations latest four (4) weeks to the commencement of succeeding academic year.
- b) The DR-E&C provides CoDs with timelines on the examination process for the semester by the second (2nd) week of the semester.
- c) The Internal Examiner (IE) submits examination papers to the CoD by the fourth (4th) week of the semester.

- d) The CoD calls a DAB meeting to internally moderate draft examinations by the fifth (5th) week of the semester.
- e) The CoD forwards the internally moderated examination papers to the External Examiner (EE) by the sixth (6th) week of the semester and ensures that the moderated examination papers are received back by the eighth (8th) of the semester.
- f) The CoD submits the externally moderated and proofread examination papers together with the approved examination timetable, in PDF format, using the TuSoft online examination submission module by the (9th) week of the semester.
- g) The DR-E&C prints, packages and seals final examination papers at least two (2) weeks before the commencement of the examination period.

7.5.3 Administration

- a) The CoD or his/her appointee collects the examination materials from the office of the DR-E&C at least half an hour before the start of the examination, provided that no examination materials are released more than one hour before the examination.
- b) The CoD or appointee hands over examination materials, together with answer scripts, class lists and incidence forms to the examination invigilator (EI).
- c) The EI administers the examination within the stipulated examination period and in accordance with the relevant working instruction.
- d) The EI submits examination answer scripts, attendance lists, and incidence forms to the CoD or Departmental Examination Officer (DEO) immediately after the examination session.

6.3 Processing

- a) The DEO, in liaison with the CoD coordinates the marking and submission of results by Internal Examiner.
- b) The IE marks the examination, prepares marksheets and submits both the examination scripts and marks within two (2) weeks from the end of examination period.
- c) The DEO prepares common mark sheets for consideration by the DEB by the third (3rd) week after the end of the examination period.
- d) The CoD, in liaison with the RA, invites the External Examiner to moderate examination results by the fourth (4th) week after the end of semester examinations.

- e) The DEO prepares consolidated marksheets (CMS) in compliance with the official rubrics and submits the same to the CoD.
- f) The CoD receives CMS and convenes a meeting of the SAB to consider and approve examination results by the fifth (5th) week after Semester examinations and hands over the same to the Dean.
- g) The Dean convenes a meeting of the FAB to consider and approve examination results by the sixth (6th) week after the end of Semester examinations.
- h) The Dean authorizes CoD to release provisional results.
- i) CoD ensures result slips are available to students by the beginning of the seventh (7th) week.
- j) The same cycle is repeated in the second semester of the academic year. The ED submits provisional results for the academic year, in compliance with the relevant rubric, to DVC-ASA by the seventh (7th) week after the end of the second (2nd) Semester examinations.
- k) DVC-ASA forwards the provisional results to RA for onward transmission to Senate, which considers and approves all the results by the eighth (8th) week after the end of Semester examinations.

6.4 Certification and Transcripts

- a) The Dean certifies and releases Provisional Examination results by the ninth (9th) week after the end of the second (2nd) Semester examinations.
- b) At the end of the programme, the RA prepares the graduation list and certificates in accordance with the relevant work procedure.
- c) The DR-E&C prepares and issues academic transcripts to graduates by the fourth (4th) week after graduation.



THE TECHNICAL UNIVERSITY OF KENYA

Document: EXAMINATION RESULTS APPEAL

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3.10 PROCEDURE FOR EXAMINATION RESULTS APPEAL (TU-K/AC/SOP/0062)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To provide guidelines on how students raise concerns regarding the conduct of examinations and contest decisions regarding results.

2.0 SCOPE

This procedure is applicable to all University examinations.

3.0 REFERENCES

The Technical University of Kenya Assessment Policy 2010.

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoD - Chairperson of Department
- b) DEB - Departmental Examination Board

- c) FAB -Faculty Academic Board

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-ASA is responsible for the supervision of the implementation of this procedure.
- b) The RA is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The student writes to the Dean of the Faculty to appeal against the decision by the Senate within 14 days from the date results were published.
- b) The Dean immediately gets briefs from CoD and compiles a brief to the Vice-Chancellor.
- c) The Vice-Chancellor calls upon the Senate Examinations Appeals Committee to review the appeal and provide recommendation within fourteen (14) days after receiving the appeal case.
- d) Examinations Appeals Committee forwards its recommendations to the Vice-Chancellor for approval.
- e) RA communicates the decision approved by the Vice-Chancellor within seven (7) days from the date of approval.



THE TECHNICAL UNIVERSITY OF KENYA

Document: HANDLING EXAMINATION IRREGULARITIES

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3.11 PROCEDURE FOR HANDLING EXAMINATION IRREGULARITIES (TU-K/AC/SOP/0063)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that the integrity of University Examinations is maintained and that grades obtained by a student in an examination reflect their individual academic abilities.

2.0 SCOPE

This procedure is applicable to cases of all irregularities involving students in all University Examinations.

3.0 REFERENCES

- a) Syllabi
- b) The Technical University of Kenya Assessment Policy 2010
- c) The Technical University of Kenya Statute
- d) The Universities Act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) SCSEI - Standing Committee of Senate on Examination Irregularities
- b) DAC - Disciplinary Appeals Committee
- c) CoD - Chairperson of Department
- d) DAB - Departmental Academic Board

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for the supervision of the implementation of this procedure.
- b) The DVC- ASA is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 Handling Examination Irregularities

- a) In the event of an irregularity occurring during the sitting of an examination, invigilator(s) take note of the irregularity and records it in the incidence form, which the student must sign, and collects any evidence.
- b) At the end of the examination session, for the course unit, invigilator requests the student to write a statement which should be immediately submitted to the invigilator.
- c) Invigilator reports the case to the CoD immediately the student submits the statement and hands over all relevant documents.
- d) CoD convenes a meeting of the DAB to review and make recommendations regarding the disciplinary case within one (1) week following the last paper of the examination period.

- e) CoD forwards the DAB report on examination irregularities to the DVC-ASA through the Dean within seven (7) days of receiving the DAB recommendation.
- f) DVC-ASA forwards the case to the Vice-Chancellor for authority to suspend the student.
- g) DVC-ASA in liaison with the Chairman of the Standing Committee of Senate on Examination Irregularities (SCSEI) sets a date for hearing of examination irregularity cases occurring in the semester/term within three (3) weeks after the end of the respective examination period.
- h) DVC-ASA communicates the date of the examination irregularity disciplinary meeting to the affected student and parents/guardians, witnesses (invigilators) who detected the irregularity and members of the SCSEI at least two (2) weeks before the case date.
- i) The SCSEI meets and interrogate the affected student and witnesses to reach verdicts and recommend appropriate action.
- j) The DVC-ASA communicates the decision and recommendation of the SCSEI to the affected student within one (1) week of the hearing and determination of the case.
- k) The DVC-ASA presents the report and recommendations of the SCSEI to Senate within one (1) month of sitting for noting and ratification.

6.2 Disciplinary Appeal Process

- a) If dissatisfied upon receiving communication from the DVC-ASA regarding the outcome of disciplinary proceedings, the affected student writes to the Vice-Chancellor to appeal against the decision within fourteen (14) days of the decision.
- b) The Vice-Chancellor, on behalf of Senate, constitutes a Disciplinary Appeals Committee (DAC) to consider the appeal within fourteen (14) months of the appeal being lodged.
- c) The DAC makes its recommendations to the Senate through the Vice-Chancellor, which makes a final ruling on the case within two (2) months.
- d) The Vice-Chancellor communicates the decision of the Senate to the student within 7 days of the Senate making a ruling.



THE TECHNICAL UNIVERSITY OF KENYA

Document: GRADUATION

Doc. Number: TU-K/AC/SOP/0064

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3.12 PROCEDURE FOR GRADUATION (TU-K/AC/SOP/0064)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the control of maintained documented information

1.0 PURPOSE

To ensure only qualified students who have satisfied all University requirements graduate.

2.0 SCOPE

This process covers all students of The Technical University of Kenya.

3.0 REFERENCES

- a) The Kenya Technical University of Kenya Statutes
- b) The Kenya Technical University of Kenya Service Charter
- c) The Kenya Technical University of Kenya Calendar
- d) Pass lists from Departments

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoD - Chairperson of Department

- b) Dean FAST - Dean - Faculty of Applied Sciences and Technology
- c) Dean FEST - Dean - Faculty of Engineering Sciences & Technology
- d) DR - E & C - Deputy Registrar, Examination and Certification
- e) DVC- ASA - Deputy Vice-Chancellor- Academic and Students Affairs
- f) FAB - Faculty Academic Board
- g) QM - Quality Manual
- h) RA - Registrar Academics
- i) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

- a) Graduand - A student who has completed his/her academic programme and has been recommended and approved by Senate to graduate.
- b) Convocation - The master roll of graduates of the University.
- c) Pass lists - The list of names of students who have met the criteria of various awards of certificates, diplomas and degrees.

5.0 RESPONSIBILITY

- a) Chancellor - Awards Certificates and Diplomas and confers Degrees.
- b) Vice-Chancellor - Appoints the Graduation Planning Committee; constitutes the congregation of TU-K; and announces the end of ceremony and dissolves the congregation
- c) DVC-ASA – Chairs the Graduation Planning Committee and is the Master of Ceremony during the graduation day and ensures that this procedure is adhered to.
- d) Deans - Chair Faculty Academic Boards and submit pass lists to Senate.
- e) Chair of Department - Chair Departmental Academic Boards and submits pass lists to Deans.
- f) Registrar (Academic) - Ensures the procedure is executed and prepares the graduation booklet.

6.0 METHOD

- a) University Senate sets graduation date.

- b) The Departments discuss examinations and recommend pass lists to be submitted to the Deans.
- c) Approved pass lists are forwarded to the Registrar (Academic) through the DVC-ASA for further action.
- d) Senate considers the pass lists and forwards to the DVC-ASA for onward transmission to Vice-Chancellor for approval on behalf of the Senate.
- e) The Registrar (Academic) forwards the lists to the Senate for approval.
- f) Graduands are notified of the graduation date by the Registrar (Academic).
- g) Registrar (Academic) invites the graduands to the ceremony.
- h) Registrar (Academic) clears graduands and hires out gowns to graduands.
- i) DR – E & C prepares graduation roll
- j) DR – E & C forwards graduation roll to RA for approval and processing of the Graduation Booklet.
- k) Registrar (Academic) prepares the Graduation Booklet
- l) Vice-Chancellor appoints the Graduation Planning Committee; constitutes the congregation of TU-K; and announces the end of ceremony and dissolves the congregation.
- m) Chancellor - Awards Certificates and Diplomas and confers Degrees.



THE TECHNICAL UNIVERSITY OF KENYA

Document: SENATE MEETINGS

Doc. Number: TU-K/AC/SOP/0065

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Authorised By: VICE-CHANCELLOR

3.13 PROCEDURE FOR SENATE MEETINGS (TU-K/AC/SOP/0065)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that Senate meetings are conducted efficiently and effectively.

2.0 SCOPE

This procedure applies to all Senate and its Standing Committee Meetings.

3.0 REFERENCES

- a) Graduation list for Faculties/Departments
- b) List for Courses for the Semester
- c) List of Lecture Halls and their capacity
- d) Quality Manual
- e) The Technical University of Kenya Examination Policy Manual for Undergraduate, Diploma and Certificate Programmes

f) The Technical University of Kenya Statutes

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CUE - Commission for University Education
- b) DVC-ASA - Deputy Vice-Chancellor- Academics and Students Affairs
- c) QM - Quality Manual
- d) RA - Registrar Academic

4.2 DEFINITIONS

- a) Examinations - All examinations for the Technical University of Kenya.
- b) Semester - An Academic term typically lasting 16 weeks.
- c) Senate - Supreme Academic organ of the University.
- d) Senators - Chairpersons of Departments, Directors of Units.
- e) Statutes - Technical University of Kenya Statutes.

5.0 RESPONSIBILITY

- a) Vice-Chancellor chairs the Senate Meetings.
- b) DVC-ASA chairs Senate Standing Committee Meetings.
- c) Registrar (Academic) ensures overall operation of this procedure.
- d) Senate sets graduation ceremony dates, approves graduation list.
- e) Graduation Planning Committee ensures overall organisation for the ceremony, preparation for graduation is complete and organisation for rehearsals.

6.0 METHOD

6.1 Method for Management of Senate Meetings

- a) Almanac is prepared and forwarded to Senate Committee for approval.
- b) Information on meeting dates is received.
- c) Agenda is compiled, and Documents produced.
- d) Notices are sent out to Committee members.
- e) Agenda items are compiled and sent out in folders.

- f) Secretariat services are provided at the meeting.
- g) Minutes are prepared and forwarded for signature and circulation.

6.2 Method for graduation planning and preparation

a) Planning and Preparation

- i. Planning of graduation consists of preparing all items needed for graduation in place.
- ii. Date for graduation is set two months before the actual day.
- iii. Gowns are hired or taken to the laundry and issued to the Faculties/Departments.
- iv. Graduation Planning Committee meetings are convened to monitor preparations.
- v. Letters of invitations are sent to students who have qualified.
- vi. Advertisement in the local dailies to inform prospective graduands of the requirements of graduation is affected.
- vii. Graduation Booklet is organized and printed in time and made ready for the ceremony.

b) Graduation

- i. Graduands report to the graduation square in time and sit in their right places
- ii. Graduation booklets are distributed to the graduands on Faculty basis.
- iii. Invited guests are ushered in and programme of event and the graduation booklet distributed to them.
- iv. Graduation ceremony then takes place.

6.3 METHOD FOR PREPARATION OF UNIVERSITY CALENDAR

- a) There will be consultations done through the Office of the DVC-ASA for inclusion of activities in the calendar.
- b) Recommended activities are included in the calendar.
- c) Recommendations are forwarded for approval by Senate.
- d) Approved calendars are distributed to Faculties and Departments.



THE TECHNICAL UNIVERSITY OF KENYA

Document: NOMINATION AND AWARD OF EXTERNAL SCHOLARSHIPS

Doc. Number: TU-K/AC/SOP/0066

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3.14 PROCEDURE FOR NOMINATION AND AWARD OF EXTERNAL SCHOLARSHIPS (TU-K/AC/SOP/0066)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To rationally allocate available of scholarship(s) to staff.

2.0 SCOPE

The procedure applies to all externally originating scholarships available for all staff of the University.

3.0 REFERENCES

- a) Donor Requirements
- b) Staff Development and Training Policy
- c) Terms and Conditions of Service

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) AD-PCE - Assistant Director, Professional and Continuing Education
- b) CoD - Chairperson of Department
- c) DCODEL - Director, Centre for Open Distance and Electronic Learning
- d) Donor Agency - Is the Institution that offers possible number of scholarships to the University for Staff development
- e) DSGAS - Director, School of Graduate and Advanced studies
- f) DVC-ASA - Deputy Vice-Chancellor- Academic and Student Affairs
- g) QM - Quality Manual
- h) Staff - Staff member pursuing post-graduate studies
- i) TU-K - The Technical University of Kenya
- j) URC - University Research Committee

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0 RESPONSIBILITY

- a) The DVC-ASA has the principal responsibility of ensuring the effective implementation of the procedure.
- b) DCODEL and AD-PCE are responsible for maintenance of this procedure.

6.0 METHOD

- a) The DVC-ASA communicates to the Dean, and CoDs about the availability of external scholarships to all staff of the University, spelling out the application procedure, eligibility, terms and deadlines.
- b) The CoD communicates to Departmental staff to apply for the scholarship following the procedure for preparation and approval of academic research.
- c) The applicant submits the scholarship application to the DCODEL for consideration.
- d) The DCODEL receives and verifies each application to ensure compliance with the donor conditions and terms and refers back to applicants that do not comply for rectification and compliance.
- e) The DCODEL facilitates the shortlisting of eligible applicants in line with agreed upon criteria.

- f) The DVC-ASA informs all applicants regarding the outcome of the vetting process.
- g) The DVC-ASA drafts the transmission letter for the Vice-Chancellor's approval after which, the application dossiers of successful applicants are dispatched to the donors.



THE TECHNICAL UNIVERSITY OF KENYA

Document: MONITORING COURSE DELIVERY

Doc. Number: TU-K/AC/SOP/0067

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3.15 PROCEDURE FOR MONITORING COURSE DELIVERY (TU-K/AC/SOP/0067)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure the effective and complete delivery of course content.

2.0 SCOPE

This procedure applies to the entire academic division in TU-K.

3.0 REFERENCES

TU-K Strategic Plan

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual
- b) TU-K - The Technical University of Kenya
- c) DVC-ASA - Deputy Vice-Chancellor- Academic and Students Affairs

- d) DQA - Director Quality Assurance
- e) DoS - Dean of Students

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-ASA is responsible for the supervision of the implementation of this procedure.
- b) The DQA is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The DVC-ASA develops the monitoring tool for course delivery evaluation
- b) DQA uploads the tool into TU-K website for the tool online administration
- c) Two weeks before end of every semester, DQA provides the link to the questionnaire within the TU-K website through the DoS office.
- d) Two weeks after end of semester, DQA downloads the filled questionnaires.
- e) The filled questionnaires are coded, analysed and findings reported by the office of DQA.
- f) A copy of the findings is sent to DVC-ASA for information and action.

7.0 APPENDICES

Course Delivery Evaluation Tool



THE TECHNICAL UNIVERSITY OF KENYA

Document: REPRINTING CERTIFICATES PRINTED WITH ERRORS

Doc. Number: TU-K/AC/SOP/0068

Date of Issue: MARCH 2024

Version No: 01

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Authorised By: VICE-CHANCELLOR

3.16 PROCEDURE FOR REPRINTING CERTIFICATES PRINTED WITH ERRORS (TU-K/AC/SOP/0068)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To provide guidelines for effective and efficient reprint of certificates printed with errors

2.0 SCOPE

This procedure is applicable to the management of University examinations.

3.0 REFERENCES

- a) Examination Policy Manual for Undergraduate, Diploma and Certificate Programmes
- b) Graduate and Advanced Studies Assessment Policy
- c) Syllabi
- d) The TU-K Assessment Policy

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DVC-ASA - Deputy Vice-Chancellor Academic and Student Affairs
- b) CoD - Chairperson of Department
- c) DR-E&C - Deputy Registrar, Examination and Certification
- d) RA - Registrar (Academic)

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-ASA and RA are responsible for the supervision of the implementation of this procedure.
- b) The DR-E&C and CoDs are responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The student writes to the Vice-Chancellor, through RA, to request for reprint of certificate within three months from the date of notice to collect certificates.
- b) RA authorises DR-E&C to compile the report for certificate reprints
- c) RA submits the report to the senate for approval of reprint requests

7.0 APPENDICES

Course Delivery Evaluation Tool



THE TECHNICAL UNIVERSITY OF KENYA

Document: ACCESS TO LIBRARY AND INFORMATION MATERIALS

Doc. Number: TU-K/AC/SOP/0069

Date of Issue: MARCH 2024

Version No: 01

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Authorized By: VICE-CHANCELLOR

3.17 PROCEDURE FOR ACCESS TO LIBRARY AND INFORMATION MATERIALS (TU-K/AC/SOP/0069)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure effective and efficient access to the library and information resources.

2.0 SCOPE

The procedure covers all authorised users of the Technical University of Kenya library.

3.0 REFERENCES

- a) ISO 9001: 2015 Standards
- b) Library Rules and Regulations
- c) LMIS - Technical University of Kenya Library Management Information System
- d) OPAC - Online Public Access Catalogue

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoDs - Chair of Departments
- b) UL - Librarian
- c) IL - Information Literacy
- d) LMIS - Library Management Information System
- e) OPAC - Online Public Access Catalogue
- f) QM - Quality Manual
- g) SL-UCS- Senior Librarian, User and Circulation Services
- h) TU-K - Technical University of Kenya

4.2 DEFINITIONS

Information Literacy - A set of skills required by an individual to recognise when information is needed and have the ability to locate, evaluate and use the required information effectively.

5.0 RESPONSIBILITY

- a) DVC-ASA supervises the implementation of this procedure.
- b) The UL is responsible for the implementation and maintenance of this procedure.
- c) SL-UCS coordinates Information Literacy Training and oversee that users access the required information resources.

6.0 METHOD

- a) UL sends memos to all the CoDs for the intended training by the first week of the semester.
- b) SL-UCS conducts IL training by the fourth week and enrolls the new students into the LMIS.
- c) Registered users access information materials through the OPAC.
- d) SL-UCS charges and discharges information materials to registered users through the LMIS and overdue fine is charged for overdue books.
- e) Re-shelving of discharged information materials back to the shelves to ensure access to the same materials if required again.



THE TECHNICAL UNIVERSITY OF KENYA

Document: ACQUISITION OF INFORMATION MATERIALS

Doc. Number: TU-K/AC/SOP/0070

Date of Issue: MARCH 2024

Version No: 01

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Authorized By: VICE-CHANCELLOR

3.18 PROCEDURE FOR ACQUISITION OF INFORMATION MATERIALS (TU-K/AC/SOP/0070)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that the library acquires relevant information materials to facilitate teaching, learning, and research.

2.0 SCOPE

The procedures cover selection, ordering, receiving and processing of information resources in the Technical University of Kenya Library.

3.0 REFERENCES

- a) ISO 9001: 2015 Standards

b) TU-K - Library Acquisition Manual

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoDs - Chairs of Departments
- b) UL - University Librarian
- c) LMIS - Library Management Information System
- d) SL-CDS - Senior Librarian, Collection Development Services
- e) SL-UCS - Senior Librarian, User and Circulation Services
- f) QM - Quality Manual
- g) TU-K - Technical University of Kenya
- h) TU-KLS - Technical University of Kenya Library Services

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) DVC-ASA supervises the implementation of this procedure.
- b) The UL is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) SL-CDS circulates publishers' catalogues to the Departments and requests them to select relevant information sources both print and non-print in their area of specialisation.
- b) CoDs identify, evaluate and select relevant information resources in all formats for acquisition.
- c) CoDs approve information materials order lists and submit to the DLLRS.
- d) SL-CDS compiles a consolidated list from all the departments and forwards the same forwards to Director Procurement for their acquisition.
- e) SL-CDS receives, verifies, tallies and stamps the information materials received from procurement.
- f) SL-CDS authenticates the information materials and forwards them to the SL-UCS for cataloguing and classification.



THE TECHNICAL UNIVERSITY OF KENYA

Document: ORGANISATION AND RETRIEVAL OF INFORMATION MATERIALS

Doc. Number: TU-K/AC/SOP/0071

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Authorised By: VICE-CHANCELLOR

3.19 PROCEDURE FOR ORGANISATION AND RETRIEVAL OF INFORMATION MATERIALS (TU-K/AC/SOP/0071)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that library information resources are described and organised efficiently to facilitate retrieval and access by users.

2.0 SCOPE

The procedures cover cataloguing and classification of all information resources acquired within the Technical University of Kenya Library to enhance retrieval and access.

3.0 REFERENCES

- a) Anglo-American Cataloguing Rules
- b) ISO 9001: 2015 Standards

- c) Library Cataloguing & Classification Manual
- d) Library of Congress Classification schedules

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) AACR2- Anglo American Cataloguing Rules (Second Edition)
- b) UL - University Librarian
- c) LC - Library of Congress
- d) LMIS - Library Management Information System
- e) OPAC - Online Public Access Catalogue
- f) QM - Quality Manual
- g) SL-CDS - Senior Librarian, Collection Development Services
- h) SL-UCS - Senior Librarian, User and Circulation Services
- i) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

- a) Cataloguing – The process of describing documents held in a library collection and providing entry points to them.
- b) Classification – The process of determining the main subject of a document and expressing it by the most appropriate notation derived from a defined scheme.

5.0 RESPONSIBILITY

- a) DVC-ASA supervises the implementation of this procedure.
- b) The UL is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) SL-CDS captures the bibliographic details of the information resources using AACR2 and LC and enters into the LMIS.
- b) SL-CDS uploads the cataloguing and classification details into the LMIS for users' view through the OPAC.

- c) SL-CDS hands over the catalogued, classified and processed information materials to the SL-UCS for display and shelving.



THE TECHNICAL UNIVERSITY OF KENYA

Document: APPLICATION AND ADMISSION INTO A POSTGRADUATE PROGRAM

Doc. Number: TU-K/AC/SOP/0072

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3.20 PROCEDURE FOR APPLICATION AND ADMISSION INTO A POSTGRADUATE PROGRAM (TU-K/AC/SOP/0072)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that admission and registration of students is conducted efficiently and effectively.

2.0 SCOPE

This procedure applies to all TU-K Faculties/Departments/ Centres.

3.0 REFERENCES

- a) The Technical University of Kenya Statutes.
- b) The Technical University of Kenya Strategic Plan.
- c) The Technical University of Kenya Students Charter.
- d) TU-K Regulations for Postgraduate Studies.
- e) The TU-K Assessment Policy.
- f) Syllabi for the Postgraduate Programs.

4.0 TERMS USED

SGAS - School of Graduate and Advanced Studies

5.0 RESPONSIBILITY

- a) The DVC-ASA is responsible for supervising the implementation of this procedure.
- b) The Director, SGAS is responsible for the implementation and maintenance of this procedure.
- c) Registrar- Academic is responsible for the implementation of this procedure.
- d) Admissions Office is responsible for the implementation of this procedure.
- e) Deans' Committee is responsible for the implementation of this procedure.
- f) All leadership of the Departments/Faculties is involved in the implementation.

6.0 METHOD

- a) Departments and Faculties inform Admissions Office on Postgraduate programs available on offer.
- b) An indent and advertisement is made by Admissions Office after consultation with SGAS.
- c) Prospective applicants apply for chosen programs online through the Students' Portal
- d) The Departments, Faculties and SGAS approve/reject the applications online in the TUSOFT.
- e) Director, SGAS informs the DVC-ASA to hold a Deans Committee meeting for admission of postgraduate students.
- f) Deans Committee considers the list of approved applicants and recommends to Admission Office for admission
- g) Admissions Office issues Admission letters to successful applicants online.
- h) SGAS and Admissions office verify admission documents, including original copies of KCSE (or equivalent), Bachelors'/Masters' degree certificates, respectively, and transcripts as well as ID/passport presented by admitted students to complete the registration process.



THE TECHNICAL UNIVERSITY OF KENYA

Document: MASTERS' THESIS/DISSERTATION AND PHD THESIS/DISSERTATION EXAMINATIONS

Doc. Number: TU-K/AC/SOP/0073

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3.21 PROCEDURE FOR MASTERS' THESIS/DISSERTATION AND PHD THESIS/DISSERTATION EXAMINATIONS (TU-K/AC/SOP/0073)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of the procedure is to ensure that the appointment of Examiners conforms to the SGAS Common Rules and Regulations governing postgraduate examinations as stipulated in the TU-K Regulations for Postgraduate Studies.

2.0 SCOPE

This procedure applies to the appointment of internal and external examiners by SGAS/Postgraduate Studies Committee.

3.0 REFERENCES

- a) Common Rules and Regulations contained in the TUK-Regulations for Postgraduate Studies.

- b) SGAS Criteria for Selection and Appointment of Internal and External Examiners.

4.0 TERMS USED

4.1 DEFINITIONS

- a) **External Examiner** – An independent competent scholar not within the TU-K teaching fraternity selected and appointed to evaluate/mark a thesis/dissertation.
- b) **Internal Examiner**- A competent scholar from the academic staff in the Department where the candidate is registered (or in exceptional cases, from academic staff in the same Faculty in TU-K where the candidate is registered), selected and appointed to evaluate a thesis/dissertation.

5.0 RESPONSIBILITY

- a) The DVC-ASA is responsible for supervising the implementation of this procedure.
- b) The Director, SGAS is responsible for the implementation and maintenance of this procedure.
- c) The Postgraduate Studies Committee is responsible for the implementation of this procedure.
- d) All Departments/Faculties and members of the Faculty are involved in the implementation.

6.0 METHOD

- a) The student/candidate submits an ‘Intent to Submit’ thesis/dissertation to SGAS, through the Department/Faculty, respectively, within six months before submission.
- b) Director, SGAS, writes a memo and requests for a list of proposed examiners and their CV’s from the Department.
- c) The Department, through the Dean of Faculty, sends the names and CV’s of proposed examiners to SGAS
- d) Names and CVs of examiners are presented by Director, SGAS, to Postgraduate Studies Committee (PSC) for consideration.
- e) The PSC meets, considers and-recommends the names of examiners to Senate
- f) For a Masters’ thesis, 1 external and two internal examiners are appointed.
- g) For Masters’ dissertation, two internal examiners are appointed

- h) For PhD thesis/dissertation, two (2) external and two (2) internal examiners are appointed.
- i) Chairperson of PSC submits recommended names of examiners to Senate for approval.
- j) If approved by Senate, the Director, SGAS writes appointment letters to examiners as per the Regulations for Postgraduate Studies.
- k) Masters' thesis and PhD thesis/dissertation are examined by a Board of Examiners, chaired by the Dean of the Faculty, as stipulated in the Regulations for Postgraduate Studies.
- l) A Masters' dissertation is examined by a Board of Examiners, chaired by the Chair of the Department, as stipulated in the Regulations for Postgraduate Studies.
- m) For PhD candidates, the fulfilment of at least two articles in peer reviewed journals is required before the candidate can graduate as per the Commission for University Education (CUE) guidelines.
- n) PSC approves issuance of certificate of completion letters to candidates who have passed and fulfilled all requirements.



THE TECHNICAL UNIVERSITY OF KENYA

Document: SUPERVISION AND APPOINTMENT OF SUPERVISORS

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3.22 PROCEDURE FOR SUPERVISION AND APPOINTMENT OF SUPERVISORS (TU-K/AC/SOP/0074)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of the procedure is to ensure that the research supervision and appointment of supervisors conform to the SGAS Common Rules and Regulations as stipulated in the Regulations for Postgraduate Studies.

2.0 SCOPE

This procedure applies to the appointment of supervisors by the Postgraduate Studies Committee.

3.0 REFERENCES

Common Rules and Regulations contained in the TU-K Regulations for Postgraduate Studies.
SGAS Criteria for Appointment of Supervisors.

4.0 TERMS USED

5.0 RESPONSIBILITY

- a) The DVC-ASA is responsible for supervising the implementation of this procedure.
- b) The Director, SGAS is responsible for the implementation and maintenance of this procedure.
- c) The PSC is responsible for the implementation of this procedure
- d) All Departments/Faculties and members of the Faculty are involved in the implementation.

6.0 METHOD:

- a) The students / Department initiate the appointment of their supervisors.
- b) The Department/Faculty Postgraduate Studies Committee process recommendations on the appointment of supervisors.
- c) The Department through the Dean of Faculty, writes a memo and requests SGAS to issue letters of supervision.
- d) The Department sends names and CVs of proposed supervisors to SGAS
- e) SGAS coordinates and presents names and CVs of proposed supervisors in a PSC meeting.
- f) The PSC meets to discuss and make recommendations, based on criteria, of supervisors to Senate.
- g) SGAS issues letters of appointment to the approved supervisors.
- h) For each candidate, whether Masters' or PhD thesis/dissertation, there shall be a minimum of two (2) supervisors and a maximum of three (3) supervisors as per the Regulations for Postgraduate Studies.
- i) During the research, the student meets with the supervisors, at least once a month as in the Regulations for Postgraduate Studies.
- j) The students defend their research proposals in the Department/Faculty as in the Regulations for Postgraduate Studies.
- k) The students defend their research proposals in SGAS, open to public.
- l) Four copies of the signed final spiral bound blue research proposals for Master's and PhD students, respectively, are sent to SGAS for custody and issuance to supervisors.

- m) For Master's students whose proposals are defended at Departmental level only, a representative of PSC will be invited to the proposal defense and four (4) final spiral bound copies of the proposals shall be sent to SGAS for custody and issuance to supervisors.
- n) Progress reports presented in the SGAS format are submitted to SGAS by students every three (3) months (for Masters' thesis/dissertation) and six (6) months (for PhD thesis/dissertation) projects.



THE TECHNICAL UNIVERSITY OF KENYA

Document: PROCEDURE FOR BURSARY ALLOCATIONS

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3.23 PROCEDURE FOR BURSARY ALLOCATIONS (TU-K/AC/SOP/0075)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that transparent process in awarding bursaries to needy students.

2.0 SCOPE

This procedure applies to the administration of bursaries.

3.0 REFERENCES

- a) Bursary allocation manual.
- b) TU-K Statutes
- c) SATUK Constitution
- d) TU-K Bursary Allocation Policy

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DoS - Dean of Students.
- b) DVC-ASA - Deputy Vice-Chancellor- Academics and Students Affairs
- c) FO - Finance Officer in charge of Financial Services and Accounting.
- d) QM - Quality Manual.
- e) TU-K - Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-ASA is responsible for the supervision of the implementation of this procedure.
- b) The DoS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The Vice-Chancellor receives funds from funding organisations and forwards to the FO.
- b) The Vice-Chancellor instructs the DVC-ASA to initiate bursary allocation process.
- c) The DVC-ASA instructs the DoS to issue a notice to students informing them about the availability of bursaries. The notice explains the application process, prescribe condition, submission deadline and the date of release of the results through an appropriate medium.
- d) The DoS receives duly completed bursary application forms in readiness for consideration by an ad hoc Bursary Allocation Committee whose names are recommended by the DVC-ASA and approved by the Vice-Chancellor.
- e) The ad hoc Bursary Allocation Committee evaluates all the applications based on prescribed criteria. Including but not limited to the two-thirds (2/3) gender rule.
 - i. The committee shortlists applicants who meet the set criteria.
 - ii. The committee accepts and determines the amount to be allocated to applicants who meet all the requirements.
- f) The DoS forwards the list of beneficiaries to the DVC-ASA for evaluation.

- i. If the allocation is not satisfactory, the DVC-ASA recommends appropriate action.
 - ii. If the DVC-ASA has no objection, the list of beneficiaries is forwarded to the Vice-Chancellor for approval.
- g) The DoS publishes and displays the approved list of beneficiaries on the university website and notice boards and also share a copy with finance office.
- h) The Finance Officer credits the students' account with the amount of bursary allocated.

7.0 APPENDICES

- a) Bursary allocation form
- b) Memo announcing the bursary and criteria set by the ad hoc bursary allocation committee



THE TECHNICAL UNIVERSITY OF KENYA

Document: UNIVERSITY HOSTEL ROOM ALLOCATION

Doc. Number: TU-K/AC/SOP/0076

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

3.24 PROCEDURE FOR UNIVERSITY HOSTEL ROOM ALLOCATION (TU-K/AC/SOP/0076)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To provide guidelines for room allocation in the TU-K hostels.

2.0 SCOPE

This procedure is applicable to the management of student rooms' allocation at TU-K hostels.

3.0 REFERENCES

Regulations governing students' residential conduct.

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) AD-SAC - Assistance Director- Student, Accommodation and catering
- b) DoS - Dean of Students

- c) DVC-ASA - Deputy Vice-Chancellor- Academic and Students Affairs
- d) FM - Finance Manager
- e) QM - Quality Manual
- f) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-ASA is responsible for the supervision of the implementation of this procedure.
- b) The DoS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) DoS places a notice on the students' portal and notice boards announcing application dates, room allocation dates and check-in dates.
- b) Students apply for accommodation online within two weeks from the date of application announcement.
- c) Application shall be received and ranked based on the students presented needs
- d) Continuing student applicants are extracted from the list of ranked applicants and allocated beds.
 - i) The balance of rooms is allocated to applicants in the descending order from the most-needy as per ranked applicants' list.
 - ii) Unsuccessful applicants are placed on the pending list but to be updated on their application status.
 - iii) Upon expiry of the check-in period, pending applicants are allocated unoccupied rooms and the rest notified as unsuccessful and referred to alternative accommodation.
- e) Successful applicants pay and present bank slips to finance office.
- f) Students present fee statement, room allocation sheet and proof of payment of accommodation fees to the SAC office for check-in.
- g) The student then proceeds to the hostel where the house-keeper administers the accommodation as per approved check-in documents.



THE TECHNICAL UNIVERSITY OF KENYA

Document: STUDENT ACCOMMODATION SERVICES	
Doc. Number: TU-K/AC/SOP/0077	
Date of Issue: MARCH 2024	Version No: 01
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

3.25 PROCEDURE FOR STUDENT ACCOMMODATION SERVICES (TU-K/DoS/SOP/0077)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To provide guidelines for the provision of students' accommodation services at the TU-K

2.0 SCOPE

This procedure is applicable to the management of student accommodation services at TU-K.

3.0 REFERENCES

Regulations governing students' residential conduct.

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DVC-ASA - Deputy Vice-Chancellor- Academic and Students Affairs
- b) DoS - Dean of Students

- c) AD – SAC - Assistant Director, Student Accommodation & Catering Services
- d) QM - Quality Manual
- e) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC-ASA is responsible for the supervision of the implementation and maintenance of this procedure.
- b) The DoS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The housekeeper receives the approved room allocation list from the DOS through AD-SAC.
- b) The housekeeper receives housekeeping materials from procurement and keeps them in the internal store.
- c) The housekeeper inspects the rooms. If rooms are in order, students are checked in and if not, the housekeeper assigns them for cleaning or reports to maintenance department for any repairs.
- d) The housekeeper checks in students, issues them keys and beddings.
- e) The caretaker assistants' clean public areas within the hostels and inspect the rooms from time to time to ensure non-residents are not accommodated.
- f) At the end of the booked period, the caretaker inspects the room status and gives a report to the housekeeper. If the room is in order, the housekeeper checks out students and if not, the housekeeper gives a report to the DoS for necessary action.



THE TECHNICAL UNIVERSITY OF KENYA

Document: BURSARY ALLOCATIONS

Doc. Number: TU-K/AC/SOP/0078

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

3.26 PROCEDURE FOR CATERING SERVICES TO STUDENTS (TU-K/DoS/SOP/0078)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To provide guidelines for the provision of catering services at TU-K

2.0 SCOPE

This procedure is applicable to the management of food and beverage production and service for all units in the TU-K.

3.0 REFERENCES

- a) Food production manual
- b) Recipes

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DVC-ASA - Deputy Vice-Chancellor- Academic and Students Affairs
- b) DoS - Dean of Students

- c) QM - Quality Manual
- d) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

Remedial Action - This is an action taken when food is not enough for all customers.

5.0 RESPONSIBILITY

- a) The DVC-ASA is responsible for the supervision of the implementation of this procedure.
- b) The DoS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The DoS gives the approved list of the number of students offered accommodation to the AD-SAC at the beginning of the semester.
- b) AD-SAC write to the Cateress to prepare the menu
- c) The Cateress prepares a menu taking into consideration the above for consideration and approval
- d) The Cateress raises a requisition, listing requirements and quantities to procurement. All the supplies are received by the store man and certified by the Cateress. Foodstuffs and cleaning materials are sorted and stored separately according to type. The perishable goods are ordered from the supplier directly. The non-perishable goods are delivered to the internal store with a delivery note and received. The non-perishable goods are ordered from the internal Store using the Internal Requisition Form or Register.
 - i) If the supply is complete, the storekeeper of the Internal Store issues the goods to the Section Cooks.
 - ii) If the supply is incomplete, the cateress reviews the menu or requests the supplier for alternative food items.
- e) The section cooks prepare the food as per the approved menu.
- f) The cateress inspects the prepared food before it is presented.
- g) The cashier/head cook receives money or meal vouchers from customers and issues a receipt.
 - i) If the food is satisfactory, the waiters serve it to the customers.

- ii) If the food is unsatisfactory, the cateress requests the Section Cooks to take corrective action.
- h) During food serving, the cateress maintains continual supervision to monitor food quantities and quality of service.
 - i) If all the customers are served, the waiters carry out the clearance.
 - ii) If the food is insufficient, the cateress takes remedial action.
- i) The kitchen assistants carry out washing up.
- j) The cashier clears the cash register and prepares a sales analysis.
- k) The cateress compares the sales and expenditure for the day and also prepares a monthly sales analysis.



THE TECHNICAL UNIVERSITY OF KENYA

Document: SPORTS, RECREATION, ADMINISTRATION & MANAGEMENT

Doc. Number: TU-K/AC/SOP/0079

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

3.27 PROCEDURE FOR SPORTS, RECREATION, ADMINISTRATION & MANAGEMENT (TU-K/AC/SOP/0079)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To effectively organise, prepare and ensure that the students engage in university approved sports, games and recreation activities and programmes.

2.0 SCOPE

This procedure covers the organisation and management of sports, games and recreational activities involving students and members of the TU-K staff.

3.0 REFERENCES

- a) CUE guidelines
- b) Relevant university policy

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) ADCAS - Assistance Dean Co-Curricular Activities and Services
- b) DoS - Dean of Students
- c) DVC – ASA - Deputy Vice-Chancellor- Academic, Research and Students
- d) EAUSF - East African Universities Sports Federation
- e) FO - Finance Officer
- f) KUSA - Kenya Universities Sports Association
- g) QM - Quality Manual
- h) SATU-K - Students Association of Technical University of Kenya
- i) TU-K - Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0 RESPONSIBILITY

- a) The DVC-ASA is responsible for the supervision of the implementation of this procedure.
- b) DoS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The ADCAS designs programmes for students and staff recreation, sports and games and receives details of events and other activities that form the calendar of events.
- b) The ADCAS in liaison with the coaches and team captains recruits and registers students in their University teams depending on their talents.
- c) The ADCAS in liaison with the coaches and team captains, plans and organises students training and practice programmes as per the various teams' needs.
- d) The ADCAS in liaison with the coaches and SATU-K Sports Secretary draws up an annual budget for sports, games and recreational requirements.
- e) The ADCAS presents his budget to the DoS, then to DVC-ASA, and the Finance Officer for allocation and further to the Vice-Chancellor for approval.
- f) The ADCAS keeps weekly records and reports of sports and recreation activities and expenditure.

- g) The ADCAS supervises and manages fixtures, events and competition.
- h) The ADCAS coordinates and supervises the main events and ensures awards are presented to the outstanding players, teams or clubs.
- i) The ADCAS explores and establishes exchange programmes and linkages for talented student athletes with likeminded universities and institutions either within or outside the country.



THE TECHNICAL UNIVERSITY OF KENYA

Document: STUDENTS GUIDANCE AND COUNSELLING

Doc. Number: TU-K/AC/SOP/0080

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

3.28 PROCEDURE FOR STUDENTS GUIDANCE AND COUNSELLING (TU-K/AC/SOP/0080)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that professional counselling services are offered as per the individual needs.

2.0 SCOPE

This procedure is used for counselling of individual students seeking guidance or counselling on their own initiative or on referral.

3.0 REFERENCES

- a) Universities Act
- b) TU-K Charter
- c) TU-K Statues
- d) Kenya Counsellors and Psychologists act

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) DoS - Dean of Students
- b) DVC-ASA - Deputy Vice-Chancellor- Academic and Students Affairs
- c) QM - Quality Manual
- d) TU-K - Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DOS is responsible for the supervision of the implementation of this procedure.
- b) The Counsellor/Chaplain is responsible for the implementation and maintenance of this procedure

6.0 METHOD

- a) The Counsellor/Chaplain receives completed intake forms from the client.
- b) The Counsellor/Chaplain determines the urgency of the case.
 - i) If the case is urgent, the Counsellor/Chaplain undertakes crisis counselling to stabilise the client.
 - ii) If the case is not urgent, the Counsellor/Chaplain books an appointment for the client.
- c) The Counsellor/Chaplain counsels the client depending on the need. If the case requires an assignment or involvement of significant others, the Counsellor/Chaplain seeks consent of the client, gives the assignment and carries out follow up action.
- d) The Counsellor/Chaplain writes a report for reference and the referring office or the client where applicable.
- e) The Counsellor/Chaplain either terminates the counselling session or refers to another counsellor/doctor. The Counsellor/Chaplain and client complete termination form.



THE TECHNICAL UNIVERSITY OF KENYA

Document: Teaching – LEARNING PROCESS OF COMMON UNDERGRADUATE COURSES

Doc. Number: TU-K/AC/SOP/0081

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

3.29 LEARNING PROCESS OF COMMON UNDERGRADUATE COURSES (TU-K/AC/SOP/0081)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that common Undergraduate courses are taught by a team of qualified staff.

2.0 SCOPE

This procedure applies to all TU-K Departments

3.0 REFERENCES

- a) ISO 9001:2015 Quality Management System Requirements.
- b) The Technical University of Kenya Examination Policy for Undergraduate, Diploma and Certificate Programmes.
- c) The Technical University of Kenya Statutes.

4.0 TERMS USED

4.1 ABBREVIATIONS

DVC ASA - Deputy Vice Chancellor, Academic and Student Affairs

QM - Quality Manual

CODEL - Centre for Open Distance and Electronic Learning

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

5.0 RESPONSIBILITY

- a) The DVC ASA is responsible for the supervision of the implementation of this procedure.
- b) The Director CODEL, Course coordinators are responsible for the implementation and maintenance of this procedure

6.0 METHOD

- a) Director CODEL receives requests from the various departments before the onset of the semester
- b) Director CODEL shares the requests with the relevant course coordinators as promptly as possible
- c) Director CODEL Initiates a meeting with course coordinators to consider allocation of course lecturers before beginning of semester
- d) Director CODEL convenes a meeting with the Deputy Registrar (Academic Secretariat and Coordination) to discuss and consider plotting the timetable for common undergraduate courses before the beginning of the semester
- e) Director CODEL communicates the timetable with the course coordinators before the beginning of each semester
- f) Director CODEL receives examination timelines from the Deputy Registrar (Examination and certification)
- g) Director CODEL initiates a common course examination committee meeting with the course coordinators and the deputy registrar (Academic Secretariat and Coordination) about examination timetabling
- h) Director CODEL distributes examination timelines to the CoD



THE TECHNICAL UNIVERSITY OF KENYA

Document: APPLICATION AND ADMISSION INTO A SHORT COURSE

Doc. Number: TU-K/AC/SOP/0082

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

3.30 PROCEDURE FOR APPLICATION AND ADMISSION INTO A SHORT COURSE (TU-K/AC/SOP/0082)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure that admission and registration of learners is conducted efficiently and effectively.

2.0 SCOPE

This procedure applies to all TU-K Faculties/Schools/Departments/ Centers.

3.0 REFERENCES

- a) The Technical University of Kenya Statutes.
- b) The Technical University of Kenya Strategic Plan.
- c) TU-K Regulations for Postgraduate Studies.
- d) Syllabi/Course description for the short courses.

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) COLE – Center for Open and Lifelong Education
- b) CoD - Chairperson of Department
- c) DAB - Departmental Academic Board
- c) DSCC - Departmental Short Course Coordinator
- d) DVC-ASA - Deputy Vice-Chancellor- Academic and Students Affairs
- e) QM - Quality Manual
- g) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0 RESPONSIBILITY

- a) The DVC-ASA is responsible for supervising the implementation of this procedure.
- b) The Director, COLE is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) Departments/Faculties inform Admissions Office on Short courses available on offer.
- b) An indent and advertisement is made by Admissions Office after consultation with COLE.
- c) Prospective applicants apply for chosen courses online through the Short Course Online Portal
- d) The Departments, Faculties and COLE approve/reject the applications online portal.
- f) Deans Committee considers the list of approved applicants and recommends to Admission Office for admission
- g) Admissions Office issues Admission letters to successful applicants online.
- h) COLE and Admissions office verify admission documents, including original copies of relevant documentation and certificates as well as ID/passport presented by admitted students to complete the registration process.



THE TECHNICAL UNIVERSITY OF KENYA

Document: TEACHING OF A SHORT COURSE	
Doc. Number: TU-K/AC/SOP/0083	
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Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

3.31 PROCEDURE FOR TEACHING OF SHORT COURSES (TU-K/AC/SOP/0083)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure efficient and effective teaching of short courses and to guarantee quality outcomes.

2.0 SCOPE

This procedure applies to all non-degree/short courses in the entire University.

3.0 REFERENCES

- a) Course texts
- b) Previous Syllabi
- c) Working instructions on teaching and assessment of short courses

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) COLE – Center for Open and Lifelong Learning
- b) CoD - Chairperson of Department
- c) DAB - Departmental Academic Board

- d) DSCC - Departmental Short Course Coordinator
- e) DVC-ASA - Deputy Vice-Chancellor- Academic and Students Affairs
- f) QM - Quality Manual
- g) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0 RESPONSIBILITIES

- a) The DVC-ASA is responsible for supervising the implementation of this procedure.
- b) The CoD is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The CoD prepares and releases a timetable for short course teaching in line with the procedure for timetable preparation.
- b) At least eight (8) weeks before the onset of the short course, the CoD, in liaison with DSCC appoints a short course instruction team consisting of instructor(s), technicians and tasks them with formulating a short course brief in line with the relevant course syllabus/content and work instruction.
- c) At least six (6) weeks before the onset of the short course, the DSCC submits the course brief to the CoD.
- d) At least five (5) weeks before the onset of the short course, the CoD calls a meeting of the DAB to discuss, review and adopt the short course brief.
- e) At least four (4) weeks before the onset of the short course, the CoD, in liaison with DSCC, requisitions for course materials, arranges logistics for workshop/practical exercises.
- f) At least two (2) weeks before the onset of the short course, the DSCC releases the short course brief to learners, together with a list of tools and instruments they are expected to possess.
- g) At least two (2) weeks before the onset of the short course, the CoD, in liaison with DSCC ensures that technicians have all the materials required for the short course.
- h) During the first week of the short course, the DSCC launches the short course, and with the assistance of instructors and technicians, ensures that learners have all the necessary instruments needed for course work.

- i) The DSCC ensures that short course instruction proceeds in accordance with the laid out brief and relevant work instructions.
- j) The CoD, in liaison with DSCC, ensures that short course assessment proceeds in accordance with the laid-out schedule and relevant working instructions.

**4.0 OFFICE OF THE DEPUTY
VICE CHANCELLOR-RESEARCH
AND TECHNOLOGY
DEVELOPMENT (RTD)**



THE TECHNICAL UNIVERSITY OF KENYA

Document: INDUSTRY-BASED LEARNING PROCESS

Doc. Number: TUK/RTD/SOP/ 0084

Date of Issue: MARCH 2024

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4.1 PROCEDURE FOR INDUSTRY-BASED LEARNING (TUK/RTD/SOP/0084)

GENERAL

Records of Change

As per clause 7.5 in the document control procedure

Distribution

As per clause 7.5.3 in the document control procedure

1.0 PURPOSE

To ensure that students are attached to industries effectively and timely.

2.0 SCOPE

This procedure is used to place students in industries for attachment in the entire Institution.

3.0 REFERENCES

- a) Curriculum
- b) TUK Strategic Plan
- c) Industrial Attachment manual

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) QM - Quality Manual
- b) TUK - The Technical University of Kenya
- c) DVC- ASA - Deputy Vice Chancellor, Academic, Students Affairs

- d) DVC-RTD - Deputy Vice Chancellor- Research and Technology Development
- e) AL - Academic Leader
- f) EE - External Examiner
- g) RA - Registrar Academic
- h) D-CIWE - Director, Center for Industry Work Experience
- i) D-IBLC - Departmental Industrial-Based Learning Coordinator

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TUK(QM) apply.

5.0 RESPONSIBILITIES

- a) The DVC-RTD is responsible for the implementation and supervision of this procedure
- b) D-CIWE and SAR-IBLP be responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 Internal IBL

6.2 External IBL

- a) The S-IBLPC raises a memo through the AL requesting students to identify at least three relevant attachment places one (1) semester prior to commencement of industrial attachment
- b) The S-IBLPC in liaison with the DS-IBLP receives attachment places from the students and forwards to the AL three (3) months prior to commencement of industrial attachment
- c) The S-IBLPC harmonizes the proposed attachment requests and establishes availability of proposed places and issues letters of introduction
- d) The S-IBLPC compiles the final placement list and forwards the same to SAR-IBLP
- e) The SAR-IBLP ensures that placed students have an insurance cover.

- f) Before the students embarks on attachment, the SAR-IBLP, in liaison with the D-IBLP and SAR-IBLP issues students with guidebooks and logbook and briefs them about the IBL
- g) The S-IBLPC compiles data on student who have reported to institutions of attachment and forwards the same to SAR-IBLP/D-CIWE
- h) The S-IBLPC, in liaison with D-IBLPC prepares a visitation schedule, allocates Lecturers and makes the necessary travelling arrangements SAR-IBLP.
- i) The lecturer visits the student in accordance with the approved schedule and assesses his/her progress and performance.
- j) The lecturer compiles visitation and assessment reports, together with the logbooks and submits them to D-IBLP/AL.

7.1 APPENDICES

- a) Process Map
- b) Student Introduction Letter
- c) Attachment places proposal form
- d) Student placement form
- e) Attachment Letter
- f) Attachment guide
- g) Student logbook
- h) Lecturer visitation form
- i) Visitation schedule form
- j) Work Instructions on Placement of Students
- k) Work Instructions on IBL Visitation
- l) Work Instruction on IBL Assessment



THE TECHNICAL UNIVERSITY OF KENYA

Document: RESEARCH PROJECT

Doc. Number: TU-K/RTD/SOP/0085

Date of Issue: MARCH 2024

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4.2 PROCEDURE FOR RESEARCH PROJECT (TU-K/RTD/SOP/0085)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure quality research is conducted professionally and in accordance with the Rules and Regulations of TU-K.

2.0 SCOPE

The procedure applies to all academic research undertaken by members of the University.

3.0 REFERENCES

- a) SGS Rules and Regulations
- b) The Technical University of Kenya Research policy
- c) The Technical University of Kenya Strategic Plan

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoD - Chairperson of Department
- b) DReKE - Director, Research and Knowledge Exchange

- c) DSGAS - Director, School of Graduate and Advanced studies
- d) DVC-RTD - Deputy Vice Chancellor - Research and Technology Development
- e) QM - Quality Manual
- f) SGAS - School of Graduate and Advanced studies
- g) TU-K - The Technical University of Kenya
- h) URB - University Research Board
- i) DVC- AFA - Deputy Vice Chancellor – Administration, Finance and Advancement
- j) ISERC - Institutional Scientific and Ethics Review Committee

4.2 DEFINITIONS

- k) Ethics Committee - Committee that considers ethical issues in a Research proposal.
- l) Principal Investigator - The main researcher in a project responsible for the overall management of the project and is fully accountable for its implementation as per the budget and plan of activities.
- m) Proposal - Statement of area of research interest and methodology.

5.0 RESPONSIBILITY

- a) The DVC-RTD is responsible for supervising the implementation of this procedure.
- b) DSGAS, in liaison with the Dean of Faculty, CoD is responsible for implementation and maintenance of this procedure.
- c) DReKE is responsible for implementation and maintenance of this procedure.

6.0 METHOD

6.1 Research by Postgraduate Students

- a) A student identifies a research topic and develops a concept paper in line with the Department's area of specialty and presents to the Departmental Postgraduate Committee.
- b) The Chairman in consultation with the departmental postgraduate committee assesses the concept paper for relevance to the area of study.
- c) Graduate committee assigns at least two supervisors to the student from amongst the Faculty with expertise in the area of research.

- d) The Supervisors assist the student to develop a research proposal for presentation in the Department, and Faculty Postgraduate Committee for review.
- e) After making the appropriate recommendations, the student and supervisors sign the proposal and submit it to the ISERC (where applicable) for review and approval.
- f) The Department submits the final proposal to the SGAS.
- g) The SGAS gives a written approval for the commencement of the research.
- h) The student conducts the research according to the proposal and under the guidance of the supervisors.
- i) The student documents the results in the form of a dissertation or thesis (as applicable) as per the requirements of the training programme.
- j) The student submits the dissertation or thesis to SGAS for examination.
- k) SGAS submits a copy of the final thesis to DReKE for documentation.

7.5.3 Research by Staff

- a) A staff member(s) identifies a research topic and develops a research proposal on his/her/ their own initiative or in response to a call for proposal by a funding agency, an individual or member of a research team.
- b) The staff member(s) submits the proposal to the research agency.
- c) A copy of the proposal and funding agency details are communicated to DReKE.
- d) The staff member submits the proposal to the ISERC (where applicable) for review and approval through DReKE. Depending on funding agency, this may be done before or after the agency approves funding of the research.
- e) The ISERC (where applicable) gives a written approval for the research to be conducted.
- f) The Staff member conducts the research according to the proposal.
- g) The staff member submits progress reports (Year 1, 2, 3 or final year) to the funding agency, DReKE, (through the office of the Dean of Faculty, and Head of Department).
- h) The Directorate of Research and knowledge exchange (RekE) provides grant management support to all research projects/grants under the supervision of DVC-RTD.

- i) Staff member submits ~~copies~~ ORIGINAL COPIES of financial and audit records to DReKE, (through the office of the Dean, and Head of Department).
- j) The staff member analyses, prepares paper(s) and submits to a peer reviewed journal or other publisher for publication.
- k) The staff member submits a copy of the publication to TU-K Library and publication reference to DReKE. (through the office of the Dean, and Head of Department).
- l) Staff members attending conferences and presenting research papers submits presentation titles, abstracts, dates and location of conference to DreKE (through the office of the Dean, and Head of Department).



THE TECHNICAL UNIVERSITY OF KENYA

Document: AWARD & MANAGEMENT OF INTERNAL OR EXTERNAL RESEARCH or PROJECT FUND

Doc. Number: TU-K/RTD/SOP/0086

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

4.3 PROCEDURE FOR AWARD & MANAGEMENT OF INTERNAL OR EXTERNAL RESEARCH or PROJECT FUND (TU-K/RTD/SOP/0086)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure efficiency and transparency in awarding and managing research or project funds.

2.0 SCOPE

This procedure applies to research funds set annually for research activities.

3.0 REFERENCES

- a) Kenya Vision 2030
- b) TU-K Policy Documents
- c) TU-K Statutes 2013
- d) TU-K Strategic Plan
- e) Universities Act, 2012

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoD - Chairperson of Department
- b) DReKE - Director, Research and Knowledge Exchange
- c) DSGAS - Director, School of Graduate and Advanced studies
- d) DVC-RTD - Deputy Vice Chancellor – Research and Technology Development
- e) QM - Quality Manual
- f) TU-K - The Technical University of Kenya
- g) URC - University Research Committee
- h) TRB - TUK Research Board

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0 RESPONSIBILITY

- a) The DVC-RTD has the principal responsibility of ensuring the procedure is effectively implemented
- b) DReKE is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The DVC- RTD communicates to the Dean and CoDs about the availability of funds in the year. The research grant, to staff of the University, is available each year after approval by council. The grant is available to staff of the University.
- b) The CoD communicates to Departmental staff to apply for the available funds by adhering to the procedure for preparation and approval of academic research.
- c) The grant applicant submits a research proposal to the TUK Research Board through DReKE. (through the office of the Dean, and Head of Department).
- d) Research Board assesses the applications and makes decision to award the grants.
- e) The DReKE communicates their decisions to the successful applicants (through the office of the Dean, and Head of Department).
- f) The University Secretary drafts the contract agreement for all research grants.
- g) The nominated awardees are invited to sign the research contract agreement

before being awarded the grant by the DVC-RTD or the Vice Chancellor.

- h) The research funds are managed and disbursed by the DReKE as per the TUK Research Policy
- i. Copy of the Grant Award Letter.
 - ii. Title and Summary of the Proposed Work.
 - iii. Quarterly Work plan as indicated in the proposal.
 - iv. Budget and Disbursement Expectations.
 - v. Copies of ALL Quarterly Reports (Technical & Budget) and Final Reports.
 1. In cases where the PI is a Sessional Lecture, The Technical University of Kenya Co-Principal Investigator or Supervisor should be provided as appropriate.
 - vi. Name of Collaborating Institutions, with an approved copy of the Collaboration.
 - vii. National Commission for Science, Technology, and Innovation (NACOSTI) Permit and Ethics Approval (where required).
 - viii. Duly executed Deed of Indemnity.
- i) The awardees undertake research and present the results as per procedure for staff research.
- j) For expenditures incurred under the project, the following should be provided by the PI:
- i. Authority to Incur Expenditure (AIE) originating in the Staff member's Department.
 - ii. Imprest Warrant Form and
 - iii. ORIGINAL Imprest Surrender Form for each Disbursement (Certified by the Chief Finance Officer).
- k) The awardees prepare continuous progress reports (Year 1, 2, 3 or final year) and account for the grant as per the Research Policy and University financial regulations.



THE TECHNICAL UNIVERSITY OF KENYA

Document: AWARD AND MANAGEMENT OF EXTERNAL RESEARCH OR PROJECT FUND

Doc. Number: TU-K/RTD/SOP/0087

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

4.4 PROCEDURE FOR AWARD & MANAGEMENT OF EXTERNAL RESEARCH or PROJECT FUND (TU-K/RTD/SOP/0087)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure efficiency and transparency in awarding and managing research or project funds.

2.0 SCOPE

This procedure applies to research funds set annually for research activities.

3.0 REFERENCES

- a) Kenya Vision 2030
- b) TU-K Policy Documents
- c) TU-K Statutes 2013
- d) TU-K Strategic Plan
- e) Universities Act, 2012

2.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoD- Chairperson of Department
- b) DReKE - Director, Research and Knowledge Exchange
- c) DVC-RTD - Deputy Vice Chancellor – Research and Technology Development
- d) QM - Quality Manual
- e) TU-K - The Technical University of Kenya
- f) URB - University Research Board

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

3.0 RESPONSIBILITY

- a) The DVC-RTD has the principal responsibility of ensuring the procedure is effectively implemented.
- b) DReKE is responsible for the implementation and maintenance of this procedure.

4.0 METHOD

- a) The grant applicant submits research proposal to external research call / funding agency and informs DReKE.
- b) Researcher informs DReKE on the successful application of the research grant.
- c) The University Secretary drafts the contract agreements/indemnity for all research grants.
- d) The funding agency transfers funds to the TUK Research Bank Account.
- e) The research funds are managed and disbursed by the DReKE as per the TUK Research Policy.
- f) The researcher provides the following upon confirmation of the transfer of funds to TUK by DReKE
 - i. Evidence of research funds transfer to the Technical University of Kenya Research Account.
 - ii. Copy of the Grant Award Letter.
 - iii. Title and Summary of the Proposed Work.
 - iv. Quarterly Work plan as indicated in the proposal.
 - v. Budget and Disbursement Expectations.

- vi. Copies of ALL Quarterly Reports (Technical & Budget) and Final Reports.
 - vii. In cases where the PI is a Sessional Lecturer, The Technical University of Kenya Co-Principal Investigator or Supervisor should be provided as appropriate.
 - viii. Name of Collaborating Institutions, with an approved copy of the Collaboration.
 - ix. National Commission for Science, Technology, and Innovation (NACOSTI) Permit and Ethics Approval (where required).
 - x. Duly executed Deed of Indemnity.
- g) The awardees undertake research and present the results as per procedure for staff research.
- h) For expenditures incurred under the project, the following should be provided by the PI:
- i. Authority to Incur Expenditure (AIE) originating in the Staff Member's Department
 - ii. Imprest Warrant Form and
 - iii. ORIGINAL Imprest Surrender Form for each Disbursement (Certified by the Finance Officer).
- iv. The awardees prepare continuous progress reports (Year 1, 2, 3 or final year) and account for the grant as per the Research Policy and University financial regulations.



THE TECHNICAL UNIVERSITY OF KENYA

Document: STAFF-INITIATED RESEARCH GRANTS AND CONSULTANCIES

Doc. Number: TU-K/RTD/SOP/0088

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

4.5 PROCEDURE FOR STAFF-INITIATED RESEARCH GRANTS AND CONSULTANCIES (TU-K/RTD/SOP/0088)

GENERAL

Distribution

**As per clause 7.5 in the maintained documented
information Records of Change**

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

To ensure effective and efficient management of projects and consultancies.

2.0 SCOPE

This procedure applies to all externally funded projects and contracted consultancies initiated by TU-K staff.

3.0 REFERENCES

- a) International Auditing Guidelines
- b) International Financial Reporting Standards
- c) Public Audit Act (2003)
- d) Public Procurement and Disposal Act (2005)

- e) The Technical University of Kenya Accounting Manual (2007)
- f) The Technical University of Kenya Financial Regulations (Standard)
- g) The Technical University of Kenya Research Policy

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoD - Chairperson of Department
- b) D-ES&C - Director, Enterprise Services and Consulting
- c) FAS - Financial and Accounting Services
- d) D- - Director
- e) LO - Legal Officer
- f) QM - Quality Manual
- g) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0 RESPONSIBILITY

- a) The Vice-Chancellor is responsible for supervising the implementation of this procedure and ensuring that it is effectively implemented.
- b) The D-ES&C and ED-FAS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The Project or Consultancy Initiator (funds awardee) notifies the Vice-Chancellor of award of project grant or consultancy contract.
- b) The Project Initiator enters a tripartite contract between him/herself, the Project Financiers and the TU-K.
- c) The ED-FAS sets up a Project or Research Grant Account from which the funds can be expended.
- d) The Project Financier deposits funds in the Project or Grant Account.
- e) The Project Initiator writes to the Vice-Chancellor for authority to procure

project related goods and services.

f) The Project Initiator accounts for advance funds.



THE TECHNICAL UNIVERSITY OF KENYA

Document: INCUBATION OF INNOVATIONS

Doc. Number: TU-K/RTD/SOP/0089

Date of Issue: MARCH 2024

Version No: 01

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Authorised By: VICE-CHANCELLOR

4.6 PROCEDURE FOR INCUBATION OF INNOVATIONS AT THE TECHNICAL UNIVERSITY OF KENYA (TU-K/RTD/SOP/0089)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information Records of Change

As per clause 7.5.3 in the maintained documented information

4.0 PURPOSE

The purpose of this procedure is to outline the steps for incubating innovations at the Technical University of Kenya (TU-K) to ensure systematic support, development, and commercialization of innovative ideas and projects.

5.0 SCOPE

This procedure applies to all students, faculty, and staff at TU-K who seek to develop and commercialize their innovative ideas through the university's incubation program.

6.0 REFERENCES

- f) Kenya Vision 2030
- g) TU-K Policy Documents
- h) TU-K Statutes 2013
- i) TU-K Strategic Plan
- j) Universities Act, 2012

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoD- Chairperson of Department
- b) DReKE - Director, Research and Knowledge Exchange
- c) DVC-RTD - Deputy Vice Chancellor – Research and Technology Development
- d) QM - Quality Manual
- e) TU-K - The Technical University of Kenya
- f) URB - University Research Board

4.2 DEFINITIONS

- a) **Incubation:** The process of nurturing innovative ideas from conception to commercialization.
- b) **Innovator:** A student, faculty, or staff member who submits an idea for incubation.
- c) **Innovation Hub:** The designated space and resources provided by TU-K for incubation activities.
- d) **Mentor:** An experienced advisor assigned to guide innovators through the incubation process.

5.0 RESPONSIBILITIES

- a) **Vice-Chancellor:** Provides strategic oversight and support for the innovation incubation program.
- b) **Deputy Vice-Chancellor, Research and Technology Development:** Ensures alignment of the incubation program with the university's research, innovation and technology objectives.
- c) **Director, Research and Knowledge Exchange:** Identifying novel research ideas from staff/students and sensitization on their potential for IP.
- d) **Director, Centre of Innovation and Technology Transfer:** Manages the overall incubation process and resources through the (Intellectual Property Management Office (IPMO)).
- e) **IPMO (Intellectual Property Management Office):** Provides critical technical support and assists with intellectual property issues and ensures protection of innovations.
- f) **Innovation Hub Manager:** Oversees the day-to-day operations of the incubation process.
- g) **Incubation Committee:** Evaluates submissions and provides strategic direction and resources.
- h) **Innovators:** Responsible for actively participating in the incubation process and meeting milestones.
- i) **Mentors:** Provide guidance and support to innovators throughout the incubation period.

6.0 METHOD

6.1 Submission of Innovation Proposals

- a) Innovators submit their proposals through the TU-K Innovation Hub online portal.
- b) Proposals must include a detailed description of the innovation, its potential impact, and a preliminary business plan.

6.2 Initial Screening

- a) The Innovation Hub Manager conducts an initial screening to ensure proposals meet the basic criteria.
- b) Eligible proposals are forwarded to the Incubation Committee for further evaluation.

6.3 Evaluation and Selection

- a) The Incubation Committee reviews proposals based on feasibility, innovation, market potential, and alignment with TU-K's strategic goals.
- b) Selected innovators are invited for a presentation and Q&A session.
- c) The Incubation Committee makes the final selection and assigns mentors to successful innovators.

6.4 Onboarding and Orientation

- a) Selected innovators receive an orientation on the incubation process, available resources, and expectations.
- b) Innovators sign an incubation agreement outlining the terms and conditions, including intellectual property rights and confidentiality clauses.

6.5 Incubation Process

- a) **Resource Allocation:** Innovators are provided with workspace and access to laboratories and equipment.
- b) **Mentorship and Training:** Innovators participate in regular mentoring sessions and training workshops on topics such as business development, marketing, and intellectual property.
- c) **Milestone Setting:** Innovators and mentors set specific, measurable milestones to track progress.
- d) **Regular Reviews:** Monthly progress reviews are conducted by the Innovation Hub Manager and mentors to assess progress and provide feedback.

6.6 Prototype Development and Testing

- a) Innovators develop prototypes with technical support from the Innovation Hub.
- b) Prototypes undergo rigorous testing and validation to ensure functionality and market readiness.

6.7 Market Analysis and Business Development

- a) Innovators conduct market research to identify potential customers and competitors.
- b) Innovators develop a comprehensive business plan, including marketing and sales strategies.

6.8 Pitching and Funding

- a) Innovators prepare and deliver pitch presentations to potential investors and partners.
- b) The Innovation Hub assists in securing funding through grants, angel investors, and venture capital.

7.0 Commercialization and Graduation

- a) Innovators transition from prototype to product, focusing on manufacturing and scaling.
- b) Successful innovations are launched into the market.
- c) Innovators graduate from the incubation program and may continue to receive support through the TU-K alumni network and partnerships.

7.1 Monitoring and Evaluation

- a) The Innovation Hub Manager monitors the performance of incubated projects and gathers feedback to improve the incubation process.
- b) Annual reviews of the incubation program are conducted to ensure it meets the needs of innovators and aligns with TU-K's strategic objectives.

7.2 Documentation and Records

- a) All documentation related to the incubation process, including proposals, agreements, progress reports, and final evaluations, are maintained by the Innovation Hub.
- b) Records are stored in a secure and confidential manner to protect intellectual property and sensitive information.

7.3. Revision and Improvement

- a) This procedure is reviewed annually by the Incubation Committee to incorporate improvements and respond to feedback from innovators.
- b) Any revisions are communicated to all stakeholders and implemented accordingly.



THE TECHNICAL UNIVERSITY OF KENYA

Document: SUPPORTING PATENT REGISTRATION	
Doc. Number: TU-K/RTD/SOP/0090	
Date of Issue: MARCH 2024	Version No: 01
Issued By: MANAGEMENT REPRESENTATIVE	Authorised By: VICE-CHANCELLOR

4.7 PROCEDURE FOR SUPPORTING PATENT REGISTRATION AT THE TECHNICAL UNIVERSITY OF KENYA(TU-K/RTD/SOP/0090)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to outline the detailed steps for supporting patent registration at the Technical University of Kenya (TU-K) to ensure the systematic protection and commercialization of intellectual property generated by students, faculty, and staff.

2.0 SCOPE

This procedure applies to all students, faculty, and staff at TU-K who seek to patent their inventions and innovations.

3.0 REFERENCES

- k) Kenya Vision 2030
- l) TU-K Policy Documents
- m) TU-K Statutes 2013
- n) TU-K Strategic Plan
- o) Universities Act, 2012

4.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoD - Chairperson of Department
- b) DReKE - Director, Research and Knowledge Exchange
- c) DVC-RTD - Deputy Vice Chancellor – Research and Technology Development
- d) QM - Quality Manual
- e) TU-K - The Technical University of Kenya
- f) URB - University Research Board.

4.2. DEFINITIONS OF TERMS

- a) **Patent:** A form of intellectual property that grants the patent holder exclusive rights to an invention.
- b) **Inventor:** A student, faculty, or staff member who has created an invention.
- c) **IPMO (Intellectual Property Management Office):** The office responsible for managing intellectual property at TU-K.
- d) **Patent Attorney:** A legal professional specialized in patent law who assists in the patent application process.

5.0. RESPONSIBILITIES

- a) **Vice-Chancellor:** Provides strategic oversight and support for the patent registration process.
- b) **Deputy Vice-Chancellor, Research and Technology Development:** Ensures alignment of the patent process with the university's research objectives.

- c) **Director, Research and Knowledge Exchange/ Director, Centre of Innovation and Technology Transfer:** Manages the overall patent registration process and resources.
- d) **IPMO:** Coordinates the patent registration process, provides guidance, and ensures protection of intellectual property.
- e) **Inventors:** Responsible for actively participating in the patent registration process and providing necessary documentation.
- f) **Patent Attorney:** Assists inventors in preparing and filing patent applications.

6.0 METHOD

6.1 Invention Disclosure

- a) **Submission of Invention Disclosure Form**
 - Inventors complete and submit an Invention Disclosure Form to the IPMO, providing detailed information about the invention, its uniqueness, and potential applications.
 - The form is available on the TU-K Innovation Hub online portal.
- b) **Acknowledgment and Initial Meeting**
 - The IPMO acknowledges receipt of the disclosure form and schedules an initial meeting with the inventor to discuss the invention in detail.

6.2 Initial Evaluation

- a) **Preliminary Evaluation by IPMO**
 - The IPMO conducts a preliminary evaluation to determine the novelty, patentability, and commercial potential of the invention.
 - If the invention meets the basic criteria, the IPMO proceeds with a patentability search.

6.3 Patentability Search

- a) **Conducting Patentability Search:** The IPMO conducts or commissions a patentability search to identify prior art and assess the likelihood of obtaining a patent.
- b) **Review of Search Results:** The results of the patentability search are reviewed with the inventor. The IPMO and the inventor decide whether to proceed with the patent application based on the search results.

6.3 Approval and Funding

- 7 **Presentation to Patent Review Committee:** The IPMO presents the invention to the TU-K Patent Review Committee for approval.
- 8 **Securing Funding:** Upon approval, the IPMO secures funding for the patent application process from university funds or external sources.

6.5 Engagement of Patent Attorney

- a) **Selecting a Patent Attorney:** The IPMO engages a qualified patent attorney to assist with the preparation and filing of the patent application.
- b) **Collaboration with Inventor:** The inventor works closely with the patent attorney to draft the patent application, ensuring all technical details are accurately described.

6.6 Patent Application Preparation

- a) **Drafting the Patent Application:** The patent attorney prepares the patent application, including the claims, specifications, and drawings.
- b) **Review and Feedback:** The inventor reviews the draft application and provides feedback for any necessary revisions.

6.7 Filing the Patent Application

- a) **Submission to Patent Office:** The patent attorney files the patent application with the appropriate patent office (e.g., Kenya Industrial Property Institute - KIPIT).
- b) **Record Keeping:** The IPMO keeps a record of the filed application and monitors the application status.

6.8 Patent Prosecution

- a) **Examination by Patent Office:** The patent office conducts an examination of the patent application and may issue office actions.
- b) **Responding to Office Actions**
 - o The patent attorney, with assistance from the inventor, responds to any office actions to address concerns or objections raised by the patent office.

- The IPMO oversees the prosecution process to ensure timely and effective responses.

6.9 Patent Grant

- a) **Granting of Patent:** If the patent application meets all requirements, the patent office grants the patent.
- b) **Notification and Record Update:** The IPMO notifies the inventor and updates the university's intellectual property records.

6.10 Commercialization Support

- a) **Exploring Commercialization Opportunities:** The IPMO assists the inventor in exploring commercialization opportunities for the patented invention.
- b) **Support Mechanisms:** Support may include licensing agreements, partnerships with industry, and further funding for product development.

6.11 Maintenance and Enforcement

- a) **Monitoring Patent Maintenance:** The IPMO monitors the patent to ensure maintenance fees are paid and the patent remains in force.
- b) **Enforcing Patent Rights:** The IPMO, in collaboration with legal counsel, takes necessary actions to enforce patent rights against infringement.

7.0 Monitoring and Evaluation

- a) **Progress Monitoring:** The IPMO monitors the progress of patent applications and gathers feedback to improve the patent registration process.
- b) **Annual Reviews:** Annual reviews of the patent support process are conducted to ensure it meets the needs of inventors and aligns with TU-K's strategic objectives.

7.1 Documentation and Records

- a) **Maintaining Documentation:** All documentation related to the patent registration process, including invention disclosures, evaluation reports, and patent application files, are maintained by the IPMO.

b) Secure Storage: Records are stored in a secure and confidential manner to protect intellectual property and sensitive information.

8.0 Revision and Improvement

- a) **Annual Review:** This procedure is reviewed annually by the IPMO to incorporate improvements and respond to feedback from inventors.
- b) **Implementation of Revisions:** Any revisions are communicated to all stakeholders and implemented accordingly.



THE TECHNICAL UNIVERSITY OF KENYA

Document: APPLICATION TO USE THE INNOVATION HUB

Doc. Number: TU-K/RTD/SOP/0091

Date of Issue: MARCH 2024

Version No: 01

Issued By: MANAGEMENT REPRESENTATIVE

Authorised By: VICE-CHANCELLOR

4.8 PROCEDURE FOR APPLICATION TO USE THE TECHNICAL UNIVERSITY OF KENYA INNOVATION HUB(TU-K/RTD/SOP/0091)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to provide a guide for students, faculty, and staff at the Technical University of Kenya (TU-K) to apply for access to the Innovation Hub for their research, development, and innovation activities.

2.0 SCOPE

This procedure applies to all students, faculty, and staff at TU-K who seek to use the Innovation Hub for their innovative projects and entrepreneurial ventures.

3.0 REFERENCES

- a) Kenya Vision 2030
- b) TU-K Policy Documents
- c) TU-K Statutes 2013
- d) TU-K Strategic Plan
- e) Universities Act, 2012

4.0 TERMS USED

1.1 ABBREVIATIONS

- a) CoD- Chairperson of Department
- b) DReKE - Director, Research and Knowledge Exchange
- c) DVC-RTD - Deputy Vice Chancellor – Research and Technology Development
- d) QM - Quality Manual
- e) TU-K - The Technical University of Kenya
- f) URB - University Research Board

4.2. DEFINITIONS

- a) **Innovation Hub:** A dedicated facility at TU-K designed to support innovation, research, and entrepreneurship.
- b) **Applicant:** A student, faculty, or staff member applying to use the Innovation Hub.
- c) **Innovation Hub Manager:** The individual responsible for overseeing the operations and activities within the Innovation Hub.
- d) **Proposal Review Committee:** A committee responsible for reviewing and approving applications to use the Innovation Hub.

5.0 RESPONSIBILITIES

- a) **Vice-Chancellor:** Provides strategic oversight and support for the Innovation Hub.
- b) **Deputy Vice-Chancellor, Research and Technology Development:** Ensures alignment of Innovation Hub activities with the university's research objectives.
- c) **Director, Centre of Innovation and Technology Transfer:** Is in charge of the Innovation hub. Coordinates Innovation and technology transfer activities and supports commercialization of innovations.
- d) **Innovation Hub Manager:** Coordinates day-to-day operations and facilitates the application process.
- e) **Proposal Review Committee:** Reviews and approves applications to ensure alignment with the Innovation Hub's goals and objectives.

6.0 METHOD

6.1 Preliminary Preparation

a) **Idea Development**

- **Applicant:** Develop a clear and detailed concept for the innovative project, including objectives, expected outcomes, and potential impact.

b) **Proposal Preparation**

- **Applicant:** Prepare a comprehensive proposal using the Innovation Hub Application Form (available on the TU-K website or at the Innovation Hub office). Include the project title, objectives, methodology, expected outcomes, timeline, and required resources.

6.2 Application Submission

a) **Completing the Application Form**

- **Applicant:** Complete the Innovation Hub Application Form, ensuring all sections are filled out accurately and completely.

b) **Attaching Supporting Documents**

- **Applicant:** Attach any supporting documents, such as a detailed project plan, budget, and letters of support (if applicable).

c) **Submitting the Application**

- **Applicant:** Submit the completed application form and supporting documents to the Innovation Hub Manager either in person or via email.

6.3 Initial Review and Acknowledgment

a) **Acknowledgment of Receipt**

- **Innovation Hub Manager:** Acknowledge receipt of the application within three (3) working days via email.

b) **Initial Review**

- **Innovation Hub Manager:** Conduct an initial review to ensure the application is complete and meets the basic criteria for consideration.

6.4 Proposal Review and Approval

a) **Convening the Proposal Review Committee**

- **Innovation Hub Manager:** Schedule a meeting with the Proposal Review Committee to evaluate the application.

b) **Evaluation Criteria**

- **Proposal Review Committee:** Evaluate the application based on criteria such as innovation, feasibility, impact, resource requirements, and alignment with TU-K's strategic objectives.

c) **Feedback and Decision**

- **Proposal Review Committee:** Provide feedback and make a decision on the application within two (2) weeks of submission.
- **Innovation Hub Manager:** Communicate the decision to the applicant via email. If the application is approved, include any conditions or recommendations.

6.5 Onboarding and Resource Allocation

a) **Onboarding Meeting**

- **Innovation Hub Manager:** Conduct an onboarding meeting with the applicant to discuss the project, available resources, and any specific requirements or conditions.

b) **Resource Allocation**

- **Innovation Hub Manager:** Allocate the necessary resources, including workspace, equipment, and access to mentorship and support services.

c) **Orientation**

- **Innovation Hub Manager:** Provide orientation on the Innovation Hub's policies, procedures, and safety protocols.

6.6 Project Implementation and Monitoring

a) **Project Implementation**

- **Applicant:** Begin work on the project, utilizing the resources and support available at the Innovation Hub.

b) **Regular Updates**

- **Applicant:** Provide regular updates on project progress to the Innovation Hub Manager and attend scheduled check-in meetings.

c) **Monitoring and Support**

- **Innovation Hub Manager:** Monitor the project's progress and provide ongoing support, including access to additional resources and mentorship.

6.7 Reporting and Evaluation

a) **Interim Reports**

- **Applicant:** Submit interim progress reports at predefined milestones as outlined in the project proposal.

b) **Final Report**

- **Applicant:** Upon completion of the project, submit a final report detailing the outcomes, impact, challenges, and lessons learned.

c) **Evaluation**

- **Innovation Hub Manager and Proposal Review Committee:** Conduct a final evaluation of the project's success and impact.

6.8 Post-Project Support

a) **Continued Access to Resources**

- **Applicant:** May continue to have access to the Innovation Hub resources for ongoing development and scaling of their project, subject to approval.

b) **Commercialization Support**

- IPMO office – IP management support, including IP application and commercialization.
- **Director, Centre of Innovation and Technology Transfer:** Provide support for the commercialization of successful projects, including assistance with patenting, licensing, and market entry.

7.0 Documentation and Records

a) **Maintaining Documentation**

- **Innovation Hub Manager:** Maintain all documentation related to the application process, project implementation, and reporting.
 - Maintenance of IP support to inventors who have IP rights with various organizations.
- b) **Secure Storage**
- **Innovation Hub Manager:** Store records securely to protect intellectual property and sensitive information.

7.1 Revision and Improvement

a) **Annual Review**

- **Innovation Hub Manager, Director of Research and Knowledge Exchange, and Director of the Centre of Innovation and Technology Transfer:** Review this procedure annually to incorporate improvements and respond to feedback from applicants.

b) **Implementation of Revisions**

- **Innovation Hub Manager:** Communicate any revisions to all stakeholders and implement accordingly.



THE TECHNICAL UNIVERSITY OF KENYA

Document: SUPPORTING COMMERCIALIZATION OF PATENTS

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4.9 PROCEDURE FOR SUPPORTING COMMERCIALIZATION OF PATENTS AT THE TECHNICAL UNIVERSITY OF KENYA (TU-K/RTD/SOP/0092)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

1.0 PURPOSE

The purpose of this procedure is to outline the detailed steps for supporting the commercialization of patents at the Technical University of Kenya (TUK) to ensure the systematic protection and successful market introduction of intellectual property generated by students, faculty, and staff.

2.0 SCOPE

This procedure applies to all students, faculty, and staff at TUK who seek to commercialize their patented inventions and innovations.

3.0 REFERENCES

- f) Kenya Vision 2030
- g) TU-K Policy Documents
- h) TU-K Statutes 2013
- i) TU-K Strategic Plan
- j) Universities Act, 2012

4.0 TERMS USED

4.1 ABBREVIATIONS

- 4.1.1 CoD - Chairperson of Department
- 4.1.2 DReKE - Director, Research and Knowledge Exchange
- 4.1.3 DVC-RTD - Deputy Vice Chancellor – Research and Technology Development
- 4.1.4 QM - Quality Manual
- 4.1.5 TU-K - The Technical University of Kenya
- 4.1.6 URB - University Research Board

4.2. DEFINITIONS

- e) **Patent:** A form of intellectual property that grants the patent holder exclusive rights to an invention.
- f) **Inventor:** A student, faculty, or staff member who has created an invention.
- g) **IPMO (Intellectual Property Management Office):** The office responsible for managing intellectual property at TU-K.
- h) **Patent Attorney:** A legal professional specialized in patent law who assists in the patent application process.

5.0. RESPONSIBILITIES

- g) **Vice-Chancellor:** Provides strategic oversight and support for the patent registration process.
- h) **Deputy Vice-Chancellor, Research and Technology Development:** Ensures alignment of the patent process with the university's research objectives.
- i) **Director, Research and Knowledge Exchange/ Director, Centre of Innovation and Technology Transfer:** Manages the overall patent registration process and resources.

- j) **IPMO:** Coordinates the patent registration process, provides guidance, and ensures protection of intellectual property.
- k) **Inventors:** Responsible for actively participating in the patent registration process and providing necessary documentation.

Patent Attorney: Assists inventors in preparing and filing patent applications

6.0 METHOD

6.1. Initial Assessment and Disclosure

Step 1: Invention Disclosure

- **Inventors:** Complete an Invention Disclosure Form detailing the invention, its uniqueness, potential applications, and market potential. The form is available on the TUK Innovation Hub online portal.

Step 2: Preliminary Evaluation

- **IPMO:** Conducts a preliminary evaluation to determine the novelty, patentability, and commercial potential of the invention.
- If the invention meets the basic criteria, the IPMO proceeds with a patentability search.

6.2. Intellectual Property Protection

Step 3: Patent Search and Analysis

- a) **IPMO:** Conducts or commissions a patentability search to identify prior art and assess the likelihood of obtaining a patent.
- b) **Inventors:** Review the search results with the IPMO to decide whether to proceed with the patent application.

Step 4: Filing for Patents

- a) **IPMO:** Engages a qualified patent attorney to assist with the preparation and filing of the patent application.
- b) **Inventors:** Collaborate with the patent attorney to draft the patent application, ensuring all technical details are accurately described.

6.3. Market Analysis and Strategy Development

Step 5: Market Research

- a) **Innovators:** Conduct market research to identify potential markets, customers, and competitors.
- b) **IPMO:** Assists in assessing the commercial viability and potential return on investment.

Step 6: Business Strategy Development

- a) **Innovators and IPMO:** Develop a commercialization strategy which may include licensing, startup creation, or direct sales.
- b) **IPMO:** Assists in creating a business plan outlining the path to market, financial projections, and funding requirements.

6.4. Funding and Development

Step 7: Securing Funding

- a) **IPMO:** Identifies and applies for grants, venture capital, and other funding opportunities.
- b) **Innovators:** Engage with industry partners for collaborative development and funding.

Step 8: Prototype Development and Testing

- a) **Innovators:** Develop prototypes with technical support from the Innovation Hub.
- b) **Innovation Hub:** Provides resources and assistance for rigorous testing and validation to ensure functionality and market readiness.

6.5. Commercialization

Step 9: Marketing and Outreach

- a) **IPMO and Innovators:** Develop marketing materials and outreach strategies to attract potential licensees or customers.
- b) **Innovators:** Attend industry conferences, trade shows, and networking events to promote the technology.

Step 10: Licensing and Partnerships

- a) **IPMO:** Negotiates licensing agreements with interested companies.
- b) **Innovators:** Explore joint ventures, partnerships, or other collaborative arrangements for commercialization.

6.6. Post-Commercialization Support

Step 11: Monitoring and Support

- a) **IPMO:** Provides ongoing support to licensees or partners to ensure successful commercialization.
- b) **Innovators:** Monitor the market and gather feedback to inform future improvements or developments.

Step 12: Revenue Management

- a) **IPMO:** Manages and distributes revenue generated from licensing or sales according to TUK's policies.
- b) **Innovators:** Reinvest a portion of the revenue into further research and development



THE TECHNICAL UNIVERSITY OF KENYA

Document: REQUESTING ETHICS APPROVAL FOR RESEARCH

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4.10 PROCEDURE FOR REQUESTING ETHICS APPROVAL FOR RESEARCH AT THE TECHNICAL UNIVERSITY OF KENYA (TU-K/RTD/SOP/0093)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information Records of Change

As per clause 7.5.3 in the maintained documented information

7.0 PURPOSE

The purpose of this procedure is to provide a systematic process for obtaining ethics approval for research conducted by students, faculty, and staff at the Technical University of Kenya (TUK), ensuring that all research adheres to ethical standards and guidelines

8.0 SCOPE

This procedure applies to all research activities involving human participants, animals, or sensitive data conducted by students, faculty, and staff at within TUK's Community.

9.0 REFERENCES

- d) SGS Rules and Regulations
- e) The Technical University of Kenya Research policy
- f) The Technical University of Kenya Strategic Plan

10.0 TERMS USED

4.1 ABBREVIATIONS

- a) CoD - Chairperson of Department
- b) DReKE - Director, Research and Knowledge Exchange
- c) DSGAS - Director, School of Graduate and Advanced studies
- d) DVC-RTD - Deputy Vice Chancellor - Research and Technology Development
- e) QM - Quality Manual
- f) SGAS - School of Graduate and Advanced studies
- g) TU-K - The Technical University of Kenya
- h) URB - University Research Board
- i) DVC- AFA - Deputy Vice Chancellor – Administration, Finance and Advancement
- j) ISERC - Institutional Scientific and Ethics Review Committee

4.2 DEFINITIONS

- a) Ethics Committee - Committee that considers ethical issues in a Research proposal.
- b) Principal Investigator - The main researcher in a project responsible for the overall management of the project and is fully accountable for its implementation as per the budget and plan of activities.
- c) Proposal – Statement of area of research interest and methodology.

11.0 RESPONSIBILITY

- d) The DVC-RTD is responsible for supervising the implementation of this procedure.
- e) DSGAS, in liaison with the Dean of Faculty, CoD is responsible for implementation and maintenance of this procedure.
- f) DReKE is responsible for implementation and maintenance of this procedure

6.0 METHOD

6.1. Preparation and Submission of Ethics Application

Step 1: Preparing the Ethics Application

- **Researchers:** Complete the Ethics Approval Application Form, available on the TUK Institutional Scientific and Ethics Review Committee (ISERC) online portal.
- **Researchers:** Prepare supporting documents, including research proposal, informed consent forms, data collection instruments, and any other relevant documents.

Step 2: Submitting the Ethics Application

- **Researchers:** Submit the completed Ethics Approval Application Form and supporting documents to the ISERC via the online portal or email.
- **ISERC Secretariat:** Acknowledge ISERC receipt of the application and assign a reference number.

6.2. Preliminary Review

Step 3: Administrative Check

- **ISERC Secretariat:** Conducts an administrative check to ensure the application is complete and all required documents are included.
- **ISERC Secretariat:** Requests any missing information or documents from the researchers.

Step 4: Preliminary Ethical Review

- **ISERC Chair:** Assigns the application to a primary reviewer from the ISERC members based on expertise.
- **Primary Reviewer:** Conducts a preliminary review to identify any immediate ethical concerns or issues.

6.3. Full Ethics Committee Review

Step 5: ISERC Meeting Preparation

- **ISERC Secretariat:** Schedules the application for review at the next ISERC meeting and distributes the application materials to all committee members.
- **ISERC Members:** Review the application materials prior to the meeting.

Step 6: ISERC Meeting and Discussion

- **ISERC Members:** Discuss the application during the scheduled ISERC meeting, considering all ethical aspects, potential risks, and mitigation measures.
- **Researchers:** May be invited to the meeting to provide additional information or clarification.

Step 7: Decision Making

- **ISERC:** Makes a decision on the application, which may be:
 - Approved
 - Approved with conditions
 - Deferred for revisions
 - Rejected

Step 8: Communicating the Decision

- **ISERC Secretariat:** Communicates the decision to the researchers in writing, providing detailed feedback and any conditions or required revisions.

6.4. Post-Approval Monitoring and Reporting

Step 9: Addressing Conditions or Revisions

- **Researchers:** Address any conditions or required revisions specified by the ISERC and resubmit the revised documents for review.
- **ISERC:** Reviews the revised documents and provides final approval if all conditions are met.

Step 10: Conducting Approved Research

- **Researchers:** Conduct the research as per the approved protocol, adhering to all ethical guidelines and conditions set by the ISERC.

Step 11: Ongoing Monitoring and Reporting

- **Researchers:** Submit periodic progress reports and a final report to the ISERC as specified in the approval conditions.
- **ISERC:** Monitors the research progress and compliance with ethical standards through the submitted reports.

Step 12: Handling Adverse Events and Modifications

- **Researchers:** Report any adverse events or modifications to the research protocol to the ISERC immediately.
- **ISERC:** Reviews reported events or modifications and provides guidance or additional approvals as necessary.

This procedure ensures that all research conducted at the Technical University of Kenya adheres to ethical standards and guidelines, protecting the rights and well-being of participants and maintaining the integrity of the research.



THE TECHNICAL UNIVERSITY OF KENYA

Document: RESEARCH DATA COLLECTION

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4.11 PROCEDURE FOR RESEARCH DATA COLLECTION AT THE TECHNICAL UNIVERSITY OF KENYA(TU-K/RTD/SOP/0094)

1.0 PURPOSE

To ensure efficiency and transparency in research data collection at The Technical University of Kenya.

2.0 SCOPE

This procedure applies to staff, students and external researchers who need approval for to collect research data within the university.

3.0 ABBREVIATIONS

- a) PI – Principal Investigator collecting the data.
- b) DReKE - Director, Research and Knowledge Exchange
- c) DSGAS - Director, School of Graduate and Advanced studies
- d) VC – Vice Chancellor
- e) DVC-RTD - Deputy Vice Chancellor – Research and Technology Development
- f) QM - Quality Manual
- g) TU-K - The Technical University of Kenya
- h) TRB – TU-K Research Board

4.0 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K QM apply.

5.0 RESPONSIBILITY

- a) The DVC-RTD has the principal responsibility of ensuring the procedure is effectively implemented
- b) DReKE is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

- a) The principal investigator makes a request for approval for data collection to the office of the Deputy Vice Chancellor, Research and Technology Development.
- b) The DVC-RTD reviews the application and makes a decision. The DVC-RTD may authorize the DReKE to process the application as appropriate.
- c) The DReKE assigns the principal investigator a university supervisor depending on the respective discipline area. The Directorate of Research and Technology Exchange has appointed seven (7) supervisors across the various Faculties.
- d) The principal investigator collects the approval for data collection from the DVC-RTD. The PI and the allocated supervisor shall sign the approval before commencement of data collection, and a copy of the signed letter delivered to DReKE.
- e) The following mandatory documents shall be attached to the request:
 - i. A copy of the National Commission for Science Technology and Innovation (NACOSTI) permit issued for the data collection.
 - ii. A copy of the Ethics approval (where required).
 - iii. A copy of the authorization letter issued for data collection by the university the principal investigator is registered.
 - iv. A clear definition of the method to be used for data collection. In case of questionnaire, a copy of the questionnaire is to be attached. for online questionnaires, a link should be attached. in the case of interviews, a clear definition on what data to be collected, and the proposed group to be interviews should be clearly defined.
- f) The PI, under the supervisor of respective supervisor collects the data and both ensure conformity to the stated guidelines in the approval letter.



THE TECHNICAL UNIVERSITY OF KENYA

Document: INFORMATION AND COMMUNICATION TECHNOLOGY SERVICES

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4.12 PROCEDURE FOR INFORMATION AND COMMUNICATION TECHNOLOGY SERVICES (TU-K/ICT/SOP/0095)

GENERAL

Distribution

As per clause 7.5 in the maintained documented information

Records of Change

As per clause 7.5.3 in the maintained documented information

4.0 PURPOSE

To ensure efficient and effective provision of Information and Communication Services to the University stakeholders.

5.0 SCOPE

The procedures cover provision of the required Information and Communication Technology services to the students and staff of TU-K.

6.0 REFERENCES

- a) DICTS – Directorate of Information and Communication Technology Services

- b) End-User – refers to an individual (staff or student), Department, Section, Unit or a
- c) ICT – Information and Communication Technology.
- d) ICT Service Charter.
- e) Local Area Network (LAN) – refers to interconnection of two or more computers in:
 - i. Department using University ICT services.
 - ii. The University, for communication purposes.

7.0 TERMS USED

4.1 ABBREVIATIONS

- a) DICTS - Director of Information and Communication Technology Services
- b) ICT - Information and Communication Technology
- c) IT - Information Technology
- d) QM - Quality Manual
- e) TU-K - The Technical University of Kenya

4.2 DEFINITIONS

For the purpose of this procedure, the definitions in TU-K (QM) apply.

8.0 RESPONSIBILITY

- a) The DVC RTD is responsible for the supervision of the implementation of this procedure.
- b) The DICTS is responsible for the implementation and maintenance of this procedure.

6.0 METHOD

6.1 Installation and Maintenance of LANs

- a) The end-user makes a written formal request to the Manager, ICT Infrastructure regarding the installation of a LAN in their unit.
- b) A technical team headed by the Network and Infrastructure Manager conducts a survey and comes up with details on the requirements and cost estimates for the proposed LAN.
- c) The Manager, ICT Network and Infrastructure forwards the report to the Director DICTS for action.

- d) Upon procurement and delivery of LAN equipment and securing of funds for installation, the technical team, led by the Network and Infrastructure Administrator, carries out the LAN installation according to the documented requirements and industry best practices.
- e) Preventive and corrective maintenance of LANs and backbone networks is periodically carried out. This includes regular inspections, software updates, maintenance of network cabinets and performance monitoring.
- f) Corrective maintenance is performed promptly when issues are detected or reported.

6.2 Installation and Maintenance of Servers

- a) The Manager, ICT Network and Infrastructure supervises the installation of new servers and maintenance of existing servers.
- b) A log file of regular technical problems and their corrective and preventive actions taken is kept.
- c) The Manager of ICT Network and Infrastructure schedules periodic backups of critical servers. Backup schedules must be clearly documented, including the frequency and type of backup
- d) The Manager, ICT Network and Infrastructure submits quarterly reports to the Director DICTS on the current state, performance of the various servers and recommendations for improvements.

6.3 ICT Security Services

- a) Systems Administrator assesses and identifies security implications and control requirements necessary to secure information systems and makes appropriate recommendations.
- b) If the required security hardware/software is available, the Systems Administrator implements information security controls commensurate with the identified security requirements.
- c) If the required security equipment is not available, the Manager, ICT Infrastructure, initiates the procurement process of the necessary security hardware/software.
- d) Upon receiving the security hardware/software from procurement office, the Manager, ICT Network and Infrastructure hands over the security hardware/software and associated documentation to the Systems Administrator.

- e) The Systems Administrator establishes a formal management framework to monitor and enforce IT security within the University.
- f) Systems Administrator regularly reviews security measures established for all data, information, applications and computer facilities.

6.4 User Support

- a) This procedure starts with the receipt of a request from an end-user to offer support service by any officer in the Directorate of ICT.
- b) The ICT officer enquires from the end-user so as to establish the nature and magnitude of the problem and record the request in the ICT support record file.
- c) If the magnitude of the problem can be fixed by directing the end-user over the call, the ICT officer does so and records the solution offered.
- d) If the magnitude of the problem requires a physical visit to the location, the ICT officer proceeds to the end-user's location.
- e) The ICT officer undertakes a diagnostic testing of the equipment through troubleshooting and attends to the problem.
- f) Where extra equipment/accessories are required, the ICT officer reports to the Manager, ICT Network and Infrastructure.
- g) By the end of every week, the ICT Manager(s) confirm that all user support requests attended to are duly recorded.

6.5 Systems Development and Management

- a) The end-user makes a formal request, of the intended system module, to the Manager, Information Systems.
- b) The Manager, Information Systems constitutes a technical team that elicits systems requirements from the end-user.
- c) The technical team develops an initial version of the system module.
- d) The technical team in liaison with the end-user tests the initial module version incorporating user's feedback.

- e) If the initial version of the system module meets the end user's needs, the module version is adopted and deployed to the systems server and the end-user's team is trained on how to use the adopted module.
- f) The Manager, Information Systems regularly reviews and updates the modules developed and submit quarterly reports to DICTS.